

KET (KNOX EAST TN) REGION HOSPITAL COALITION MEETING

May 9, 2017

2:30

Knox County Health Department

Members/Attendance (attached)

Meeting Minutes

Review of last month's minutes

- No changes/corrections. Approved Janet Rowe, second Tonya Shott

Follow Up/Update From Last Meeting

- **Blue Wing Communications Survey (presented by Daphne Miller and Andy Maxymillian)**

Update from Paul Parson: Blue Wing hosted a follow up conference call on May 02. They were very complimentary of the facility tours taken. They visited Blount Memorial, Turkey Creek Medical Center and Parkwest. That provided them with a good picture of small, rural, large and Knox facilities. Blue Wing's goal is to direct the coalition to the most prudent path for hospital, coalition, EMS and RMCC to be able to communicate during an event or incident. One recommendation they will make, is for the Coalition to establish a sub-group of telecommunications personnel within our region, with representatives from each facility. The reason being, each facility has developed its own system for interoperability and sharing that information could be valuable between facilities. Blue Wing will be working with Charity and Wanda and our coalition member stakeholders to create a Communications Operations plan. Target date for completion is June 30, 2017. Several upcoming conference calls with Charity and Wanda and a larger call coming up with our stakeholders. At some point, they would like to include telecommunications staff from the facilities.

Current Budget Year Update

- For detailed purchases and costs, please refer to KET HC 2016/2017 Budget on website.
- Currently, there is approximately \$11,333.73 left in the EVD budget and \$31,978.21 in base funding. There are still items out we are waiting on final costs on so this number will change. Per discussion and approval at our last Coalition meeting, remaining EVD funding will be used to purchase N95s (1870 plus, 1860 small). Remaining base funding will be used to purchase batteries and cartridges for each hospital.

KET HC Planning Sub-Committee Meeting Report

Members present: Janet Rowe, Wanda Roberts, John Brinkley, David Walton, Bart Hose, Charity Menefee, Trish Polfus

- **Gap Analysis Review**

- Janet Rowe gave a background report of the progression of the grant. In the beginning (2002), the funding was made available to hospitals for bioterrorism preparedness. Each facility was given guidance on how the funding could be spent. Later, the grant evolved to focus more on surge management and event/incident preparedness and the guidance once again changed. This funding was intended for individual facilities to prepare for surge events. Once the funding had provided individual facilities the means to achieve this, the focus shifted to community preparedness. This was a federal requirement for continuation of grant funding and was determined in part to evidence (through other disasters) that a surge event quickly becomes a community event, as opposed to an isolated facility event. To
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support that, in 2014, the grant dollars were shifted from individual facilities to Coalitions. That is where we are presently with the grant and the restrictions for funding. It is recommended that each Coalition member read over the guidance so the restrictions and requirements are understood.

- To meet the requirement that all expenditures are within guidance, we do an annual regional HVA with input from each hospital. It is then approved by the Coalition. From that we develop a gap analysis that is sent out to group to identify where our gaps are. Once we have the preliminary results, the planning committee meets and goes over everything identified from the gap analysis. Things that are not allowable are considered to see if it can be met by other means that doesn't require grant funding. All allowable items are condensed, and then sent again to group for input. That last list is used to determine our priorities for next years' funding.
- David Walton- the planning committee spent 2.5 hours going over the gap analysis results and combining it to represent all the individual responses. Please see posted gap analysis survey for specific results. The continuing theme recognized by those who submitted was training. This survey is still open and we encourage participation from everyone. If you haven't completed the survey, please do so. <https://www.surveymonkey.com/r/FYH3WFP>
- If you listed a general area for training, such as 'generator' or 'training specific to rural hospitals' please email Wanda or Charity with specific training you would like to have within those areas.
- If anyone else would like to be on the planning committee, please let Wanda or Charity know.
- No questions/comments from the group.

By-Laws Review

- There are several changes that need to be included in our administrative documentation. Charity and Wanda are working on these in preparedness and response plans. We will share as soon as something is available for input.
 - MOU is on website. We have one more facility to add and will update when that is available.
- **By-Laws:** Please refer to full By-Laws (with proposed changes in yellow) on the website: <http://www.ketcoalition.org/wp-content/uploads/2015/05/Bylaws-Update-Draft-5.2.17.pdf>
 - As part of our yearly review with the planning committee, the by-laws are discussed and appropriate changes are recommended. These changes are being presented today and will be posted on the website for review with the expectation of voting for approval next month. Proposed changes as follows:
 - **Section 1: Eligibility of Funding:** If there is a gap, the coalition can vote to provide resources to a non-member to meet that gap. Additionally, *“Active Coalition members may choose to financially support funding projects for non-active members and/or partner organizations or other projects that serve to fill gaps and meet the Coalition’s mission in an effort to ensure enhanced community response to medical disasters and events.”*
 - **Section 3: Membership Responsibilities.** (H) If an item is borrowed from the Coalition, the Coalition reserves the right to check on usage of that item. The borrower must also maintain the item while in use. All Coalition items are for emergency use only, not for daily hospital use. If an item is borrowed, it must be returned in 30 days. If it is needed longer than 30 days, the borrower must present to Coalition for approval. *“Maintain upkeep and/or maintenance of Coalition and/or organizational resources that have been assigned, shared, or borrowed. Assigned, shared, or borrowed resources MUST be made available for contract verification purposes per federal and state grant guidelines.”*
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- Group discussion on use of PPE from regional cache. Does the borrowing facility have to replace or will the Coalition replace? This will need to be discussed and addressed for procedure.
 - Article 6
 - Section 1:
 - Voting Eligibility (A) Rewording for clarification. *“Voting is restricted to participating organizations’ assigned Active Coalition Member organizational representative.”*
 - Attendance proposed changes. *“Attendance by a representative of the member organization at 8 of the last 12 months of Coalition meetings (excluding emergency meetings) defines Active Coalition members with the right to vote. New coalition members must maintain attendance at 4 out of 6 meetings for two consecutive quarters to become an Active Coalition member and gain voting rights. They must maintain such attendance until they reach 12 months of membership, where they must then meet the standard 8 of the last 12 meeting attendance requirement for future years to stay active.”*
 - Section 2: Votes (A) Specification that all agencies get one vote (with the exception of Region II EMS. *“Each member organization shall have one vote. Region 2 EMS Directors Association who are assigned to represent a metro 911 EMS service provide, a rural 911 EMS service provider, and a non-911 EMS service provider – shall each receive an independent vote. Each of the three Region 2 EMS Director’s Association members must individually meet voting eligibility requirements.”*
 - Section 3: Attendance. To maintain active membership, members need to attend one meeting every six months in person *“Members (or their designee) should attend one meeting every six months in person.”*
- Floor opened for discussion. No discussion/questions. David motion to move, Christy second. All in favor, none opposed.

Pediatric Surge Project Marketing Discussion

Trish Polfus and Christy Cooper did interviews at the pediatric tabletop. John, or a representative, will do likewise when pediatric supplies are given to Region II EMS. We’re planning to have our first newsletter out by end of June. It will mainly be an introductory of the Coalition. If you have anything you’d like to share or help with developing the newsletter, please let us know.

NHCC Abstract

- We would like to have as many abstracts sent in for the upcoming conference as possible in San Diego. We are limited on how many attendees can go to the conference, with the exception of any abstracts that are accepted for presentation. If you would like to present, or have another idea for an abstract, please contact Charity or Wanda. We will help you through the process.
 - Pediatrics Project: Christy Cooper, Charity Menefee
 - Gatlinburg Fire Event-Phil McDaniel, Brennan Mitchell
 - Reacts Training- Angie Bowen, Tonya Shott
 - Exercise Program- Janet Rowe, need another person

Real Event/ Exercise/ Conference Attendance/ Lessons Learned

- Savannah Conference:
 - David Pittman- very beneficial. Paul Link very complementary of the KET HC. Hurricane evacuation session was great.
 - John- noted that no other sessions included partnerships when discussing their actions, with the exception of the Gatlinburg Wild Fires session done by KET HC. Lesson learned at Orlando shooting: ask for blood sooner rather than later anytime you have a
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mass casualty event. With any blast injury, decon should be done because you don't know the source of the explosion. We should consider practicing that here. During the hurricane evacuation, many people dropped their elderly family members off at hospital ED and left. These people did not need to be seen as patients, but became the hospital's problem. When staff or other medical personnel was coming back into the evacuation area to work, law enforcement wouldn't let them in. There needs to be dialogue between law enforcement and healthcare community to address this before. In Florida, there will no longer be mandatory or voluntary evacuation. It will just be evacuation.

- Phil McDaniel: Make sure to do pre-planning with your staff on what should be done during an emergency. Be mindful of their mental health and if you see a situation escalating, try to resolve quickly.
- Wanda: Appreciative of the mentions given by Paul Link during his presentation to the KET HC as best practices for others to follow.

Pediatric Surge Tabletop Exercise

We are working on AAR and will share as soon as it is available. Thank you to everyone who worked on this and showed up for the exercise. Charity will put the plan on website in case anyone wants to do it in facility. The feedback we've received has been very positive.

Upcoming Trainings

- **May 10: Environmental Hygiene Cleaning and Disinfectant Training.** This will be sent to long term care facilities as well as hospitals. Training will be held at the Bearden Banquet Hall from 9-5. Geared towards environmental services/housekeeping personnel, the purpose of this 8-hour course is to provide comprehensive training to empower staff to conduct effective environmental cleaning and disinfection practices. Focused on infection prevention, the training highlights the protection of the workers, patients, and the environment, in accordance with best practices, regulatory requirements and industry guidance/standards. Lunch is provided. Please follow link to register, or contact Wanda Roberts <http://www.ketcoalition.org/calendar/environmental-hygiene-cleaning-and-disinfection-training/>
- **May 10- Psystart Training.** This is a continuation of the first training, but if you didn't attend the first training, you can still come to this as an overview of the program will be provided. For more information, visit our website at <http://www.ketcoalition.org/calendar/psystart-training/> Lunch will be provided.
- **May 22-23. HRTS Training** The training will be split into sessions for hospital, event specific and EMS. Please RSVP online and indicate which session you will be attending. You can find the calendar, with the dates/times listed here: <http://www.ketcoalition.org/calendar/> Please RSVP online.

May 22:

- 1:15-1:45 EMS Daily Users (weekly updates, adding new users, removing users, adding capabilities, general website administration)
- 2:00-2:45 EMS and Hospital Event Users (For those watching or using the message board during events, updating availability and services, etc)
- 3:00-3:45 Hospital Daily users (daily updates, adding new users, removing users, adding capabilities, general website administration)

May 23:

- 8:30-9:15 EMS Daily Users (weekly updates, adding new users, removing users, adding capabilities, general website administration)
 - 9:30-10:15 EMS and Hospital Event Users (for those watching or using the message board during events, updating availability and
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services, etc)

10:30-11:30 Hospital Daily Users (daily updates, adding new users, removing users, adding capabilities, general website administration)

- June 3. Knoxville Tennova will be doing a combined active shooter/bomb threat exercise. Metro Tennova hospitals will simulate a shut down during the exercise. If anyone would like to come observe/evaluation, please let Tonya Shott know.
 - June 7- DOE exercise. Methodist Medical will be receiving 25 patients, some being delivered by the Ambus. Knox EOC will also be activated during this exercise. There will be a TNHAN alert sent out and HRTS will be activated.
 - June 13. Patient Tracking Training with the new system. Please bring appropriate staff from your facility that will be using the system. This will be the same system for Knox and the region.
 - October 19th- KET HC full scale exercise. More information to come.
 - November 2- Long Term Care full scale exercise. More information to come.
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		July (CA) 07/14/15	Aug 08/10/15	Sept	Oct (CA)	Nov	Dec (CA)	Jan	Feb	Mar	Apr	May	June
Hospital- Knox													
East Tennessee Children's Hosp.	Christy Cooper		X	X		X		X	X	X	X	X	
	Bill Thurman												
	Steve Bohanan							X	X			X	
Fort Sanders Regional Hospital	Robert Laney		X			X		X	X	X	X	X	
North Knoxville Medical Center	Brenda Gray		X	X		X		X*	X	X*		X*	
	Christy Nelson					X		X			X		
Parkwest Hospital	Paul Parsons		X	X		X		X		X	X	X	
Physicians Regional Med. Center	Dan McGraw		X	X				X*	X	X	X		
	Steve Oran										X	X	
Turkey Creek Medical Center	Tonya Shott			X		X*		X	X	X	X	X	
U.T. Medical Center	Janet Rowe		X*	X		X		X	X	X	X*	X	
	David Pittman											X	
	Brian Hitch					X					X	X	
Pennisula Hospital	Todd Roberts												
Covenant Health	Phil McDaniel		X	X				X		X	X	X	
Hospital-East													
Blount Memorial Hospital	Marcus Sheppard		X	X				X	X		X	X	
	Ann Henry												
Claiborne County Hospital	Mike Campbell		X	X							X*	X*	
Fort Loudon Medical Center	David Walton		X	X		X		X	X	X	X	X	
Jefferson Memorial Hospital	Larry Gilbert		X*										
	Debbie Justice			X*		X*					X		
	Wanda Fisher							X	X	X			

		July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
EMS	TN Dept. of Health, Office of EMS	Steve Hamby	X				X						
	Rural Metro EMS	John Brinkley	X	X*		X*	X	X	X	X*	X		
		Chris McLain											
	LifeGuard Ambulance Service	Bernie Hayes	X*				X	X	X				
	Monroe County EMS	Gary Smith	X	X			X*	X	X		X*		
	Anderson County EMS	Nathan Sweet											
Other	Medic Regional Blood Center	Steven Smith	X	X		X	X	X	X	X			
	Medlink 2- RMCC	Tim Taylor	X	X		X		X*		X	X*	X	
		Phyllis Walker											
	Knox County Examiners Office	Robin Slattery											
		John Lott											
		Jody Persino	X			X		X	X		X	X	
	Tennessee Air National Guard	Lisa Godsey											
	Knoxville Police Department	Nathaniel Allen											
	American Red Cross- East TN	Kendra Taylor		X				X	X	X		X	
	TN Emergency Serv. For Children	Oseana Bratton						X	X	X	X	X	
	REAC/TS	Angie Bowen							X			X	
		Wayne Baxter							X				
Cherokee Health	Karen Clawson						X	X					
Premier Surgical	Steve Ross					X		X*					
Amateur Radio Communications	Jim Synder						X	X	X				