



# News Roundup Cont.

## Welcome to our newsletter

The Arkansas Department of Health's Health Care Preparedness Program is proud to partner with the Arkansas Hospital Association to bring you a quarterly newsletter.

This newsletter will contain helpful information, upcoming events, deadlines and spotlight a different person each quarter across the State who is making a real difference in the field of

Health Care Preparedness.

This is designed to be your newsletter, so please let us know what information would help you the most.

### Chris' Deadlines:

- > Drill Details and Spend Plan by March 10
- > Mid-Year Report March 15

## Upcoming Deadlines

### Drills:

Each region must plan the drill and submit the details to Chris White by March 3, 2008. Details must include: type of drill, date of drill, projected costs if using a vendor, and a paragraph on how the drill is HSEEP compliant. Drill must be completed and funds spent by July 30, 2008.

### Regional Plans:

Regional secretaries must update and electronically submit a Regional Plan, including regional contact information to Chris White by August 1, 2008.

The July 1, 2008 meeting of the Standards and Recommendations Committee will be the last day to submit equipment, PODs, ventilators, etc. to be approved by the S&R committee.



## Technology Corner—HAN System

The Health Alert Network (HAN) is a nationwide information and communication system that serves as a platform for the distribution of health alerts and prevention guidelines, distance learning, national disease surveillance and electronic laboratory reporting, and other initiatives to strengthen state and local preparedness.

Arkansas currently has a HAN

directory of over 8,000 contacts. This directory is also broken down into approximately 80 separate contact lists. So during a disaster, specific information can be sent to specific contacts via the HAN depending on what group an individual is located in.

Very specific medical information and requests can also be sent to those contact

lists containing doctors, nurses, clinics, and hospitals. Information on available vaccines, etc... can also be sent to the contact list containing pharmacies. Requests of availability and manpower status can be sent to EMS's state wide and regionally.

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## In the Spotlight—Suzette Weast



*"The region's BT Coordinators and the rest of the committee work together very well and try to get the job done collectively even though we are all very busy with our "regular jobs."*

Suzette began working at Drew Memorial Hospital as the Executive Assistant to the CEO in May of 2001. At the onset of the "Bioterrorism Preparedness Planning Committee" development, her boss, Richard Goddard was there to co-lead Southeast Arkansas Hospitals. After a few months, he brought Suzette in as the Regional Secretary. "Since none of our hospitals wanted to take on the accounting of the grant, we decided to apply as a corporation and open an account to manage the funds separate from our hospitals. A consortium, so to speak. This would keep any one hospital from becoming the dominant facility as well as make for an easy shift for the regional hub if needed down the line," says Suzette. The checking account was set up where CEO's from various hospitals in Southeast Arkansas could sign the checks and the Regional Secretary would handle all management of the books, ordering, scheduling, etc. From the beginning, they have ordered the same equipment and supplies for every hospital. That way the

hospitals are always compatible. Suzette keeps an inventory list of what each hospital has, as do they individually. This has proven very helpful when some of the hospital's BT Coordinators have changed and not left any information for their replacement. The monthly meetings have become much more convenient since the Tandberg units were received. Participation has been very good from all hospitals in Southeast Arkansas most of the time. Suzette claims the "region's BT Coordinators and the rest of the committee work together very well and try to get the job done collectively even though we are all very busy with our "regular jobs."

The Arkansas Department of Health would like to congratulate Suzette on a job well done and encourage her to keep setting best practice standards for the entire state to follow.

**Hometown:**  
Pine Bluff, AR.

**Hobbies:**  
Taekwondo, singing, camping, fishing, hiking, and bowling.

**Family:**  
Married with a daughter, 12 and a son, 7.

**Who is your mentor:**  
My father was my mentor and had the greatest influence on me. He passed away in 1993, but the values and advice he gave me will be with me forever.

**What one word would you use to describe yourself:**  
Self-driven

**What are you most proud of:**  
My children.

## Technology Corner—HAN cont.

General information can also be sent via HAN to county officials and media as needed to keep the general public informed of outbreaks and precautions to take.

This contact can be done through different communication modes. It can be done by fax, voice, email, etc. An example of the speed of the HAN system is a

voice call to a list of 75 people can be completed in 10 minutes, with reports being sent to the sender on who confirmed receipt of the message and of those that did not.

It is critical that hospitals are a part of this list. In our recent Red I Exercise, it became apparent that many hospitals were unfamiliar with the Health

Alert Network and in many cases there was not a designated individual to receive this call.

If you have not updated your HAN contact info, please contact Chris White. Remember to do this on a regular basis as personnel changes occur.

## Questions

This space will be used to answer your questions. Please submit your questions to Brandie.Mikesell@arkansas.gov and see the answers posted here in next quarter's newsletter.

## Acronyms

HAN—Health Alert Network

SNS—Strategic National Stockpile

NIMS—National Incident Management System

FEMA—Federal Emergency Management Agency

## Hospital Standards and Recommendations Committee Held Retreat

The Hospital Standards and Recommendations Committee held an annual retreat 28-29 February. Some of the issues discussed include:

- Overview and training schedule of Mass Fatality,
- Developed plans for regional purchase and staging of ventilators for use in a Flu Pandemic,
- Developed a template for regions to use when developing evacuation plans
- Developed criteria for \$25,000 grants to regions for Alternate Care Sites.

This meeting included regional hospital coordinators and regional secretaries .

Please look forward to a report from this meeting soon.

*The Hospital Standards and Recommendations Committee held their annual retreat 28-29 February.*

## Mid-Year Report Due in March

This year for the Mid-Year Report, we will need to know the number of hospital personnel that have completed the following courses in the current year:

- IS 100 (including 100.FW, 100.HC, 100.LE, 100.PW)
  - IS 200
  - IS 300
  - IS 400
  - IS 700
  - IS 800
- The Mid-Year Report is a requirement of the ASPR Health Care Preparedness Grant.

Please submit your information to Cathy Flanagin as soon as possible.

## New Poll Shows Americans Believe Disease Prevention is Key to Reducing Healthcare Costs

### Cuts to HHS Could Leave Americans' Health in Critical Condition

WASHINGTON, Feb. 4 / PRNewswire-USNewswire/ -- Trust for America's Health warns that the proposed 7 percent cut to the U.S. Centers for Disease Control and Prevention (CDC) in the president's fiscal year 2009 budget could harm the health of Americans. Under the proposal, the budget for CDC would fall to a six year low for discretionary funding.

"At a time when healthcare costs are skyrocketing, we should be investing more to keep Americans healthy instead of cutting funds for disease prevention," said Jeff Levi, PhD, Executive Director of TFAH. "Prevention should be the centerpiece of our national healthcare strategy, not an afterthought."

The proposed CDC budget includes:

- Cutting \$97.2 million from the Prevention Health and Health Services Block Grant, zeroing out funds that states rely on to support disease prevention programs.
- Cutting \$136.7 million from funds for state and local bioterrorism and emergency public health preparedness and \$61.9 million from hospital emergency preparedness programs. The Administration has cut these programs over the past five years, reducing the funding level by one-third. A recent report by the National Association of County and City Health

Officials (NACCHO) found cuts have adversely impacted local preparedness.

- In addition, the Health Resources and Services Administration (HRSA) would face a series of severe cuts, which include:
- Cutting rural health programs by \$111.6 million (a 62 percent cut), and poison control programs by 16.5 million (a 86.9 percent cut), with additional cuts slated for environmental health, zoonotic disease, and disease detection and control programs.
- Cutting \$240.2 million from training health professionals (a 66 percent cut), including \$59.4 million for nursing workforce development (a nearly 50 percent cut), at a time when there is a major public health workforce shortage.

The budget would flat-fund biomedical research at the National Institutes of Health (NIH).

TFAH issued a new public opinion survey today that finds seven-in-ten Americans want the federal government to invest more in disease prevention and healthy living, with 46 percent saying they want "much more" spending.

The public opinion survey, conducted by Greenberg Quinlan Rosner Research, also finds that:

- A strong majority of Americans (57 percent) believe that investing in

preventing disease and promoting healthy lifestyles, in tandem with diagnosis and treatment is the best way to improve the health of Americans.

- Americans believe investing in preventing disease and promoting healthy lifestyles is important to reducing healthcare costs (rating 7.2 on a 10-point scale).
- Americans strongly favor ideas that bring government, businesses, communities, and individuals together to support disease prevention and healthier lifestyles, including improving physical education and reducing junk food in schools, expanding research into causes of disease, providing incentives to business to help employees get or stay healthy, and expanding public education efforts.

The poll was conducted between January 18 and 22, 2008 among 1,005 adults, ages 18 and older. The reported findings include the responses from the 878 registered voters who participated in the survey. The margin of error is +/- 3.1 percent.

Trust for America's Health is a non-profit, non-partisan organization dedicated to saving lives by protecting the health of every community and working to make disease prevention a national priority. <http://www.healthyamericans.org/>

### Study: *C. difficile* may cost hospitals more than \$1 billion annually

A new study by researchers at the Washington University School of Medicine and Centers for Disease Control and Prevention estimates *Clostridium difficile*-associated disease, a bacterial infection associated with recent exposure to antibiotics, may cost the nation's hospitals more than \$1 billion annually.

Based on a retrospective study of patients at a St. Louis hospital in 2003, the researchers estimate the initial per episode cost of CDAD at

\$2,454-\$3,240, and the cost over the subsequent six months at \$5,042 to \$7,179. Based on the estimated number of CDAD cases in 2003, they estimate that CDAD may have cost the nation's hospitals as much as \$1.3 billion that year.

The study appears in the Feb. 15 issue of *Clinical Infectious Diseases*.

Source: *AHA News Now for February 4, 2008*

Study: <http://www.journals.uchicago.edu/doi/abs/10.1086/526530>

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**“CDAD may have cost the nation’s hospitals as much as \$1.3 billion that year.”**

### Study warns of chemicals in baby items.

*February 4, Associated Press* – (National) Baby shampoos, lotions, and powders may expose infants to phthalates, chemicals that have been linked with possible reproductive problems, a small study suggests.

Phthalates are found in many ordinary products including cosmetics, toys, vinyl flooring, and medical supplies. They are used to stabilize fragrances and make plastics flexible.

In the study, they were found in elevated levels in the urine of babies who had been recently exposed to baby products. Phthalates are under attack by some environmental advocacy groups, but experts are uncertain what dangers, if any, they pose.

The federal government does not limit their use, although California and some countries have. Though “rigorous scientific

evidence in human studies is lacking,” animal studies have suggested that phthalates can cause reproductive birth defects and some believe they may cause reproductive problems in boys and early puberty in girls.

### Blood thinner may have caused allergic reactions in more than 50 dialysis patients.

Vials of the blood thinner heparin may be responsible for allergic reactions in 53 dialysis patients from 12 states. The suspected batches of heparin were recalled by Baxter Healthcare Corp. in January, but many vials of the tainted drug were used before the recall was ordered.

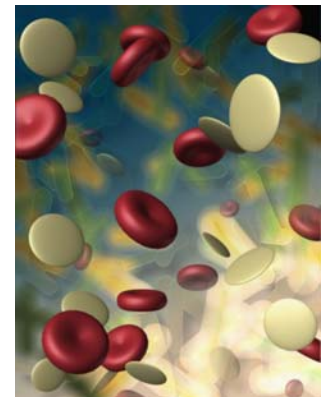
The U.S. Centers for Disease

Control and Prevention says on its Web site that the nine multi-vial recalled lots were all made at a single plant and that at least another 12 cases are being investigated.

Heparin is used to prevent clotting among patients with kidney failure while they are undergoing dialysis.

The Associated Press

identifies the states where allergic episodes have been reported as California, Florida, Minnesota, Missouri, New Jersey, New York, North Carolina, North Dakota, Ohio, Pennsylvania, West Virginia, and Wisconsin. None of the reactions has been fatal.



### FEMA Releases Online Training Course (IS-800.B)

The online version of IS-800.B *National Response Framework (NRF), An Introduction* training course has been released. The NRF, which focuses on response and short-term recovery, articulates the doctrine,

principles and architecture by which our nation prepares for and responds to all-hazard disasters across all levels of government and all sectors of communities. A summary of the course is attached.



### NIMS Communications and Information Management Standards

This NIMS Alert provides information for all NIMS Stakeholders on the **FEMA** Incident Management Systems Division's (IMSD) recommended standards that support interoperability among communications and information management systems. Through evaluation and practitioner reviews conducted in 2007, IMSD identified and recommends that emergency management/response organizations and private sector vendors voluntarily adopt the following five standards:

- ANSI INCITS 398-2005: Information Technology – Common Biometric Exchange Formats Framework (CBEFF).
- IEEE 1512-2006: Standard for Common Incident Management Message Sets for Use by Emergency Management Centers.
- NFPA 1221: Standard for Installation, Maintenance, and Use of Emergency Services Communications Systems.

- DASH Common Alerting Protocol (CAP) v1.1.
- DASH Emergency Data Exchange Language (EDXL) Distribution Element v1.0.

These standards support a common operating picture, which requires the use of common interfaces among disparate communications and data management systems. These interfaces integrate information to facilitating decision making during an incident, and are established through the development and use of common communications plans, interoperable communications equipment, processes, standards, and architectures. In FY 2008, compliance activities are linked to the standardization of data and information management processes.

The Recommended Standards List (RSL) also includes two programmatic and incident management standards recommended by IMSD in 2006 – NFPA 1600: Standard on Disaster/Emergency Management and Business Continuity Programs (2007

Edition); and NFPA 1561: Standard on Emergency Services Incident Management System (2005 Edition).

Additional information on NIMS Recommended Standards can be downloaded and/or accessed on the FEMA website at: <http://www.fema.gov/emergency/nims/standards>

## National Incident Management System Incident Resource Inventory System (NIMS-IRIS) Update Release – Version 2.1

### ***The Incident Management Systems Integration Division releases an Update of the National Incident Management System Incident Resource Inventory System (NIMS-IRIS Version 2.1) to enhance the tool's capabilities to include a NIMS-IRIS data backup feature.***

As part of our Nation's efforts to strengthen resource management in line with the National Incident Management System (NIMS), the Federal Emergency Management Agency (FEMA), Incident Management Systems Integration Division developed the NIMS Incident Resource Inventory System (NIMS-IRIS) tool to assist emergency responders with inventorying resources. IRIS Version 2.0 was released on 17 September 2007, allowing emergency responders to enter resources based on FEMA-Typed and user defined typed resources. Users can select specific resources for mutual aid purposes based on mission requirements, the capabilities of resources and response time.

This release (Version 2.1) enhances the existing system by providing:

- Full backup and restore capability that will allow the

user to backup their NIMS-IRIS data and settings to recover from data loss.

- An Integrated context sensitive help function to include tool tips for input fields and action buttons. This feature (available on the top right tab) provides the user with specific guidance relevant to the screen being used.
- Advanced search features allows the user to search multiple fields simultaneously. Inventoried resources can be edited directly from the search page. General usability improvements to include: links for editing key fields associated with a resource; capability to upload files that contain processing instructions for a resource; and improvements to screen flow and information presentation.

If you have previously installed NIMS-IRIS, update the program by downloading the IRIS Patch file from <http://www.fema.gov/emergency/nims/rm/iris.shtm>. The download will automatically update your legacy version and preserve your data.

If you do not have a previously released version of NIMS-IRIS, download the IRIS Program new installation file from <http://www.fema.gov/emergency/nims/rm/iris.shtm>. The download will setup a fully updated new installation of NIMS-IRIS.

Requests for technical support or a CD of NIMS-IRIS can be made to [IRIS@NIMSSC.net](mailto:IRIS@NIMSSC.net). Requests for NIMS-IRIS usability or deployment training can be submitted to this address as well.

User feedback regarding the tool is welcomed and can be submitted to [IRIS@NIMSSC.net](mailto:IRIS@NIMSSC.net). This feedback will assist the Incident Management Systems Integration Division with maintenance and continued tool improvements.



## Health Care Preparedness Upcoming Events

Terrorism Preparedness Conference

July 17, 2008

Register online at:

[www.uams.edu/cme](http://www.uams.edu/cme)

For more information call 501-661-7962

Update & Educate

Tandberg Videoconferencing Etiquette & EMS System Quick Reference Guide

Ongoing through March

### Down the Road:

Arkansas Hospital Preparedness Conference

April 24, 2008—Crisis Communication for PIOs, Public Relations, etc.

April 25, 2009—Conference

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Health

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