

KET HC MEETING
AUGUST 2022

WELCOME

INTRODUCTIONS (CHAT BOX)

NAME

ORGANIZATION

NEW MEMBERS

JEFFERSON MEMORIAL - CODY GARLAND

BLOUNT MEMORIAL - EVELYN CLARK-KULA

HEALTH UPDATE

- Monkey Pox Update
 - Becky Meyer
 - Communicable and Environmental Disease and Emergency Preparedness Program
 - Healthcare Associated Infections and Antimicrobial Resistance
 - Knox County, East Tennessee Region, Sullivan County, and Northeast Region
- COVID19
 - Regional Status as of 08Aug22
 - Hospitalizations – 125 (17 hospitals)
 - ICU - 21
 - Ventilators - 5



Equipment/Supplies

- Wheelchairs – 20 each standard
- Handwash Stations – 5 each
- Moonbeam – 4 each
- Industrial Tablet/Phone Sanitizing Station – 4 each
- Bulls-Eye Digital Extinguisher Trainer 1 each



**Members
Information
Share Time**

RECENT EVENTS

TNHAN X2

LESSONS LEARN

**REGULATIONS
UPDATES**

OTHER

HRTS Update

- HRTS – Upgrade to V3.0
 - HRTS mobile will be pushed out in a few weeks
 - Changed Operating Rooms to Operating PRE/POST Beds
 - Waiting on follow-up from state
 - Coalition Resource Management Listing
 - KET HC is one of three test sites
 - Definitions and Color Codes
 - Waiting on follow-up from state
 - COVID survey until April 2024
 - COVID survey Update due 10Aug2022
 - Psychiatric/Rehabilitation hospitals moving to annual updates
 - Change to some therapeutic reporting
 - Vaccine Reporting moving from COVID survey to National Healthcare Safety Network (NHSN). Still required by CMS



**State
Advisory
board**

- Paul Parsons
 - Patient Tracking
 - PAPR's – Breath Easy

Mass Gathering Air Show Sept 09-11

To HRTS or Not to HRTS

- 150K to 175K people per day (Saturday/Sunday)
- 9/11 Stair Climb (Sunday)

Operational Services on site

- Civilian Side
 - Command (LE, FD, EMS, EMA, Airport, RHC)
- Military Side
 - Command (SF, FD, EMS, Military, RHC)
 - EMS –inside and outside
 - Medical Stations (military and hospital sponsored)
 - Ambus on Site from Jefferson Co.
 - Mobile 911 trailer from Blount
 - Military Air Medical on site
 - Civilian Air Medical off site
- Concern
 - EMS turn around time – Units from Air Show



Crisis Standard of Care Annual Review

- CSC Meeting moved from 29June2022 to 24Aug2022
- State Plan has not changed since last update
- AAR sent to KET HC members June 2022, Hospital Leadership August 2022
- Feedback from KET HC members requested
- CSC will be a requirement for future exercises

Subcommittee Groups

Exercise Committee	Training Committee	Budget Committee	Communications Committee	Planning / Documentation Committee
Jan Brooks	Janet Rowe	Wanda Roberts	Tim Tyler	Oseana Britton
Janet Rowe	Oseana Britton	Janet Rowe	Steve Bohanan	Wanda Roberts
Trish Polfus	Karen Jordan	Oseana Britton	Jason Harrington	John Brinkley
Paul Parson	Kim Mountz	Paul Parson	Paul Parson	Kim Mountz
Sarah DeLozier	Wanda Roberts	John Brinkley	John Brinkley	
Chris Thomas				
Logan Farr				
Jason Harrington				
Wanda Roberts				
John Brinkley				

**Knox/East Tennessee Healthcare Coalition
INCOME/EXPENSE SUMMARY
For the Twelve Months Ending June 30, 2022**

	Current Month	Year to Date
BEGINNING CASH BALANCE	\$ 256,322.14	
INCOME	\$ -	\$ 400,197.24
MISCELLANEOUS INCOME	\$ -	\$ -
TOTAL INCOME	\$ -	\$ 400,197.24
EXPENSES		
TRAVEL IN-STATE	\$ -	\$ 726.18
TRAVEL OUT OF STATE	\$ -	\$ 1,171.33
MEETING EXPENSE	\$ 757.55	\$ 795.91
PRINTING	\$ -	\$ -
TELEPHONE	\$ -	\$ -
MAINT & SUPPORT	\$ 417.00	\$ 417.00
SUPPLIES	\$ 227,412.56	\$ 350,115.19
CONSULTING	\$ -	\$ 6,240.00
WEBSITE / COMPUTER SERVICES	\$ 1,261.00	\$ 2,354.80
INSURANCE	\$ -	\$ 4,353.80
RENTALS - OTHER	\$ -	\$ 6,217.00
GIFTS/AWARDS/PRIZES	\$ -	\$ -
GRANTS	\$ -	\$ -
TRAINING	\$ 3,227.42	\$ 4,559.42
TOTAL EXPENSES	\$ 233,075.53	\$ 376,950.63
NET CASH FLOW	\$ (233,075.53)	\$ 23,246.61
ENDING CASH BALANCE	\$ 23,246.61	\$ 23,246.61
Note: Non-grant (generator and lawsuit)	\$ 25,427.00	

Base Funding

Knox/East Tennessee Healthcare Coalition
INCOME/EXPENSE SUMMARY
For the Twelve Months Ending June 30, 2022

COVID

Current Month

Year to Date

BEGINNING CASH BALANCE	\$ (211,250.06)	
INCOME	\$ 270,121.43	\$ 270,121.43
TOTAL INCOME	\$ 270,121.43	\$ 270,121.43
EXPENSES		
TRAVEL IN-STATE	\$ -	\$ -
TRAVEL OUT OF STATE	\$ -	\$ -
MEETING EXPENSE	\$ -	\$ -
PRINTING	\$ -	\$ -
TELEPHONE	\$ -	\$ -
MAINT & SUPPORT	\$ -	\$ -
SUPPLIES	\$ 58,871.37	\$ 270,121.43
CONSULTING	\$ -	\$ -
WEBSITE / COMPUTER SERVICES	\$ -	\$ -
RENTALS - OTHER	\$ -	\$ -
GIFTS/AWARDS/PRIZES	\$ -	\$ -
GRANTS	\$ -	\$ -
TRAINING	\$ -	\$ -
TOTAL EXPENSES	\$ 58,871.37	\$ 270,121.43
NET CASH FLOW	\$ 211,250.06	\$ -
ENDING CASH BALANCE	\$ -	\$ -

Covid Funding

Workplan Timeline

<p>2022 JUL</p> <ul style="list-style-type: none"> • Draft Work Plan • Draft Budget • HVA Approval • HCC Meeting • Begin Work on CBRNE Annex Plan 	<p>2022 AUG</p> <ul style="list-style-type: none"> • Gap Analysis • Finalize Work Plan • Finalize Budget • Redundant Communication Drill • HCC Meeting • SVI/Empower Review • Review Crisis Standards of Care 	<p>2022 SEPT</p> <ul style="list-style-type: none"> • HCC Meeting • CMS Partners Meeting • Review Response Plan • ChemPak Review/Training • Review ByLaws • Finalize Training Priorities
<p>2022 OCT</p> <ul style="list-style-type: none"> • Inventory Assessment • Review Preparedness Plan • Review Response Plan • HCC Meeting • PIO Plan 	<p>2022 NOV</p> <ul style="list-style-type: none"> • Exercise Planning <ul style="list-style-type: none"> ○ Regional ○ MRSE • HCC Meeting • Review CBRNE Surge Annex Plan 	<p>2022 DEC</p> <ul style="list-style-type: none"> • Inventory Assessment • HCC Meeting • CMS Partners Meeting • National Healthcare Coalition Preparedness Conference • Approve KET HC Documents
<p>2023 JAN</p> <ul style="list-style-type: none"> • Review Preparedness Plan • Review Response Plan • Exercise Sub-Committee meeting • HCC Meeting • Impact Story • Supply Chain 	<p>2023 FEB</p> <ul style="list-style-type: none"> • Review CBRNE Surge Annex Plan • Feedback CBRNE Plan • Planning Sub-Committee Meeting • Budget Meeting • Redundant Communication Drill 	<p>2023 MAR</p> <ul style="list-style-type: none"> • Review EmPower Data • Review Social Vulnerability Index • Finalize CBRNE Surge Annex Plan • HCC Meeting • CMS Partners Meeting
<p>2023 APR</p> <ul style="list-style-type: none"> • HCC Meeting • 2022 2023 HVA Review • MRSE 	<p>2023 MAY</p> <ul style="list-style-type: none"> • 2022 2023 Gap Analysis • HCC Meeting • 2022 2023 Budget Review • Annex Tabletop 	<p>2023 JUN</p> <ul style="list-style-type: none"> • HCC Meeting • CMS Partners Meeting • CAT • Redcap

2017-2022 Health Care Preparedness and Response Capabilities

Activity 4 Assess Community Planning for Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs, Including People with Disabilities, and Others with Unique Needs

• Empower/SVI

• HHS EmPower Map

• <https://empowermap.hhs.gov/>

• CDC Social Vulnerability Index

• <https://svi.cdc.gov/map.html>

CDC's Social Vulnerability Index (SVI)
A tool to identify socially vulnerable communities

CDC's SVI
What is social vulnerability?
Every community must prepare for and respond to hazardous events, whether a natural disaster like a tornado or disease outbreak, or a human-made event such as a harmful chemical spill. A number of factors, including poverty, lack of access to transportation, and crowded housing may weaken a community's ability to prevent human suffering and financial loss in a disaster. These factors are known as social vulnerability.

What is CDC's Social Vulnerability Index?
ATSDR's Geospatial Research, Analysis & Services Program (GRASP) created databases to help emergency response planners and public health officials identify and map communities that will most likely need support before, during, and after a hazardous event.

CDC's SVI uses U.S. Census data to determine the social vulnerability of every census tract. Census tracts are subdivisions of counties for which the Census collects statistical data. The SVI ranks each tract on 15 social factors, including poverty, lack of vehicle access, and crowded housing, and groups them into four related themes. Maps of the four themes are shown in the figure below. Each tract receives a separate ranking for each of the four themes, as well as an overall ranking.

SVI Themes

- Socioeconomic Status
- Household Composition
- Race/Ethnicity/Language
- Housing/Transportation

How can CDC's SVI help communities be better prepared?
The SVI can help public health officials and local planners better prepare for and respond to emergency events like hurricanes, disease outbreaks, or exposure to dangerous chemicals.

CDC's SVI databases and maps can be used to:

- Estimate the amount of needed supplies like food, water, medicine, and bedding.
- Help decide how many emergency personnel are required to assist people.
- Identify areas in need of emergency shelters.
- Plan the best way to evacuate people, accounting for those who have special needs, such as people without vehicles, the elderly, or people who do not understand English well.
- Identify communities that will need extra funding and support before, during, and after a disaster.

Maps show the range of vulnerability in Gwinnett County, Georgia for the four themes.

For more information, please contact CDC's SVI Coordinator (svi_coordinator@cdc.gov) or visit <http://svi.cdc.gov>.

Geospatial Research, Analysis, and Services Program (GRASP)
Division of Toxicology and Human Health Sciences, ATSDR

CDC ATSDR Centers for Disease Control and Prevention Agency for Toxic Substances and Disease Registry

HHS emPOWER Program
emPOWERing Communities, Saving Lives

The HHS emPOWER Program, a partnership between ASPR and the Centers for Medicare and Medicaid Services, provides dynamic data and mapping tools, as well as training and resources, to help communities protect the health of more than 4.2 million Medicare beneficiaries who live independently and rely on electricity-dependent durable medical and assistive equipment and devices, and essential health care services.

Preparedness Response Recovery Mitigation

emPOWER's innovative tools support state, territory, local, and community efforts to anticipate, prepare for, and respond to the access and functional needs of at-risk individuals throughout the emergency management cycle.

HHS emPOWER Map, REST Service, and emPOWER AI
A public, interactive map that displays the total number of at-risk electricity dependent Medicare beneficiaries in a geographic area, down to the ZIP Code. A Representational State Transfer (REST) Service, provided via ASPR's GeoHEALTH platform, allows users to consume the same map data layer in their own geographic information system. Users can also request HHS emPOWER Map data and Program information by using emPOWER AI on Google Assistant and Amazon Alexa.

Publicly accessible at <https://empowermap.hhs.gov/>
Acquiring population-level situational awareness; conducting emergency planning activities; developing emergency response systems, processes, and triggers; and planning for life-saving outreach.

HHS emPOWER Emergency Planning De-identified Dataset
A tool that provides the monthly total number of Medicare claims for select electricity-dependent durable medical and assistive equipment and devices, as well as essential health care services, in a geographic area, down to the ZIP Code.
(This dataset cannot be used to identify individuals)

Year	2017	2018	2019	2020	2021	2022
EMPOWER	1,234	1,345	1,456	1,567	1,678	1,789

Provided monthly to public health authorities for:
Acquiring population-level situational awareness; conducting emergency planning activities; developing emergency response systems, processes, and triggers; identifying planning factors; identifying resources for emergency scenarios; and planning for life-saving outreach.

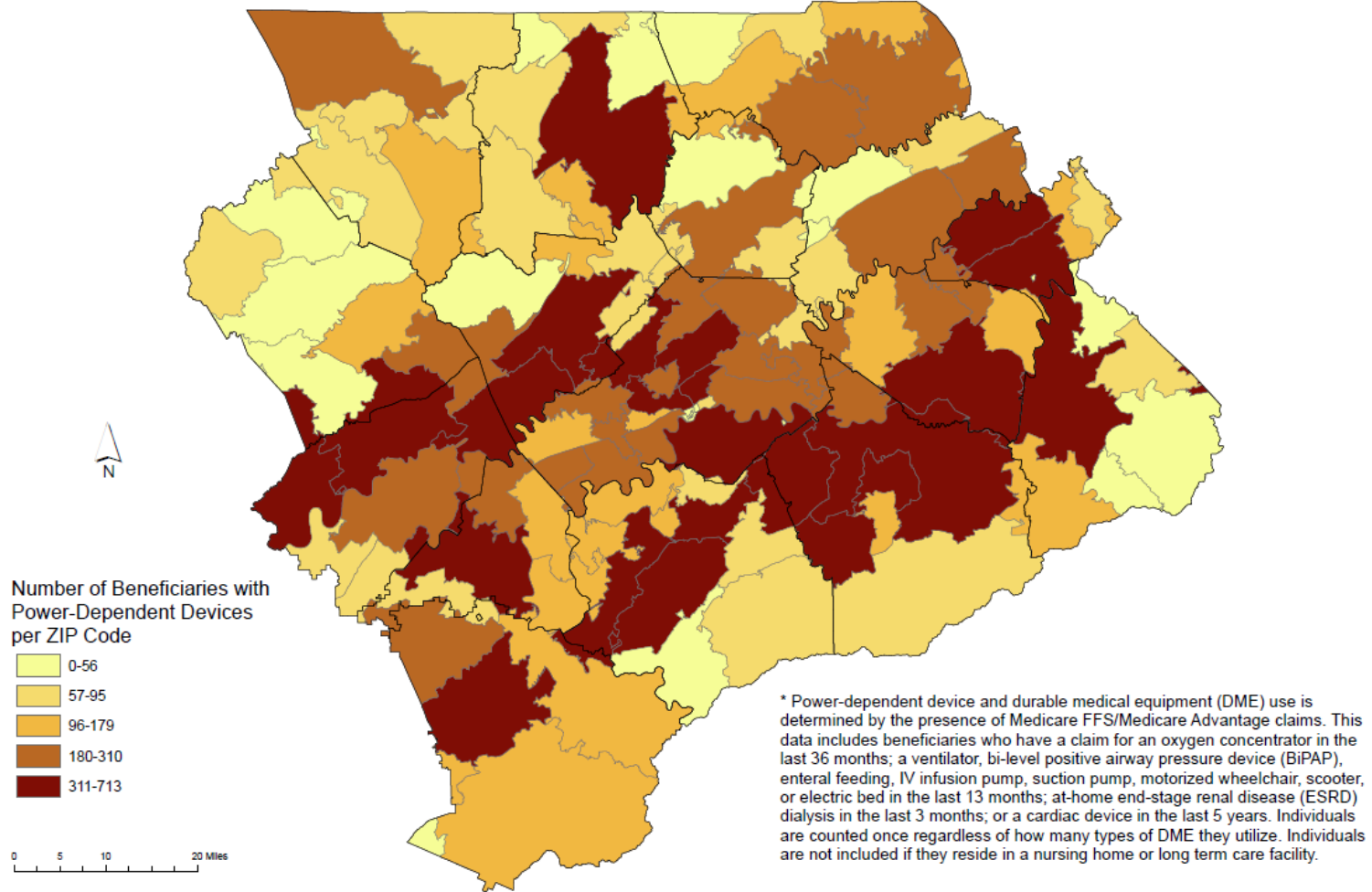
HHS emPOWER Emergency Response Outreach Individual Dataset
A secure and restricted tool that can be officially requested by a public health authority to support life-saving assistance and outreach public health activities in the event of an incident, emergency, or disaster. It contains limited individual-level beneficiary information and health care provider information.

Securely transmitted to authorized public health authorities upon approved official disclosure request for:
Activating emergency plans; deploying response assets and resources; activating emergency communications networks; and conducting life-saving outreach.

Contact empower@hhs.gov for more information

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Medicare Beneficiaries with Power-Dependent Devices* in the Knox/East Tennessee Healthcare Coalition, May 2022



* Power-dependent device and durable medical equipment (DME) use is determined by the presence of Medicare FFS/Medicare Advantage claims. This data includes beneficiaries who have a claim for an oxygen concentrator in the last 36 months; a ventilator, bi-level positive airway pressure device (BiPAP), enteral feeding, IV infusion pump, suction pump, motorized wheelchair, scooter, or electric bed in the last 13 months; at-home end-stage renal disease (ESRD) dialysis in the last 3 months; or a cardiac device in the last 5 years. Individuals are counted once regardless of how many types of DME they utilize. Individuals are not included if they reside in a nursing home or long term care facility.

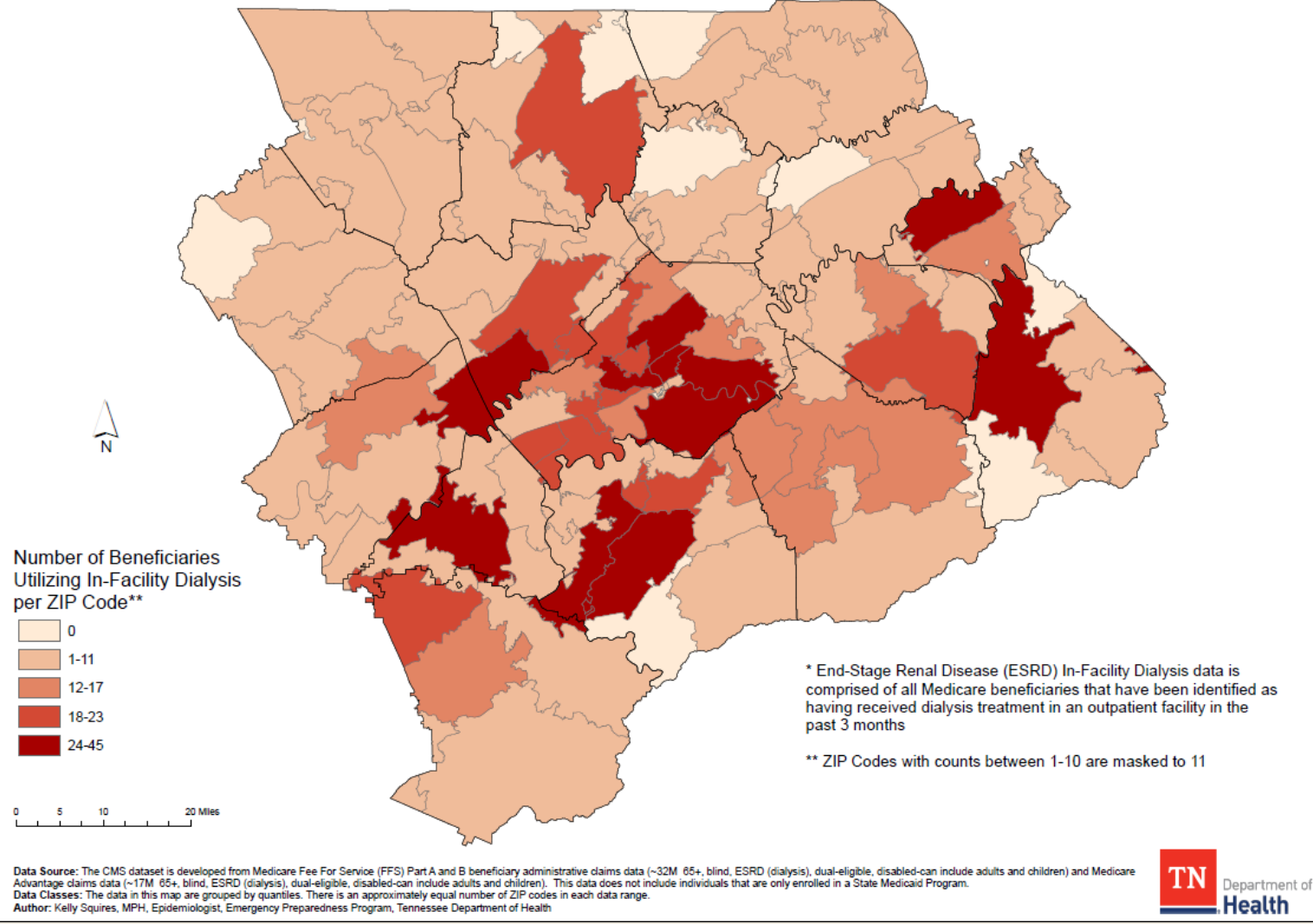
Data Source: The CMS dataset is developed from Medicare Fee For Service (FFS) Part A and B beneficiary administrative claims data (~32M 65+, blind, ESRD (dialysis), dual-eligible, disabled-can include adults and children) and Medicare Advantage claims data (~17M 65+, blind, ESRD (dialysis), dual-eligible, disabled-can include adults and children). This data does not include individuals that are only enrolled in a State Medicaid Program.
 Data Classes: The data in this map are grouped by quantiles. There is an approximately equal number of ZIP codes in each data range.
 Author: Kelly Squires, MPH, Epidemiologist, Emergency Preparedness Program, Tennessee Department of Health



Power-Dependent Devices

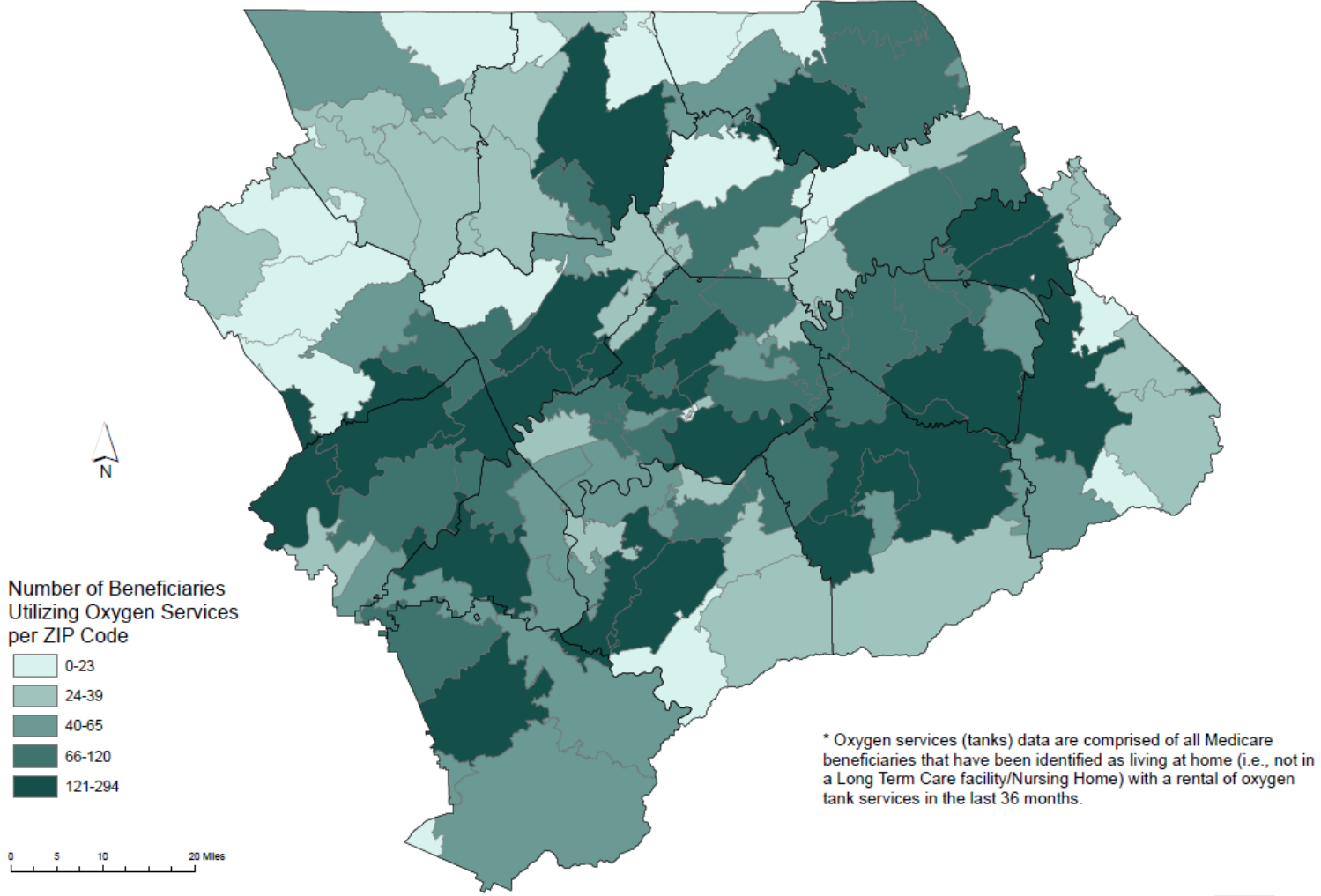
- O2 concentrator
- Ventilator
- BiPAP/CPAP
- I V Pumps
- Motorized Beds

Medicare Beneficiaries Utilizing In-Facility Dialysis* in the Knox/East Tennessee Healthcare Coalition, May 2022



Dialysis

Medicare Beneficiaries Utilizing Oxygen Services* in the Knox/East Tennessee Healthcare Coalition, May 2022



Data Source: The CMS dataset is developed from Medicare Fee For Service (FFS) Part A and B beneficiary administrative claims data (~32M 65+, blind, ESRD (dialysis), dual-eligible, disabled-can include adults and children) and Medicare Advantage claims data (~17M 65+, blind, ESRD (dialysis), dual-eligible, disabled-can include adults and children). This data does not include individuals that are only enrolled in a State Medicaid Program.
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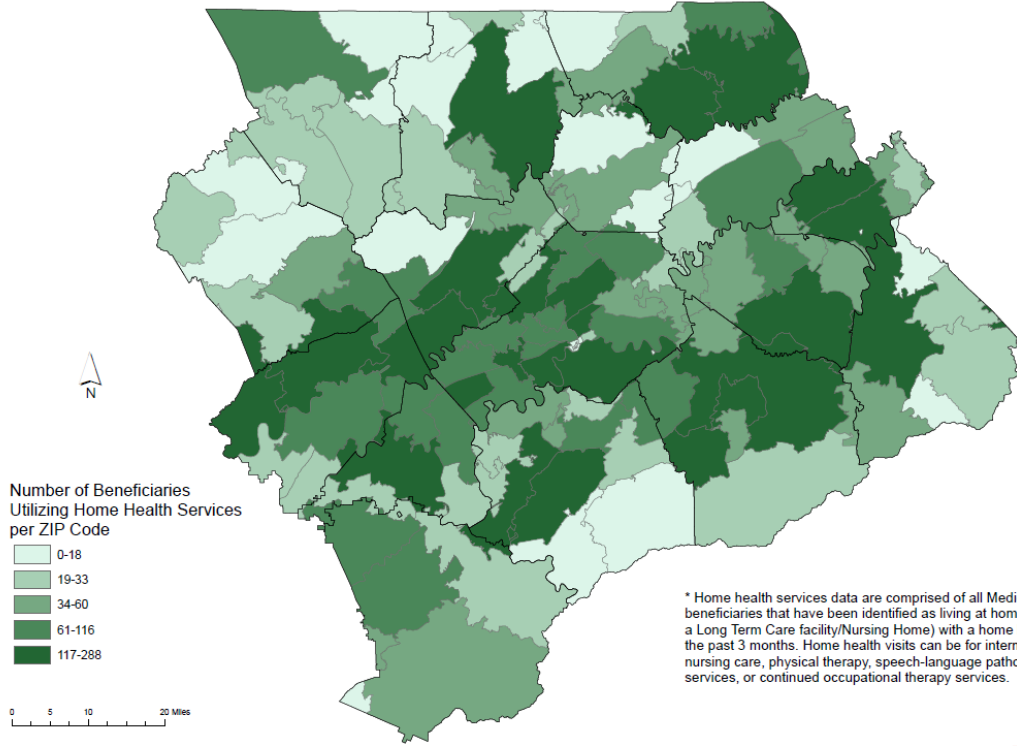


Oxygen Service

At Home

Does not include LTC

Medicare Beneficiaries Utilizing Home Health Services* in the Knox/East Tennessee Healthcare Coalition, May 2022

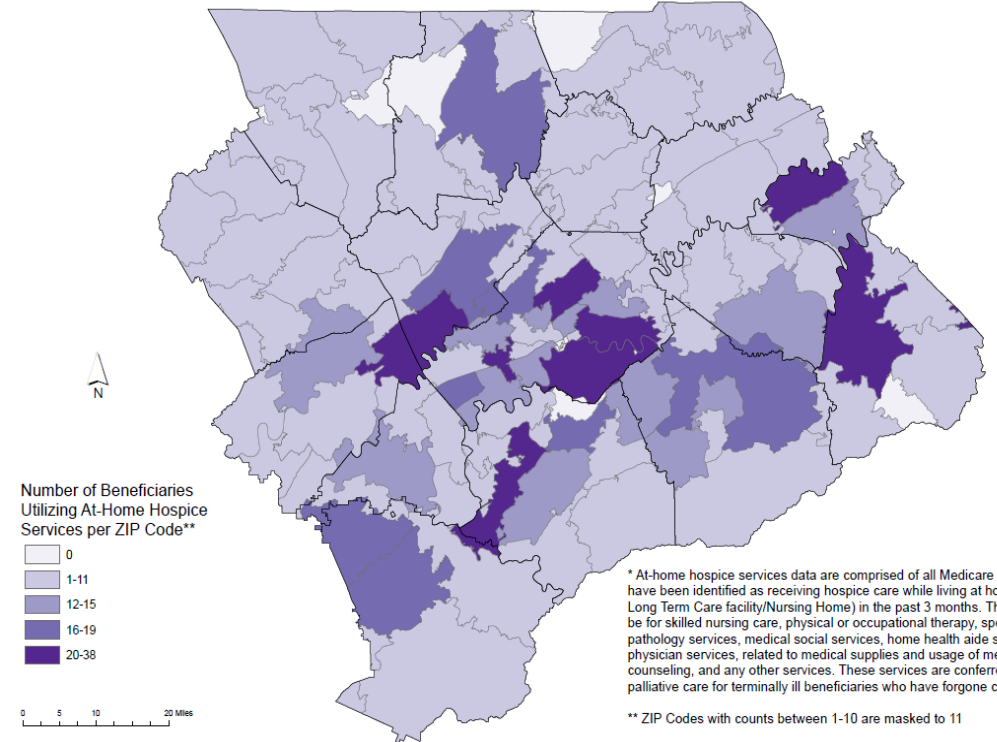


* Home health services data are comprised of all Medicare beneficiaries that have been identified as living at home (i.e., not in a Long Term Care facility/Nursing Home) with a home health visit in the past 3 months. Home health visits can be for intermittent skilled nursing care, physical therapy, speech-language pathology services, or continued occupational therapy services.

Data Source: The CMS dataset is developed from Medicare Fee For Service (FFS) Part A and B beneficiary administrative claims data (~32M 65+ blind, ESRD (dialysis), dual-eligible, disabled-can include adults and children) and Medicare Advantage claims data (~17M 65+, blind, ESRD (dialysis), dual-eligible, disabled-can include adults and children). This data does not include individuals that are only enrolled in a State Medicaid Program.
Data Classes: The data in this map are grouped by quantiles. There is an approximately equal number of ZIP codes in each data range.
Author: Kelly Squires, MPH, Epidemiologist, Emergency Preparedness Program, Tennessee Department of Health



Medicare Beneficiaries Utilizing At-Home Hospice Services* in the Knox/East Tennessee Healthcare Coalition, May 2022



* At-home hospice services data are comprised of all Medicare beneficiaries that have been identified as receiving hospice care while living at home (i.e., not in a Long Term Care facility/Nursing Home) in the past 3 months. These services can be for skilled nursing care, physical or occupational therapy, speech-language pathology services, medical social services, home health aide services, physician services, related to medical supplies and usage of medical appliances, counseling, and any other services. These services are conferred as part of palliative care for terminally ill beneficiaries who have forgone curative care.

** ZIP Codes with counts between 1-10 are masked to 11

Data Source: The CMS dataset is developed from Medicare Fee For Service (FFS) Part A and B beneficiary administrative claims data (~32M 65+ blind, ESRD (dialysis), dual-eligible, disabled-can include adults and children) and Medicare Advantage claims data (~17M 65+, blind, ESRD (dialysis), dual-eligible, disabled-can include adults and children). This data does not include individuals that are only enrolled in a State Medicaid Program.
Data Classes: The data in this map are grouped by quantiles. There is an approximately equal number of ZIP codes in each data range.
Author: Kelly Squires, MPH, Epidemiologist, Emergency Preparedness Program, Tennessee Department of Health



Home Health

At-Home Hospice

Does not include LTC

Amateur Radio Communications

Redundancy Test

- Due August 2022

HAM Licenses Class

Net Check 26Aug2022

Update from CMS 17 group



New VPC

Group 1
Long term care

Group 2
Home Health
/Hospice

Group 3
Ancillary/Outpatient

Group 4
Dialysis



Training

- **See KET HC calendar (www.ketcoalition.org)**
- Introduction to the Disaster Available Supplies in Hospital (DASH) Tool webinar – 15August22 – watch party at KEMA.
- The Monkeypox Virus: Through the Lens of EMS
Thursday, August 18, 2022, 11 AM – 12 PM (EST)
- Metro Drug Coalition - One day/one hour Online Psychological First Aid Training Aug 11th, 19th, Sept 8th, Sept 23rd.
- National Healthcare Conference Attendee's
- District 2 Homeland Security
- EMA
 - ICS 300 – 4th and 5th of October
 - ICS 400 – 1st and 2nd of November
 - Information sent out 3/34/22 and 6/15/22
- OTHER



OPEN
Discussion

- Next Meeting
 - **13SEPT2022**
 - **LOCATION – TBD need alternate location**
- **ADJOURN**

