

**Please review before meeting:**

- Supply Chain Assessment Link:  
[https://redcap.health.tn.gov/redcap/surveys/index.php?s=JPAKPCCKWA9&\\_prevpage=1](https://redcap.health.tn.gov/redcap/surveys/index.php?s=JPAKPCCKWA9&_prevpage=1)
- Patient Tracking



Patient Tracking  
 State Policy.pdf

Minutes Review/Approval	Wanda Roberts
Follow Up From Last Meeting <ul style="list-style-type: none"> <li>• Stop The Bleed</li> </ul>	Wanda Roberts
Flooding Update <ul style="list-style-type: none"> <li>• Patient Tracking</li> </ul>	Group <ul style="list-style-type: none"> <li>• Robert Newsad- State Healthcare Preparedness Coordinator</li> <li>• Marcus Sheppard</li> </ul>
Regional Exercise	Planning Sub-Committee
Budget Update	Wanda Roberts-
Supply Chain Assessment	Wanda Roberts
Project Status <ul style="list-style-type: none"> <li>• Mintie Units</li> <li>• HAM Radio/Winlink</li> <li>• ICS Supplies</li> </ul>	Phil McDaniel Jim Snyder/ John Brinkley Wanda Roberts
Equipment <ul style="list-style-type: none"> <li>• Generator</li> </ul>	Wanda Roberts
Updates <ul style="list-style-type: none"> <li>• CMS17 Groups</li> <li>• Regulatory/Compliance Update</li> <li>• Attended Events/Exercises/Training</li> </ul>	Group 1 Long Term Care Group 2 Home Health/Hospice Group 3 Ancillary/Outpatient Group 4 Dialysis 03/05/19 STB Train the Trainer 03/12/19 Vulnerable Populations Training 02/27/19 REAC/TS Emergency Management of Radiation Accident Victims
Upcoming <ul style="list-style-type: none"> <li>• CHEP Training</li> <li>• National Preparedness Summit</li> <li>• Emergency Medical Management of Radiation Accident Victims (REAC/TS)</li> <li>• Emergency Management Association of Georgia Conference</li> <li>• Las Vegas Shooting Training</li> </ul>	March 19-21 March 26-29 (St. Louis) March 27, 8:00-12:00 April 17-19 May 2 • 1 Presentation: Cause and Effect: The Evolution of the Coalition from Real World Events • 1 Poster Presentation • 1 Presentation Submission: Teamwork Makes the Dream Work
Other	



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- Patient Tracking



On Phone: Beverly Holley (Sweetwater Hospital Association), Jim McGannon (Dialysis), Caryn Picken (Jefferson Memorial Hospital).

Minutes Review/Approval	J:ohn Brinkley Motion to approve: Tonya Shott, Second: Brennan Forrester
Follow Up From Last Meeting <ul style="list-style-type: none"> <li>• Stop The Bleed</li> </ul>	<ul style="list-style-type: none"> <li>• Jenny Holden: Active Shooter/Stop The Bleed program has been completed in Monroe, Morgan, Anderson, Campbell, and Hamblen. Claiborne scheduled for August 1, Cocke scheduled for August 9<sup>th</sup> (location to be determined). Great response so far from all the schools regarding the program. Brenna Morris came to Morgan County. Plan is now to do video and it will be pushed out into all schools in Tennessee.</li> <li>• Train The Trainer kits have been distributed. Jan Sneed sits on school board in Cocke county and brought it in to school board meeting to brag. They put the kits in with the AEDs for the schools. They were very appreciative of all that.</li> </ul>
Flooding Update	<ul style="list-style-type: none"> <li>• Sevier County EOC was activated during the flood. A nursing home in Pigeon Forge was considering evacuation of 84 residents. Hospital was prepared. Communication was outstanding between all the local facilities.</li> </ul>
<ul style="list-style-type: none"> <li>• Patient Tracking</li> </ul>	<ul style="list-style-type: none"> <li>• Robert Newsad- State Healthcare Preparedness Coordinator             <ul style="list-style-type: none"> <li>• Overview of HPP program. Funding has been approved for the HPP Program for the next five year program period. There will be more requirements including, a more detailed work plan and budget. Documentation will be similar to the required details the state has to provide. The Federal government would like to see more up front thinking (better planning) from the Coalitions regarding what we want to accomplish and how we will spend our money.</li> <li>• Also, CMS gets funding from fines and right now they have 30 million dollars set aside in that fund. Many people have applied for it submitted requests for the money, mainly offering to provide training to skilled nursing facilities. Vanderbilt is one of the agencies that applied. The application process is very involved. If awarded, Vanderbilt will get with the coalitions before they begin working.</li> <li>• Patient Tracking review: Goal today is to come up with a plan to use for a disaster. (See attached power point)</li> </ul> </li> </ul> <div style="text-align: center;">         Adobe Acrobat Document     </div> <div style="text-align: center;">         Patient Tracking State Policy.pdf     </div> <ul style="list-style-type: none"> <li>• We need to decide as a Coalition how we want to proceed. We can</li> </ul>

	<p>set up a super user and decide how to implement.</p> <ul style="list-style-type: none"> <li>• Marcus Sheppard/ Sam Davis, Blount Memorial Hospital also presented on how their facility is utilizing the system.</li> <li>• Started using during the evacuation exercise last year. They use Paragon for EMR. Blount Memorial IT (Sam Davis) was very involved in this process (Presentation below).</li> </ul>  <p>Emergency Patient Tracking - BMH.pdf</p> <ul style="list-style-type: none"> <li>• Sam Davis: Wanted to leverage patient tracking tool to work for hospital. Realized, with 99% of the work done on the front end, they could import data from system and do evacuation digitally.</li> <li>• In order to import, they had to match up information at hospital with patient tracking system data.</li> <li>• Created a custom report. This is something that any IT person can do at your facility.</li> <li>• Once data was in there, they had to work with HCS tool. They created a sub matrix for those who had transport destination to track those coming in and those being transferred.</li> <li>• “How To...” added to facility EOP.</li> <li>• Future plans to work more with mobile app, working with mapping tool, and work with Coalition to make regional plans of use.</li> <li>• Wanted to do “Triage Tuesday”. Won’t work with this system. They will need to do rapid triage to put information in as it should be.</li> </ul> <p><b>Next month we need to follow up with discussion on what we would like to do regionally with this program.</b></p>
Regional Exercise	<p>Planning Sub-Committee</p> <ul style="list-style-type: none"> <li>• Regional exercise planning meeting last Friday.</li> <li>• Proposal to do an earthquake exercise. We will evacuate UT and Penninsula.</li> <li>• This will be both our required evacuation drill and surge exercise.</li> <li>• Schools will not be able to participate in either April or May. They would like to continue to participate in the future. We will need to find alternative to patients since schools can’t participate.</li> <li>• Those who cant find volunteers can use paper patients. Surge would be 20% of ED capacity. Suggestion: you could use patients in surge, and paper for evacuation.</li> <li>• Red Cross provides volunteers as well. You may want to check with them.</li> <li>• Our CMS partners are on board. In surge, hospitals would be sending patients home. Dialysis could take on hospital dialysis patients. Nursing homes/facilities could be hit by evacuation as well or accept evacuating patients.</li> <li>• Penninsula patients discharged would have impact on facilities surge.</li> <li>• We will include Forensic Center, blood bank, ham operators in exercise.</li> <li>• We need to set up a date. May 10<sup>th</sup> primary, 16<sup>th</sup> as secondary.</li> </ul>
Budget Update	Wanda Roberts No Changes since last month
Supply Chain Assessment	<p>Wanda Roberts</p> <ul style="list-style-type: none"> <li>• Group discussed Supply Chain Assessment survey created by Central Office. As far as hazards, group decided to pick one hazard for each category listed on assessment (Natural Hazard, Mass Care, Pandemic/Epidemic). I will send that suggestion to Sean Kice. Please look over list of supplies and let me know if you have any changes from what we previously sent in.</li> </ul>



<p>Project Status</p> <ul style="list-style-type: none"> <li>Mintie Units</li> <li>HAM Radio/Winlink</li> <li>ICS Supplies</li> </ul>	<p>Phil McDaniel: The owner of the company will be presenting at our April Meeting. If you have something in particular you want discussed let Phil know. Please look over the Mintie information with your facilities staff and come prepared with questions. You are welcome to bring anyone from your facility who may want to participate.</p> <p>Jim Snyder/ John Brinkley</p> <ul style="list-style-type: none"> <li>Jim has created a list of the assessments we have from 2016 and this year. (Attached to minutes). If you haven't provided, this needs to be done. If you have a deficiency in your radio system, you need to let us know now. After this funding period, the Coalition will not pay for any repairs, installations, or equipment.</li> <li>John- we need to do education on what this system can do. It's a valuable piece of equipment that we need to make sure is being utilized. Please help us out by wrapping this up quickly so we can get this program in place. Some facilities don't have point of contact listed for their facilities yet.</li> <li>You can check on the attached sheet to see if your facility assessment has been completed. You should be working together. Make sure you know who your operator is.</li> <li>Another item: Newport Medical Center needs the antennae and radio from PMRC. The radio is no longer at the facility and Jason Fox cannot track down documentation of who had it last. Janet Rowe has that information and will provide it to Jason. In the meantime, group approved temporary loan of radio equipment from PRMC (Tonya Shott motioned, Janet Rowe second). The Coalition will re-evaluate once Janet has provided documentation.</li> </ul> <p>No update. To be ordered</p>
<p>Equipment</p> <ul style="list-style-type: none"> <li>Generator</li> </ul>	<p>Sweetwater hospital disconnected the generator on March 7<sup>th</sup>. Per the motion approved via email by the Coalition, daily fee for usage of the generator, (when it was not being used for an emergent situation and past 10 working days), was assessed at 700/day.</p> <p>Sweetwater Hospital Association hooked the generator up in September (with permission for use on the understanding it would be approximately two weeks before repair was complete). On December 14<sup>th</sup>, a request was made to move the generator (non-emergent). Correspondence was maintained between RHC and hospital as they attempted to finalize their project and unhook the coalition generator.</p> <p>On January 15<sup>th</sup>, the planning sub-committee met and established the following guidance update for use of the generator, that was presented to Coalition and approved:</p> <ul style="list-style-type: none"> <li>Regional Generator (as a reminder, this generator belongs to the State of Tennessee and is not exclusive for our region. It is available for use by any healthcare organization in the East Grand Division of the state.)       <ul style="list-style-type: none"> <li>RHCs will find a regional vendor to do needed PMs on the generator and will be responsible for scheduling and payment for those PMs. This will keep maintenance consistent for both pieces of equipment.</li> <li>Proposed changes regarding usage of the generator: Generator usage remains the same: it is for emergent situations only. In this past, it has been used in lieu of private or commercial avenues. (This had previously been approved by RHCs for short term usage). There will be no approvals for those situations moving forward.</li> </ul> </li> </ul>



- New user agreement terms: Generator can only be used for 14 days. If it is still in use on days 15-30, the facility will need to pay usage fees at a rate of \$700/day to the coalition. This money will be used to discourage long term use and reimburse coalition for maintenance fees. This will go into effect immediately upon coalition approval.
- The 700/day assessment fee was based on similar rental fees for similar units. With the new guidance, Sweetwater hospital was notified on January 24<sup>th</sup>, with the following timeline:
  - January 25 will start the 15 day no charge usage for the generator. The 15 days will end on February 8<sup>th</sup>.
  - Starting February 9, there will be a \$700.00 daily fee that will need to be paid to our fiduciary if the generator is still in use.
- Sweetwater Hospital disconnected the unit on March 7, incurring a 700/day fee for 26 days equaling: \$18,200.00. Our fiduciary will be sending them an invoice.

## Updates

- CMS17 Groups

Next quarterly meeting (April 14) will be held at the Knox County 911 Center. Each group will tour the 911 center, EOC, Knox County Mobile Command Center, East Region Mobile Operations Center, and the regional Ambus.

- Regulatory/Compliance Update

None

- Attended Events/Exercises/Training

03/05/19 STB Train the Trainer class held March 5, with UT instructors. 105 attendees. We now have over 250 instructors in our 16 counties. We will not do another train the trainer class for 6 months.

03/12/19 Vulnerable Populations Training: Tonya: Geared towards pediatrics and special needs populations. Lots of good information.

02/27/19 REAC/TS Emergency Management of Radiation Accident Victims. Feedback forms were very positive.

## Upcoming

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## Other

- Email list for coalition members has been requested for a student dissertation project. Your email address, if given permission, will be shared with a survey group and you will be sent a survey regarding her project (Coalition funding and achievements). Nobody offered email addresses. John and Wanda will provide theirs for coalition representation.
- Decon training kit/tent available from TCMC. Have to provide your own boots. Cleaning instructions for use will be sent with the kits. Process may be adjusted after first use. You have to provide transportation. Can't be a small car because the tent is large.