



FY 2014-2015 Hospital Preparedness Program (HPP)
 Spring Healthcare Coalition Conference Minutes
 Region 1
 East Jefferson General Hospital
 April 7, 2015
 9:00 AM – 11:30 AM



Participants: (x indicates present)

Hospitals			
	Beacon Behavioral Hospital of New Orleans:		St. Theresa Specialty Hospital – Kenner
X	Interim LSU Hospital (Charity Hosp. and Medical Center of LA at New Orleans): Robert Arnold		St. Theresa Specialty Hospital – Metairie
X	Children’s Hospital: Aaron Thompson, MD	X	Touro Infirmary: Denice Eshleman
	Community Care Hospital		Tulane Medical Center
	Crescent City Surgical Hospital		Tulane-Lakeside Hospital
X	East Jefferson General Hospital: Michael Guillot		United Medical Healthwest – New Orleans, LLC
	Kindred Hospital – New Orleans		West Jefferson Medical Center
	Louisiana Continuing Care Hospital	EMS	
X	New Orleans East Hospital: Denice Eshleman		Acadian Ambulance of New Orleans, LLC
	Oceans Behavioral Hospital of Greater New Orleans		A-mmed Ambulance Service, Inc.
	Oceans Behavioral Hospital of Greater New Orleans – Westbank Campus		Children’s Hospital
X	Ochsner Baptist Medical Center: Warren Foster/AL	X	East Jefferson Mobile EMS: Michael Guillot
	Ochsner Extended Care Hospital of Kenner:		Grand Isle Volunteer EMS
X	Ochsner Medical Center: Ashley Love		Gretna Police Dept. EMS
	Ochsner Medical Center – Kenner:		Life Guard Ambulance – Air
X	Ochsner Medical Center- West Bank: Brenda Bankston, Pattie Cheramie		New Orleans EMS
	Omega Hospital		Plaquemines Parish EMS
	River Oaks Hospital		Tulane (University) EMS
	Seaside Behavioral Hospital		West Jefferson Ambulance Service
	St. Bernard Parish Hospital		Westwego EMS
	St. Catherine Memorial Hospital	Other Partners, Guests	
	St. Charles Surgical Hospital		

Facilitators:

Cindy Davidson, Region 1 Administrative Designated Regional Coordinator (ADRC), Allyn Whaley-Martin, LHA Research and Education Foundation/Hospital Preparedness Program.

Welcome and Introductions

Ms. Cindy Davidson, Region 1’s Administrative Designated Regional Coordinator (ADRC), welcomed everyone to the meeting.

Regional Updates & Announcements

Ms. Davidson reminded the group about the annual state-wide hurricane drill and reviewed a form for hospitals to use when sending patients for evacuation in the exercise. The group discussed concerns regarding sending narcotics with patients. A final playbook will be provided to Region 1 hospitals prior to the exercise. Ms. Davidson also reminded participants of several upcoming events and meetings, including: April 24, HCC meeting; June 16, Chemical Drill; June 19, Annual Hurricane Seminar; July 17, Region 1 HCC meeting. The group will review the Region 1 COOP at the April 24, 2015 HCC meeting and the Region 1 HVA at the July 17 HCC meeting.

Objectives, “Readiness” & 2014 in Review

Ms. Whaley-Martin began with introducing the new name of the regional meetings hosted by LHA. The term Rounds is no longer used for the twice/year meetings conducted by the LHA HPP Grant Staff. These meetings are now referred to as Regional Healthcare Coalition Conferences. All hospital, EMS providers, and healthcare industry key players in emergency preparedness and response are invited to attend our regional conferences regardless of whether they directly accept grant funds. This helps continue building coalitions and foster a setting where ALL players are invited to bring ideas to the table and understand the planning functions of the ESF-8 Network.

The meetings objectives are to 1) Provide an overview of ESF-8 activities in the calendar year 2014 at both State and Regional levels, 2) Discuss Healthcare Readiness in Louisiana in the context of an all-hazards approach to emergency preparedness, and 3) Review information and timelines for the current grant year and for future funding opportunities. Concluding the calendar year 2014, the fear of Ebola presenting unexpectedly in communities and hospitals in particular caused much anxiety. State healthcare leaders across the country were hearing a common message from our hospital and healthcare provider communities that their systems were not ready to safely identify and effectively treat an Ebola patient.

Hospital Readiness

Hospitals define readiness by knowing the risks to their organizations, having the plans to mitigate and respond to those risks, and having the resources to support the plans. There are also regulatory components to readiness as they relate to The Joint Commission accreditation and soon the Center for Medicare & Medicaid Services (CMS) proposed conditions of participation as they relate to hospital compliance for reimbursement. The CMS final rule on conditions of participation are expected to come out by the end of the 2015 calendar year. The requirements look very familiar including the emphasis on all-hazards planning, addressing key elements in planning, testing plans and conducting training exercises, and an expectation for collaboration and effective communication.

The HPP Grant has its own requirements for “readiness” as deliverables of the program. The Capability Planning Guidelines (CPGs) were reviewed. A discussion was held about how these CPGs are broken down into measurable levels of preparedness at the State level, the Regional/Coalition level, all the way down to the Hospitals and EMS provider levels. Through these defined CPGs and accompanying activities, hospitals and EMS providers are able to meet many of the regulatory compliance requirements by participating in Regional and State level exercises and planning activities. Louisiana has been nationally recognized by multiple sources as having a well-defined ESF-8 structure that supports the health and medical systems planning and response functions.

All Hazards Preparedness

This is a systematic approach to identify hazards/threats to an organization in order to evaluate the risk level and prioritize planning and mitigation efforts. Hospitals are not the only entities to use this method in approaching emergency preparedness. In our state, Public Health uses a Jurisdictional Risk Assessment (JRA) and the Governor’s Office of Homeland Security uses the THIRA tool to assess risks in various regions. The HVA can be considered a “starting-point” to drive planning efforts and ensure their effectiveness. A routine risk assessment is also a regulatory requirement for the Joint Commission and CMS’s proposed conditions of participation. The ESF-8 Network has a new HVA tool that can be accessed through the ESF-8 Portal to assist hospitals in developing a facility specific HVA. The tool was designed with input from the Designated Regional Coordinators along with some of the front-line hospitals in order to capture necessary components of an HVA using a consistent rating scale that is user friendly. The new tool will allow for Regional and State level analysis to be used in planning. A review of common threats ranked by the 2013 HVA analysis – includes the percentage of hospitals who scored severe weather, mass casualty incidents, and epidemics as top threats. The group was asked to think about how the scores for these threats may change year-to-year based on the most current events experienced. This is why it’s important to give serious consideration when conducting the HVA based on actual events experienced by a facility, frequency, as well as the anticipated community reaction.

The group discussed concerns about the new HVA tool including changes to the rating scales from 3-points to 5-points, some threats were not included on the list of hazards, and a new measure “duration”. Ms. Davidson was asked to share these concerns with the team that developed the HVA tool. Region 1 hospitals will discuss how they will complete a region-wide HVA at their July HCC meeting.

The concept of Continuity of Operations Planning (COOP) was introduced to the coalitions in 2014. Most hospitals include the various elements of COOP in their standard Emergency Operations Plan. A slide was presented showing a diagram of where COOP falls in a disaster timeline – right after the initial response but right before the short term recovery. While it is important for hospitals to continue to develop, maintain, and test the various components of COOP at the facility level, it is a priority for our coalition leaders to develop Regional COOPs. The key components of COOP are effectively assessing risks, determining what is “mission essential” and identifying leadership and decision authority. The state already has a COOP plan that focuses on ensuring the ongoing viability of the ESF-8 Network in community-wide events, supports the ESF8 network with a virtual structure, and supports coalition members to begin recovery efforts for their organization. The Regional COOPs should support the State COOP and should be used by coalition members as a reference for facility based COOP efforts. The DRC will review the components of the Regional COOP, where it can be accessed, and how it applies to individual facilities and EMS providers once its final draft is published.

Resource Assessments

The Hospital Preparedness Program helps to fund the various State and Regional Response Resources. They are broken down by the systems, plans, tools, and materials. The group was presented with thorough examples of what falls into each of these categories. An overview of the resources at the facility level was provided to the group based on the previous grant year’s Needs Assessment Survey data in the categories of pharmaceuticals and PPE. A flow chart of the resource request process was reviewed with emphasis on the importance of the DRC role in assisting hospitals with requesting resources when they are unable to resolve issues within their facility or system as written in plans.

What’s next in Hospital Readiness: Future HPP and Ebola funding?

A slide with pre-identified state priorities for the future of funding hospital readiness was presented. A sample survey was taken from some of the designated regional hospital representatives and hospital preparedness program board members outlining the priorities of the program under the constraints of reduced federal funding. The group ranked the following; 1) ESF-8 Infrastructure – DRCs, 2) ESF-8 Information Systems, 3) Training/Education, and 4) Develop/Maintain PPE and Pharmaceuticals. The group expressed a level of agreement with this ranking despite the recent Ebola scare which might influence and alter the priorities.

HPP Grant funding opportunity for the FY 2015-2016 grant has been published and the state will experience a slight reduction, by about 4% from the FY 2014-2015 grant. The state DHH leadership is in the midst of researching options for distributing the Ebola funds, Part B to the hospitals across our state. Currently no facility has stepped forward and identified as being an Ebola Assessment Hospital. The group was briefed on the Part “A” funds and the regional treatment center for our region, FEMA Region 6.

The group shared their ideas about “readiness” including support for additional training and communicating a “business case” for preparedness to hospital leadership. A recommendation was made to evaluate current expectations of hospitals and discussed finding ways to “right size” readiness for facilities based on the type of hospital and services provided.

Announcements

Hurricane Season 2015 To Do’s: Review and update facility contact information in the ESF-8 Portal, assess plans and resources, and participate in the state-wide bed during the MIEP exercise the week of April 14-18, 2015 (Slide #58). More information to come on the bed poll reporting requirements.

HPP Grant, Phase 2 Submitting Documentation for Reimbursement: Same process as last year. The first deadline for early reimbursement is March 31, 2015 and the final deadline is May 29, 2015. Must provide copies, show proof of payment, and include a 10% match as defined in the Participation Agreements (Slides #59-61). A Grant Summary Worksheet as well as the Needs Assessment Certificate of Completion must be submitted in the Grant Management System as well. All documentation, links, and user tools can be found on the new LHA-Research and Education Foundation website on the Emergency Preparedness page.

Facility and EMS Site Visits: Are to be conducted by the DRC for Hospitals and by BEMS for EMS. You should have already received notification from the HPP Grant office if you are due for a site visit this year. Your DRC or Liz with BEMS will be contacting you to schedule these visits. See the handouts provided for details of what to expect (Slide #62).

Needs Assessment Survey Deadline: March 31, 2015 all HPP grant fund recipients must complete a Needs Assessment Survey for their hospital or EMS provider. This is a requirement of HPP Grant participation. The Certificate of Completion should be saved with your grant documentation and uploaded into the Grant Management System along with your reimbursement documentation. All hospitals and EMS providers who do not accept grant funds are still strongly encouraged to complete the survey as it helps with Regional and State planning.

Adjournment

The meeting ended at 11:30 AM.