



**Region 6**  
**FY 2013-2014 HHS Round 1 Meeting Minutes**  
**CHRISTUS St. Frances Cabrini, Alexandria**  
**September 11, 2013**  
**11:30 A.M. to 2:00 P.M.**

**Hospitals: 14 of 25 hospitals (56%) attended.**

- Avoyelles Hospital, Mike Johnson
- Bayne Jones Army Community Hospital
- Bunkie General; Terry Riche
- Byrd Regional Hospital, John Bennett
- Central LA State
- Central LA Surgical Hospital
- Christus Dubuis Hospital
- Christus St. Frances Cabrini; Mary Tarver, Brenda Bennett
- Crossroads Regional Hospital, Jimmy Rowles, Bridget Hebert
- Veteran's Affairs Medical Center; David Simpson, Joel Miller, Thomas Rogers, Kay Krieger
- Doctor's Hospital at Deer Creek; Brenda Willis, Paul Eaves
- Hardtner Medical
- Healthsouth Rehab of Alexandria, Michael Gallagher, Bryon Stansell
- LSU-Huey P. Long
- LaSalle General Hospital: Brenda Smith, Jennifer Mason
- Leesville Rehab Hospital
- Oceans Behavioral of Alexandria
- Promise Hospital of Miss-Lou, Sharon Boothe
- Rapides Regional Medical Center; Kenneth Sasser, Chuck Butterfield

- Riverland Medical Center, Maryrose Welch, Vickie Zuccaro, Jeannie Couture, Sam Ellard
- Riverside Hospital of LA
- Specialty of Winnfield
- Tri Parish Rehabilitation Hospital, Jeff Denman
- Winn Parish Medical Center; Todd Teal
- Woodlands Behavioral Center

**EMS: 5 of 9 EMS Providers (56%) attended.**

- Acadian Air Med Services, Jacob Andries
- Acadian Ambulance Services, Jacob Andries
- Jackson Parish Ambulance
- LaSalle Ambulance; Brenda Smith
- Med Express Ambulance Service
- Miss-Lou Ambulance Service, Jim Graves
- Northeast Louisiana Ambulance Service, Joel Eldridge
- Rufford Ambulance
- Vidalia Fire & Rescue

**Other Partners: 1 of 1 Partners (100%) attended**

- Office of Public Health, Rebecca Beaman, Chaquetta Johnson, Wymon Dawson, Ronald Goudeau, Patricia White

**Facilitators:**

Mary Tarver, Region 6 Designated Regional Coordinator (DRC), Brenda Bennett, DRC clerical assistant; Asha Green, HHS/LHA; Jacob Andries, EMS Rep.

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**Welcome and Introductions**

Ms. Mary Tarver, Region 6's Hospital Designated Regional Coordinator, welcomed everyone to the meeting and asked everyone to introduce themselves. She shared a few announcements for the region which included that the roll of Brenda Bennett has increased to ADRC. This role will be in keeping with the current structure for the Region. The grant guidance has broadened in scope and scale effectively increasing the administrative burden to demonstrate preparedness and response at regional level. Six of the nine regions of the state have elected to hire a full-time Administrative DRC using HPP grant funds. These regions have supported an Administrative DRC position for at least the last five years. This same strategy is being encouraged in Region 6. Mary Tarver will remain as the Designated Regional DRC.

Brenda Bennett announced she had forms for the Letter of Intent and read the names of the facilities that needed to submit their letters. She announced the upcoming classes for ISC-300 and ISC-400 being held in Alexandria. She had handouts of the training course announcement and applications. She reiterated that all hospitals must have at least one associate trained in these courses.

She then handed the meeting over to Asha Green, the hospital grant coordinator for the Hospital Preparedness Program (HPP) for Louisiana.

### **Update on Capability Planning Guides (CPGs)**

Asha S. Green gave an overview of the Capability Planning Guides (CPGs). She explained that there are eight (8) capability planning guides for the Hospital Preparedness Program (HPP). She further explained that the guest speakers' presentation will focus on CPG 10 – Medical Surge, CPG 15 – Volunteer Management and CPG 4 – Responder Safety.

#### **1. Medical Surge (CPG 10)**

Ms. Green mentioned that the Louisiana Department of Health and Hospitals has a contract with Response System, Inc. (RSI) to provide medical professionals to support the Medical Special Needs Shelter in Regions 6 and 2 and the Critical Transportation Needs Shelter in Region 6. Mark Chambers, a representative with RSI shared with the group the details of their contract. He mentioned that by the terms of the contract, they had to fill the contract using Louisiana citizens first then open it up to other states. He also mentioned that they are recruiting Medical Physicians, Nurse Practitioners, Registered Nurses, Licensed Practical Nurses, Respiratory Therapists, Licensed Clinical Social Workers, Emergency Medical Technicians and Paramedics. These positions are paid and that staff could register at [www.disasterpreparation.net](http://www.disasterpreparation.net).

#### **2. Volunteer Management (CPG 15)**

Alexis Ray, from the Center for Community Preparedness presented the process in which hospitals request volunteers which align with HPP Capability Planning Guide 15, Volunteer Management (ESAR-VHP.) She explained that the LAVA system is integrated with state licensing boards for the real-time credentialing of medical volunteers to assure that prior to deployment their credentials are verified. The state leverages its volunteer resources with private resources to optimize response efforts as well. The LAVA system is able to assign volunteers to one of four ESAR-VHP Emergency Credential Levels (ECL).

The first step in requesting volunteers is for that requesting entity to identify the need for Volunteers. Second, the hospital should contact Hospital DRCs and in return the Hospital DRCs will then contact the Regional Volunteer Coordinator (RVC)/OPH EOC or the Public Health Emergency Response Coordinator. Third, the Regional Volunteer Coordinator fills request if it can be handled at a regional level and if the request cannot be filled at a regional level, RVC will forward the request to the State Department of Health & Hospital EOC. Fourth, a Resource Request will be generated and forwarded to the Volunteer Management Desk.

She further explained that there are also planning considerations that facilities should keep in mind once they have received the volunteers. When requesting volunteers, facilities should include the following information in their request:

- Request Date and Time
- Requesting Agency/Organization/Shelter
- Point of Contact at Requesting Agency/Organization/Shelter
- Relevant information about deployment (description and location)
- Mission assignment (staffing for clinics, alternate care site, description of services to be provided, etc.)
- Number and occupational groups requested
- Specialty area
- Specific other requirements for staff (training, certifications, etc.)
- Date(s) service required
- Estimated length of service

- Whether food/lodging accommodations were provided by requesting body.

Facilities should also consider their internal volunteer plans such as their process for receiving volunteers, confirming volunteer credentials, assigning roles and responsibilities to volunteers, providing Just In-Time Training, tracking volunteers, as well as their process to out-process volunteers.

Lastly, liability is a concern of volunteers; therefore, upon deployment, volunteers must complete a Volunteer Services Agreement detailing liability protection afforded to volunteers. Louisiana has enacted various statutes that offer protection to medical and non-medical volunteers in emergency or disaster situations.

### 3. Responder Safety (CPG 14)

The SNS program, which is a part of the Logistics section of the Center for Community preparedness attended 2013 HHS rounds for updates on HPP CPG 14 (Responder Safety) which coincides with PHEP Target Capabilities 11 & 14 (Non-Pharmaceutical Interventions and Responder Safety) respectively. In order to fulfill grant requirements the SNS team under the Logistics section has planned activities to meet several objectives of Non-Pharmaceutical Interventions and Responder Safety.

The planned activities for Non-pharmaceutical interventions are: analyze statewide chemical incident reports received from LSP and the National Response Center; provide response rate of the number of chemical incidents throughout the state; conduct PHERC calls; complete an annual survey of hospitals for updates on caches, PPE's and response plans; utilize the ESF-8 portal to identify hospital isolation bed capacity throughout the state.

The planned activities for responder safety are: offer training for Psychological First Aid (PFA) and skills for psychological recovery (SPR) that will address the psychological impact during the initial phases of a disaster response and help people through emotional difficulty during the recovery phase of an event, complete a mid-year planning conference for a statewide CHEMPACK function exercise by December 2014.

The statewide nurse consultant also gave an update of the DSLR recommendation to conduct a modified TAR assessment, or TAR Progress Report, in Budget Period 2 (BP 2).

### Emergency Medical Services (EMS) Update

Mr. Jacob Andries provided the State Surge Update to the group. First, Mr. Andries presented an introduction of the EMS TOC Manager position in May 2013 and the new regional EMS DRC's. It was also mentioned that there remain open EMS DRC positions in Regions 1,2,7,9 and that each region needs up to 3 EMS DRC's to handle the workload.

There was an overview of surge operations. It was discussed that surge units are primarily used to support community evacuations, augment local 911 responses, support SAR operations, and repatriation. Units are not used to carryout existing inter-facility contracts unless they cannot be fulfilled. Units do not self-deploy, must be registered, credentialed, and have a placard. A full coastal evacuation would require an estimated need of over 623 surge ambulances. This number is flexible based on the scenario and the need. Of this 623, 246 of the units are dedicated to MIEP air operations, 339 are for community surge operations, and 38 are dedicated to state shelter support operations. Statewide EMS Surge Operations will be managed by EMS TOC @ DHH EOC. Regional EMS Surge Operations will be managed by the EMS DRC's and all regional needs should be vetted and filled by the local EMS DRC. The primary state ambulance processing location is at Lamar Dixon in Gonzales La. All ambulances and crews will be inspected, oriented, and equipped, then directed to the regions based on pre-identified missions and/or need. We expect to receive and start deploying surge units to regions around H-72. The primary ambulance contract is with the Louisiana Rural Ambulance Alliance and may provide up to 110 units. Secondary resources include up to 100 units from EMAC and 300-400 unit from the FEMA/AMR contract. On average, incoming ambulance are approximately 70% ALS and 30% BLS. There are usually 3,500 to 4,000 para-transit seats available from FEMA/AMR and regions should take this into consideration when requesting transport. We should identify if the patient can take para-transit or do they need

medical monitoring. A review of the BEMS Contract with Response Systems describes staff augmentation support for the EMS TOC, Ambulance Processing, EMS DRC's, and Bus Triage. Moving forward, there will be an emphasis on regional and state EMS disaster capacity building and strengthening regional EMS networks. The presentation was closed with a call for comments or questions from the group.

### **FY 2013-14 HPP Grant Requirements for Participation in Grant Program**

Ms. Green indicated that Louisiana received a decrease in funding, approximately half million in funding. Participating entities should expect to receive about a 10% decrease in their funding amounts. Another decrease is expected next year. Participation Agreements and allocation amounts have not been released yet, but will be released once all of the mandatory meetings have occurred. The amount each facility will be eligible to receive could be shared as early as October 2013 but could be later depending on the state contracting process.

Ms. Green further explained that to participate in the FY 2013-14 grant year, there are 3 steps facilities must be complete:

#### **Step 1**

Complete and submit the following documents to HHS Grant Staff:

- A. Letter of Intent – The letter of intent must be completed and signed by the facility's CEO/Director indicating your facility wishes to participate. Letter of Intent also indicates that NIMS Compliance Worksheet must be submitted and that facilities must send a representative to a mandatory meeting in order to be eligible to participate in the FY 2013-2014 grant year. The Letter of Intent must be returned by **September 27, 2013.**
- B. NIMS Compliance Worksheet – It is a federal requirement that facilities be in compliance with the 11 National Incident Management System (NIMS) elements. Facilities not in compliance are not eligible to receive any federal funding, including the HPP grant funds. Ms. Green discussed the 11 elements and the action items facilities can do to achieve each element. The list of action items is not an exclusive list. Facilities are encouraged to review all plans to ensure all NIMS principles have been met and to document compliance activities. The NIMS compliance worksheet and the list of the action items can be found at [www.lhaonline.org](http://www.lhaonline.org) on the NIMS page of the Emergency Preparedness section. **Facilities that participated in the program last year and that previously submitted a NIMS Compliance worksheet do NOT need to submit another NIMS Compliance Worksheet this grant period. If your facility did not receive funding last year (2012-13 funds), you will have submit a NIMS Compliance Worksheet along with your Letter of Intent by September 27, 2013.**
- C. Attend mandatory Rounds meeting in August 2013 – Facility must attend a mandatory meeting held in August and September 2013. Facility must sign attendance list to receive credit. Facilities representing more than one (1) facility, must sign in for both facilities. If facilities do not attend a meeting or sign in, the facility will NOT be included in the allocation model and will not be awarded funds.

#### **Step 2**

Once the letter of intent and the NIMS Compliance worksheet has been returned and the mandatory meetings have concluded, the allocation model is developed. The allocation model determines how much each facility will be eligible to receive. The amount each facility is eligible to receive is placed in their Participation Agreements.

- A. Submit signed Participation Agreement, Budget Proposal and other requested documents. The deadline in which to submit documentation has not been determined as of yet, but will be included in the Participation Agreement packages once they are made available.

When spending funds, facilities should be mindful that they have to match funds by 10%. Facilities may account for match by spending over and above reimbursable limit. They may also document their 10% match by documenting staff time for attending emergency preparedness meetings, mileage for attending emergency preparedness meetings and on-campus storage and/or meeting space. The grant summary worksheet should be used to account for all in-kind contribution and cash expenditures. If the facility chooses to demonstrate the match in staff time, required documentation such as sign-in sheets, meeting agenda and a meeting summary showing a reasonable dollar value must be submitted so as to support the dollar amount of the in-kind staff time.

Documentation must be submitted through the **NEW grant management system**. The Grant Management System (GMS) has been redesigned and is now included in the ESF 8 portal. The signed Participation Agreements & Budget Proposal must now be uploaded into the new system. Ms. Green explained to the group how to access the GMS and what they should expect to do in the system. A “Grant Manager” position has been added to the list of positions/roles in ESF 8 portal so that users can gain access to system. Live trainings and webinar dates on how to use the NEW GMS will be sent out at a later date.

Expenditures in the old grant management system can still be accessed through the LHA website but also through the “No single sign on” link in the ESF 8 Portal.

B. Spend funds and submit the Acceptable Documentation of Proof of Payment as indicated in Participation Agreement. Acceptable Documentation of Proof of Payment must be dated between July 1, 2013 and May 30, 2014 and includes:

- Receipts stamped “Paid” along with the “check number” and “date paid”.
- Copies of the corresponding check(s) used to pay invoice/receipt.
- Invoice(s) indicating items have been paid with a credit card. Credit card payments must be accompanied by the credit card statement and proof of payment of the credit card statement.
- If claiming sales taxes that are not listed on the invoice/receipt, documentation supporting your tax percentage should be submitted.
- If purchases were paid using an electronic transfer of funds (ETF), a tracking or reference number along with the date of the transfer and signature authorizing this payment method should be written on the invoice.

### **Step 3**

To ensure facilities are meeting grant goals, **site visits** to 20% of the facilities will be performed every year. Approximately 55 hospitals and 11 EMS providers will receive visits sometime now and June 2014. Every hospital and EMS provider will be visited over the next 5 years regardless of whether they participated in the last grant cycle. Site visits are more comprehensive than in the past. In addition to grant purchases, HHS grant staff will be reviewing and confirming: NIMS compliance, Survey responses, Compliance with Participation Agreement (Attachment A for hospitals) and to ensure hospitals have surge plans. If a “red flag” is found during the site visit, corrective action measures will be taken. Facilities may no longer be eligible to receive grant funds until measures have been met. Facilities may be asked to return a portion of grant funds received or facilities may be asked to provide justification as to why measure cannot be met.

### **Other Announcements & Reminders**

1. Audits Requirements (A-133 and Legislative Auditor Requirements) Reminder

Ms. Green mentioned that there are two audit requirements for participating facilities, a Louisiana requirement and a federal requirement. Most facilities will not meet the threshold federal requirement. However, all facilities that receive HPP funds must submit an audit, review, or a compilation to the Legislator Auditor. A non-compliant list is compiled every year. The HPP grant staff reviews this list to

ensure your facility is not listed. If listed, your facility will be required to provide a copy of your audit report to the HPP grant staff to ensure the audit findings are not related to the HPP grant.

## 2. Hurricane Season Reminders

- Neonates and Psych Patients

Neonates and psychiatric patients cannot be moved via the federal National Disaster Medical System (NDMS). For placement of psychiatric patients, please call your DRC to help with placement within other regions or at Central State Hospital. For placement of neonates, the DRC will contact Woman's Hospital in Baton Rouge to assist in movement. The requesting hospital will be invoiced for services rendered (movement and stay at facility).

- Fuel for Generator Request

The requesting hospital will be invoiced for fuel by the Department of Agriculture. Note: Before requesting fuel for generators, please contact vendor first. If Department of Agriculture delivers fuel, fuel could be as expensive as \$20/gallon.

### Adjournment

The meeting ended at 2:00 p.m.