

## **Report from the TV-ARC Club Station Committee – August 30 2017**

Attending: John Ellis NP2B, George Briggs K2DM, Rich Erlichman ND4G, Ed Williams W8APE, Carl Blankenship KN4EFB, Earle Hancock KM4ISN.

Ed and Rich reported on the results of the Club Station Survey. See [Attachment 1](#) for details.

111 responses were received representing 53% of the membership of 209.

Of those 111 responding, 87 (78%) said yes to having a club station.

7 (6%) said no and

17 (15%) didn't care

Of the 111 responding 67 (60%) said they wanted a club station for casual use.

31 (28%) would use it for contests.

12 (11%) would not use it.

Asked how to fund a club station all 111 responses offered this:

25 (26%) said User Fee

30 (27%) said both user fee and dues increase

45 (41%) said Modest Dues Increase

11 (10%) said Club treasury.

After review of these responses, the committee determined 1) that the will of a large majority (78%) of those responding to the survey is a desire to have a club station, 2) that they would use it for casual operating and contests (88%), and 3) they would be willing to fund it through a combination of user fees and dues increase (90%).

Of those saying "No" to having a club station, their comments tended to suggest funding should come from user fees. Of those saying "don't care," their comments tended to suggest funding should be from a user fee and dues increase.

The survey asked for comments. Of the 111 responses, 74 (67%) offered comments. They contained a wide variety of positive comments regarding how they would use a club station, the problems of finding a site, how it would be governed and maintained, the importance of a really good antenna system, and of course, funding issues. Clearly they wanted a station and offered constructive comments about its operation, maintenance, location, and uses. One suggestion was to provide remote control capability of the station so it could be operated from the home QTH.

Believing there is sufficient interest in having a club station, the committee turned to determining how to find a suitable location.

The committee members had addressed this issue in earlier meetings but without further follow-up until the results of the survey were obtained. In general, from the multiple ideas discussed, five clear avenues of approach were determined in no particular order:

1. Use a large storage facility off The Villages property such as that used by The Villages Model Railroad Club and for storage of current TV-ARC equipment (in the same building for \$800/yr). The model railroad members store, build, and test-run their trains in this large storage room with approval of management. If such a facility could be obtained, the monthly rent would be paid by user fees. Of course a tower is essential.
2. Obtain a location on The Villages property. While a touchy subject it was suggested there are two approaches available: One through the Developer who owns everything except the residences, and the VCCDD that owns everything else. While the Woodshop is a perfect example, it seems unlikely another would be built for other clubs. A Recreation Center or “public” facility in The Villages might house a station or there may be options not considered by the committee. Only direct contact with the two entities would find out for certain. Of course a tower is essential.
3. Combine the station with Hospital emergency communications facilities. While inroads were made with the club repeater on the roof of the hospital, the potential for locating a club station anywhere on the hospital grounds might be dependent on whether the hospital plans to implement an emergency communications system of some sort that may be required by Federal Agencies. See Attachment 2 - a document from September 2017 QST outlining these requirements and how amateur radio can assist. HF antennas could be a problem. Action would be required prior to November 15 2017.
4. A manufactured structure such as a house trailer or construction office. While there are likely plenty around at low cost, it would need to be refurbished, placed somewhere, and connected to utilities and have immediate access to a tower. A site could be rented, donated and/or connected to some other structure or facility. Again, utilities and tower.
  - a. A related possibility would be a step-van or mobile facility instead of a fixed one.
5. Trailwinds Plaza Development. As this site is being constructed on CR-466A across from the Pinellas Plaza, it might be possible for the developer or one of the stores to accommodate a club station as an add-on or donation. The location is ideal. Of course a tower is essential.

The issue of funding was also discussed by the committee. The results of the survey was positive about user fees but also indicated that membership fees could be increased for some support. Given that at least 87 members want a station and that they would be willing to accept user fees and that most of the rest of the respondents suggested support by the club treasury, we looked at some possibilities. If 50 users were willing to pay a fee of \$10/month ( $50 \times \$10 = \$500/\text{mo}$ ) the operating expenses likely could be accommodated. If the club treasury paid for site maintenance and insurance the amount likely could be accommodated by a modest dues increase ( $\$3/\text{year} \times 200 \text{ members} = \$600 \text{ per year}$ ). Certainly there would be some up-front costs that could be covered by the club treasury. However, without a better idea of where the club station would be located, these costs are only estimates.

There are many variations on these suggested sites and costs. Further investigation is necessary.

The Committee requests the Board of Directors for guidance on the next steps toward obtaining a club station for The Villages Amateur Radio Club. Should we pursue all five potential site approaches? Should we prepare more detailed cost estimates? Is there any special urgency involved? Is there real concern about raising dues and losing members?

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**Attachment 1**

**From an email sent by Ed Williams to the committee on August 28 2017**

Results of Club Station Survey as of August 28 at 7 pm.

I have received 111 responses to the survey so far or about 53% of the membership (209).

1 - Want station?

Yes - 87

No - 7

Don't care - 17

2 - How would you use it?

Casual - 67

Contests - 31

Not use it - 12

3 - How to fund it?

User fee - 25

User fee and dues - 30

Modest dues increase - 45

Pay from club treasury - 11

Comments (74 made comments to some extent) are to the point, interesting, wide ranging, and quite useful to the development of the Club Station.

That's it so far. I have the results in a spreadsheet that is easy to read.

Let me know if you want to see it.

With over 50% of the members responding, I think we have enough information for the committee to work on.

73,

Ed Williams, W8APE

## Attachment 2

**Public Service**



**Rick Palm, K1CE, k1ce@arrl.org**

## Healthcare Facilities' Communication Needs for Disaster Response

### **New emergency preparedness requirements for healthcare entities pose opportunity for ARES and other Amateur Service providers.**

Because infirm patients are one of the most vulnerable populations, there is a critical need for communications emergency and disaster response in medical facilities to sustain patient safety. There are many fine examples of where Amateur Service communications providers have augmented health care facilities' own telecommunication systems with alternative systems, such as the Hospital Disaster Support Communications System (HDSCS) of Orange County, the Kaiser Permanente Amateur Radio Network (KPARN), and the Los Angeles ARES® (ARES-LAX). Programs and opportunities like these have always existed, but now, thanks to new federal government requirements going into effect this November, opportunities for Amateur Service groups to support healthcare facilities should be enhanced significantly.

#### **Requirements for Providers**

A year ago, the US Centers for Medicare & Medicaid Services (CMS) issued the Emergency Preparedness Requirements for Medicare- and Medicaid-Participating Providers and Suppliers Final Rule.<sup>1</sup> The ruling states:

[The regulation] establishes national emergency preparedness require-

<sup>1</sup><https://www.federalregister.gov/documents/2016/09/16/2016-21404/medicare-and-medicaid-programs-emergency-preparedness-requirements-for-medicare-and-medicaid>



**Figure 1** — The Hospital Disaster Support Communications System of Orange County, California, conducted Field Day operations at Huntington Beach Hospital for the 10th year, with stations set up in the yellow surge capacity tents. [Joe Moell, KDOV, photo]

ments for Medicare- and Medicaid-participating providers and suppliers to plan adequately for both natural and man-made disasters, and coordinate with federal, state, tribal, regional, and local emergency preparedness systems. It will also assist providers and suppliers to adequately prepare to meet the needs of patients, residents, clients, and participants during disasters and emergency situations.

The regulations must be met by November 15, 2017, and is a condition of participation for CMS. The providers and suppliers are required to meet four core elements:

- 1) Develop an emergency plan based on a risk assessment using an "all-hazards" approach, which will provide an integrated system for emergency planning that focuses on capacities and capabilities.
- 2) Develop and implement policies and

procedures based on the emergency plan and risk assessment that are reviewed and updated annually. For hospitals, critical access hospitals (CAHs), and long-term care (LTC) facilities, the policies and procedures must address the provision of subsistence needs for staff and residents, whether they evacuate or are a shelter in place.

- 3) Develop and maintain an emergency preparedness communication plan that complies with federal, state, and local laws. Patient care must be coordinated within the facility, across healthcare providers, and with state and local public health departments and emergency management systems to protect patient health and safety in the event of a disaster.

- 4) Develop and maintain training and testing programs, including initial training in policies and procedures.

Facility staff must demonstrate knowledge of emergency procedures and provide training annually. Facilities must conduct drills to test the emergency plan or “participate in an actual incident that tests the plan.”

Many healthcare entities will be affected by the regulations, and it may be a challenge to develop their plans and provide for emergency communications, but the new rules can also pose a significant opportunity for ARES groups.

Gary Wong, W6GSW, the District Emergency Coordinator for the Northeast District through the Los Angeles Section ARES (ARES-LAX) and Trustee of the Los Angeles Emergency Communications Team, KA6ECT, notes that years ago, the section adopted its primary mission to support the Los Angeles county EMS agency and the county’s 74 “911 receiving” hospitals. Amateur Radio is a formal component of the county EMS Agency’s Communications Plan, and ARES-LAX support is part of its implementation through reference in the county’s Prehospital Care Manual. Accordingly, ARES-LAX provides primary emergency communications support at the county Medical Alert Center (MAC) and at most of the 911 receiving hospitals, except for the Kaiser facilities, which are supported primarily by the KPARN group.

This year’s California Statewide Medical and Health Exercise will be held on Thursday, November 16. ARES-LAX will be deploying at the MAC and at most of the supported hospitals. One of this year’s exercise objectives for hospitals is to test a Joint Commission (a healthcare accrediting entity) Standard that mandates, as part of its Emergency Operations Plan, the hospital prepares for how it will communicate during emergencies. One of the sample tasks is to test redundant backup communications systems (of which Amateur Radio is

listed as an example) to achieve a Joint Commission Element of Performance. In June 2017, the Northeast District of ARES-LAX conducted Field Day at Huntington Memorial Hospital in Pasadena. Hospital Disaster Support Communications System (HDSCS) also conducted Field Day at an Orange County hospital (see Figure 1).

### **The Kaiser Permanente Amateur Radio Network**

Duane Mariotti, WB9RER, has spent 30 years as a biomedical engineer supporting hospitals, has been involved in communications during numerous disasters, and is currently the coordinator of the Kaiser Permanente Amateur Radio Network (KPARN, [www.kparn.org](http://www.kparn.org)) in California. KPARN is an organization of Amateur Radio operators who volunteer time and technical expertise to support the emergency preparedness mission of Kaiser Permanente Health System through redundant communication technologies. Any hospital is welcome to join the radio network. Organizations requesting communications with any KP hospital should contact net control (conducted on the fourth Wednesday of each month, and visitor check-ins from hospital-based stations are welcomed via the linked 6-meter repeater system or the 40-meter net).

Volunteers commit to monthly radio drills, routine web-based instruction and conferences, provide support to a Kaiser Permanente Medical Center, and participate in selected medical events. Extensive professional training helps KPARN operators provide professional alternative radio-communications services to its member-facilities.

Nationally, there are several Amateur Radio teams that solely support hospitals, and they need to review the new regulations and assure the team is meeting the requirements, including answering questions regarding whether Amateur Radio is included in the hospital emergency plan, whether

the inclusion matches the resources provided, and whether the Amateur Radio team has documented policy and procedures for radio operators.

The Amateur Radio communication plan must include pre-determined simplex frequencies (including HF), repeaters available to the team, and instruction for how to contact the local EOC and health departments on a specified amateur frequency(s). Most hospital-based Amateur Radio programs perform monthly or quarterly tests of communications systems at the hospital radio room (or equivalent). It is critical to get into the hospital and test to see that everything is working. Radio operators should complete basic FEMA and HIPAA classes with certificates maintained by team administration.

### **Opportunity Knocks**

KPARN and others, such as Orange County’s venerable Hospital Disaster Support Communications System ([www.hdscs.org](http://www.hdscs.org)) and ARES-LAX, present models of excellence for other groups to follow. They have realized the opportunity and challenge for public service-oriented operators and ARES groups in approaching and providing comprehensive alternate communications services to hospitals and other healthcare facilities. Consider the challenge and opportunity as posed by the new federal rules: request a meeting with administrators, offer your services and support as a proven alternative radio-communications provider that will help the entity meet the new requirements, support the most vulnerable population of all — sick patients — and enhance Amateur Radio’s already well-established record as an asset to the public interest in the context of patient safety at hospitals and other healthcare facilities.

For more information on the new rules, see <https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertemergprep/emergency-prep-rule.html>.