

KET (KNOX EAST TN) REGION HOSPITAL COALITION MEETING

November 10, 2015

2:30

Knox County Health Department

Members/Attendance (attached)

Meeting Minutes

Minutes Review from Last Month

No stated revisions. Approved as written

Motion-Janet Rowe, Second-Matt Oliver

South Carolina Flood Experience: *Asst. Chief Gary Compton, Knoxville Fire Department*

- Chief Compton commended Columbia for their response to the flooding situation. They did a great job managing evolving events with multiple disciplines to protect the citizens of Columbia
 - Chief Compton began preparations to deploy on 09/30. He was officially deployed on 10/03 to report to Columbia to assist with flood rescues and support.
 - Situation: Fire academy was under water. TN. Deployed 16 boats (8 from East TN, 8 from Middle TN), and 66 personnel (32 from East, 34 from Middle).
 - First rescue was a firefighter mayday (firefighter in need). The firefighter had went into a rescue situation alone, got washed away, was sucked into a drainage pipe that led to the river, was expelled from pipe into the river where he traveled 600 yards before hitting a tree. He held onto the tree until he was rescued.
 - Columbia was rich in resources, but this event quickly depleted them and they were overwhelmed. The TN teams were soon overwhelmed as well. They worked 20 hr. days. They performed any task that was needed, from rescues, welfare checks, humanitarian efforts, searching abandoned vehicles, EMS call, etc.
 - The boats were operated by TWRA (Tennessee Wildlife Resources Agency), with 2 swift water techs on each boat.
 - There were several water mains and dams that broke causing secondary flooding. This called for a boil only advisory. With that, all the restaurants shut down, compounding the situation.
 - There was a 6 o'clock curfew in place. There were no issues with the curfew.
 - Cooling towers in area hospitals lost their water leading to potential evacuations. The FD set up a tanker shuttle, that continuously pumped water into the towers to keep them running.
 - Chief Compton suggested we consider this for our region. What would we do if this happened?
 - Prompted by this event, Chief Compton, Charity Menefee and Larry Hutsell are working together on a plan that would address this.
 - Lessons Learned:
 - EMAC Agreement (state to state Mutual Aid agreement) is tied significantly to reimbursement. Documentation is vital if you want to be paid for the work done. Minimally, keep NIMS form 214 current while you work. Without documentation, there will be NO reimbursement.
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- Mapping was an issue
- Go Kits in offices: Think about what you would actually need in a remote setting. Electronics may be useless. They didn't have access to a projector, printer, etc. Make sure to include paper and pencils in the kits.
- Columbia set up a secure website where family and friends of first responders could check in on their loved ones. Excellent idea.
- For follow up, each facility should check with their FD to see what could be done if emergency water was needed. What resources does your local FD have to transport large quantities of water to keep your facility running, if needed? Do you have the correct fittings for the FD hoses to connect to your facility? (LeConte is in the process of doing this and cost is minimal, less than \$50.00.)

By Laws Discussion:

Following Paul Link's site visit, there are areas of our bylaws that need clarification/changes.

- We will be adding a clarification statement that our Active Members constitute our Executive/Decision-Making body.
 - We will be adding a statement regarding borrowing of assets from either other coalition members or the regional cache. Once requested, the borrower is responsible for returning/replacing the item(s) as soon as possible.
 - Active vs. Inactive members:
 - Charity read over current definition of an active membership responsibilities. (See current bylaws for complete list).
 - One item listed is that members will meet contractual obligations. Last year, the State added EPFAT (Emergency Power Facility Assessment Tool: <http://epfat.swf.usace.army.mil/>) to list of requirements. Janet Rowe motioned that EPFAT be considered a contractual responsibility, meaning any facilities not completing by the end of this fiscal year (July 30, 2016) will not be considered an active member. This will exclude them from voting and receipt of funding purchases. Trish Polfus second.
 - HRTS: If a facility chooses not to participate in HRTS (daily updates or activation), bylaws state they will be considered an inactive member. The group discussed the implications of non-participation. Without 100% regional participation, all facilities are affected as there is not an accurate picture of what is available during an event. It also leaves the non-participating entity at a huge disadvantage for accurate, current information during an event. According to bylaws, non-participation on HRTS will also deem a facility non active, meaning they are ineligible for voting and receipt of funding purchases. David Walton motioned, keeping by laws as written, second by Sandy Monday.
 - EMS representation: There currently is an EMS proposal for group discussion. EMS representation is currently assigned by Region 2 EMS to include John Brinkley (metro EMS), Brad Phillips (rural EMS), Bernie Hayes (non-911 provider) and Steve Hamby. Regional EMS representatives has not been consistent enough for them to be considered active members. Do we base EMS standing on John Brinkley alone (Rural Metro), or should each representative meet the requirements for active membership. (John has consistently met requirements for active membership)? Group discussion and consensus was, in order to receive funding, all assigned members be required to meet membership requirement like any other entity receiving funding. Motion by Trish to specify this in by laws, second by Carole Chambers.
 - Recently, a regional purchase was delivered to a hospital that has not met membership requirements (they have not participated in 2 of the last 3 meetings). According to the by-laws, they should not have received the supplies. This was an oversight from the RHC's. How does the group want to handle this situation? Consensus was to leave as is, and be more diligent in the future. Motion by Carole Chambers, second by Christy Cooper.
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ASPR Update:

Proposed Budget (Can find all documents on website: Ketcoalition.org)

- Thanks to the committee for the work in getting this together. Sub-committee (Wanda Roberts, Charity Menefee, David Walton, Paul Parsons, Carole Chambers, John Brinkley, Janet Rowe, Perry Davis, Tonya Shott, Robert Laney, Christy Cooper, Sandy Monday)
- Survey monkey results were shared with group that highlighted specific items submitted by those who completed the survey.
- Proposed budget with specific purchase recommendations was presented to group. Motion to pass by Paul Parsons, second Matt Oliver.

Medsled Allocation:

Last year we spent remainder of funding on Medsleds. We received 30 medsleds that are currently in regional storage. How do we want to distribute those? Motion by Carole Chambers to distribute among those who don't have any. Second by Sandy Monday. Approved by group.

- Those who currently do not have any are: Methodist Medical Center, Pioneer Community Hospital, Lakeway Regional, Claiborne County and Morristown Hamblen. We will allocate based on size of facility.

Fall Exercise-

- It will be held at the Lighthouse in Knoxville. <http://lighthouseknoxville.com/> 9:00-1:00 (Registration beginning at 8:30). Evaluators need to be there at 8:00.
- Mayfield will be in attendance as a SME for emergency water supply. They will also provide orange juice and milk for the group.
- Breakfast and lunch will be provided.
- Please bring your plans, protocols, operating procedures and anything else that may benefit you during the exercise.

Codes Discussion: Janet Rowe/Brian Hitch

- U.T. would like group to consider adding a code for lost person. It is fast becoming a weekly incident at U.T. that an Alzheimer's patient, dementia or mentally challenged person wanders off. U.T. would like to see a specific code added for this. Discussion on what facilities are currently doing. Some are calling code lost, code boy or girl. Carole Chambers suggested this be a discussion with security at each facility before this group acted.
- U.T. also wants consideration for changes to code purple. It's currently the code used for both active shooter and hostage. The needed actions for those situations are different and U.T. feels they need to be clarified as something more specific than just code purple.
- Next steps, Brian Hitch and Steve Bohanan will contact security at each facility to schedule a meeting to discuss. Please send your security contact information to your RHC, who will forward it on.

Poster Session for HPP Conference in San Diego

- Carole Chambers has already started the work on this. She needs assistance. Janet Rowe, Christy Cooper, Drew Slemp and
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Trish Polfus volunteered. Carole will contact this group for assistance.

Upcoming Trainings/Meetings/Exercise Information:

HPP Conference

- December 1-3, San Diego. Charity will check this week on car rental information. TN Coalitions across the state may get together for an informal meeting sometime during the conference. It will be voluntary if you want to attend or not.
- We will be contacting those going for sign up times to stand by poster during poster session.

Fall Tabletop Water Exercise

- November 12 Lighthouse Knoxville 9:00-1:00

APIC Conference

- October 20-23. If you are interested in going to the Water Contamination Crisis: Implications for Infection Prevention session on Thursday October 22, 8:00-9:00 A.M, for free, please let Wanda Roberts know ASAP. The meeting is being held at the Holiday Inn, Pigeon Forge

Anniston Trip

- May 22-28
- Trip was valued by all who participated. The format was great for learning (classroom, then exercise). Those who participated highly recommend it. Two trainings will be available, with 30 slots for each class. If you are interested, please contact either Charity or Wanda with names of participants as soon as possible as we expect these will fill up quickly (charity.menefee@knoxcounty.org; etrhc.health@tn.gov) You can also visit the website at <https://cdp.dhs.gov/>:
- Course attendance is NOT limited to hospital personnel only! All member organizations are invited to attend!
- The Healthcare Leadership for All-Hazards Incidents (HCL) is a four-day course which exposes healthcare professionals to the dynamics involved in the decision making processes during an all-hazards disaster involving mass casualties. The course uses a combination of lecture and exercises, to provide responders and receivers foundational information on which to base critical decisions during the fast-paced final exercise.
- Hospital Emergency Response Training for Mass Casualty Incidents (HERT) is a three-day course designed to provide medical operation guidance to hospitals, emergency medical services (EMS), healthcare facility personnel, and others who may become involved in a mass casualty incident (MCI) with a 4th day added as a Train-the-Trainer Course so attendees can bring back what they learn and teach it here. The course provides the healthcare emergency receiver with an understanding of the relationship between a Hospital Incident Command System (HICS), a scene Incident Command System (ICS), and other incident management systems used by municipal Emergency Operations Centers (EOC). The course also provides guidance for Hospital Emergency Response Team design, development, and training. This is a hands-on course which culminates with small and large groups practical applications. Therefore, participants must be physically and psychologically fit to wear personal protective equipment (PPE) during the training.

Other

- EPFAT: Please complete if you haven't already done so. This will need to be completed by June 30, 2016 in order to be considered
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an active member in the KET Coalition

- U.T. Inventory: still no information.
 - Winlink: We will be contacting Besco for scheduling remaining facilities.
 - Carole Chambers (Blount Memorial) Winlink may not be operational. She will check and let Wanda know.
 - Ambus exercise in Roane County went very well. Good community participation and it demonstrated that our region has a clear knowledge of how to operate and utilize the ambus. The process was recorded on video by Central office and that will be used throughout the state to demonstrate proper technique to using the bus. Great success story!
 - Joint Commission Update from Children's and Blount Memorial. Very in depth and detailed. Have all documentation/plans ready – not just the items they request to review.
 - Pediatric surge was identified as a gap for the coalition. Angie Bowen and Christy Cooper with ETCH will put together a list for items that can be purchased for areas EDs to provide additional surge capability for next year's funding. She will be contacting other facilities for input – Brenda Gray at North Knoxville Medical Center was suggested as a starting point.
 - John Brinkley took any interested members to his truck to show an example of the MCI bags approved for purchase this year. The proposal is to provide 1 MCI Bag to each primary 911 EMS provider in the region. Each MCI bag can support 12 severe trauma patients or more patient with less severe injuries.
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	Rural Metro EMS	John Brinkley		X	X	X	X								
		Chris McLain													
		Richard Holbert													
	LifeGuard Ambulance Service	Bernie Hayes		X	X										
	Jefferson County EMS	Brad Phillips													
Other	Medic	Steven Smith			X	X	X								
	RMCC	Drew Slemp		X		X	X*								
	American Red Cross	Kendra Taylor		X	X	X									
		James Baker													
	Knox County Medical Examiner	Robin Slattery													
		John Lott			X	X									
		Jody Perisino		X											
	APIC	Ann Henry			X										
Community Representative	Hannah Swartz				X*										

Guests: Angie Bowen: East TN Children's Hospital, Karen Jordan: Ridgeview Psychiatric Hospital