**Greene County Resource Request Update Meeting Notes:**

* Director Remillard sent cost estimate to Mr. Willard and Director Knodell
* Director Knodell is more convinced to the utility of it [the ACS] now that we’re seeing the spread up the Lake of the Ozarks area – I-44 corridor and south, our forecast is that the strain on that system may be a little bit longer than we initially thought

Alternate Care Site (ACS):

* Director Remillard asked Director Knodell about whether we are officially proceeding with the ACS – Director Knodell deferred to the Governor’s Office
	+ Paula asked for clarity on the type of ACS
		- Knodell: Transitional Unit, per the July 19 request. - Hospitalizations tend to lag about 10 days behind case numbers – especially in what we’re seeing immediately to the east of the Springfield-area – will be driving ICU utilizations
		- Willard: My understanding was the phase out care was the initial request, then pulled that back, put out request for acute care, and the only request we have now is acute care – so my understanding is that the only request is the acute care
			* Remillard: Yes, but the good thing about their new request is that it can also be used as a phase out
			* Willard: So 1 facility, but that 1 facility would be multi-purpose?
			* Remillard: Yes. For example, if you don’t need the vents, etc. you have that option
	+ Knodell: What would be the transportation strain to move patients from West Plains, etc. collar areas?
		- Remillard: 20 Advanced Life Support (ALS) ambulance units – EMAC request/mutual aid has gone out and Arkansas appears to be able to fill that request with 2 ALS paramedics and an ALS ambulance. Arkansas has agreed, and there is just some paperwork – But, their window is limited to 2 weeks (16 days, with 2 days of travel), we are also working with Paula on federal resource request and those come in a set number of 25. We will continue working through the paperwork and application through the federal asset process for a more “permanent” option, and can be here as long as we need them.
		- Paula: Leaning forward on potential resource requests – this paperwork requires a finite level of detail, such as: Who is going to access PPE? How they are going to deploy? We would like to plan to send a packet to allow them to complete the forms from the field.
	+ Tweedy: How is this ACS going to get staffed?
		- Remillard: That (staffing) is in their initial request, and we suspect they are going to have to do that through Vizient. And we may need some help on DMAT on that
			* Tweedy: We may need to make that clear
	+ Willard: Last question is an important question – staffing is not something that SEMA/FEMA is going to provide?
		- Remillard: No, what we will do it construction and supplies, and the staffing support will be from whoever is managing it – going to have to come from Vizient, critical care doctors, etc
			* Whitaker: Will take some time to set up with Vizient (2-3 weeks), because they can’t all use Master Service Agreement
			* Willard: What is time frame for construction of site?
				+ Remillard: About the same – 2-3 weeks

**Willard will get a final answer on ACS from Governor’s Office**

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Infusion Center:

* Remillard: Packet Paula referenced would also help with Infusion Center because they will be able to have medical permissions
* Remillard: Tweedy, what is the status on the DMAT/Infusion Center?
	+ Tweedy: Have folks on the ground today that are working with JVHC, working in an old Price Cutter that has been gutter, have had a few challenges, security, lighting, etc. Jordan Valley staff has done a great job, working hard to get it ready – soft opening Friday (around 10 patients). Then plan to run 7 days a week, and after the first weekend we will go ahead and start knocking them out, have to have medical directors agree with each other, will supply 1 type of product (medication) from Cox pharmacy is working with Mercy to see who is going to provide how many. Jordan Valley is taking scheduling piece on – working on how requests will work for each hospital – good staff, experienced staff, and feeling good about it and believe that we’ll take a good load off their emergency departments
		- Paula: What is the total staff?
			* Tweedy: DMAT – between 8-10
	+ Paula: Discussion this morning is to ask other areas of the state to begin looking towards infusion centers (KC/STL), if we do that, what is the DMAT depth?
		- Tweedy: Will have to poll staff, August is fairly busy month with State Fair, and demand on other hospitals have lost a lot of people that have gone back to work – possibility we might be able to do one more – may be help this center for a few weeks and then maybe they can take it over and staff it
			* Remillard: In your spare time, could you jot down basic information about size of the building, number of people, etc. to Paula’s point, if we have to set one of these up somewhere else, that’s the first thing they’re going to ask for
		- Whitaker: 25 beds total?
			* Tweedy: Starting with 10 beds, but eventual goal is 50-75 patients a day – goal is what Cox/Mercy/JV were doing combined in Emergency Department (12 hour days)

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Arkansas Strike Teams/EMS Teams:

* Cassil: Isn’t sure when they will be able to start – only in theater for 12 days (travel day on each end)
* Tweedy asked Paula if waiver covers EMS license between states – will need to check with Bureau of Healing Arts – John Whitaker will clarify that, and Aaron Willard will need to be told if that’s needed ASAP
* Remillard: Medic units will have to be assigned to a medical unit – Mercy or Cox will have to step up (this information is required on SEMA/FEMA form)
* Paula: American Medical Response (AMR) sent us a request that the state needs to extend that contract if we need

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Healthcare staffing –

* Paula: Working EMAC for all healthcare staff as well as Vizient contract
	+ Remillard: Are Cox and Mercy both working with Vizient to get staffing?
		- Paula: “Because the state is not releasing any money, Vizient won’t tell us who they are working with, but we believe they are.”
			* Willard: If we did want to fund, would the previous contract have to be reviewed and re-signed again? And if the state wanted, could we assist with the staffing?
				+ Paula: Yes, but it’s not turnkey, and we would need to plan with MHA [this is not necessarily reimbursable by FEMA/PA]
				+ Willard: See if we can’t just put in an initial allotment to get it started, and then that buys us more time to transition it. If they never use the amount we put it, then ok, and then hospitals pick it up after that

Paula: I think it’s a risk to say that all hospitals can do, may have to “staff an ACS in each region,” etc.

Remillard: The state could fund the ACS

Aaron: Kind of my sense too, Paula would like to get MHA’s thoughts – need to structure it going into it – Paula will talk to MHA – don’t want a gap between construction and staffing Jim asked for a 50/75/100 bed acute care cost? To help I know where to start

* + - * Paula: If we get resources via EMAC would we proportionately divide those staff based on the requests from those three hospitals – hotel and restaurant are only requirements
				+ Broxton: Transports must be COVID-related in order to get reimbursement. With decision making on all of this, unless White House extends 100% federal funding, it expires end of September, and we’ll go back to cost share (75/25)
			* Paula: How long do we let the EMAC brew before we pursue federal request?
				+ Broxton is already working on the federal request because of the time it takes – goes through HHS and were not successful in the past – Jim: 5 days, if we don’t get interest, then Monday we make request for federal assets
* Willard will try to get a decision on acute care will also check with the MONG on abilities to assist. Is there a need to find an alternative to Vizient?
	+ Elizabeth asked if we should put out inquiries with ShowMeResponse Program through EHS Company in Texas similar to Vizient that reached out to Tweedy
		- Paula Nickelson: Melissa Friel – ShowMeResponse has different levels – virtually all are associated with a hospital and am worried it will make hospitals angry – a handful of hospitals that were skeptical about critical care abilities – are hearing that costs have doubled for contractors – chasing our own tail