



FY 2014-2015 Hospital Preparedness Program (HPP)  
Spring Healthcare Coalition Conference Minutes

Region 9

St. Tammany Parish Office of Homeland Security & Emergency Preparedness

April 21, 2015

1:00 PM – 3:00 PM



**Participants:** (x indicates present)

Hospitals			
X	AMG Specialty Hospital – Bogalusa (LTAC of Washington/St. Tammany, Bogalusa Campus): <b>Karen Crayton</b>	X	Regency Hospital of Covington: <b>Derrick Joseph , Donald Manint</b>
X	AMG Specialty Hospital – Denham Springs (LTAC Hospital Denham Springs): <b>Karen Crayton</b>	X	Riverside Medical Center: <b>Mark Watson, Shad Jenkins</b>
X	AMG Specialty Hospital – Slidell (LTAC of Washington/St. Tammany, Slidell Campus): <b>Karen Crayton</b>		Slidell Memorial Hospital:
	Cypress Pointe Hospital- East (Sterling Surgical Hospital):		Southeast Regional Medical Center:
X	Cypress Pointe Surgical Hospital: <b>Jim Kofold</b>		Southern Surgical Hospital:
	Fairway Medical Center		Post Acute Specialty Hospital of Hammond (Specialty LTCH Hospital of Hammond):
X	Greenbriar Behavioral Health Hospital: <b>Jeff Landry</b>	X	St. Helena Parish Hospital: <b>Sally Sherman, LPN</b>
X	Hood Memorial Hospital: <b>Amanda May</b>	X	St. Tammany Parish Hospital: <b>Raye Ann Story</b>
X	Lakeview Regional Medical Center: <b>Audie Sims</b>		United Medical Rehabilitation Hospital:
X	Louisiana Medical Center & Heart Hospital: <b>Peggy Shirley</b>		
X	LSU Lallie Kemp Regional Medical Center: <b>Brian Smith, Brinette Thompson, RN</b>	EMS	
	Magnolia Behavioral Healthcare, LLC:		St. Tammany Parish Fire District #3
X	North Oaks Medical Center: <b>Gary Vinyard</b>		St. Tammany Parish Fire District #4
X	North Oaks Rehabilitation Hospital: <b>Gary Vinyard</b>		St. Tammany Parish Fire District #11
X	Northlake Behavioral Health System (Southeast Louisiana Hospital): <b>Richard Kramer</b>		Acadian Ambulance Services
X	Northshore Specialty Hospital: <b>Jeffery Hauck</b>		
X	Oceans Behavioral Hospital of Kentwood: <b>Michael Henphill/kp</b>		
X	Ochsner Medical Center-North Shore: <b>Kevin Landry</b>	Other Partners, Guests	
X	Our Lady of the Angels: <b>Ed Jordan</b>	X	Dexter Accardo, St. Tammany Parish OHSEP
X	Our Lady of the Angels – Outpatient Campus: <b>Ed Jordan</b>	X	Charles Preston, MD, St. Tammany Parish Coroner’s Ofc.
	Our Lady of the Lake-Livingston	X	Thomas Jordan, Region 9 Office of Public Health

**Facilitators:**

Keith Peek, Region 9 Administrative Designated Regional Coordinator (ADRC), Allyn Whaley-Martin, LHA Research and Education Foundation/Hospital Preparedness Program.

**Welcome and Introductions**

Mr. Keith Peek Region 9 Administrative Designated Regional Coordinators (ADRC), welcomed everyone to the meeting.

## **Regional Updates & Announcements**

Mr. Accardo thanked the group for their willingness to participate in the state-wide hurricane exercise scheduled April 14-18, 2015. Due to severe weather concerns, the full scale exercise in which Region 9 hospitals planned to play was cancelled and no decision to reschedule has been made. Mr. Accardo informed the group of an exercise that is tentatively scheduled in Spring, 2016, which may have a role for hospitals and other healthcare providers.

## **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 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.

Mr. Peek presented a summary of the Region 9 COOP document and advised participants that it is available to them upon request.

### **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:** The annual needs assessment survey was completed by March 31, 2015 by HPP grant fund recipients. Information from the Needs Assessment Survey is compiled across regions and the state to evaluate readiness and guide planning and decision-making efforts.

**Adjournment**

The meeting ended at 3:00 PM.