Good afternoon everyone,

We would like to thank you for participating in the conference call/webinar on February 14, 2018. Attached is a copy of the meeting minutes and an updated version of the “summary of submitted data”.

Initially KDHE was under the impression that the boundary changes were a requirement. However, after receiving further guidance from our federal project officer, we have been informed that keeping the boundaries the same is definitely a viable option as long as all of the FOA requirements are met. So far nearly all of the data that has been received by KDHE is in support of keeping the boundaries the same. Your assistance in collecting this data is greatly appreciated!!

This email is being sent out to everyone who registered for the webinar as these are the only email addresses I have. Please feel free to share this information will anyone else who was on the call or may find it helpful.

If you have any additional data that you would like to provide please feel free to email me at catherine.byrd@ks.gov.

Thank you and I hope everyone has a wonderful weekend:)
FEBRUARY 14, 2018
HCC RESTRUCTURE CONFERENCE
CALL/WEBINAR MEETING MINUTES

DATE: February 14, 2018
TIME: 10:00 AM TO 10:55 AM (CT)

CONFERENCE CALL NUMBER: 866-620-7326
CONFERENCE CODE: 9427100260
REGISTRATION URL: https://attendee.gotowebinar.com/register/8552731905043924483
WEBINAR ID: 123-648-027

WELCOME:

Kendra Baldridge, Kansas Department of Health and Environment (KDHE), Director, Bureau of Community Health Systems, opened the call at 10:00 AM, introducing herself and welcoming all attendees. Kendra personally apologized to the attendees for missing the specific information in the Funding Opportunity Announcement (FOA) regarding the inclusion and discussion with the Healthcare Coalitions (HCC) and their membership during the process of looking at the HCC boundary restructure. Kendra thanked those individuals and entities that have remitted comments, concerns, data and questions. Kendra noted there was lots of information received with a high amount of expressions of concern.

Kendra explained the call was set-up to allow for one (1) hour total and this schedule will be adhered to due to other commitments. Each HCC Region will have five (5) minutes to speak on their region’s behalf and anyone representing that region can speak on their behalf. For questions, these were asked to be placed into the question box of the GoToWebinar and would be addressed either at the end of the call or direct to the individual, depending upon the question presented. Kendra specifically pointed out that KDHE has compiled all the information already submitted and that this call is for new information and data only, requesting not to read letters already submitted to KDHE. Expressed this open discussion will assist in developing a conclusion to the restructure, noting work item due date and expressing completion needs done prior to June 30, 2018 due to the new FOA’s. There is also added shortened timelines due to the new FY2019 applications, budgets, etc. that are coming up quickly that need to be factored in.

Kendra placed a request that all attendees place their telephones in a muted status unless they are personally speaking during the time for their HCC Region to eliminate background noise so all can hear clearly.

Catherine Byrd, KDHE, Director, Preparedness Program, then pointed out how to obtain the handouts from the GoToWebinar and these were sent out in advance to the HCC Coordinators for sharing to all involved parties. Catherine then opened the call for discussion starting with the Southwest Region HCC.
HCC COMMENTS/DISCUSSION:

SOUTHWEST (SW) REGION:

Darcy Golliher, Exercise and Training Coordinator with St. Catherine Hospital in Garden City, spoke noting that from her point that Trauma Referral Patterns only encompass hospitals and not all the seventeen (17) Provider Types and/or individual entities included in the HCC. Darcy listed relationships developed with other provider and entity types that have been developed and the closeness of how this has assisted their HCC in preparedness activities. Darcy discussed stakeholders and how the proposed restructure will negatively affect all by having to redevelop the relationships and forms, etc. Cited the Centers for Medicare & Medicaid Services (CMS) seventeen (17) provider types. Darcy drew concern for the SW Regional Coordinator who has fifteen (15) years of knowledge and skill and the possible job loss with the proposed changes. Darcy cited that in BP1 of the current Grant Period that some of the Regional Coordinator’s used personal funding to keep their respective HCC up and running.

Jenette Schuette, Administrator with Hodgeman County Health Department, spoke next identifying that travel to the HCC meetings under the new proposed boundary changes would cause some to have to travel further to attend the meetings. Her opinion was that this would cause a drop in attendance, but would also increase reimbursement amounts for those who would continue attendance of the meetings effecting their award amount. Also, Jenette questioned how larger HCCs would function better than those currently in place? Jenette also cited the redevelopment of relationships as a big downfall.

SOUTHEAST (SE) REGION:

Fred Rinne, Southeast HCC Regional Coordinator, spoke first identifying his HCC has thirty (30) plus agencies. He questioned the need for the change and identified there would be a need to establish gap analysis of trainings if moving forward with proposal. Fred identified there would be a need to follow through with getting others to be involved with the HCC (travel, current partnerships, personal relationships being a drawback) and then getting them to want to be involved. Fred identified that the local hospitals do not receive direct funding from the Preparedness Program at this time and his concern is that there is not an incentive to keep them involved with a different HCC than the one they are currently involved with. Fred did thank Catherine Byrd for her openness of sharing and willingness to assist in every way she could in her capacity.

Lee Miller, Regional Coordinator, Lower 8 of Southeast Kansas Public Health Emergency Preparedness (PHEP) Region, spoke next expressing his opinion regarding coordinators having to up-front money, from their own pockets, to keep the coalitions running until reimbursement was provided was not acceptable. Lee stated this needed to be re-looked at.
SOUTH CENTRAL (SC) HCC:

Charlie Keeton spoke first for SC HCC noting that he didn’t have much more to add from what had already been stated, but felt the impact of the change would be a negative effect. Charlie pointed out that people have a tendency to not attend and participate if they have to drive too far from their homes or work environment. Charlie expressed concern with participation in exercises. Charlie noted that partnerships would definitely be impacted. Charlie noted that with the SC HCC, based on how their Governance is established and set-up that the HCC Executive Committee would be unmanageable. Charlie also noted that there would be negative impacts that would trickle to others such as individualized groups, websites, ESF8, LEPC’s, Logistics, Public Health, Community and other Hospitals and Homeland Security. Charlie questioned who would foot the financial bill associated with the costs of changes? Charlie also noted that the BP1 2017-2018 Regional Work Plan required the development of HCC Governance and other plans which will both need to be re-done if moving forward with the proposed boundary changes where he specifically noted much time was spent on both for current finalized approved plans.

NORTHWEST (NW) HCC:

Julie Campbell, NW HCC Regional Coordinator, spoke on behalf of the Region and provided a background on herself first indicating her recent acceptance to the position. Julie supported others comments citing the numerous items that would need to be re-done if changing the HCC boundaries. Julie specifically questioned what benefit would be gained if changing boundaries? Julie expressed her dismay with the lack of sharing of information in advance. She stressed the Preparedness Program in conjunction with the HCCs is important.

NORTHEAST (NE) HCC:

Danielle Marten, NE HCC Regional Coordinator, spoke first for the NE Region indicating that the HCC membership met last week specifically discussing the proposed HCC boundary changes. Danielle pointed out that the FOA specifically cited inclusion of the HCCs in the discussions of proposed boundary changes. Danielle interpreted this to mean when viewing changes this should be handled from the bottom to the top, in that order specific. Danielle suggested locations of where to obtain specific data to review to determine if the boundaries needed to be changed. Danielle stated there is time to determine if changes are need as the due date is not until June 30, 2018. The changes would require redoing all HCC work plan requirements. Danielle questioned what is the value added approach?

Danielle then turned the floor over to Michael Bomberger, the NE HCC Chairman. Michael indicated the HCC would embrace change if the change reflected value or unilateral move. Michael cited collaboration efforts already performed and ones currently being worked on as being
harmed with the current proposed change from the current understanding and viewpoint of many. Michael noted that with the HCCs that relationships are viable for collaboration efforts.

NORTH CENTRAL (NC) HCC:

Jason Tiller, NC HCC Chairman, voiced that the concerns have been voiced over and over throughout the call. Long-term members expressed concerns because they do not want to see the HCC become defunct after all the diligent efforts and hard work they have put into the HCC. Jason questioned the Trauma Referral Patterns used for determining the changes? Additionally, Jason noted the continual staff changes at the KDHE Preparedness Program with concerns of future changes.

Beth Vallier with Ellsworth County Medical Center and current Secretary for the NC HCC Region, briefly spoke. Beth questioned the selection of the coordinators reflecting that Sue Cooper will formally be retiring after this year, and they would like to have input on the selection of a new Coordinator. Beth indicated that Sue sacrificed her retirement to return for this year and her personal financial sacrifice to the HCC.

Sue Cooper, NC HCC Regional Coordinator, addressed the call by noting that the call had been quite a discussion. Sue indicated that Trauma is only one aspect. Sue felt stemi/stroke would be a more valuable pattern to review data on to determine the need or lack of a need for change to the boundaries. Sue had concerns that members would not want to go to the referred location under the new boundaries. Sue specifically questioned what positives would be present if the boundaries were changed?

KANSAS CITY (KC) HCC:

Matt May, Wyandotte County Emergency Management, spoke on behalf of the Kansas City Region indicating he supported the comments already presented during the call. Matt indicated partnerships are based on value and trust which takes time to develop. Matt questioned the amount of money that would be spent over a larger HCC boundary area and how that would look? Matt had concerns that spending too much time and money on one (1) or two (2) counties creates problems within the HCCs. Boundary crossing and spending of money across lines already occurs, county to county, state to state. Matt specifically cited that money designated to the KC HCC through the KDHE Preparedness Program was spent not only on Kansas Counties, but also Missouri Counties and vice versa from Missouri through the Missouri Department of Health and Environment Preparedness Program. Matt expressed concern of a Coordinator being selected based on the lowest bidder as he feels a lowest bidder would be of poor quality and knowledge. Matt expressed that overall this negatively affects the HCCs.
KDHE CLOSING:

Catherine asked if there were any others that wanted to speak that had not had an opportunity. Catherine noted there were no questions in the chat box. Catherine discussed the face-to-face meeting on February 22, 2018, with the HCC Coordinators and one (1) HCC Executive Member is due to space constraints of the meeting. The meeting will be held in the DOC, at the Curtis Building in Topeka.

Catherine addressed coordinators that efforts were being made so that an advance could be provided at the beginning of the budget period.

Kendra indicated the Coordinator process is moving forward and currently the KDHE Preparedness Program is seeking approvals to retain those who voiced the desire to maintain their current position. Request for Proposals (RFP’s) will be posted for the positions not filled. Lowest bidder is not the deciding factor of the RFP positions as qualifications will be held as the utmost importance.

Kendra reminded all of the work plan due dates coming up along with FOA applications and other deadlines that need to be met and therefore there is an urgency for a quick turn-around. Kendra reminded again that the February 22, 2018, face-to-face meeting will be from 9:00 A.M. to 3:00 P.M. for the HCC Coordinator and one (1) Executive HCC Member to attend due to space limitations. This meeting will take place in the DOC of the Curtis Building in Topeka.

Kendra addressed an inquiry of what an RPF entails and wanting it sent to the HCCs. She let the callers know that we are working on the details and there are certain policies and procedures that must be followed for these to be posted.

Kendra then indicated to the callers that it was 10:55 AM and with no additional questions, comments, etc. that the attendees had gained five (5) minutes of their day back. Kendra thanked all call participants for their time and input and ended the call.
Summary of Submitted Data

This list is meant to be a collection of the data points submitted for the current discussion. KDHE is giving due consideration to the multiple concerns that were expressed in the submitted letters and emails. Numbers are provided for ease of reference only and are not meant to place the data in any type of quantitative order.

1. Strong collaborative relationships can be proven between key stakeholders in the current regions;
   - MOUs in place
   - Regional plans developed
   - Refers to all members of the HCCs

2. Logistically the changing of boundaries would cause an extra expense to some of the members attending the HCC meetings - based on both distance and personnel costs

3. If the boundaries are changed as proposed some local health departments will be attending different HCCs than the hospitals located in their communities, resulting in community partners not being able to participate in the same exercise.

4. BP1 work plan requirements are all based on current regions and would require changes to be made to multiple documents in the event the regions were realigned.

5. If the boundaries are changed as proposed regional equipment would have to be moved from where it is currently stored and new MOUs would need to be put in place.

6. Defined catchment areas - a list of thirty (30) agencies, associations, organizations and programs which utilized or recognize current regions.
   - proposed plan has the potential to affect these in unknown ways
   - Regional service area are organized by the HCC regional boundaries
     ( catchment areas provided by Fred Rinne, SE Region Coordinator; some maps provided by Daniel Anderson, Shawnee Mission Health)
   Note: the maps included in this section were only added for information regarding the defined catchment areas and are not inclusive of the entire list.

1) Kansas Division of Emergency Management (KDEM) map below
2) Kansas Department of Health and Environment (KDHE)

3) Kansas Department of Homeland Security map below

4) Kansas Health Care Coalitions map below

5) Kansas System for Early Registration of Volunteers (KSERV)

6) Kansas Health Alert Network (KSHA)

7) KansasTRAIN

8) Kansas Medical Reserve Corp (Kansas MRC)

9) Kansas Countermeasure Response Administration (KS-CRA)

10) EmResource

11) Kansas Hospital Association
12) Kansas Highway Patrol (KHP) *map below*

13) Emergency Medical Services (EMS) *map below*

14) Kansas Emergency Medical Services Association (KEMSA)

15) MERGe

16) Kansas Emergency Management Association (KEMA)

17) Comprehensive Resource Management Credentialing System (CRMCS)

18) Kansas Incident Management Team (KSIMT)

19) Homeland Security Regional Council

20) Senior Advisory Council (SAC)

21) Homeland Security Regional Council Coordinating Committee (RCCC)

22) Kansas Essential Function – 8 (KS ESF-8) Website

23) Kansas State Animal Rescue Team (KSSAT)

24) Kansas Association of Chiefs of Police (KACP)

25) Department for Aging and Disability Services
26) Trauma Regions *map below*

Level I Trauma Center Locations are identified by a star
Level II Trauma Center Locations are identified by a square
Level III Trauma Center Locations are identified by a circle
Level IV Trauma Center Locations are identified by a diamond

27) Search and Rescue Task Force

28) Kansas Association of Counties

29) Kansas Department of Transportation (KDOT)

30) 800 MHz Radio System (map shows KS Radio Communication Tower Regions) *map below*

7. Increasing the size of regions (based on population numbers) could lead to so many members that the HCC becomes unmanageable impacting collaboration, cooperation, coordination and communication

8. Moving rural counties into an HCC region consisting of primarily counties with larger populations will cause some of the rural counties needs to be overlooked
9. Databases and/or websites would need to be reconfigured based on the boundary changes involving additional cost; some of the identified databases include (this list is not meant to be all inclusive):
- KS-TRAIN
- KS EMResource
- MO EMResource
- KEMA
- Regional websites

10. Changing the boundaries would require the reprogramming of 800Mhz radios, resulting in additional costs.

11. Homeland Security Projects in some of the regions are based on information collected during the planning, exercise and training activities that occur at the HCC level.

12. If the proposed boundaries are approved, regions with FEMA approved Regional Hazard Mitigation Plans would be affected.

13. Proposed boundary changes were only based on Trauma data and did not include other sources - considers only two of the seventeen provider types

A cross table of trauma referral patterns was analyzed by hand. Counties were assigned to a region based on where they were transferring the majority of their traumas. Where no transfers existed or the transfers were split relatively evenly, previous regional partnerships were considered. Data was pulled for the years 2006-2016. It should be noted that Wichita was receiving transfers from across the state and that counties along borders may also be transferring patients across state lines. Transfers to Wichita were split between Via Christi and Wesley. Hutchinson and Pratt both received a decent number of transfers as well. It is important to remember these regions were based solely on trauma data (other diagnoses were not considered). Additionally the results were aggregate numbers and may be affected by both previous and future events including disasters and changes to healthcare infrastructure and trauma designation levels.