ACS Update Morning – July 29, 2021:

Alternate Care Site:

* Remillard: A call this afternoon at 1:00 with locals – for background – made great progress on ACS yesterday, and the federal government is ready to roll, were looking to have open doors by next Wednesday. DHSS did a great job on the contractor. However, the hospitals do not feel that the ACS is necessary – they will be examining their numbers again. Should we have to stand up another one of these somewhere in Missouri, if a request came about, we would be more prepared. Very thankful for everyone in state government. When we get the final decision from the hospitals, we will re-adjust the WebEOC request. – would have had to do that anyway because we could not build a hospital in one week, and the hospitals knew that.
* Broxton: Once those WebEOC requests are adjusted, I will have to take those and submit them to FEMA to stand down the federal resource requests (put in 2 more yesterday) to stand down.
  + Remillard: The local WebEOC requests have to match what the state submits to the federal government. Thank you for the 24/7 work from Broxton and Tweedy for the experience they brought to this, as well as Paula, we were able to push all of that to ESF 8.
* Paula: With the discussion with Region D, we did move forward to do an emergency procurement contract, and I reached out directly to SLS, and within 2 hours, they had their registration to licensure and paperwork to the Secretary of State. However, Adam, Rob, and I visited last evening, and we will continue with the contract and not name the site (location) in the event another locality steps forward. Will begin discussions with the HHS team that will be on the ground tomorrow to share their expertise and develop triggers for an ACS.
  + Willard: That’s great. This is the concept of an insurance policy. Only question is, once we enter into the contract, does that start the payment process, or is it a futures contract where we have the ability to activate it?
    - Paula: That is the way we would structure it. Working on it being a contingency contract. Originally spoke about it being a 6 month open contract – are able to move from site to site, with open end. Have to re-discuss with OA now that it is not as urgent. Were able to do so in Texas – moved locations and had over 2,000 beds – and that has been confirmed by the state.
    - Willard: Know that we were really leaning in hard, Greene stepping back is almost a silver lining because they are no longer needing it, but having worked through this exercise, if something were to occur, we would be able to be quicker.
    - Remillard: We also have some folks working on the template to be able to pull them out a file, to have a direction, recognizing that each one of these sites are individual, continuing on with that – suspect we will have that done by Monday/Tuesday of next week.

Infusion Center:

* Tweedy: Yesterday was our busiest day, which was good, but had quite a few open spots. We added additional appointments to the pot today – expecting 40, if not more, and if we handle that well, we will possibly add more. Still having air conditioning issues, and in the background they are doing construction, noisy/tar paper. Added two field units yesterday, and adding a third today – letting them run through the night. Served 32 yesterday.
  + Willard: That’s great Kevin – I think everyone understands it, and if this thing is working with the infusions the way it’s supposed to, even 100 people prevented from entering into the hospital system every week, that’s making an impact.
  + Tweedy: Cox is using us the most, and did open up to the whole SW region. Joplin, Bolivar, Branson, Lebanon, allows more people to get those infusions and keeps them out of the those local Emergency Departments. Have sent a total of 4 off by ambulance who did have to be admitted, but every one helps.
  + Remillard: Good work Kevin, good work DMAT, just shows the flexibility of your team. Very good resourceful thinking.

Ambulance Strike Teams:

* Broxton: Still a go, LNO will be in EOC on August 6, and ambulances will roll into Cox on August 7. This is a federal/state asset and can be used anywhere.
  + Remillard: And SEMA and the LNO will decide where it will be deployed and not Greene County, correct?
    - Broxton: Yes, they are dispatched out of the hospital, but can be sent to anyone.

Hospital Staffing:

* Paula: Sent all requests received thus far to the VA yesterday, but no response yet. Also sent more than 100 resources, including SLS and BCFS who claim to ready to mobilize immediately to anyone who has submitted a resource request. This is as deep as our pockets go – have no other resources, no ShowMeResponse, no MONG, etc. So DHSS is done unless someone can identify a resource that I have not covered.
  + Remillard: I think you’re right. Put vendors in the WebEOC dropbox – will have Ops work with John Whitaker today.
    - Paula: John is on vacation – Brenden Bagby. Will also need to update resource requests.
    - Remillard: Can also put a link in there directly to PA introduction on SEMA website that walks them through how to get reimbursed for COVID. Teaching them to fish – here are the resources we can provide for you to help yourselves.

Willard: Thank you all again for your work.

O’Connell: May need to talk to people of Greene County on how to message them standing down their request, alongside positive infusion center.

Willard: If you can get that done, we would whole-heartedly endorse that.

Paula: Sent Jim an email this morning, apparently the Moranicent Village Board to see if they are going to allow us access to the site – someone needs to reach out to them to give them an update.

Knodell: If you can short circuit that – the worst thing in the world would be the narrative out there that they vote against it and that’s why we’re not having it.

Karsten: Very appreciative of all the effort of getting us to this point, all the practice we’ve had over the last year, sometimes we us it and sometimes we don’t, but it’s good to have.