



FY 2014-2015 Hospital Preparedness Program (HPP)
 Spring Healthcare Coalition Minutes
 Region 4
 NEMSA, Lafayette
 April 29, 2015
 1:30 – 3:30 P.M.



Participants: (x indicates present)

Hospitals			
X	Abbeville General Hospital: Michelle Gerard, Lonnie Monteaux	X	Lafayette Surgical Specialty Hospital: Melanie Abboud
X	Abrom Kaplan Memorial Hospital: Holly Frederick	X	Louisiana Extended Care Hospital of Lafayette: David Belden
	Acadia Optima Hospital	X	Mercy Regional Medical Center: Jacob Fontenot
	Acadia Vermillion Hospital		Oceans Behavioral Hospital of Broussard:
X	Acadiana Medical Center – A campus of Mercy Regional Medical Center: Tony Johnson		Oceans Behavioral Hospital of Opelousas:
	Acadia- St. Landry Hospital:	X	Opelousas General Health System: Rachel Bellard
X	Acadia General Hospital: Doug Hebert	X	Opelousas General Health System S. Campus: Rachel Bellard
	AMG Specialty Hospital-Lafayette (LTAC of Louisiana-Lafayette):	X	Our Lady of Lourdes RMC: Terry Broussard
	AMG Specialty Hospital-Lafayette (Lafayette Regional Campus)		Park Place Surgery Center:
	Community Specialty Hospital		Phoenix Behavioral Hospital:
	Compass Behavioral Center of Crowley:	X	Savoy Medical Center: Tony Costa, Greg Blood
	Compass Behavioral Center of Lafayette:	X	St. Landry Extended Care Hospital, LLC: Biff David
	KAILO LTAC	X	St. Martin Hospital: Dane Carriere
	KAILO Behavioral Hospital LLC		The Regional Medical Center of Acadiana:
X	Dauterive Hospital: Daniel Landry		University Hospitals & Clinics (LSU University Medical Center):
X	Eunice Extended Care Hospital: David Belden		Women’s & Children’s Hospital:
X	Iberia Extended Care: David Belden		
	Genesis Behavioral Hospital:		EMS
X	Heart Hospital of Lafayette: Michael Richard		Acadian Ambulance Service:
	Iberia General & Medical Center:		Air Med Services, LLC:
	Iberia Rehabilitation Hospital		St. Landry EMS:
	Post Acute Specialty Hospital of Lafayette (Kindred Hospital of Lafayette):		St. Landry Fire District #1:
X	Lafayette General Medical Center: Anjanette Hebert		Other Partners, Guests
X	Lafayette General Surgical Hospital: Anjanette Hebert	X	DHH/OPH Region 4: Karen Buroker
X	Lafayette Physical Rehabilitation Hospital: Desha Lee		

Facilitators:

Anjanette Hebert, Region 4 Designated Regional Coordinator (DRC); Liz Harmon, Region 4 & 5 Administrative Designated Regional Coordinator (ADRC); Frances Arledge, LHA/Hospital Preparedness Program.

Welcome and Introductions

Ms. Anjanette Hebert, Region 4’s Hospital Designated Regional Coordinator (DRC), welcomed everyone to the meeting.

Regional Updates & Announcements

Ms. Hebert provided an after action review of the Hurricane Drill held in Regions 4 & 5 in tandem with the State's Hurricane Exercise the week of April 14 – 18, 2015. The areas of strength and areas for improvement for each capability were presented to the group. The main areas identified for improvement revolved around CPG 6 and information sharing as they pertain to the At Risk Registry functionality for end-user as well data interpretation for regional ESF8 leads. Additionally, inconsistent terminology within user guides and instructions within the ESF-8 portal caused confusion. The strengths noted were the high participation rates from hospitals in the exercise and the realistic simulation of activities taking place.

Objectives, "Readiness" & 2014 in Review

Frances Arledge began with a review of the new foundation website. 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 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.

Announcements

Hurricane Season 2015 To Do’s: Review and update facility contact information in the ESF-8 Portal, assess plans and resources, and make changes and educate as needed based on outcomes from the drill.

HPP Grant, Phase 2 Submitting Documentation for Reimbursement: Same process as last year. 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).

Adjournment

The meeting ended at 3:30 PM.