

**St. Louis Regional Healthcare Coalition  
Healthcare Subcommittee  
Regular Meeting**

**Meeting Details**

DATE: Wednesday, July 14, 2021  
CHAIRS: C. Minks

CONVENED: 0930 HRS

ADJOURNED: 1047 HRS

**Attendance**

<b>MEMBERS:</b>	L. Abrams	S. Austermann	B. Bagby	B. Barton	N. Blaes	C. Blank
	E. Brandmeyer	R. Charney	B. Chotrow	G. Christmann	N. Corliss	L. French
	J. Haalboom	J. Hendee	E. Hooks	T. Horton	S. Icenhower	M. Leasure
	B. Liedtke	J. Mahon	D. Mullen	J. O'Brien	V. Poston	S. Pratt
	J. Ryan	H. Sandkuhl	B. Smith	D. Sparks	A. Spier	M. Tanton
	N. Yanko					
<b>PARTNERS:</b>	B. Chambers	D. Chambers	K. Foerst	K. Hargrave	J. Nowak	S. Peterson
	T. Shaw	J. Whitaker	B. Zoref			

GUESTS:

TOPIC Focus	DISCUSSION/RECOMMENDATION Analyze	ACTION ITEMS Develop
<b>Call to Order</b>	Meeting called to order at 0930 hours by C. Minks via Teams.	No further action required.
Meeting Objectives	<p>C. Minks shared July meeting objectives:</p> <ol style="list-style-type: none"> <li>1. Review healthcare-specific training/exercise program development discussion outcomes and next steps</li> <li>2. Update Healthcare Subcommittee Goal Development Plan via leader progress reports; identify any barriers to success</li> <li>3. Discuss features, functionality, and funding of Healthcare Subcommittee membership website</li> <li>4. Review/approve Healthcare Subcommittee CY2021 Mid-year Report</li> <li>5. Update subcommittee members on coalition/regional activities, initiatives, &amp; opportunities</li> </ol>	<p><b>Objective Complete</b></p> <p><b>Objective Complete</b></p> <p><b>Objective Complete</b></p> <p><b>Objective Complete</b></p> <p><b>Objective Complete</b></p>
Meeting Minutes	<p>Refer to <a href="#">Attachments A, A1</a> of meeting materials packet.</p> <p>C. Minks submitted draft meeting minutes from Wednesday, May 12, 2021 for review and approval.</p> <p><b>Discussion</b> No discussion.</p> <p><b>Recommendation</b> Approve as submitted.</p> <p><b>Decision</b> M. Tanton motioned to approve; J. O'Brien seconded. Minutes approved as submitted.</p>	No further action required.
<b>Announcements</b>		
Introductions	C. Minks invited new members and partners to provide brief introduction.	

TOPIC Focus	DISCUSSION/RECOMMENDATION Analyze	ACTION ITEMS Develop
Introductions cont.	<p>New Members during July include:</p> <p><b>Billy Chambers</b> Region C Coordinator MO State Emergency Management Agency (SEMA)</p>	<p>Subcommittee welcomed new members.</p> <p>No further action required.</p>
<b>Old Business</b>		
HPP Annex Development Plan	<p>Refer to <b>Attachment B</b> of meeting materials packet.</p> <p>B. Zoref and D. Chambers provided the following updates:</p> <p><u>Current Status</u></p> <p>St. Louis Healthcare Coalition EID Annex submitted to ASPR June 30, 2021</p> <ul style="list-style-type: none"> <li>- Annex is supplement to <i>St. Louis Regional Response Plan</i></li> <li>- Annex is living document eligible for consensus revisions if/as needed</li> </ul> <p><u>Next Steps</u></p> <ol style="list-style-type: none"> <li>1. Establish review &amp; revision processes</li> <li>2. Provide EID Annex education &amp; training</li> <li>3. Exercise EID Annex provisions to verify effectiveness</li> </ol>	<p>No further action required.</p>
Healthcare Sector-Specific T&E Program	<p>Refer to <b>Attachment F</b> of meeting materials packet.</p> <p>C. Minks shared the following updates:</p> <p><u>Current Status</u></p> <p>Initial Planning Meeting conducted Thursday, June 24.</p> <ul style="list-style-type: none"> <li>- Reviewed existing challenges</li> <li>- Proposed short- and long-term solutions for capability development</li> </ul> <p>Discussion evolved into healthcare EM “academy” model to identify and develop core competencies for regional healthcare EM professionals</p> <ul style="list-style-type: none"> <li>- Adaptable, multi-layered strategic, operational, and tactical thinking</li> <li>- Interdisciplinary collaboration and coordination</li> <li>- Delivery of high-quality healthcare community goods and services</li> <li>- Drill/Exercise design and evaluation</li> </ul> <p>S. Peterson submitted inaugural <i>St. Louis Healthcare EM Training Newsletter</i>, with upcoming training opportunities and registration instructions.</p> <p>Members appreciated healthcare EM training summary and registration details.</p>	<p>Team members encouraged to review newsletter and enroll in preferred training.</p>

TOPIC Focus	DISCUSSION/RECOMMENDATION Analyze	ACTION ITEMS Develop
Healthcare Sector-Specific T&E Program cont.	<p><u>Next Steps</u></p> <ol style="list-style-type: none"> <li>1. Coordinate with Workgroup to finalize program details, and outline framework for implementation &amp; monitoring</li> <li>2. Update and distribute <i>St. Louis Healthcare EM Training Newsletter</i> with September meeting materials.</li> </ol>	<p>C. Minks to coordinate T&amp;E workgroup and provide update during next meeting.</p> <p>S. Peterson to update and provide September newsletter prior to next meeting.</p>
<b>Goal Development Plan Reports</b>		
Goal 1: Membership & Recruitment	<p>Refer to <b>Attachment C</b> of meeting materials packet.</p> <p>C. Minks provided the following updates:</p> <p><u>Workgroup Highlights</u></p> <p>No meeting during this reporting period.</p> <p><u>Upcoming Activities</u></p> <p>Workgroup coordinating to:</p> <ul style="list-style-type: none"> <li>- Complete membership data review</li> <li>- Develop DRAFT Healthcare Subcommittee “one-pager” <ul style="list-style-type: none"> <li>o What is mission/purpose Healthcare Subcommittee?</li> <li>o Who are members and partners?</li> <li>o What are responsibilities and expectations?</li> <li>o What are benefits?</li> </ul> </li> </ul> <p>No challenges or barriers identified.</p> <p>Next workgroup meeting TBD.</p>	<p>A. Blevins to coordinate next workgroup meeting and provide update during next meeting.</p>
Goal 2: Support Technology	<p>J. O’Brien provided the following updates:</p> <p><u>Workgroup Highlights</u></p> <ul style="list-style-type: none"> <li>- Three (3) meetings facilitated during this reporting period</li> <li>- Established workgroup mission: <ul style="list-style-type: none"> <li>o Create a virtual environment where all regional healthcare provider types may connect to share common assets and information to foster regional collaboration</li> </ul> </li> <li>- Reviewed web portals of partner coalitions to assess “quality” and generate working list of features/functions</li> </ul> <p><u>“Good” Website Examples – Hyperlinked</u></p> <ul style="list-style-type: none"> <li>- <a href="#">Central &amp; West Central Healthcare Coalition</a></li> <li>- <a href="#">Colorado North Central Region Healthcare Coalition</a></li> <li>- <a href="#">Kansas Healthcare Coalitions</a></li> <li>- <a href="#">Missouri Society of Healthcare Engineers (MOSHE)</a></li> </ul>	

<b>TOPIC</b> <b>Focus</b>	<b>DISCUSSION/RECOMMENDATION</b> <b>Analyze</b>	<b>ACTION ITEMS</b> <b>Develop</b>
<p>Goal 2: Support Technology cont.</p>	<p><u>Appealing Healthcare/Coalition Website Features</u></p> <ul style="list-style-type: none"> <li>- Professional &amp; modern look</li> <li>- Member login portal with membership directory</li> <li>- Events, meetings, &amp; training calendar</li> <li>- Resource/documentation library – including T&amp;E material</li> </ul> <p><u>Solution Proposal</u></p> <p>J. O’Brien proposed three (3) solutions for Subcommittee consideration:</p> <p><u>St. Louis Area Regional Response System (STARRS)</u></p> <ul style="list-style-type: none"> <li>- <u>Pros</u> <ul style="list-style-type: none"> <li>o Already trying to fill the need</li> </ul> </li> <li>- <u>Cons</u> <ul style="list-style-type: none"> <li>o Limitations on approval &amp; control</li> <li>o Lacking sustainable single-source funding</li> </ul> </li> </ul> <p><u>Missouri Hospital Association (MHA) Healthcare Coalitions</u></p> <ul style="list-style-type: none"> <li>- <u>Pros</u> <ul style="list-style-type: none"> <li>o Already hosted within MHA website</li> <li>o Potential access to new software platform – <a href="#">Live QI</a></li> </ul> </li> <li>- <u>Cons</u> <ul style="list-style-type: none"> <li>o Limitations on approval &amp; control; time delay factors</li> <li>o Limitations to expand scope beyond member hospitals</li> </ul> </li> </ul> <p><u>eCoalition Web Design</u></p> <ul style="list-style-type: none"> <li>- <u>Pros</u> <ul style="list-style-type: none"> <li>o Positive feedback from ASPR Region VII partners</li> <li>o Basic web model includes all “good features”</li> <li>o Variable support contracts based on region/coalition needs &amp; capability</li> </ul> </li> <li>- <u>Cons</u> <ul style="list-style-type: none"> <li>o Costs associated - approximately \$60 - \$110 / month depending on support contract</li> </ul> </li> </ul> <p><u>Discussion</u></p> <p>C. Minks and J. O’Brien facilitated discussion on workgroup progress, potential solutions, and next steps for long-term sustained success.</p> <p><b>1. Is regional healthcare website still anticipated to add value?</b></p> <p>Healthcare Subcommittee members shared consensus agreement that regional healthcare subcommittee website provides tremendous value.</p>	

<b>TOPIC</b> <b>Focus</b>	<b>DISCUSSION/RECOMMENDATION</b> <b>Analyze</b>	<b>ACTION ITEMS</b> <b>Develop</b>
<p>Goal 2: Support Technology cont.</p>	<p><b>2. What are sustainable funding options?</b></p> <p>Team agreed HPP funds are most appropriate for St. Louis Healthcare Subcommittee and Healthcare Coalition website.</p> <p>Alternatively, healthcare system/organization financial contributions to STARRS may be appropriated to support design/maintenance of Healthcare Subcommittee website.</p> <p><b>3. Website administration and management responsibility?</b></p> <p>Team members suggested Healthcare Coalition site management be assigned to St. Louis Healthcare Coalition Coordinator, B. Zoref.</p> <p>Additionally, team recommended coalition subcommittee chairs have update/revision rights to website for discipline-specific updates.</p> <p>Team suggested St. Louis University (SLU) Computer Science students may be able to support initial site design as a program “capstone project”.</p> <p>D. Chambers shared STARRS staff are unable to manage/maintain Healthcare Subcommittee or Coalition website.</p> <p><b>4. What assets and functions are most important?</b></p> <p>Team agreed the following features are ideal:</p> <ul style="list-style-type: none"> <li>- Professional, modern look</li> <li>- Member login portal with membership directory</li> <li>- Events, meetings, &amp; training calendar</li> <li>- Membership progress report form and intake/request form links</li> <li>- Resource/documentation library – including T&amp;E material</li> </ul> <p>Team suggested also including links to external partner support agencies/resources.</p> <p>Team suggested including coalition site traffic/hit tracker to monitor success.</p> <p><b><u>Recommendation</u></b>  Team recommended continued exploration of all website options, features, and deliverables; additional details and next steps to be shared during next meeting.</p> <p><b><u>Upcoming Activities</u></b></p> <ul style="list-style-type: none"> <li>- Coordinating with workgroup to define membership technology needs</li> </ul> <p>Next workgroup meeting Tuesday, July 20 at 0900 hours.</p>	<p>J. O'Brien to coordinate next workgroup meeting and provide update during next meeting.</p>

TOPIC Focus	DISCUSSION/RECOMMENDATION Analyze	ACTION ITEMS Develop
Goal 3: Subcommittee Report	<p>Refer to <b>Attachment D</b> of meeting materials packet.</p> <p>C. Minks provided the following updates:</p> <p><u>Workgroup Highlights</u></p> <ul style="list-style-type: none"> <li>- DRAFT Healthcare Subcommittee Mid-Year Report submitted</li> <li>- Includes the following elements: <ul style="list-style-type: none"> <li>o Subcommittee overview &amp; participation</li> <li>o Goal Development Plan progress, outcomes, &amp; outstanding actions</li> <li>o Membership &amp; recruitment activity outcomes</li> <li>o Membership accomplishments, celebrations, &amp; resources</li> </ul> </li> </ul> <p>Team members reported not reviewing <i>DRAFT Healthcare Subcommittee Mid-Year Report</i> prior to meeting and requested additional time prior to approval.</p> <p><u>Upcoming Activities</u></p> <ul style="list-style-type: none"> <li>- Distribute approved report to Healthcare Coalition &amp; STARRS Board</li> </ul> <p>No challenges or barriers identified.</p> <p>Next workgroup meeting is scheduled for July 28.</p>	<p>Mid-Year Report to be re-distributed with Healthcare Subcommittee meeting minutes, with 7 business day deadline for revisions/recommendations.</p> <p>J. Campbell to coordinate next workgroup meeting and provide update during next meeting.</p>
Goal 4: Subcommittee Administration	<p>C. Minks provided the following updates:</p> <p><u>Workgroup Highlights</u></p> <ul style="list-style-type: none"> <li>- Workgroup met Friday, June 25</li> <li>- Reviewed and commenced revision of CY2018 Charter</li> </ul> <p><u>Upcoming Activities</u></p> <ul style="list-style-type: none"> <li>- Finalize Healthcare Subcommittee revision and editing</li> <li>- Distribute to members for review and approval</li> <li>- Coordinate with Healthcare Coalition Charter Workgroup to harmonize respective documents to maximize effectiveness</li> </ul> <p>Next workgroup meeting TBD.</p>	<p>C. Minks to coordinate next workgroup meeting and provide update during next meeting.</p>
Goal Plan Summary	<p>C. Minks opened meeting for subcommittee goal plan development discussion.</p> <p>No additional discussion occurred.</p> <p>Goal plan to be updated based on leader updates.</p>	

TOPIC Focus	DISCUSSION/RECOMMENDATION Analyze	ACTION ITEMS Develop
Goal Plan Summary cont.	<u>Next Steps</u> <ul style="list-style-type: none"> <li>- Goal workgroup leaders schedule July and August meetings</li> <li>- Goal workgroup leaders submit electronic progress report form for September meeting update</li> </ul>	<p>All goal leaders to complete actions as approved.</p>
<b>Workgroup Reports</b>		
Pediatric Surge Planning	<p>C. Minks provided the following updates:</p> <p><u>Workgroup Highlights</u></p> <p>No meeting during this reporting period.</p> <p><u>Upcoming Activities</u></p> <p>SLCH hosting TEEEX Pediatric Disaster Response &amp; Emergency Preparedness course September 30 - October 1, 2021</p> <ul style="list-style-type: none"> <li>- Registration information available soon.</li> </ul> <p>No challenges or barriers identified.</p> <p>Next workgroup meeting August 31, 2021.</p>	<p>M. Tanton to coordinate next workgroup meeting and provide update during next meeting.</p>
<b>Coalition Partner Updates</b>		
Public Health	<p>T. Shaw provided the following updates:</p> <p><u>Sector Highlights</u></p> <ul style="list-style-type: none"> <li>- Continuing to support smaller COVID-19 vaccine clinics</li> </ul> <p><u>Upcoming Activities</u></p> <ul style="list-style-type: none"> <li>- Monitoring COVID-19 delta variant case increases</li> </ul> <p><u>Challenges</u></p> <p>No challenges reported.</p>	<p>T. Shaw provide update during next meeting.</p>
Emergency Medical Services (EMS)	<p>H. Sandkuhl provided the following updates:</p> <p><u>Sector Highlights</u></p> <ul style="list-style-type: none"> <li>- Regional EMS collaborating with 911 dispatch partners to streamline COVID-19 questionnaire</li> <li>- Respiratory protection and etiquette being reinforced.</li> </ul> <p><u>Upcoming Activities</u></p> <ul style="list-style-type: none"> <li>- No upcoming activities</li> </ul> <p>Next meeting TBD.</p>	<p>J. Nowak/H. Sandkuhl to provide update during next meeting.</p>

TOPIC Focus	DISCUSSION/RECOMMENDATION Analyze	ACTION ITEMS Develop
Emergency Management	No report.	B. Chambers to provide update during next meeting.
EMResource	No report.	A. Blevins/B. Zoref to provide update during next meeting.
Interoperable Communication	No report.	T. Horton to provide update during next meeting.
Mass Fatality	No report.	K. Hargrave to provide update during next meeting.
<b>New Business</b>	Deliberately left blank.	
<b>Regional Initiatives</b>		
Healthcare Coalition & SMOC	B. Zoref provided the following updates: <ul style="list-style-type: none"> <li>- Next meeting scheduled Friday, May 21 at 0900 hours.</li> </ul>	S. Icenhower/B. Zoref to provide coalition update during next meeting.
<b>Training and Exercise</b>		
T&E Subcommittee Report	S. Peterson provided the following updates: <p><u>Highlights</u></p> <ul style="list-style-type: none"> <li>- J. Hendee approved by STARRS Board of Directors as Healthcare Subcommittee T&amp;E Representative.</li> </ul> <p><u>Upcoming Activities</u></p> <ul style="list-style-type: none"> <li>- Next T&amp;E Subcommittee meeting scheduled August 10, 2021.</li> </ul>	S. Peterson to provide coalition update during next meeting.
Organizational T&E Opportunities	No organizational T&E opportunities shared.	No further action required.
<b>Grant Funding Programs</b>		
UASI, HPP, and PHEP	D. Chambers provided the following updates: <p><u>Grant Highlights</u></p> <ul style="list-style-type: none"> <li>- St. Louis Regional Response Plan – Burn Annex pending</li> <li>- Missouri State preparing to develop state-wide COVID-19 After Action Report (AAR)</li> </ul>	D. Chambers to provide update during next meeting.
<b>Regulatory/Accreditation</b>		
Survey Activity	S. Austermann provided highlights from recent TJC EM mock survey at Progress West Hospital. <ul style="list-style-type: none"> <li>- COVID-19 incident analysis and After Action Report (AAR)</li> <li>- New employee orientation specific to emergency management roles/responsibilities</li> <li>- Hospital decontamination capabilities</li> <li>- Self-Sustainability Analysis (SSA) and 96-hour plan</li> <li>- Licensing/credentialing for independent practitioners</li> </ul>	



TOPIC Focus	DISCUSSION/RECOMMENDATION Analyze	ACTION ITEMS Develop
Survey Activity cont.	<p>G. Christmann provided highlights from recent TJC EM survey at St. Luke’s Hospital.</p> <ul style="list-style-type: none"> <li>- Concurred with Progress West mock survey elements</li> <li>- Succession and Continuity of Operations (COOP) planning</li> </ul>	<p>No further action required.</p> <p>Subcommittee members to share relevant EM survey experience during upcoming meetings.</p>
<b>Open Discussion</b>		
COVID-19 Delta Variant Surge	<p>J. O’Brien encouraged team members to prepare for potential surge volumes and service shortages due to likely COVID-19 Delta variant-related cases.</p> <p>Team members discussed EMResource variations and discrepancies related to COVID-19 data submission throughout Missouri.</p>	<p>Updates and next steps to be reviewed during standing SMOC update calls.</p> <p>No further action required.</p>
Medical Examiner Office Award	<p>K. Hargrave reported St. Louis Medical Examiner’s Office recently received “Top Referral Agency Award” from Mid America Transplant Center, due to compassionate and consistent referrals for families to consider tissue and organ donations for community benefit.</p>	<p>Team members expressed appreciation and congratulations.</p> <p>No further action required.</p>
<b>Resources and Literature</b>		
ASPR TRACIE – The Express	<p>Refer to <a href="#">Attachments E, E1</a> of meeting materials packet.</p> <p>J. Campbell shared two (2) issues of ASPR TRACIE – The Express. Featured topics included</p> <ul style="list-style-type: none"> <li>- CMS EM regulatory requirement update</li> <li>- COVID-19 vaccine champions</li> <li>- Medical supply chain responses during COVID-19</li> <li>- Hospice and Homecare in rural communities</li> <li>- Innovations in Patient Surge Management</li> </ul>	<p>No further action required.</p>
<b>Meeting Conclusion</b>		
Action Item Review	<p>C. Minks reviewed action items from July meeting:</p> <p><u>Goal Development Plan</u></p> <ul style="list-style-type: none"> <li>- Goal workgroup leaders facilitate July and August meetings, then share progress/outcomes via electronic <a href="#">Healthcare Subcommittee Report Submission Form</a></li> </ul> <p><u>Healthcare Sector Specific T&amp;E Program</u></p> <ul style="list-style-type: none"> <li>- C. Minks to coordinate T&amp;E workgroup initial meeting and provide update during next meeting.</li> </ul> <p><u>Healthcare Subcommittee Mid-Year Report</u></p> <ul style="list-style-type: none"> <li>- J. Campbell to distribute DRAFT Mid-Year Report for approval prior to next meeting.</li> </ul>	
Next Meeting	<p>Wednesday, September 8, 2021 0930 – 1100 hours Microsoft Teams</p>	<p>No further action required.</p>
<b>Adjournment</b>	<p>C. Minks adjourned the meeting at 1047 hours</p>	<p>No further action required</p>

Respectfully submitted,

Jason Campbell  
Chair  
STARRS Healthcare Subcommittee

---

## STARRS Healthcare Subcommittee

Regular Meeting  
Wednesday, July 14, 2021



1

### Agenda & Meeting Objectives

- I. Review healthcare-specific training/exercise program development discussion outcomes & next steps
- II. Update Healthcare Subcommittee Goal Development Plan via leader progress reports; identify any barriers to success
- III. Discuss features, functionality, & funding of Healthcare Subcommittee membership website
- IV. Review/approve Healthcare Subcommittee CY2021 Mid-year Report
- V. Update subcommittee members on coalition/regional activities, initiatives, & opportunities

• 2 •

2

## Review Meeting Minutes

- Last Meeting - Wednesday, May 12, 2021
  - Established EID Annex Focus Team to develop required HPP materials
  - Reviewed Goal progress & action items; all goals trending positively with no barriers/obstacles reported
  - Facilitated discussion related to healthcare industry-specific T&E programming
    - Focused on common challenges & shared solutions
    - Established Healthcare T&E Focus Team to review discussion outcomes & develop framework for next steps
  - Refer to [Attachments A, A1, & A2](#) for details
- Next Steps
  - Review & approve

• 3 •

3

## Announcements Introductions

- New Members Welcome!
  - B. Chambers
    - Missouri SEMA
- Introduction
  - Name
  - Organization/Agency
  - Emergency Management Role



• 4 •

4

## Old Business HPP Annex Development Plan

- Current Status
  - St. Louis Healthcare Coalition EID Annex submitted to ASPR June 30, 2021
    - Annex is living document eligible for consensus revisions if/as needed
    - Refer to [Attachment B](#) for details
- Next Steps
  - Establish review & revision processes
  - Provide EID Annex education & training
  - Exercise EID Annex provisions to verify effectiveness

• 5 •

5

## Old Business Healthcare Sector-Specific T&E Program

- Current Status
  - Initial Planning Meeting conducted Thursday, June 24
    - Reviewed existing challenges
    - Proposed short- & long-term solutions for capability development
  - Discussion evolved into healthcare EM “academy” model to identify & develop core competencies for regional healthcare EM professionals
    - Adaptable, multi-layered strategic, operational, & tactical thinking
    - Interdisciplinary collaboration & coordination
    - Delivery of high-quality healthcare community goods & services
    - Drill/Exercise design & evaluation

• 6 •

6

# Old Business Healthcare Sector-Specific T&E Program

- Current Status

- Produced DRAFT *St. Louis Healthcare Training Newsletter*

- Highlights education/training opportunities related to Healthcare EM & industry hazards

- Refer to **Attachment F** for details

- Next Steps

- Coordinate with Workgroup to finalize program details

- Outline framework for implementation & monitoring

**St. Louis Healthcare Training Newsletter**  
July 2021

Below are current and future training opportunities that apply to Emergency Management in the Healthcare Sector. All listings will contain the course title, date, location, a brief description, and a link for registration and additional information. If you have training opportunities you would like shared in this format or questions, please email [Suzanne Peterson](mailto:SuzannePeterson@stlouis.gov) at the St. Louis Area Regional Response System (STARSS) at [SuzannePeterson@stlouis.gov](mailto:SuzannePeterson@stlouis.gov).

Most of these trainings require a FEMA Incident Identification Number (IID). Please visit the FEMA IID website: <https://edis.fda.gov/FEDASIID/> to register for a IID or for a forgotten IID.

Additional Training Opportunities can be found at Missouri Emergency Management Agency at <https://www.emagency.com/Events> and End Illinois Emergency Management Agency Training Opportunities at <http://public.psu.edu/illinois/agency/Training/Calendar/Calendar.asp>.

<p><b>AWR1305W: Health Sector Emergency Preparedness Disaster Planning Course</b></p> <ul style="list-style-type: none"> <li>• Course for Disaster Preparedness</li> <li>• Virtual</li> <li>• <a href="https://edis.fda.gov/News/Events/1305W">https://edis.fda.gov/News/Events/1305W</a></li> </ul> <p>This course content is to provide training and awareness to emergency management officials, healthcare facilities, healthcare providers and suppliers. The course focuses on the general structure of emergency planning and preparedness, development of policies and procedures; creation of communication plans and training and exercises for healthcare facilities.</p>	<p><b>AWR1316V: Understanding Targeted Cyber Attacks</b></p> <ul style="list-style-type: none"> <li>• July 13 &amp; 14 2021 from 9 AM - 1 PM</li> <li>• Virtual</li> <li>• <a href="https://www.emagency.com/News/1316V/offerings/1316V">https://www.emagency.com/News/1316V/offerings/1316V</a></li> </ul> <p>This course provides students with specific information regarding targeted cyber attacks, including advanced persistent threats. This information will place them in a better position to plan, prepare for, respond to, and recover from targeted cyber attacks. This course will fill the gap in threat-specific training for cybersecurity as a non-traditional disaster course that focuses on the phases of targeted cyber attacks and the attack methods used during each phase.</p>
<p><b>G0003C5 300 Intermediate Incident Command System</b></p> <ul style="list-style-type: none"> <li>• July 21-23, 2021 from 9 AM - 5 PM</li> <li>• Hampton Inn St. Robert, Pa. Linnards Wood</li> <li>• <a href="https://www.emagency.com/News/300/offerings/300">https://www.emagency.com/News/300/offerings/300</a></li> </ul> <p>Prerequisite: IS 100, IS 200, IS 700, and IS 800.</p> <p>This course provides training for personnel who require advanced application of the Incident Command System (ICS). This course expands upon information covered in the ICS 100 and ICS 200 courses.</p> <p>*Advanced offerings of ICS 300 will include September 22-24 and November 2-5* at the St. Louis County OER. Online listings to follow.</p>	<p><b>MO1341V: Terrorism Liaison Officers (TLO)</b></p> <ul style="list-style-type: none"> <li>• July 25, 2021 from 10 AM - 4 PM</li> <li>• Virtual</li> <li>• <a href="https://www.emagency.com/News/1341V/offerings/1341V">https://www.emagency.com/News/1341V/offerings/1341V</a></li> </ul> <p>The Missouri State Highway Patrol's MDC Division has a 6-hour Terrorism Liaison Officers program that we offer to our interested partners. Through the program, we are building a network of Terrorism Liaison Officers from various disciplines to detect and report terrorist activity and assist mutual efforts in the State of Missouri. We all play a role in Homeland Security, not just law enforcement.</p>

• 7 •

7

# Goal Development Plan Reports I – Membership & Recruitment

- Workgroup Highlights

- No meeting this reporting period

- Upcoming Activities

- Coordinating workgroup to

- Finish healthcare organization representation review
    - Develop DRAFT Healthcare Subcommittee “one-pager”

- What is mission & purpose Healthcare Subcommittee?
      - Who are members & partners?
      - What are responsibilities & expectations?
      - What are benefits?

• 8 •

8

## Goal Development Plan Reports I – Membership & Recruitment

- Challenges or Barriers

- None reported

- Next Meeting

- TBD

Goal 1	Cultivate an inclusive healthcare subcommittee that is reflective of the St. Louis community and includes representation from all provider/facility types.		
	Description	Deadline	Completion
Objective 1A	Coordinate with local/state partners to identify applicable healthcare organizations and facilities within subcommittee geographic scope.	31-May	51 - 75%
Objective 1B	Review, verify, and update current subcommittee membership roster.	31-May	100%
Objective 1C	Develop healthcare subcommittee one-page summary sheet with membership responsibilities, benefits, enrollment details, and FAQs.	31-May	0 - 25%
Objective 1D	Distribute subcommittee summary sheet to all eligible healthcare organizations.	30-Jun	0 - 25%
Objective 1E	Monitor membership expansion and healthcare facility representation; revise strategy for Goal 1 achievement if/as required.	31-Dec	0 - 25%
Objective 1F	Update contact information for all current and new subcommittee members.	30-Jun	100%

• 9 •

9

## Goal Development Plan Reports 2 – Support Technology

- Workgroup Highlights

- Three (3) meetings this reporting period
  - Established workgroup mission:
    - Create a virtual environment where all regional healthcare provider types may connect to share common assets & information to foster regional collaboration
  - Reviewed web portals of partner coalitions to assess “quality” & generate working list of features/functions

- Upcoming Activities

- Review workgroup findings & potential solutions
  - Facilitate discussion with STL Healthcare Subcommittee
    - Website features & functionality
    - Funding & cost-sharing options for long-term sustainability

• 10 •

10

## Goal Development Plan Reports

### 2 – Support Technology

- “Good” Website Examples
  - [Central & West Central Healthcare Coalition](#)
    - St. Cloud, MN
  - [Colorado North Central Region Healthcare Coalition](#)
    - Denver, CO
  - [Kansas Healthcare Coalitions](#)
    - State-hosted site with resources for seven (7) distinct healthcare coalitions
  - [Missouri Society of Healthcare Engineers \(MOSHE\)](#)
    - Jefferson City, MO
- Appealing Features
  - Professional & modern look
  - Member login portal with membership directory
  - Events, meetings, & training calendar
  - Resource/documentation library – including T&E material

• 11 •

11

## Goal Development Plan Reports

### 2 – Support Technology

- Solution Considerations
  - [St. Louis Area Regional Response System \(STARRS\)](#)
    - Pros:
      - Already trying to fill the need
    - Cons:
      - Limitations on approval & control
      - Lacking sustainable single-source funding
  - [Missouri Hospital Association \(MHA\) Healthcare Coalitions](#)
    - Pros:
      - Already hosted within MHA website
      - Potential access to new software platform – [Live QI](#)
    - Cons:
      - Limitations on approval & control; time delay factors
      - Limitations to expand scope beyond member hospitals

• 12 •

12



## Goal Development Plan Reports

### 2 – Support Technology

- Solution Considerations

- eCoalition Web Design

- Pros:

- Positive feedback from ASPR Region VII partners
- Basic web model includes all “good features”
- Variable support contracts based on region/coalition needs & capability

- Cons:

- Costs associated
  - » Approximately \$60 - \$110 / month depending on support contract

- **Note: all solutions require additional research & information**

• 13 •

13

## Goal Development Plan Reports

### 2 – Support Technology

- Facilitated Discussion

- 1. Is regional healthcare website still anticipated to add value?**

- Solve a gap?
- Alternative gap solutions?

- 2. What are sustainable funding options?**

- STARRS/organizational contributions?
- HPP?
  - ASPR Region VII Administrator verified HPP funds authorized for coalition website development
  - Kansas Coalitions 100% funded via HPP grant dollars

• 14 •

14

## Goal Development Plan Reports

### 2 – Support Technology

- Facilitated Discussion

#### 3. Website administration & management responsibility?

- Healthcare EM leaders?
- Coalition partners & leaders?
- Coalition Coordinator?

#### 4. What assets & functions are most important?

- Professional & modern look
- Member login portal with membership directory
- Events, meetings, & training calendar
- Resource/documentation library – including T&E material
- Others?

• 15 •

15

## Goal Development Plan Reports

### 2 – Support Technology

- Challenges or Barriers

– None reported

- Next Meeting

– Tuesday, July 20, 2021

Goal 2	Implement healthcare subcommittee membership support technology to resolve identified interface gaps.		
	Description	Deadline	Completion
Objective 2A	Develop and distribute electronic survey to determine and rank specific membership portal needs/features.	31-May	76 - 99%
Objective 2B	Analyze and report membership portal survey results during Regular Meeting.	30-Jun	76 - 99%
Objective 2C	Identify potential portal solutions that support/resolve critical needs, as defined by survey results.	30-Jun	26 - 50%
Objective 2D	Establish portal solution for subcommittee membership and verify resolution of critical gaps.	30-Sep	0 - 25%

• 16 •

16

## Goal Development Plan Reports

### 3 – Subcommittee Report

- Workgroup Highlights
  - DRAFT Healthcare Subcommittee Mid-Year Report submitted
    - Refer to [Attachment D](#) for details
  - Includes the following elements:
    - Subcommittee overview & participation
    - Goal Development Plan progress, outcomes, & outstanding actions
    - Membership & recruitment activity outcomes
    - Membership accomplishments, celebrations, & resources
- Next Steps
  - Review & Approve Mid-Year Report
  - Distribute to Healthcare Coalition & STARRS Board

• 17 •

17

## Goal Development Plan Reports

### 3 – Subcommittee Report

- Challenges or Barriers
  - None to report
- Next Meeting
  - Wednesday, July 28

Goal 3 Elevate healthcare subcommittee visibility and accountability via production of semiannual reports.			
	Description	Deadline	Completion
Objective 3A	Coordinate with HCC Coordinator and partner subcommittee chairs to identify content/data to maximize report utility and relevance.	31-May	100%
Objective 3B	Develop DRAFT report outline and dashboard for review/approval by appropriate regional partners/leaders.	31-May	100%
Objective 3C	Distribute initial subcommittee report to full membership and designated partner recipients.	30-Jun	100%
Objective 3D	Incorporate applicable report revisions/improvements and distribute annual report to all recipients.	31-Dec	0 - 25%

• 18 •

18

## Goal Development Plan Reports 4 – Subcommittee Administration

- Workgroup Highlights
  - Workgroup met Friday, June 25
    - Reviewed & commenced revision of CY2018 Charter
  
- Upcoming Activities
  - Finalize Healthcare Subcommittee revision & editing
  - Distribute to members for review & approval
  - Coordinate with Healthcare Coalition Charter Workgroup to harmonize respective documents to maximize effectiveness

• 19 •

19

## Goal Development Plan Reports 4 – Subcommittee Administration

- Challenges or Barriers
  - None to report
  
- Next Meeting
  - TBD

Goal 4	Optimize healthcare subcommittee management via revision/alignment of applicable Charters, Bylaws, and other administrative materials.		
	Description	Deadline	Completion
Objective 4A	Verify all applicable documents are included in subcommittee review/revision scope.	30-Jun	100%
Objective 4B	Review current subcommittee Charter; document recommended edits and submit revised version to subcommittee for review/approval.	30-Jun	76 - 99%
Objective 4C	Coordinate with HCC Coordinator and Coalition Committee Chairs to strengthen alignment of approved Healthcare Subcommittee Charter with applicable coalition/STARRS administrative documents; support revision as appropriate.	30-Sep	51 - 75%
Objective 4D	Verify all applicable coalition and healthcare subcommittee management materials are aligned for optimal administrative coordination for upcoming year.	31-Dec	0 - 25%

• 20 •

20

## Goal Development Plan Reports Conclusion

- Next Steps – Subcommittee
  - Discussion, questions, clarification
  - Update Plan with objective progress reports
- Next Steps – Goal Leaders
  - Schedule workgroup meetings to advance tasks & projects
    - July & August
  - Submit monthly progress reports via electronic *Report Form*

• 21 •

21

## Workgroup Reports Pediatric Surge Planning

- Workgroup Highlights
  - No meeting during this reporting period
- Upcoming Activities
  - SLCH hosting TEEX Pediatric Disaster Response & Emergency Preparedness course September 30 - October 1, 2021
    - Registration information available soon.
- Challenges or Barriers
  - None to report
- Next Meeting
  - August 31, 2021

• 22 •

22

## Coalition Partner Updates Public Health

- [Sector Highlights](#)
- [Upcoming Activities](#)
- [Challenges](#)
- [Next Meeting](#)

+ 23 +

23

## Coalition Partner Updates EMS

- [Sector Highlights](#)
- [Upcoming Activities](#)
- [Challenges](#)
- [Next Meeting](#)

+ 24 +

24

## Coalition Partner Updates Emergency Management

- [Sector Highlights](#)
- [Upcoming Activities](#)
- [Challenges](#)
- [Next Meeting](#)

+ 25 +

25

## Coalition Partner Updates EMResource

- [Sector Highlights](#)
- [Upcoming Activities](#)
- [Challenges](#)
- [Next Meeting](#)

+ 26 +

26

## Coalition Partner Updates Interoperable Communication

- Sector Highlights
- Upcoming Activities
- Challenges
- Next Meeting

• 27 •

27

## Regional Initiatives Healthcare Coalition & SMOC

- Coalition Committee Highlights
  - Last meeting June 18, 2021
  - Reviewed CY2020 & CY2021 grant deliverables
  - Discussed Chempack Response Plan updates & next steps
  - Reviewed SMOC mission & updated team on SOG revision progress
- Upcoming Activities
  - Continue coordination with appropriate partners
- Next Meeting
  - July 16, 2021

• 28 •

28



## Training & Exercise Subcommittee Report

- [Subcommittee Highlights](#)
  
- [Upcoming Regional Opportunities](#)

• 29 •

29

## Training & Exercise Organizational Opportunities

- [Upcoming Training & Drill/Exercise Opportunities](#)

• 30 •

30

## Grant Funding Update UASI, HPP, & PHEP

- Current Status
  
- Next Steps

• 31 •

31

## Regulatory/Accreditation Survey Updates Member Experience

- Regional Healthcare EM  
Survey Activity?



• 32 •

32

## Open Discussion

- Topics missed?
- Good for the order?
- Celebrations & shoutouts?

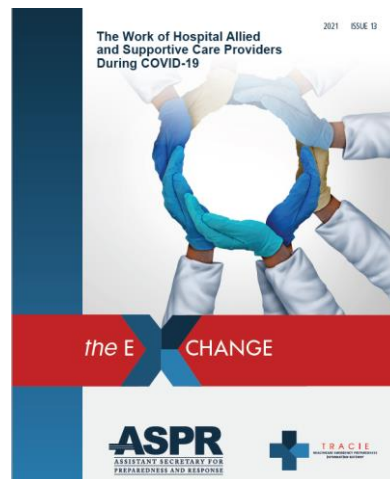


• 33 •

33

## Resources & Literature ASPR TRACIE

- [Express – May & June 2021](#)
  - CMS EM regulatory requirement update
  - COVID-19 vaccine champions
  - Medical supply chain responses during COVID-19
  - Hospice & Homecare in rural communities
  - Innovations in Patient Surge Management



• 34 •

**BARNES JEWISH**  
Hospital  
HealthCare

34

## Action Item Review

- Meeting Action Items

• 35 •

35

## Next Meeting

- STARRS Healthcare Subcommittee Meeting
  - Wednesday, September 08, 2021
  - 0930 – 1100 hours
  - Microsoft Teams

• 36 •

36

THANK YOU!!



• 37 •

37

**St. Louis Healthcare Coalition**  
**Healthcare Subcommittee Regular Meeting**  
**Wednesday, July 14, 2021 0930 - 1100 Hours**  
**Attendance Report**

#	First Name	Last Name	Email	Role	Join Time	Leave Time	Duration
1	Linda	Abrams	LAbrams@surgerypartners.com	Member	7/14/2021, 9:28:18 AM	7/14/2021, 10:47:13 AM	1h 18m
2	Scott	Austermann	SA36369@bjc.org	Member	7/14/2021, 10:10:14 AM	7/14/2021, 10:47:27 AM	37m 12s
3	Brendan	Bagby		Member	7/14/2021, 9:33:21 AM	7/14/2021, 9:57:52 AM	24m 31s
4	Bradley	Barton	BXB1279@bjc.org	Member	7/14/2021, 9:36:02 AM	7/14/2021, 10:47:17 AM	1h 11m
5	Nicholas	Blaes	EM94363@bjc.org	Member	7/14/2021, 9:28:23 AM	7/14/2021, 9:59:46 AM	31m 23s
6	Christopher	Blank	CXB1191@bjc.org	Member	7/14/2021, 10:14:36 AM	7/14/2021, 10:30:23 AM	15m 47s
7	Eric	Brandmeyer	brandmeyere@andersonhospital.org	Member	7/14/2021, 9:31:06 AM	7/14/2021, 10:50:05 AM	1h 18m
8	Billy	Chambers	Billy.Chambers@sema.dps.mo.gov	Partner	7/14/2021, 9:29:12 AM	7/14/2021, 10:47:12 AM	1h 18m
9	Dale	Chambers	dale@stlstarrs.org	Partner	7/14/2021, 9:29:46 AM	7/14/2021, 10:47:10 AM	1h 17m
10	Rachel	Charney	rachel.charney@health.slu.edu	Member	7/14/2021, 9:29:47 AM	7/14/2021, 10:47:29 AM	1h 17m
11	Brenda	Chotrow	chotbm@mercy.net	Member	7/14/2021, 9:26:43 AM	7/14/2021, 10:47:09 AM	1h 20m
12	Gary	Christmann	Gary.Christmann@stlukes-stl.com	Member	7/14/2021, 9:32:28 AM	7/14/2021, 10:47:21 AM	1h 14m
13	Nathan	Corliss	NXC5512@bjc.org	Member	7/14/2021, 9:29:52 AM	7/14/2021, 10:47:14 AM	1h 17m
14	Kyle	Foerst	kfoerst@stlfc.org	Partner	7/14/2021, 9:30:11 AM	7/14/2021, 10:45:18 AM	1h 15m
15	Murrel	French	MLF1576@bjc.org	Member	7/14/2021, 9:24:57 AM	7/14/2021, 10:08:31 AM	43m 33s
16	Murrel	French	MLF1576@bjc.org	Member	7/14/2021, 10:37:56 AM	7/14/2021, 10:50:30 AM	12m 34s
17	Jim	Haalboom		Member	7/14/2021, 9:30:39 AM	7/14/2021, 10:47:37 AM	1h 16m
18	Kathleen	Hargrave	KHargrave@sccmo.org	Partner	7/14/2021, 9:31:30 AM	7/14/2021, 10:47:08 AM	1h 15m
19	Justin	Hendee	JXH6419@bjc.org	Member	7/14/2021, 9:28:15 AM	7/14/2021, 10:55:19 AM	1h 27m
20	Emma	Hooks	EFH9961@BJC.org	Member	7/14/2021, 9:33:17 AM	7/14/2021, 10:47:05 AM	1h 13m
21	Tracy	Horton	Tracy.Horton@stlukes-stl.com	Member	7/14/2021, 9:40:52 AM	7/14/2021, 10:47:49 AM	1h 6m
22	Shawn	Icenhower	SI22394@bjc.org	Member	7/14/2021, 9:29:07 AM	7/14/2021, 10:47:06 AM	1h 17m
23	Michelle	Leasure	Michelle.Leasure@dmh.mo.gov	Member	7/14/2021, 9:35:21 AM	7/14/2021, 10:47:11 AM	1h 11m
24	Brian	Liedtke	BL19364@bjc.org	Member	7/14/2021, 9:27:24 AM	7/14/2021, 10:11:32 AM	44m 7s
25	Janelle	Mahon	janelle.mahon@southcityhospitalstl.com	Member	7/14/2021, 9:35:09 AM	7/14/2021, 10:53:26 AM	1h 18m
26	Cody	Minks	Cody.Minks@ssmhealth.com	Member	7/14/2021, 9:22:32 AM	7/14/2021, 10:47:11 AM	1h 24m
27	Dennis	Mullen	dmmullen@mrhsl.com	Member	7/14/2021, 9:31:27 AM	7/14/2021, 10:47:18 AM	1h 15m
28	John	Nowak	jnowak@medstarems.net	Partner	7/14/2021, 9:32:34 AM	7/14/2021, 10:02:28 AM	29m 54s
29	John	O'brien	John.Obrien@ssmhealth.com	Member	7/14/2021, 9:30:51 AM	7/14/2021, 10:47:07 AM	1h 16m
30	Samantha	Peterson	sam@stlstarrs.org	Partner	7/14/2021, 9:27:38 AM	7/14/2021, 10:47:17 AM	1h 19m
31	Vanessa	Poston	VP30235@bjc.org	Member	7/14/2021, 9:33:00 AM	7/14/2021, 10:49:59 AM	1h 16m
32	Sue	Pratt	spratt@centerforurologicsurgery.com	Member	7/14/2021, 9:32:16 AM	7/14/2021, 10:50:08 AM	1h 17m
33	James	Ryan	James.Ryan@southcityhospitalstl.com	Member	7/14/2021, 9:34:27 AM	7/14/2021, 9:35:16 AM	49s

**St. Louis Healthcare Coalition  
Healthcare Subcommittee Regular Meeting  
Wednesday, July 14, 2021 0930 - 1100 Hours  
Attendance Report**

#	First Name	Last Name	Email	Role	Join Time	Leave Time	Duration
34	Helen	Sandkuhl	helen.sandkuhl@ssmhealth.com	Member	7/14/2021, 9:24:28 AM	7/14/2021, 10:47:14 AM	1h 22m
35	Ntasiah	Shaw	nshaw@stlouisco.com	Partner	7/14/2021, 9:27:58 AM	7/14/2021, 10:47:05 AM	1h 19m
36	Barron	Smith		Member	7/14/2021, 9:33:31 AM	7/14/2021, 10:47:23 AM	1h 13m
37	Donnie	Sparks	Donnie.Sparks@ssmhealth.com	Member	7/14/2021, 9:34:45 AM	7/14/2021, 10:36:30 AM	1h 1m
38	Ashley	Spier	AXS4383@bjc.org	Member	7/14/2021, 9:27:24 AM	7/14/2021, 10:47:06 AM	1h 19m
39	Michele	Tanton	MT19628@bjc.org	Member	7/14/2021, 9:28:53 AM	7/14/2021, 9:58:51 AM	29m 57s
40	Michele	Tanton	MT19628@bjc.org	Member	7/14/2021, 10:32:16 AM	7/14/2021, 10:47:11 AM	14m 55s
41	John	Whitaker	John.Whitaker@health.mo.gov	Partner	7/14/2021, 9:31:23 AM	7/14/2021, 10:47:06 AM	1h 15m
42	Natalie	Yanko	natalie.yanko@southcityhospitalstl.com	Member	7/14/2021, 9:31:08 AM	7/14/2021, 10:47:12 AM	1h 16m
43	Brad	Zoref	brad@stlstarrs.org	Partner	7/14/2021, 9:29:34 AM	7/14/2021, 10:47:32 AM	1h 17m

**STARRS Healthcare Subcommittee  
2021 Goal Development Workplan**

<b>Goal 1</b>	<b>Cultivate an inclusive healthcare subcommittee that is reflective of the St. Louis community and includes representation from all provider/facility types.</b>				
	<b>Description</b>	<b>Deadline</b>	<b>Workgroup Leader</b>	<b>Completion</b>	<b>Notes</b>
Objective 1A	Coordinate with local/state partners to identify applicable healthcare organizations and facilities within subcommittee geographic scope.	31-May	A. Blevins	76 - 99%	
Objective 1B	Review, verify, and update current subcommittee membership roster.	31-May	A. Blevins	100%	
Objective 1C	Develop healthcare subcommittee one-page summary sheet with membership responsibilities, benefits, enrollment details, and FAQs.	31-May	A. Blevins	0 - 25%	
Objective 1D	Distribute subcommittee summary sheet to all eligible healthcare organizations.	30-Jun	A. Blevins	0 - 25%	
Objective 1E	Monitor membership expansion and healthcare facility representation; revise strategy for Goal 1 achievement if/as required.	31-Dec	A. Blevins	0 - 25%	
Objective 1F	Update contact information for all current and new subcommittee members.	30-Jun	A. Blevins	100%	

<b>Goal 2</b>	<b>Deliver healthcare/hospital outcomes defined in St. Louis Healthcare Coalition Strategic Plan.</b>				
	<b>Description</b>	<b>Deadline</b>	<b>Workgroup Leader</b>	<b>Completion</b>	<b>Notes</b>
Objective 2A	Develop and distribute electronic survey to determine and rank specific membership portal needs/features.	31-May	J. O'Brien	100%	
Objective 2B	Analyze and report membership portal survey results within during May meeting.	30-Jun	J. O'Brien	100%	
Objective 2C	Identify potential portal solutions that support/resolve critical needs, as defined by survey results.	30-Jun	J. O'Brien	76 - 99%	
Objective 2D	Establish portal solution for subcommittee membership and verify resolution of critical gaps.	30-Sep	J. O'Brien	26 - 50%	



**STARRS Healthcare Subcommittee  
2021 Goal Development Workplan**

<b>Goal 3</b>	<b>Elevate healthcare subcommittee visibility and accountability via production of semiannual reports.</b>				
	<b>Description</b>	<b>Deadline</b>	<b>Assigned Group/Leader</b>	<b>Completion</b>	<b>Notes</b>
Objective 3A	Coordinate with HCC Coordinator and partner subcommittee chairs to identify content/data to maximize report utility and relevance.	31-May	J. Campbell	100%	
Objective 3B	Develop DRAFT report outline and dashboard for review/approval by appropriate regional partners/leaders.	31-May	J. Campbell	100%	
Objective 3C	Distribute initial subcommittee report to full membership and designated partner recipients.	30-Jun	J. Campbell	100%	
Objective 3D	Incorporate applicable report revisions/improvements and distribute annual report to all recipients.	31-Dec	J. Campbell	51 - 75%	

<b>Goal 4</b>	<b>Optimize healthcare subcommittee management via revision/alignment of applicable Charters, Bylaws, and other administrative materials.</b>				
	<b>Description</b>	<b>Deadline</b>	<b>Assigned Group/Leader</b>	<b>Completion</b>	<b>Notes</b>
Objective 4A	Verify all applicable documents are included in subcommittee review/revision scope.	30-Jun	C. Minks	100%	
Objective 4B	Review current subcommittee Charter; document recommended edits and submit revised version to subcommittee for review/approval.	30-Jun	C. Minks	100%	
Objective 4C	Coordinate with HCC Coordinator and ESF-8 Committee Chairs to strengthen alignment of approved Healthcare Subcommittee Charter with applicable coalition/STARRS administrative documents; support revision as appropriate.	30-Sep	C. Minks	76 - 99%	
Objective 4D	Verify all applicable coalition and healthcare subcommittee management materials are aligned for optimal administrative coordination for upcoming year.	31-Dec	C. Minks	51 - 75%	

# St. Louis Regional Healthcare Coalition Healthcare Subcommittee Charter

## I. St. Louis Healthcare Subcommittee Overview

### A. Charter Purpose

Define St. Louis Healthcare Subcommittee:

- Mission, scope, role, and authority
- Membership, partnership, responsibilities, and benefits
- Leadership and structure
- Meetings and business
- Voting and quorum
- Provisions

### B. Mission

Cultivate a network of healthcare sector partners to:

- Strengthen organizational, industry, and community healthcare preparedness
- Advance healthcare emergency management concepts and capabilities
- Support cross-functional healthcare communication and collaboration
- Provide regulatory/accreditation compliance solutions

### C. Scope

All hospitals, healthcare organizations, and other qualified Centers for Medicaid and Medicare Services (CMS) facilities/provider types within the St. Louis Area Regional Response System (STARRS) geographic area, as identified below.

Missouri Jurisdictions	Illinois Jurisdictions
City of St. Louis	Madison County
Franklin County	Monroe County
Jefferson County	St. Clair County
Lincoln County	
Perry County	
Pike County	
St. Charles County	
St. Francois County	
St. Genevieve County	
St. Louis County	
Warren County	
Washington County	

#### D. Regional Role

1. Healthcare Subcommittee represents one (1) of four (4) discipline-specific pillars of St. Louis Regional Healthcare Coalition (RHCC).
2. Healthcare Subcommittee reports the following to St. Louis RHCC Executive Committee and STARRS Board of Directors:
  - Mission progress, barriers to success, and project outcomes
  - Grant funding program and project allocation suggestions
  - Healthcare-sector specific guidance and recommendations

#### E. Authorities

St. Louis Healthcare Subcommittee authorized by and accountable to:

- U.S. Department of Health and Human Services (HHS)
- Assistant Secretary for Preparedness and Response (ASPR)
- Missouri Department of Health and Human Services (DHSS)
- St. Louis Area Regional Response System (STARRS)
- St. Louis, Missouri community

## II. **St. Louis Healthcare Subcommittee Participation**

Refer to Attachment A

#### A. Participating Organizations

1. **Healthcare Organization** is any organization engaged in the provision of direct healthcare services and treatment to St. Louis community
  - Not required to be licensed by CMS for membership eligibility
  - Not required to be affiliated with system for membership eligibility
2. **Partner Organizations** are any private sector or government agencies supporting healthcare organizations in St. Louis area, representing disciplines including, but not limited to:
  - Emergency Management
  - Emergency Medical Services (EMS)
  - Fusion Center
  - Higher Education
  - Public Health
3. **Healthcare System** is any consortium of healthcare organizations connected via joint management arrangement, contractual agreement, or corporate ownership structure.

B. Member

1. Healthcare Subcommittee Member is a representative from a **Healthcare Organization** with at least fifty percent (50%) Regular Meeting attendance within a calendar year.
2. St. Louis community members seeking membership on Healthcare Subcommittee must submit electronic application to STARRS for review. Application and details available via [STARRS Committee Website](#).

C. Partner

1. Healthcare Subcommittee Partner is representative from a **Healthcare System** or **Partner Organization**.
2. Healthcare Subcommittee Partners also include **Healthcare Organization** representatives not meeting minimum Member attendance requirements.

D. Participation Benefits

Professionals participating on St. Louis Healthcare Subcommittee:

1. Collaborate with industry partners to strengthen organizational and regional healthcare emergency management.
2. Receive opportunities to advance healthcare emergency management capabilities via cross-functional planning, equipping, training, and testing.
3. Promote awareness and advocate for healthcare emergency management policy, funding, regulatory compliance, and performance solutions to elected officials and industry executives.
4. Gain advantages in organizational and agency regulatory/accreditation compliance via engagement with community-based healthcare emergency management entities.
5. Maximize emergency response/recovery outcomes and effectiveness via developed partnerships within regional network.

E. Participation Responsibilities

Professionals participating on St. Louis Healthcare Subcommittee:

1. Engage during Healthcare Subcommittee regular meeting and business discussions.

2. Participate in Healthcare Subcommittee preparedness programming, including training, planning workshops, learning seminars, and drills/exercises.
3. Have responsibility for organizational emergency management activity and share relevant program, operational, or other details with community partners for advancing St. Louis healthcare sector resilience.
4. Support regional incident response/recovery operations via information sharing, operational coordination, resource management, and other functions, as requested.

### III. St. Louis Healthcare Subcommittee Structure

Refer to Attachment B

#### A. Chair

1. Chair provides overall Healthcare Subcommittee leadership and performs the following:
  - Subcommittee administration and goal management
  - Subcommittee material production and distribution
  - Regular Meeting organization and facilitation
  - Workgroup establishment and oversight
2. Chair represents Healthcare Subcommittee interests and positions on local, coalition, and state committees/workgroups.
3. Chair presides over Regular and Special meetings.

#### B. Vice Chair

1. Vice Chair supports Chair in performance of all leadership duties.
2. Vice Chair serves as Chair during absence and/or delegation situations.
3. Vice Chair presides over Leadership meetings.

#### C. Leadership Council

1. Leadership Council oversees Healthcare Subcommittee mission progress and RHCC coordination activities.
2. Leadership Council performs annual membership audit in January.

3. Leadership Council includes the following representatives:

- Chair
- Vice
- RHCC Coordinator
- STARRS Representative

4. Leadership Council may include ad hoc representatives such as coalition leaders, workgroup leaders, and external partners, as needed/requested.

D. Workgroups

1. Workgroups are established to coordinate actions around a specific capability, goal, or grant expense, in advance of Healthcare Subcommittee mission.

2. Workgroups may be established by Chair/Vice Chair designation or Member proposal.

3. Workgroups must include the following to be recognized and operational:

- At least one (1) declared objective or deliverable
- Identified Leader(s)

4. Workgroup Leaders are Members or Partners nominated and elected by Healthcare subcommittee.

5. Workgroup members are volunteers

E. Eligibility, Terms, and Transitions

1. Any Member may volunteer or be nominated for Chair or Vice Chair elections. Individuals must agree to nomination prior to election, as applicable.

2. Chair and Vice Chair elections occur during November Regular Meeting business.

3. Chair and Vice Chair each serve one (1) year terms aligned to a calendar year, with terms beginning in January of each year.

4. Leadership transition and annual goal planning occur during December, prior to new term start.

5. Chair and Vice Chair are validated by STARRS Board of Directors in February.

#### IV. St. Louis Healthcare Subcommittee Meetings

##### A. Regular Meeting

1. Regular Meeting occurs bimonthly on the second (2<sup>nd</sup>) Wednesday of alternating month, allowing six (6) occurrences within the calendar year.
  - January, March, May, July, September, November
2. Regular Meetings are scheduled with no less than ten (10) business day notice to participants.
3. Regular Meeting facilitated by Chair, following Robert's Rules of Order.
4. Regular Meeting purpose is to conduct standard business, including:
  - Project reporting and discussion
  - Content review and approval
  - Training and exercise opportunities
  - Regional partner highlights
  - Regulatory/accreditation survey experience/updates
5. Regular Meeting materials include agenda, previous meeting minutes, and previous meeting attendance sheet. Meeting material distribution occurs no less than seven (7) business days prior to meeting date.
6. Regular Meeting materials approved during standard business are distributed no more than fifteen (15) business days after approval to the following:
  - RHCC Executive Committee Chair
  - RHCC Coordinator
  - STARRS Executive Director

##### B. Leadership Meeting

1. Leadership Meeting occurs monthly on the fourth (4<sup>th</sup>) Wednesday of each month, allowing twelve (12) occurrences within the calendar year.
2. Leadership Meetings facilitated by Vice-Chair.
3. Leadership Meeting purpose is to conduct oversight and management activity, including:
  - Annual goal trending assessment
  - Regular meeting management and readiness

- Workgroup obstacle/barrier resolution
  - General record-keeping and administration
4. Leadership Meeting materials include agenda and previous meeting notes. Meeting material distribution occurs no less than three (3) days prior to meeting date.
  5. Leadership Meeting materials approved during meeting are included in Regular Meeting materials for next-scheduled meeting.

C. Workgroup Meeting

1. Workgroup Meetings occur monthly at a day/time determined by respective team members and leaders.
2. Workgroup Meeting continues until declared workgroup objective(s) achieved, Workgroup Leader requests meeting reassessment, or Leadership Council
3. Workgroup meetings facilitated by designated Workgroup Leader.
4. Workgroup meeting purpose is to coordinate goal-specific tactical activity, including:
  - Review team member assignments and deadlines
  - Complete tasks and functions
  - Assessment progress and identify obstacles
  - Prepare reports for regular meeting updates

D. Special Meeting

1. Special Meetings occur to address urgent matters and resolve mission-sensitive issues, as appropriate.
2. Special Meetings may be convened via:
  - Chair or Vice Chair decision
  - Member motion and Subcommittee approval
3. Special Meetings are scheduled with no less than five (5) business day notice to participants.
4. Special Meeting facilitated by Chair, following Robert's Rules of Order.
5. Special Meeting only purpose is to address/resolve identified issue.
6. Special Meeting materials include agenda and any related documentation. Meeting material distribution occurs with meeting scheduling.



7. Special Meeting decisions and outcomes are distributed to Members no more than fifteen (15) business days after approval.
8. Special Meeting summary included in Regular Meeting materials for next-scheduled meeting.

## V. St. Louis Healthcare Subcommittee Voting

### A. Quorum

1. Quorum is achieved when at least fifty-one percent (51%) of approved Members participate in a Regular Meeting physically or virtually.
2. Quorum is required to conduct any approval vote or election during Regular and Special Meetings.

### B. Vote Allocation

1. Healthcare Subcommittee Members are allocated one (1) vote to cast related standard business.
2. Only one (1) Member per individual **Healthcare Organization** may cast a vote.
3. Healthcare Subcommittee Partners may not vote during standard business.

### C. Voting Process

1. Chair or Vice Chair conduct voting activities, in accordance with Regular Meeting facilitation.
2. RHCC Coordinator conducts voting activities when Chair or Vice Chair are ineligible, due to election candidate status or other potential conflict.
3. Voice voting is standard method for Members to cast votes.
4. Show of hands is alternative method for Members to cast votes when voting outcomes are undeterminable via voice voting or specifically requested for a particular vote.
5. Feedback deadlines may be used for Members and Partners to provide input/improvements to Healthcare Subcommittee content that does not require formal voting approval.

D. Voting Measures

1. A simple majority of affirming votes is required to approve or elect the following:
  - Chair
  - Vice Chair
  - Goal/Workgroup Leader
  - Regular Meeting Minutes
  - Special Meeting occurrence
2. A two-thirds (2/3) majority of affirming votes is required to approve Healthcare Subcommittee Charter revisions/updates.
3. Feedback deadlines for Members to provide comments on content must be at least seven (7) business days following distribution.

VI. **Additional Provisions**

A. Charter Limitations

1. Charter does not replace or supersede any existing Mutual Aid Agreement (MAA), Memorandum of Understanding (MOU), RHCC Charter, STARRS Bylaws, or other regional administrative/governing document.
2. Charter does not create or impose any legal relationships, associations, joint ventures, entities, partnership, or other binding obligation upon any participant.
3. Charter does not require any participant to indemnify, hold harmless, or defend any other participant from claim, loss, harm, liability, damage, cost, or expense incurred during or resulting from Healthcare Subcommittee activities.
4. Charter does not authorize any participant to act on behalf of or as an agent representative of any other participant organization, entity, or body.

## St. Louis Healthcare Subcommittee Charter Attachment A: Participation Overview

### I. Purpose

Provide summary overview of Healthcare Subcommittee participant types, roles, and privileges.

### II. Participation Overview

#### A. Organizations

Type	Description	Representative Role
Healthcare Organization	Any organization engaged in the provision of direct healthcare services and treatment to St. Louis community.	Member
Partner Organization	Any private sector or government agencies supporting healthcare organizations in St. Louis community.	Partner
Healthcare System	Any consortium of healthcare organizations connected via joint management arrangement, contractual agreement, or corporate ownership structure.	Partner

#### B. Roles

Role	Description	Voting Status	Notes
Member	Healthcare Organization representative with at least fifty percent (50%) Regular Meeting attendance within a calendar year.	Yes	One (1) voting member per Healthcare Organization
Partner	Healthcare System or Partner Organization representative.	No	
	Healthcare Organization representative exceeding minimum attendance requirements.	No	

## St. Louis Healthcare Subcommittee Charter Attachment B: Structure and Business Overview

### I. Purpose

Provide summary overview of Healthcare Subcommittee structure and standard business.

### II. Structure Overview

Position	Description	Duties	Term
Chair	Provide overall Healthcare Subcommittee leadership.	<ul style="list-style-type: none"> <li>• Produce and distribute Regular and Special Meeting materials</li> <li>• Preside over Regular and Special Meetings</li> <li>• Set and achieve annual goals, in support of mission</li> <li>• Maintain participant roster, attendance record, and communication directory</li> <li>• Oversee Workgroup progress and resolve barriers, as needed</li> </ul>	One Year
Vice Chair	Support Chair in fulfillment of all leadership duties.	<ul style="list-style-type: none"> <li>• Produce and distribute Leadership Meeting materials</li> <li>• Preside over Leadership Meetings</li> <li>• Serve as Chair during absence and/or delegation situations</li> </ul>	One Year
Workgroup Leader	Lead actions focused on a specific capability, goal, or grant expense.	<ul style="list-style-type: none"> <li>• Produce and distribute Workgroup Meeting materials</li> <li>• Preside over Workgroup Meetings</li> <li>• Perform actions necessary to achieve Workgroup objectives</li> <li>• Escalate challenges/barriers to Chair for resolution</li> </ul>	Achievement of Workgroup Objectives
Leadership Council	Oversee mission progress and RHCC coordination activities.	<ul style="list-style-type: none"> <li>• Complete annual membership audit in January</li> <li>• Preside over Leadership Meetings</li> <li>• Serve as Chair during absence and/or delegation situations</li> </ul>	One Year

**III. Standard Business Overview**

<b>Month</b>	<b>Action</b>	<b>Description</b>	<b>Frequency</b>	<b>Responsibility</b>
January	New Leadership Term Start	Declare annual goals and intended outcomes	Annually	Chair and Vice Chair
	Membership Audit	Review previous year attendance record to designate qualified voting members	Annually	Leadership Council
	Regular Meeting	Complete standard business, review goal development plan, and establish workgroups	Bi-monthly	Chair and Vice Chair
	Leadership Meeting	Oversight and RHCC coordination	Monthly	Vice Chair
February	New Leadership Confirmation	Official approval of new Chair and Vice Chair	Annually	STARRS Board
	Leadership Meeting	Oversight and RHCC coordination	Monthly	Vice Chair
	Workgroup Meeting	Coordinate goal-specific tactical activity	Monthly	Workgroup Leaders
March	Regular Meeting	Complete standard business and review member audit outcomes	Bi-monthly	Chair and Vice Chair
	Leadership Meeting	Oversight and RHCC coordination	Monthly	Vice Chair
	Workgroup Meeting	Coordinate goal-specific tactical activity	Monthly	Workgroup Leaders
April	Leadership Meeting	Oversight and RHCC coordination	Monthly	Vice Chair
	Workgroup Meeting	Coordinate goal-specific tactical activity	Monthly	Workgroup Leaders
May	Regular Meeting	Complete standard business	Bi-monthly	Chair and Vice Chair
	Leadership Meeting	Oversight and RHCC coordination	Monthly	Vice Chair
	Workgroup Meeting	Coordinate goal-specific tactical activity	Monthly	Workgroup Leaders
June	Leadership Meeting	Oversight and RHCC coordination	Monthly	Vice Chair
	Workgroup Meeting	Coordinate goal-specific tactical activity	Monthly	Workgroup Leaders
	Mid-Year Report	Summary of year-to-date progress/accomplishments	Biannually	Chair and Vice Chair
July	Regular Meeting	Complete standard business	Bi-monthly	Chair and Vice Chair
	Leadership Meeting	Oversight and RHCC coordination	Monthly	Vice Chair
	Workgroup Meeting	Coordinate goal-specific tactical activity	Monthly	Workgroup Leaders
August	Leadership Meeting	Oversight and RHCC coordination	Monthly	Vice Chair
	Workgroup Meeting	Coordinate goal-specific tactical activity	Monthly	Workgroup Leaders
September	Regular Meeting	Complete standard business	Bi-monthly	Chair and Vice Chair
	Leadership Meeting	Oversight and RHCC coordination	Monthly	Vice Chair
	Workgroup Meeting	Coordinate goal-specific tactical activity	Monthly	Workgroup Leaders
October	Leadership Meeting	Oversight and RHCC coordination	Monthly	Vice Chair
	Workgroup Meeting	Coordinate goal-specific tactical activity	Monthly	Workgroup Leaders

St. Louis Healthcare Subcommittee Charter  
Charter

<b>Month</b>	<b>Action</b>	<b>Description</b>	<b>Frequency</b>	<b>Responsibility</b>
November	New Leadership Nominations	Submit recommendations for Chair and Vice Chair	Annually	Members
	Regular Meeting	Complete standard business, facilitate elections for new leadership team, final update on goal plan	Bi-monthly	Chair and Vice Chair
	Leadership Meeting	Oversight and RHCC coordination	Monthly	Vice Chair
	Workgroup Meeting	Coordinate goal-specific tactical activity	Monthly	Workgroup Leaders
December	Leadership Transition Meeting	Outgoing and incoming leadership teams exchange strategic vision, goal planning, and management processes for continuation of successful outcomes	Annually	Leadership Council Incoming Leaders
	Workgroup Meeting	Conclude goal-specific tactical activity	Monthly	Workgroup Leaders
	Goal Workplan Development	Define upcoming annual goals and objectives	Annually	Leadership Council

# Charter: Healthcare Preparedness Committee

In Association with the St. Louis Area Regional Response System (STARRS) and the St. Louis Regional Healthcare Coalition

## St. Louis Regional Healthcare Coalition Healthcare Subcommittee Charter

### I. Purpose and Scope

#### I. St. Louis Healthcare Subcommittee Overview

##### A. Charter Purpose

Define St. Louis Healthcare Subcommittee:

- Mission, scope, and regional role
- Membership, partnership, responsibilities, and benefits
- Leadership and structure
- Meetings and business
- Voting and quorum
- Provisions

##### B. Mission

Cultivate a network of healthcare sector partners to:

- Strengthen organizational, industry, and community healthcare preparedness
- Advance healthcare emergency management concepts and capabilities
- Support cross-functional healthcare communication and collaboration
- Provide regulatory/accreditation compliance solutions

##### C. Scope

All hospitals, healthcare organizations, and other qualified Centers for Medicaid and Medicare Services (CMS) facilities/provider types within the St. Louis Area Regional Response System (STARRS) geographic area identified in red below.

<u>Missouri Jurisdictions</u>	<u>Illinois Jurisdictions</u>
<u>City of St. Louis</u>	<u>Madison County</u>
<u>Franklin County</u>	<u>Monroe County</u>

Formatted: Font: (Default) +Body (Calibri), Not Bold

Formatted: Indent: Left: 0.38"

Formatted: Font: Not Bold

Formatted: Indent: First line: 0"

Formatted: Font: (Default) Calibri

<u>Jefferson County</u>	<u>Clair County</u>
<u>Lincoln County</u>	
<u>Warren County</u>	
<u>Wayne County</u>	
<u>Charles County</u>	
<u>Francois County</u>	
<u>Genevieve County</u>	
<u>Louis County</u>	
<u>Warren County</u>	
<u>Washington County</u>	

The purpose of the Healthcare Preparedness Committee (HPC) is to bring together a multiagency and multidisciplinary group of healthcare entities and individuals to promote preparedness and collaborate in planning for emergencies affecting the region. The HPC is comprised of representatives from hospitals and participating healthcare providers within the St. Louis Regional Healthcare Coalition (StLRHCC).

This charter defines committee membership, outlines the mission of the HPC, and delineates member roles and responsibilities. It also provides a structure for voting on and making recommendations for healthcare related grant expenditures to the ESF-8 Committee and the STARRS Board of Directors. In addition, this committee provides a forum for members to share best practices for preparedness and response to disasters and medical surge events. This committee is not responsible for response or recovery operations during an emergency.

The HPC will enhance the StLRHCC's ability to develop the emergency preparedness and response capabilities recommended by the U.S. Department of Health and Human Services (HHS) and the Centers for Medicare/Medicaid Services (CMS) as well as the related goals and strategies developed by the State of Missouri Department of Health and Senior Services (DHSS). Participating in the HPC provides StLRHCC partners opportunities and guidance to advance strategies for healthcare sector resilience.

Refer to the following for additional details:

1. Attachment A: HPC Structure.
2. Attachment B: HPC Strategic Goals – 2018.

### III. Mission

The mission of the HPC is to promote and to enhance the emergency preparedness capabilities of healthcare entities through:

- Building relationships and partnerships.
- Creating and enhancing response coordination plans and procedures.
- Promoting information sharing and situational awareness among HPC members.
- Facilitating resource awareness and deployment strategies.
- Developing and coordinating training, drills, and exercises.

**Formatted:** Font: Not Bold

**Formatted:** Left, Indent: Left: 0.44", Hanging: 0.02", No bullets or numbering

**Formatted:** Font: (Default) +Body (Calibri)

**Commented [JC1]:** Included in I. B. Mission

**Formatted:** Font: (Default) +Body (Calibri)

**Commented [JC2]:** Refer to I.A. Charter Purpose

**Commented [JC3]:** Refer to I.E. Authorities

**Commented [JC4]:** Refer to II.E. Benefits

**Formatted:** Numbered + Level: 2 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 1.25" + Indent at: 1.5"

**Formatted:** Left, Numbered + Level: 1 + Numbering Style: A, B, C, ... + Start at: 1 + Alignment: Left + Aligned at: 0.75" + Indent at: 1"



- Strengthening medical surge capacity and capabilities.
- Collaborating with emergency management and Emergency Support Function (ESF) #8 partners.

**Commented [JC5]:** Refer to I.B. Mission

#### D. Regional Role

1. Healthcare Subcommittee represents one (1) of four (4) discipline-specific pillars of St. Louis Regional Healthcare Coalition (RHCC).
2. Healthcare Subcommittee reports the following to St. Louis RHCC Executive Committee and STARRS Board of Directors:
  - Mission progress, barriers to success, and project outcomes
  - Grant funding program and project allocation suggestions
  - Healthcare-sector specific guidance and recommendations

#### E. Authorities

St. Louis Healthcare Subcommittee authorized by and accountable to:

- U.S. Department of Health and Human Services (HHS)
- Assistant Secretary for Preparedness and Response (ASPR)
- Missouri Department of Health and Human Services (DHSS)
- St. Louis Area Regional Response System (STARRS)
- St. Louis, Missouri community

**IV. Representation**

**A. Membership**

1. **Member:** An individual representing a healthcare organization within the StLRHCC, as appointed by the STARRS Board of Directors, shall have one vote. To maintain membership in the HPC, the individual must attend at least half of the six bimonthly meetings during a calendar year. Membership will be reviewed annually, in January, to consider removing members from the Committee. The Committee Leader Council (see below) will conduct this activity. Individuals can request to be added to the membership by submitting a STARRS Committee Application to the Committee Chair. Membership is approved by the Committee Chair and STARRS Board of Directors.

The following healthcare provider types are encouraged to select a representative to become a member of the HPC:

- Acute Care Hospitals
- Critical Access Hospitals
- Specialty Hospitals (e.g. Long Term Acute Care, Rehabilitation, Psychiatric, Pediatric)
- Mental Health and Behavioral Health
- Long Term Care and Skilled Nursing
- Ambulatory Surgery Centers
- Federally Qualified Health Centers and Rural Health Clinics
- Dialysis Centers
- Home Health and Hospice
- Urgent Care

2. **Partner:** Partner participation in the HPC is open to all entities or individuals that agree to work collaboratively on healthcare preparedness activities. Members of other regional committees or disciplines such as Public Health, Emergency Medical Services, Fatality Management, and Emergency Management are encouraged to participate in the HPC as partners. Partnership also allows healthcare provider representatives, who cannot maintain membership, to attend meetings and other committee sponsored events. A Partner will not have the ability to vote on committee matters.

**B. Member Responsibilities and Expectations**

1. Attend Healthcare Preparedness Committee meetings
2. Participate in preparedness project discussions or workgroups
3. Maintain organizational emergency preparedness plans.
4. Participate in Committee sponsored preparedness activities, including training, workshops, seminars, and regional drills and exercises.

**Formatted:** Left, Numbered + Level: 1 + Numbering Style: A, B, C, ... + Start at: 1 + Alignment: Left + Aligned at: 0.75" + Indent at: 1"

**Commented [JC6]:** Refer to:  
-II. B. Member  
-V. B. Vote Allocation  
-II. E. Participation Responsibilities  
-III. C. Leadership Council

**Commented [JC7]:** Refer to I. C. Scope

**Commented [JC8]:** Refer to II. C. Partner

5. Utilize National Incident Management System (NIMS) principles.
6. Operate under an Incident Command System (ICS) structure during emergencies.
7. Designate a person or position within your organization who is responsible for emergency management during a disaster event and can be contacted to provide situational and resource information.
8. Share information that is relevant for emergency planning and response, including information about available capacity and resources.
9. Participate in coordinating and sharing resources through the SMOC or other ESF 8 sponsored mechanisms.

**Commented [JC9]:** Refer to II. E. Participation Responsibilities

#### C. Voting

1. Quorum: A quorum necessary to conduct the business of the HPC shall consist of a simple majority of approved members participating in a meeting. Members being physically present at a meeting or present via electronic means may achieve a quorum.
2. Votes on Issues: Passage of issues voted on by the HPC members requires one vote over fifty percent of the members participating in the meeting whether physically or electronically present.
3. Changes to Charter: Passage of changes to this Charter or any other organizational document requires a vote of Two-Thirds (2/3) of all members.

**Commented [JC10]:** Refer to V.A. Quorum

**Commented [JC11]:** Refer to V. D. Voting Measures

#### D. Benefits for Members

1. Opportunity to participate actively in region-wide emergency preparedness planning.
2. Opportunity to participate in relevant training and exercise events.
3. Opportunity to advise local public officials about policy matters in emergency planning and response for healthcare agencies/organizations.
4. Strengthened ability to advocate for resources and regulatory changes to support effective emergency preparedness and response.
5. Access to timely information.
6. Access to an organized system for resource sharing.

**Commented [JC12]:** Refer to II.D. Participation Benefits

## II. St. Louis Healthcare Subcommittee Participation

### Refer to Attachment A

#### A. Participating Organizations

1. Healthcare Organization is any organization engaged in the provision of direct healthcare services and treatment to St. Louis community

- Not required to be licensed by CMS for membership eligibility
  - Not required to be affiliated with system for membership eligibility
2. Partner Organizations are any private sector or government agencies supporting healthcare organizations in St. Louis area, representing disciplines including, but not limited to:
- Emergency Management
  - Emergency Medical Services (EMS)
  - Fusion Center
  - Higher Education
  - Public Health
3. Healthcare System is any consortium of healthcare organizations connected via joint management arrangement, contractual agreement, or corporate ownership structure.

#### B. Member

1. Healthcare Subcommittee Member is a representative from a Healthcare Organization with < fifty percent (50%) attendance during regular meetings within a calendar year.
2. St. Louis community members seeking membership on Healthcare Subcommittee must submit electronic application to STARRS for review. Application and details available via STARRS Committee Website.

#### C. Partner

1. Healthcare Subcommittee Partner is representative from a Healthcare System or Partner Organization.
2. Healthcare Subcommittee Partners also include Healthcare Organization representatives not meeting minimum Member attendance requirements.

#### D. Participation Benefits

##### Professionals participating on St. Louis Healthcare Subcommittee:

1. Collaborate with industry partners to strengthen organizational and regional healthcare emergency management.
2. Receive opportunities to advance healthcare emergency management capabilities via cross-functional planning, equipping, training, and testing.

3. Promote awareness and advocate for healthcare emergency management policy, funding, regulatory compliance, and performance solutions to elected officials and industry executives.
4. Gain advantages in organizational and agency regulatory/accreditation compliance via engagement with community-based healthcare emergency management entities.
5. Maximize emergency response/recovery outcomes and effectiveness via developed partnerships within regional network.

#### E. Participation Responsibilities

Professionals participating on St. Louis Healthcare Subcommittee:

1. Engage during Healthcare Subcommittee regular meeting and business discussions.
2. Participate in Healthcare Subcommittee preparedness programming, including training, planning workshops, learning seminars, and drills/exercises.
3. Have responsibility for organizational emergency management activity and share relevant program, operational, or other details with community partners for advancing St. Louis healthcare sector resilience.
4. Support regional incident response/recovery operations via information sharing, operational coordination, resource management, and other functions, as requested.

### III. St. Louis Healthcare Subcommittee Structure

Refer to Attachment B

#### A. Chair

1. Chair provides overall Healthcare Subcommittee leadership and performs the following:
  - Subcommittee administration and goal management
  - Subcommittee material production and distribution
  - Regular Meeting organization and facilitation
  - Workgroup establishment and oversight
2. Chair represents Healthcare Subcommittee interests and positions on local, coalition, and state committees/workgroups.

**Commented [JC13]:** Leadership, regular business schedule, etc.

3. Chair presides over Regular and Special meetings.

B. Vice Chair

1. Vice Chair supports Chair in performance of all leadership duties.

2. Vice Chair serves as Chair during absence and/or delegation situations.

3. Vice Chair presides over Leadership meetings.

C. Leadership Council

1. Leadership Council oversees Healthcare Subcommittee mission progress and RHCC coordination activities.

2. Leadership Council performs annual membership audit in January.

3. Leadership Council includes the following representatives:

- Chair
- Vice
- RHCC Coordinator
- STARRS Representative

4. Leadership Council may include ad hoc representatives such as coalition leaders, workgroup leaders, and external partners, as needed/requested.

D. Workgroups

1. Workgroups are established to coordinate actions around a specific capability, goal, or grant expense, in advance of Healthcare Subcommittee mission.

2. Workgroups may be established by Chair/Vice Chair designation or Member proposal.

3. Workgroups must include the following to be recognized and operational:

- At least one (1) declared objective or deliverable
- Identified Leader(s)

4. Workgroup Leaders are Members or Partners nominated and elected by Healthcare subcommittee.

5. Workgroup members are volunteers

E. Eligibility, Terms, and Transitions

1. Any Member may volunteer or be nominated for Chair or Vice Chair elections. Individuals must agree to nomination prior to election, as applicable.
2. Chair and Vice Chair elections occur during November Regular Meeting business.
3. Chair and Vice Chair each serve one (1) year terms aligned to a calendar year, with terms beginning in January of each year.
4. Leadership transition and annual goal planning occur during December, prior to new term start.
5. Chair and Vice Chair are validated by STARRS Board of Directors in February.

**V. HPC Leadership**

**A. Purpose**

~~The HPC Leader Council governs the Sub-Committee, prepares meeting agendas and minutes, provides oversight to workgroups, reviews preparedness activities in the healthcare sector of the Region, reports to the Healthcare Coalition (ESF-8), and the STARRS Board of Directors.~~

**Formatted:** Left, Numbered + Level: 1 + Numbering Style: A, B, C, ... + Start at: 1 + Alignment: Left + Aligned at: 0.75" + Indent at: 1"

**Commented [JC14]:** Refer to III. A. & C. Leadership Council

**B. Composition of HPC Leader Council**

The HPC Sub-Committee members shall elect a Chair and Vice Chair. The members will vote on leadership annually in January. Each elected member of the HPC Leader Council will serve a three-year term, in the following order of succession:

1. **Chair.** The Chair shall collaborate with STARRS in conducting the business of the HPC. The Chair shall work with HPC members to promote collaboration. The Chair shall represent the HPC on local or state committees. The term of office for the Chair shall be one year unless otherwise determined through subcommittee voting. The Chair will assume the position of the Past Chair at the conclusion of the Chair's term.
2. **Vice Chair** (or Chair-Elect). The Vice Chair shall perform the duties of the Chairperson in their absence. The Vice Chair shall assume the position of the Chair at the conclusion of the Chair's term.
3. **Past Chair.** The Past Chair shall provide input on previous committee activities and advise the current leadership on projects and preparedness initiatives.

**Commented [JC15]:** Refer to III. Subcommittee Structure

In addition to the three elected positions noted above, the HPC Leader Council will also have the following positions represented:

4. **STARRS Representative.** Provides guidance on grant requirements and keeps committee leaders advised of other discipline activities pertinent to the mission of the HPC.
5. **Active Workgroup Leaders.** Provides updates on workgroup activities and progress of assigned projects.
6. **SMOC Duty Officer.** Provides updates on healthcare operational planning, events, and response actions.

**Commented [JC16]:** Refer to III. C. Leadership Council

**C. Elections**

Elections shall be held in January. Officer terms shall take effect once the selected individuals are approved by the STARRS Board Annual Meeting in February.

**Commented [JC17]:** Refer to III.E. Eligibility, Terms, and Transitions

**D. Leadership of Workgroups**

Workgroups may be formed by members or Leaders to work on specific projects or purchases. Workgroup Leaders will be recognized or set by the HPC Leader Council. Workgroups may propose their own leader and structure.

**Commented [JC18]:** Refer to III.D. Workgroups

**A. Meetings**

The current committee schedule provides for six bimonthly meetings annually on the second Wednesday of the meeting month (January, March, May, July, September, and November).



~~At a minimum, meetings will be held quarterly. Special purpose meetings may be convened at other times at the request of a member or the HPC Chair or Vice Chair.~~

~~Notice for regular committee meetings shall be provided to all members at least ten working days prior to the meeting. Notice for special purpose meetings shall be provided at least five working days prior to the meeting. Notices shall include the time, place and objective of the meeting, and the means available to join the meeting electronically. No business at a special meeting may be transacted except as specified in the notice.~~

~~All meetings will have an agenda and minutes. The agenda and minutes from the previous meeting shall be provided no less than seven calendar days prior to the meeting. Minutes from the previous meeting shall be approved by a quorum of members at a regular meeting. Approved minutes along with a list of members present, shall be provided to the STARRS Executive Director or designee within 15 business days of approval.~~

Commented [JC19]: Refer to Iv. Subcommittee Meetings

#### IV. St. Louis Healthcare Subcommittee Meetings

##### A. Regular Meeting

1. Regular Meeting occurs bimonthly on the second (2<sup>nd</sup>) Wednesday of alternating month, allowing six (6) occurrences within the calendar year.
  - January, March, May, July, September, November
2. Regular Meetings are scheduled with no less than ten (10) business day notice to participants.
3. Regular Meeting facilitated by Chair, following Robert's Rules of Order.
4. Regular Meeting purpose is to conduct standard business, including:
  - Project reporting and discussion
  - Content review and approval

- Training and exercise opportunities
  - Regional partner highlights
  - Regulatory/accreditation survey experience/updates
5. Regular Meeting materials include agenda, previous meeting minutes, and previous meeting attendance sheet. Meeting material distribution occurs no less than seven (7) business days prior to meeting date.
6. Regular Meeting materials approved during standard business are distributed no more than fifteen (15) business days after approval to the following:
- RHCC Executive Committee Chair
  - RHCC Coordinator
  - STARRS Executive Director

#### B. Leadership Meeting

1. Leadership Meeting occurs monthly on the fourth (4<sup>th</sup>) Wednesday of each month, allowing twelve (12) occurrences within the calendar year.
2. Leadership Meetings facilitated by Vice-Chair.
3. Leadership Meeting purpose is to conduct oversight and management activity, including:
- Annual goal trending assessment
  - Regular meeting management and readiness
  - Workgroup obstacle/barrier resolution
  - General record-keeping and administration
4. Leadership Meeting materials include agenda and previous meeting notes. Meeting material distribution occurs no less than three (3) days prior to meeting date.
5. Leadership Meeting materials approved during meeting are included in Regular Meeting materials for next-scheduled meeting.

### C. Workgroup Meeting

1. Workgroup Meetings occur monthly at a day/time determined by respective team members and leaders.
2. Workgroup Meeting continues until declared workgroup objective(s) achieved, Workgroup Leader requests meeting reassessment, or Leadership Council
3. Workgroup meetings facilitated by designated Workgroup Leader.
4. Workgroup meeting purpose is to coordinate goal-specific tactical activity, including:
  - Review team member assignments and deadlines
  - Complete tasks and functions
  - Assessment progress and identify obstacles
  - Prepare reports for regular meeting updates

### D. Special Meeting

1. Special Meetings occur to address urgent matters and resolve mission-sensitive issues, as appropriate.
2. Special Meetings may be convened via:
  - Chair or Vice Chair decision
  - Member motion and Subcommittee approval
3. Special Meetings are scheduled with no less than five (5) business day notice to participants.
4. Special Meeting facilitated by Chair, following Robert's Rules of Order.
5. Special Meeting only purpose is to address/resolve identified issue.

6. Special Meeting materials include agenda and any related documentation. Meeting material distribution occurs with meeting scheduling.
7. Special Meeting decisions and outcomes are distributed to Members no more than fifteen (15) business days after approval.
8. Special Meeting summary included in Regular Meeting materials for next-scheduled meeting.

## V. St. Louis Healthcare Subcommittee Voting

### A. Quorum

1. Quorum is achieved when at least fifty-one percent (51%) of approved Members participate in a Regular Meeting physically or virtually.
2. Quorum is required to conduct any approval vote or election during Regular and Special Meetings.

### B. Vote Allocation

1. Healthcare Subcommittee Members are allocated one (1) vote to cast related standard business.
2. Only one (1) Member per individual Healthcare Organization may cast a vote.
3. Healthcare Subcommittee Partners may not vote during standard business.

### C. Voting Process

1. Chair or Vice Chair conduct voting activities, in accordance with Regular Meeting facilitation.
2. RHCC Coordinator conducts voting activities when Chair or Vice Chair are ineligible, due to election candidate status or other potential conflict.
3. Voice voting is standard method for Members to cast votes.

4. Show of hands is alternative method for Members to cast votes when voting outcomes are undeterminable via voice voting or specifically requested for a particular vote.

5. Feedback deadlines may be used for Members and Partners to provide input/improvements to Healthcare Subcommittee content that does not require formal voting approval.

#### D. Voting Measures

1. A simple majority of affirming votes is required to approve or elect the following:

- Chair
- Vice Chair
- Goal/Workgroup Leader
- Regular Meeting Minutes
- Special Meeting occurrence

2. A two-thirds (2/3) majority of affirming votes is required to approve Healthcare Subcommittee Charter revisions/updates.

3. Feedback deadlines for Members to provide comments on content must be at least seven (7) business days following distribution.

#### VI. Additional Provisions

Formatted: Indent: Left: 0.88", No bullets or numbering

Formatted: Left, Indent: Left: 0.46", Numbered + Level: 1 + Numbering Style: A, B, C, ... + Start at: 1 + Alignment: Left + Aligned at: 0.75" + Indent at: 1"

~~This Charter shall not supersede any existing mutual aid agreements, charters, or bylaws of other committees or subcommittees.~~

~~This Charter shall not be interpreted or construed to create legal relationships, associations, joint ventures, separate legal entities or partnerships among the member bodies, nor to impose any partnership obligation or liability upon any member. Further, no member shall have any authority to act on behalf of or as or be an agent or representative of, or to otherwise bind, any other member body.~~

~~No member of the HPC shall be required under this charter to indemnify, hold harmless and defend any other member from any claim, loss, harm, liability, damage, cost or expense caused by or resulting from the activities of any HCC officer, employee or agent.~~

#### ~~VII. APPROVAL OF CHARTER:~~

~~Participation in the activities of the Region C Healthcare Preparedness Committee constitutes assent to the terms of this charter.~~

### VI. Additional Provisions

#### A. Charter Limitations

1. Charter does not replace or supersede any existing Mutual Aid Agreement (MAA), Memorandum of Understanding (MOU), RHCC Charter, STARRS Bylaws, or other regional administrative/governing document.
2. Charter does not create or impose any legal relationships, associations, joint ventures, entities, partnership, or other binding obligation upon any participant.
3. Charter does not require any participant to indemnify, hold harmless, or defend any other participant from claim, loss, harm, liability, damage, cost, or expense incurred during or resulting from Healthcare Subcommittee activities.
4. Charter does not authorize any participant to act on behalf of or as an agent representative of any other participant organization, entity, or body.

**Commented [JC20]:** Refer to VI. Additional Provisions

**Formatted:** Left, Indent: Left: 0.46", Numbered + Level: 1 + Numbering Style: A, B, C, ... + Start at: 1 + Alignment: Left + Aligned at: 0.75" + Indent at: 1"

**Commented [JC21]:** Refer to V. D. Voting Measures

## St. Louis Healthcare Subcommittee Charter Attachment A: Participation Overview

### I. Purpose

Provide summary overview of Healthcare Subcommittee participant types, roles, and privileges.

### II. Participation Overview

#### A. Organizations

<u>Type</u>	<u>Description</u>	<u>Representative Role</u>
<u>Healthcare Organization</u>	<u>any organization engaged in the provision of direct healthcare services and treatment to St. Louis community.</u>	<u>Member</u>
<u>Partner Organization</u>	<u>any private sector or government agencies supporting healthcare organizations in St. Louis community.</u>	<u>Partner</u>
<u>Healthcare System</u>	<u>any consortium of healthcare organizations connected via joint management arrangement, contractual agreement, or corporate ownership structure.</u>	<u>Partner</u>

#### B. Roles

<u>Role</u>	<u>Description</u>	<u>Voting Status</u>	<u>Notes</u>
<u>Member</u>	<u>Healthcare Organization representative with at least fifty percent (50%) Regular Meeting attendance within a calendar year.</u>	<u>Yes</u>	<u>One (1) voting member per Healthcare Organization</u>
<u>Partner</u>	<u>Healthcare System or Partner Organization representative.</u>	<u>No</u>	
	<u>Healthcare Organization representative exceeding minimum attendance requirements.</u>	<u>No</u>	

**St. Louis Healthcare Subcommittee Charter**  
**Attachment B: Structure and Business Overview**

**I. Purpose**

Provide summary overview of Healthcare Subcommittee structure and standard business.

**II. Structure Overview**

<u>Position</u>	<u>Description</u>	<u>Duties</u>	<u>Term</u>
<u>Chair</u>	<u>Provide overall Healthcare Subcommittee leadership.</u>	<ul style="list-style-type: none"> <li><u>Produce and distribute Regular and Special Meeting materials</u></li> <li><u>Preside over Regular and Special Meetings</u></li> <li><u>Set and achieve annual goals, in support of mission</u></li> <li><u>Maintain participant roster, attendance record, and communication directory</u></li> <li><u>Oversee Workgroup progress and resolve barriers, as needed</u></li> </ul>	<u>One Year</u>
<u>Vice Chair</u>	<u>Support Chair in fulfillment of all leadership duties.</u>	<ul style="list-style-type: none"> <li><u>Produce and distribute Leadership Meeting materials</u></li> <li><u>Preside over Leadership Meetings</u></li> <li><u>Serve as Chair during absence and/or delegation situations</u></li> </ul>	<u>One Year</u>
<u>Workgroup Leader</u>	<u>Lead actions focused on a specific capability, goal, or grant expense.</u>	<ul style="list-style-type: none"> <li><u>Produce and distribute Workgroup Meeting materials</u></li> <li><u>Preside over Workgroup Meetings</u></li> <li><u>Perform actions necessary to achieve Workgroup objectives</u></li> <li><u>Escalate challenges/barriers to Chair for resolution</u></li> </ul>	<u>Achievement of Workgroup Objectives</u>
<u>Leadership Council</u>	<u>Oversee mission progress and RHCC coordination activities.</u>	<ul style="list-style-type: none"> <li><u>Complete annual membership audit in January</u></li> <li><u>Preside over Leadership Meetings</u></li> <li><u>Serve as Chair during absence and/or delegation situations</u></li> </ul>	<u>One Year</u>

**III. Standard Business Overview**

<u>Month</u>	<u>Action</u>	<u>Description</u>	<u>Frequency</u>	<u>Responsibility</u>
<u>January</u>	<u>Leadership Term Start</u>	<u>Declare annual goals and intended outcomes</u>	<u>Annually</u>	<u>Chair and Vice Chair</u>



<u>Month</u>	<u>Action</u>	<u>Description</u>	<u>Frequency</u>	<u>Responsibility</u>
	<u>Membership Audit</u>	<u>Review previous year attendance record to designate qualified voting members</u>	<u>Annually</u>	<u>Leadership Council</u>
	<u>Regular Meeting</u>	<u>Complete standard business, review goal development plan, and establish workgroups</u>	<u>Bi-monthly</u>	<u>Chair and Vice Chair</u>
	<u>Leadership Meeting</u>	<u>Oversight and RHCC coordination</u>	<u>Monthly</u>	<u>Vice Chair</u>
<u>February</u>	<u>New Leadership Confirmation</u>	<u>Official approval of new Chair and Vice Chair</u>	<u>Annually</u>	<u>5TARRS Board</u>
	<u>Leadership Meeting</u>	<u>Oversight and RHCC coordination</u>	<u>Monthly</u>	<u>Vice Chair</u>
	<u>Workgroup Meeting</u>	<u>Coordinate goal-specific tactical activity</u>	<u>Monthly</u>	<u>Workgroup Leaders</u>
<u>March</u>	<u>Regular Meeting</u>	<u>Complete standard business and review member audit outcomes</u>	<u>Bi-monthly</u>	<u>Chair and Vice Chair</u>
	<u>Leadership Meeting</u>	<u>Oversight and RHCC coordination</u>	<u>Monthly</u>	<u>Vice Chair</u>
	<u>Workgroup Meeting</u>	<u>Coordinate goal-specific tactical activity</u>	<u>Monthly</u>	<u>Workgroup Leaders</u>
<u>April</u>	<u>Leadership Meeting</u>	<u>Oversight and RHCC coordination</u>	<u>Monthly</u>	<u>Vice Chair</u>
	<u>Workgroup Meeting</u>	<u>Coordinate goal-specific tactical activity</u>	<u>Monthly</u>	<u>Workgroup Leaders</u>
<u>May</u>	<u>Regular Meeting</u>	<u>Complete standard business</u>	<u>Bi-monthly</u>	<u>Chair and Vice Chair</u>
	<u>Leadership Meeting</u>	<u>Oversight and RHCC coordination</u>	<u>Monthly</u>	<u>Vice Chair</u>
	<u>Workgroup Meeting</u>	<u>Coordinate goal-specific tactical activity</u>	<u>Monthly</u>	<u>Workgroup Leaders</u>
<u>June</u>	<u>Leadership Meeting</u>	<u>Oversight and RHCC coordination</u>	<u>Monthly</u>	<u>Vice Chair</u>
	<u>Workgroup Meeting</u>	<u>Coordinate goal-specific tactical activity</u>	<u>Monthly</u>	<u>Workgroup Leaders</u>
	<u>Mid-Year Report</u>	<u>Summary of year-to-date progress/accomplishments</u>	<u>Annually</u>	<u>Chair and Vice Chair</u>
<u>July</u>	<u>Regular Meeting</u>	<u>Complete standard business</u>	<u>Bi-monthly</u>	<u>Chair and Vice Chair</u>
	<u>Leadership Meeting</u>	<u>Oversight and RHCC coordination</u>	<u>Monthly</u>	<u>Vice Chair</u>
	<u>Workgroup Meeting</u>	<u>Coordinate goal-specific tactical activity</u>	<u>Monthly</u>	<u>Workgroup Leaders</u>
<u>August</u>	<u>Leadership Meeting</u>	<u>Oversight and RHCC coordination</u>	<u>Monthly</u>	<u>Vice Chair</u>
	<u>Workgroup Meeting</u>	<u>Coordinate goal-specific tactical activity</u>	<u>Monthly</u>	<u>Workgroup Leaders</u>
<u>September</u>	<u>Regular Meeting</u>	<u>Complete standard business</u>	<u>Bi-monthly</u>	<u>Chair and Vice Chair</u>
	<u>Leadership Meeting</u>	<u>Oversight and RHCC coordination</u>	<u>Monthly</u>	<u>Vice Chair</u>
	<u>Workgroup Meeting</u>	<u>Coordinate goal-specific tactical activity</u>	<u>Monthly</u>	<u>Workgroup Leaders</u>
<u>October</u>	<u>Leadership Meeting</u>	<u>Oversight and RHCC coordination</u>	<u>Monthly</u>	<u>Vice Chair</u>
	<u>Workgroup Meeting</u>	<u>Coordinate goal-specific tactical activity</u>	<u>Monthly</u>	<u>Workgroup Leaders</u>
<u>November</u>	<u>New Leadership Nominations</u>	<u>Submit recommendations for Chair and Vice Chair</u>	<u>Annually</u>	<u>Members</u>

<u>Month</u>	<u>Action</u>	<u>Description</u>	<u>Frequency</u>	<u>Responsibility</u>
	<u>Regular Meeting</u>	<u>Complete standard business, facilitate elections for new leadership team, final update on goal plan</u>	<u>Bi-monthly</u>	<u>Chair and Vice Chair</u>
	<u>Leadership Meeting</u>	<u>oversight and RHCC coordination</u>	<u>Monthly</u>	<u>Vice Chair</u>
	<u>Workgroup Meeting</u>	<u>Coordinate goal-specific tactical activity</u>	<u>Monthly</u>	<u>Workgroup Leaders</u>
<u>December</u>	<u>Leadership Transition Meeting</u>	<u>Outgoing and incoming leadership teams exchange strategic vision, goal planning, and management processes for continuation of successful outcomes</u>	<u>Annually</u>	<u>Leadership Council Incoming Leaders</u>
	<u>Workgroup Meeting</u>	<u>Coordinate goal-specific tactical activity</u>	<u>Monthly</u>	<u>Workgroup Leaders</u>
	<u>Annual Workplan Development</u>	<u>Define upcoming annual goals and objectives</u>	<u>Annually</u>	<u>Leadership Council</u>

# Training Newsletter

## Healthcare: September 2021



St. Louis Area Regional Response System

Below are current and future training opportunities that apply to Emergency Management in the Healthcare Sector. All listings will contain the course title, dates, location, a brief description, and a link for registration and additional information. If you have training opportunities you would like shared in this format or questions, please email Samantha Peterson at the St. Louis Area Regional Response System (STARRS) at [Samantha.Peterson@ewgateway.org](mailto:Samantha.Peterson@ewgateway.org).

Most of these trainings require a FEMA Student Identification Number (SID). Please visit the FEMA SID website: <https://cdp.dhs.gov/FEMASID> to register for a SID or for a forgotten SID.

Additional Training Opportunities can be found at Missouri Emergency Management Agency at: <https://sematraining.com/offerings> and find Illinois Emergency Management Agency Training Opportunities at: <https://public.iema.state.il.us/iema/Training/OnlineReg/classes.asp>.

### G300- ICS300 Intermediate Incident Command System

- September 22<sup>nd</sup> 11am-430pm, September 23<sup>rd</sup> 8am-5pm, September 24<sup>th</sup> 8am-4pm
- St. Louis County Office of Emergency Management
- [https://unifiedcommand.formstack.com/forms/ics\\_course\\_registration](https://unifiedcommand.formstack.com/forms/ics_course_registration)

This course provides training for personnel who require advanced applications of the Incident Command System (ICS). Prerequisites: ICS 100, ICS 200, IS 700 & IS 800.

### MGT 349 Pediatric Disaster Response & Emergency Preparedness

- Sep 30 - Oct 1, 2021 from 8 AM – 4:30 PM
- BJC/ St. Louis Children's Hospital
- <https://sematraining.com/courses/1126/offerings/8145>

This course prepares students to effectively, appropriately, and safely plan for and respond to a disaster incident involving children, addressing the specific needs of pediatric patients in the event of a community based incident.

### L146- Homeland Security Exercise and Evaluation Program (HSEEP) Training Course

- October 13 – 15 2021 from 8 AM – 5 PM
- St. Charles Emergency Operations Center
- <https://sematraining.com/courses/322/offerings/8141>

This is an intermediate-level course designed to describe the core principles and processes of HSEEP, its standardized methodology, available resources, and practical skill development, which will assist in developing an HSEEP consistent exercise program.

### G191-V-ICS/EOC Interface Workshop

- Oct 19 & Oct 20, 2021 from 8:30 AM- 12:30 PM (Virtual)
- <https://sematraining.com/courses/1703/offerings/8122>

The course provides an opportunity for emergency management and response personnel to begin developing an Incident Command System (ICS)/Emergency Operations Center (EOC) interface for their communities. The course reviews ICS and EOC characteristics, responsibilities and functions.

### National Healthcare Coalition Preparedness Conference

- November 30 – December 2
- Orlando, Florida
- Register at:  
<https://web.cvent.com/event/be04fb87-1ea3-4231-97f4-0ac69f6a7198/websitePage:0d83fcf6-9693-456f-8682-1d0ef8eb3a72>

Re-connect in person with more than 1,000 attendees who work in emergency management, healthcare coalitions, volunteer organizations and all levels of government (federal, state and local)! We are Evolving the Challenges of Today into the Solutions for Tomorrow by sharing best practices, building partnerships, and providing over 40 sessions of content to advance skillsets. Visit the exhibit hall to network with industry partners and leave with a refreshed mind, innovative solutions and practical strategies.

### G191-V-ICS/EOC Interface Workshop

- Dec 14 & 15 2021, from 830 – 1230 pm
- Virtual
- <https://sematraining.com/courses/1703/offering/8121>

The course provides an opportunity for emergency management and response personnel to begin developing an Incident Command System (ICS)/Emergency Operations Center (EOC) interface for their communities. The course reviews ICS and EOC characteristics, responsibilities and functions and depends heavily on activities and group discussions to formulate an interface.

### G400- ICS400 Advanced Incident Command System

- Dec 7 & 8, 2021 from 8 AM – 5 PM
- Eureka Fire Protection District-Training Center
- <https://sematraining.com/courses/18/offering/8053>

This course provides training for personnel who require advanced applications of the Incident Command System (ICS).

Prerequisites: ICS 100, ICS 200, ICS 300, IS 700 & IS 800.

### AWR-336-W: Health Sector Emergency Preparedness Distance Learning Course

- Center for Domestic Preparedness
- Virtual
- <https://cdp.dhs.gov/training/course/AWR-336-W>

This course content is to provide training and resources to emergency management officials, healthcare coalitions, healthcare providers and suppliers. The course focuses on the general overview of emergency planning and preparedness; development of policies and procedures; creation of communication plans and training and exercises for healthcare entities.



St. Louis Area Regional Response System

SHARE:

[Join Our Email List](#)

[View as Webpage](#)



U.S. Department of Health and Human Services

Public Health Emergency



## The Express: August 2021

This issue of The Express highlights the following new resources:

- [Pediatric Lessons Learned from COVID-19: Immediate and Future Implications](#) (Speaker Series)
- [The Role of Support Services during COVID-19: ASPR TRACIE Experiences from the Field](#) (e.g., physical, respiratory, and occupational therapy)
- [mAbs Calculator Tool](#)

We invite you to check out our [Hurricane Resources Page](#), [Issue 10 of The Exchange](#) (on preparing for and responding to wildfires and planned outages), and the floods, hurricanes, and wildfire sections in our [Natural Disasters Topic Collection](#). As cyber breaches continue to affect healthcare, we encourage you to check out our [Healthcare Cybersecurity Resources Page](#).

Please continue to access our [Novel Coronavirus Resources Page](#), the National Institutes of Health [Coronavirus Disease 2019 \(COVID-19\) Treatment Guidelines](#), and CDC's [Coronavirus webpage](#), and [reach out](#) if you need technical assistance.

**[New: Pediatric Lessons Learned from COVID-19: Immediate and Future Implications \(Speaker Series\)](#)**

**Attachment E**

ASPR TRACIE, in collaboration with the Western Regional Alliance for Pediatric Emergency Management ([WRAP-EM](#)), collaborated on a [speaker series](#) focused on pediatric-specific lessons learned during the COVID-19 pandemic. Topics include:

- [Pediatric Lessons Learned from COVID-19: Immediate and Future Implications](#)
- [Management of Suicide and Mental Health Emergencies in Children](#)
- [The Safety Planning Assistant: A Web-Based Tool to Support Suicide Safety Planning Among Adolescents](#)
- [Trauma-Informed Emergency Care for Suicide Prevention](#)
- [SAMHSA's Suicide Prevention Resources](#)
- [Compounding Disaster Pediatric Triage to Care](#)
- [Tools for Coping with School during COVID-19](#)

### **New: The Role of Support Services during COVID-19: ASPR TRACIE Experiences from the Field**

[This summary document](#) includes links to resources that describe how support services (e.g., respiratory, occupational, and physical therapies; pharmacy; and laboratory) contribute to the COVID-19 response.

### **New: mAbs Calculator Tool**

[This new tool](#) enables hospitals and healthcare facilities to make data-informed choices about the allocation of resources necessary to effectively and efficiently provide monoclonal antibody therapeutics to qualified patients (and, in turn, decrease hospitalization). Check out the [related blog post](#).

### **Subscribe to the Division of Critical Infrastructure Protection's Bulletins**

ASPR's Division of Critical Infrastructure Protection (CIP) recently launched the Healthcare and Public Health Sector Infectious Disease Update. This newsletter can help you keep track of the 2021 Ebola outbreaks and other emerging infectious diseases by providing you with the latest news and resources. Keep your organization resilient and prepared for infectious disease—subscribe today by visiting the [CIP bulletins subscription webpage](#).

### **Access Archived COVID-19 Clinical Rounds**

Peer-to-Peer Virtual Communities of Practice, a collaborative effort between ASPR, the National Emerging Special Pathogen Training and Education Center

## **Attachment E**

([NETEC](#)), and [Project ECHO](#), created a peer-to-peer learning network where clinicians from the U.S. and abroad who have experience treating patients with COVID-19 shared their challenges and successes. Access [previous webinars and special topic sessions](#) and [sign up](#) today to receive updated information.



SHARE:

[Join Our Email List](#)

[View as Webpage](#)



U.S. Department of Health and Human Services

Public Health Emergency



## The Express: August 2021 (Update #2)

This issue of *The Express* highlights the following new resources:

- [Healthcare Coalition Radiation Emergency Surge Annex Template](#)
- [Pediatric Surge Resources for COVID-19](#) (Technical Assistance [TA] Response)
- [Sample Physician's Orders for Monoclonal Antibody Infusion Treatment](#) (TA Response)

Our [Hurricane Resources Page](#), [Issue 10 of The Exchange](#) (on preparing for and responding to wildfires and planned outages), and [Natural Disasters Topic Collection](#) may be useful as our stakeholders experience related challenges.

These resources may also be helpful for those managing COVID-19 patient surge:

- [COVID-19 Patient Surge and Scarce Resource Allocation Resources Page](#)
- [COVID-19 Workforce Virtual Toolkit: Resources for Healthcare Decision-Makers Responding to COVID-19 Workforce Concerns](#)
- [COVID-19 Behavioral Health Resources](#)

Please continue to access our [Novel Coronavirus Resources Page](#), the National Institutes of Health [Coronavirus Disease 2019 \(COVID-19\) Treatment](#)



[Guidelines](#), and CDC's [Coronavirus webpage](#), and [reach out](#) if you need technical assistance.

### **New: Healthcare Coalition Radiation Emergency Surge Annex Template**

The [2019-2023 HPP Funding Opportunity Announcement](#) (FOA) requires HCCs to develop a complementary coalition-level radiation emergency surge annex to their base medical surge/trauma mass casualty response plan. ASPR TRACIE developed [this annex](#) to help our stakeholders improve capacity and capabilities to manage exposed or potentially exposed patients during a radiation emergency. This template provides general headers and descriptions for a sample HCC radiation emergency surge annex. It includes links to helpful resources (e.g., sample HCC plans). HCCs are not required to use the ASPR TRACIE template but are encouraged to do so to promote consistent operational planning and formatting of the specialty annexes. For additional information, check out our recently updated [Radiological and Nuclear Topic Collection](#) and our [CBRN Resources Page](#).

### **New: Pediatric Surge Resources for COVID-19**

[This TA response](#) highlights general considerations related to pediatric surge capacity, capability, management, and guidance; resources that include operational considerations; and related resources.

### **New: Sample Physician's Orders for Monoclonal Antibody Infusion Treatment**

Healthcare planners can use the information in [this TA response](#) to develop their own standing physician's orders.

### **Subscribe to the Division of Critical Infrastructure Protection's Bulletins**

ASPR's [Division of Critical Infrastructure Protection](#) (CIP) offers a variety of newsletters to keep stakeholders informed during emergency response and steady state. The newsletters inform stakeholders of the most significant issues facing the Healthcare and Public Health Sector including cybersecurity, healthcare supply chains, COVID-19, and more. If you are interested in receiving CIP newsletters, visit the [CIP newsletter subscription webpage](#).

### **COVID-19 Clinical Rounds Return!**

Peer-to-Peer Virtual Communities of Practice, a collaborative effort between

## **Attachment E1**

ASPR, the National Emerging Special Pathogen Training and Education Center ([NETEC](#)), and [Project ECHO](#), hosts weekly training opportunities where clinicians from the U.S. and abroad who have experience treating patients with COVID-19 shared their challenges and successes. [Access past sessions](#) and [sign up](#) to receive updates.



**St. Louis Regional Healthcare Coalition  
Healthcare Subcommittee  
Participant Roster  
Updated September 8, 2021**

First Name	Last Name	Organizational Role/Position	Email Address	Organization Name	Organization Type	Healthcare Facility Type	Partner Organization Type	System Affiliation	System Affiliation Details
Linda	Abrams	Quality Manager, Infection Preventionist	labrams@surgerypartners.com	Timberlake Surgery Center, St. Louis Spine and Orthopedic Surgery Center	Healthcare Organization	Ambulatory Surgical Center (ASC)		Yes	Surgery Partners
Jason	Barczewski	Director of Pharmacy, Laboratory and EM/EH&S	jason.barczewski@bjc.org	Orthopedic Ambulatory Surgery Center of St. Louis	Healthcare Organization	Hospital		Yes	BJC
Bradley	Barton	Emergency Preparedness Coordinator	bradley.barton@bjc.org	Parkland Health Center	Healthcare Organization	Hospital		Yes	BJC Healthcare
Nick	Blaes	Planning Program Manager	nicholas.blaes@bjc.org	Barnes-Jewish Hospital	Healthcare Organization	Hospital		Yes	BJC
Christopher	Blank	Infection Preventionist for Occupational Health and Emergency Preparedness	christopher.blank@bjc.org	BJC HealthCare	Healthcare Organization	Healthcare System		Yes	BJC HealthCare
Andrew	Blevins	Regional Director of Environmental Safety and Emergency Management	andrew.blevins@mercy.net	Mercy Health	Healthcare Organization	Healthcare System		Yes	Mercy Health
Eric	Brandmeyer	Director, EMS & Emergency Preparedness	brandmeyer@andersonhospital.org	Anderson Hospital	Healthcare Organization	Hospital		No	
Jason	Campbell	Manager, Emergency Management and Continuity	jason.campbell@bjc.org	Barnes-Jewish Hospital	Healthcare Organization	Hospital		Yes	BJC Healthcare
Rikita	Carter	Risk Manager	rcarter@phcenters.com	Betty Jean Kerr People's Health Centers	Healthcare Organization	Federally Qualified Health Center (FQHC)		No	
Dennis	Carver	Enironmental Safety and Emergency Management Specialist	dennis.carver@mercy.net	Mercy Health	Healthcare Organization	Healthcare System		Yes	Mercy Health
Dale	Chambers	Public Safety Administrator	dale.chambers@ewgateway.org	St. Louis Area Regional Response System (STARRS)	Partner Organization		Grant Funding Administration		
Rachel	Charney	Medical Director of Disaster Preparedness	rachel.charney@health.slu.edu	SSM/SLUCare	Healthcare Organization	Healthcare System		Yes	SSM Health
Brenda	Chotrow	MSN, RN Quality Improvement Coordinator	Brenda.chotrow@mercy.net	Mercy Hospital Jefferson Home Health	Healthcare Organization	Home Health Agency (HHA)		Yes	Mercy Hospital
Gary	Christman	Safety Officer	Gary.Christmann@stlukes-stl.com	St. Luke's Hospital	Healthcare Organization	Healthcare System		Yes	St. Luke's Hospital
Nathan	Corliss	Manager, Performance Improvement and Project Management	nathan.corliss@bjc.org	Memorial Belleville and Shiloh Hospitals	Healthcare Organization	Hospital		Yes	BJC Healthcare
Kyle	Foerst	Planner/Analyst	kfoerst@stlouisco.com	St. Louis County Health / St. Louis Fusion Center	Partner Organization		Public Health Department		
Murrel "Lee"	French	Emergency Manager	lee.french@bjc.org	Memorial Hospital Belleville - Shiloh	Healthcare Organization	Hospital		Yes	BJC Healthcare
Justen	Hauser	Emergency Preparedness Planer	hauserj@stlouis-mo.gov	City of St. Louis DOH	Partner Organization		Public Health Department		
Emma	Hooks	Director, Environmental Health & Safety and Regulatory Compliance	emma.hooks@bjc.org	Barnes-Jewish Hospital	Healthcare Organization	Hospital		Yes	BJC Healthcare
Tracy	Horton	Voice Services Technology Manager	tracy.horton@stlukes-stl.com	St. Luke's Hospital	Healthcare Organization	Healthcare System		Yes	St. Luke's
Shawn	Icenhower	Emergency Preparedness Manager	Shawn.Icenhower@bjc.org	BJC Healthcare	Healthcare Organization	Healthcare System		No	
Joanne	Langan	Professor, Disaster Preparedness Course Coordinator	Joanne.Langan@slu.edu	Saint Louis University	Partner Organization		Institute of Higher Education (IHE)		
Michelle	Leasure	Fire Safety Specialist/Emergency Management Coordinator	michelle.leasure@dmh.mo.gov	Eastern Mo Psychatric Hospital System	Healthcare Organization	Psychiatric Residential Treatment Facility (PRTF)		Yes	Dept of Mental Health
Brian	Liedtke	Regional Manager Securiry	brian.liedtke@bjc.org	BJC Christian Hospital/Alton Memorial	Healthcare Organization	Healthcare System		Yes	BJC Healthcare
Cynthia	Matthews-Snow	Director of Compliance & Quality	cmsnow@phcenters.com	Betty Jean Kerr People's Health Center's	Healthcare Organization	Federally Qualified Health Center (FQHC)		No	
Derek	McDonald	Emergency Manager	Derek.Mcdonald@va.gov	St. Louis VA HealthCare System	Healthcare Organization	Hospital		Yes	Veteran Affairs Federal Hospital System
Cody	Minks	Emergency Preparedness Specialist	Cody.minks@ssmhealth.com	SSM Health	Healthcare Organization	Healthcare System		Yes	SSM Health
Kenneth	Mooramn	Director- Public Safety, Security and Emergency Management	kenneth.moorman@mercy.net	Mercy Hospital South	Healthcare Organization	Hospital		Yes	Mercy Health
Dennis	Mullen	Facility Manaer/EH&S Mgr/EM Manager & Safety Officer	dmmullen@mrhsl.com	Mercy Rehabilitation Hospital	Healthcare Organization	Hospital		Yes	Mercy Healthcare and Kindred Rehabilitation Management
John	O'Brien	Emergency Manager	John.O'Brien@ssmhealth.com	SSM Healthcare	Healthcare Organization	Healthcare System		Yes	SSM Healthcare
Samantha	Peterson	Public Safety Administrator	Samantha.Peterson@ewgateway.org	St. Louis Area Regional Response System (STARRS)	Partner Organization		Grant Funding Administration		
Ryan	Pirtle	Interim EH&S/EM Mgr	ryan.pirtle@bjc.org	Barnes Jewish West County	Healthcare Organization	Hospital		Yes	BJC Healthcare
Vanessa	Poston	EHS and Emergency Management	vanessa.poston@bjc.org	Missouri Baptist Medical Center	Healthcare Organization	Hospital		Yes	BJC Healthcare
Sue	Pratt	Materials/Facilities Manager	spratt@centerforurologicsurgery.com	Center For Urologic Surgery LLC	Healthcare Organization	Ambulatory Surgical Center (ASC)		No	
Megan	Richard	Regional Emergency Preparedness Public Health Planner	mrichard@scmo.org	Saint Charles County Department of Public Health	Partner Organization		Public Health Department		
Helen	Sandkuhl	SSM Regional Administrative Director, Emergency Medical Services	helen.sandkuhl@ssmhealth.com	SSM Health	Healthcare Organization	Healthcare System		Yes	SSM Health
Ntasiah	Shaw	Emergency Preparedness Manager	nshaw@stlouisco.com	St. Louis County Department of Public Health	Partner Organization		Public Health Department		
Ashley	Spier	Compliance Coordinator EH&S/EP	ashley.spier@bjc.org	BJC Christian Hospital/Alton Memorial	Healthcare Organization	Hospital		Yes	BJC Healthcare
Michele	Tanton	Manager, Emergency Preparedness, Visitor Management & Communication	michele.tanton@bjc.org	St. Louis Children's Hospital	Healthcare Organization	Hospital		Yes	BJC HealthCare
Anna	Taylor	Emergency Management - Planning Program Manager	anna.taylor@wustl.edu	Washington University in St. Louis	Partner Organization		Emergency Management Department		
Hollie	Thomas	Plant Operations Manager	hcampagna@cphmo.net	CenterPointe Hospital	Healthcare Organization	Other		No	
Susan	Westhues	Manager of Critical Care/Telemetry	susan.westhues@stlukes-stl.com	St. Lukes Des Peres Hospital	Healthcare Organization	Hospital		Yes	St. Luke's Hospital
Emily	Wondell	Clinical Manager - Tesson Ferry	EMILY.WONDELL@FMC-NA.COM	Fresenius Medical Care Tesson Ferry Dialysis Services	Healthcare Organization	End-Stage Renal Disease (ESRD) Treatment Facility		Yes	Fresenius Medical Care North America
Natalie	Yanko	Infection Control Specialist	natalie.yanko@southcityhospitalstl.com	South City Hospital	Healthcare Organization	Hospital		No	
Brad	Zoref	Healthcare Coalition Coordinator	Brad.Zoref@ewgateway.org	St. Louis Area Regional Response System (STARRS)	Partner Organization		Grant Funding Administration		

Participant Type	Total
Total Participants	45
Healthcare Representatives	36
Voting Members	23
Delegate Representatives	13
Partners	9