

Region 8 Healthcare Coalition Planning Board and Advisory Committee

January 11, 2023

Meeting Minutes



Agenda Items	
I. Welcome and Introductions	<p>Vice-Chair Sharon Boyd (SMH) opened the meeting at 10:05. Participants: Gary Wadaga (Baraga MCA), Jessica Melius (Northpointe), Robert Wood/Laura LaPine (MHA-virtual), Gina Kasten (SONCO-virtual), Pat Boberg (Mercy EMS), Bobbi Ayotte (LMAS-virtual), Ed Unger (Region 8-virtual), Sharon Boyd (SMH), Austin Conway (MyMichigan Sault), Bob Miljan (HEMS-virtual), Eric Dube (GreenTree of Hubbell), Joe Panijan (Aspirus Hospitals-AIR/Aspirus Ontonagon/AIW/AKH), Glenn Canning (HNJH-virtual), Sara Giles (SMH-virtual), Sarah Niemela (UPHS Portage), Dayna Kapp (Delta-Menominee HD), Steve Carey (CCHD), Julie Giackino (UPHS-MQT), Emilie Stack (MCHD), Annette Sawadogo (WUPHD), Melissa Jurakovich (NHA-GCMCF), Nicole Perlot (OSF St Francis), Wayne Johnson (Norlite), Scott Sprader (SMH), Craig Jestila (Roubals), Lyn Nelson (Region 8 Trauma-virtual), Joel Bach (Aspirus Medvac), Heidi DeRosso (Gogebic Co EM), Elizabeth Ross (Schoolcraft MCA), Curt LeSage (UPHSM-EMS), Brian Hummel (Marq Co EM), Paul Geyer (Delta Co EM), Dr. Edwards (R8HCC), Andrew Westeen (Gogebic Co-virtual), Robert Kirkley (Aspirus Medvac-virtual), Gary Gustafson (Region 8)</p>
II. Regional Administration	<ol style="list-style-type: none"> a. Approval of November 9, 2022 minutes tabled due to technical issues with meeting recording passed b. Approval of agenda with addition of Board Action Item IT support: Motion: Nelson Second: Kasten Motion passed. c. Fiduciary Update (Bob Miljan-HEMS). Bob reviewed the FSR and financial spreadsheets for the month of November. That month \$21950.56 was submitted for reimbursement. Second page was egrams which indicated where those funds were spent. The 3rd page was the balance sheet showing cash on hand of \$329, and receivables of \$42629 of which HEMS covered some of those expenses as it was during the closed down period in the grant cycles. The next page was account reconciliation, and everything reconciled with the bank statement. The last page showed outstanding checks as of December 14th when the report was written of \$3301, expenses that included the LTC Workshop held November 9th at the Island Resort. d. Coordinator Report (Ed). Advised a few of our LTC's are working with Michigan Works to help address the staffing shortages. One facility is looking for letters of support to try to secure a grant to support a healthcare in the UP. Ed shared that he is authorized to send a letter of support from the region, along with any other facilities that wish to do so. Yesterday he participated in the coalition meeting with Wisconsin and said several of them would be participating in the Region 8 pediatric meeting/exercise in May. Shared some questions regarding NIMS courses and that our workplan for required NIMS courses is different from the CMS regulations that are more stringent. The 14 Ventec ventilators/heaters the state provided to the region, of which several had been deployed, have been returned to the state for scheduled maintenance last week. Those originally were not FDA approved for use in ground ambulances but now they are. These have high flow oxygen capability. Advised working with Jay Timko on getting the region website updated. Ed advised he needs to have any preliminary budget in by the end of the month along with any budget requests. Let Ed know if you have any budget requests for the period between July 1, 2023 to June 30, 2024. e. Assistant Coordinator's Report (Gary). – The Region 8 2022 Fall LTC Workshop was held on November 10th at the Island Resort in Harris. Over 70 people attended and represented about 17 different disciplines, some who had not attended previous LTC workshops in the region. We received positive reviews and felt all the presentations were appropriate/beneficial for all in attendance. Tentatively looking at hosting another LTC Workshop in the spring if possible as it would have to be held before June with a theme of back to basics on those things that are required and often part of life safety surveys. Still looking at potentially hosting a behavioral/mental health workshop in the spring, looking for topics that they could bring to the partners and perhaps focus on some significant mental health

	<p>issues that they are seeing in the region. Northpointe Behavioral is tentatively working on a presentation to bring to the 2023 Rural and Ready Symposium. Continue with the monthly LTC conference calls, the first one for 2023 last week. Staffing continues to be a concern. As Ed mentioned we packed up the Ventecs and got them loaded into the state truck last week. One item of concern to mention is out of the 14 humidifiers that came with the Ventecs only 13 went back to the state as one of them was not returned. That is something that we just cannot have occur as these are state assets and the region needs to make sure that we get back anything that we deploy to partners. It's not the first time this has happened as we are still missing one of the LTV 1200 ventilators from several years ago and the location where it was deployed has no idea where it might be located. Region staff have to answer to the state for that and they could come back and charge them for replacement. In the past we also have had items moved around from place to place and the region was never made aware of it. We need to know exactly where that stuff is so the region is going to have to be more diligent with anything that we send out this year. Sent out the Region 8 2023 LTC MOU to get it updated with current NHA signatures as there have been a few changes. We usually get 100% of the facilities to sign the agreement. We have not had the same result with the previous Region 8 Healthcare Facility MOU that the hospitals at one time signed. This was sent out to all the hospitals a couple of years ago to see if there was interest or any revisions needed. Those suggested revisions were made and a draft document was then sent out for review. There were only a couple hospitals who signed and returned. We need to decide if this is something the hospitals would like to revisit, otherwise we will not look at sending out for up to date signatures. Lyn suggested that the draft be sent to both the hospital EP person as well as the CEO. Facilitated a TTX at Marquette County Medical Care Facility focused on evacuation with a full scale maybe early summer. Plan to go back, along with Brian Hummel, between now and then to do the same TTX for the other 2 shifts so that they are all involved in the education. Working with MMH on logistical arrangements to get them thier 6 Honeywell PAPRs. Will plan to bring along 2 Med-Sleds for Alger County as well.</p> <p>f. Medical Director Update (Dr. Edwards). Dr. Edwards commended on the upcoming 5th year of the five-year sequence for the ASPR programs, some change in capabilities in the program so working on next year's budget as well as the work plan. Will be sending out the updated Preparedness Response Plan for review, which is typically done on an annual basis, same with the Executive Summary in our Bylaws. The capabilities double going from 4 which we had the last five years to 8, and there are some pretty significant changes on what some of the folks at ASPR is looking to include going forward. Dr. Edwards mentioned they would be talking about the medication shortage at the Medical Directors meeting, everything from the antivirals for COVID as well for influenza and some of the other things that are there. There can be tight supplies not to the level of extreme short supply. Mentioned the mandatory Empower exercise we are required to complete 2 exercises annually. This includes a power grid map that identifies how many at risk medically or electrically dependent individuals are within a geographical area.</p>
<p>III. Regional Updates</p>	<p>a. Michigan Hospital Association Report (Rob Wood). Rob advised a lot of legislative activity during lame duck at the end of the year last year. The Michigan Reconnect Program was signed which provides funding to learners over the age of 25 interested in pursuing credentials or post-secondary degrees at community colleges or other training programs. We were able to add several additional certifications to qualify for scholarships, including some health care credentials. Also they are advocating for future changes to lower the age of qualification for the program to try and rebuild and expand the pipeline of health care workers. The legislation for rural emergency hospitals was also signed, and that's that federal designation to that requires hospitals to give up inpatient services in exchange for improve federal outpatient reimbursement. Staffing issues are probably the biggest concern and MHA is working on an improved internal staffing pool solution that is easy to deploy. Some of their hospital systems are using that, but others are not. Exploring regional staffing strategies where credentialed staff can pick up individual shifts on a per diem basis at local hospitals on demand. Those are the types of things MHA is hearing from hospital HR leaders that the solutions that they're looking at as well as looking at ways to deploy virtual care more effectively at the bedside and responsiveness there to help with the staffing shortage. MHA has an HR Council meeting this month and they are hosting a webinar forum with a panel of HR leaders later this month as well</p>

- for hospitals to engage and just talk about strategies for retention, recruitment and expanding the healthcare pipeline.
- b. MCA Update. (Wadaga). EMS for Children has a 5-10 minute survey out again assessing the capabilities of treating sick and injured children. Please make sure you get it completed through your respective MCA. Michigan State Police have asked several medical controls for medical control approval of their pre arrival dispatch instructions. Those counties that are being dispatched by Station 80 are asked to complete the form and get it back. Those counties are Baraga, Gogebic, Keweenaw/Houghton, Schoolcraft and Otsego. Make sure your MCA representative who's listed at the state has gotten that request. EMSCC meeting is the 20th of this month in Lansing. There's a couple of NIMS courses coming to Baraga with ICS300 January 27th and 28th and ICS400 scheduled for February 24th and 25th. You can register on SMOKE, which is the firefighter site for registering for classes, or on MITRAIN. The paramedic course that was slated to start later this month has been pushed back to spring with no actual start date, but applications have been sent out to prospective students. Anticipated a total student population of 20 but at the meeting a couple weeks ago there were 37 people that attended and showed serious interest in the paramedic course that UPHS Marquette is doing with the financial help of the Michigan Center for Rural Health and Northern Center for Rural Health.
 - c. Emergency Management (Brian Hummel). This February on the 6th and 7th they are holding a two day board meeting with a number of partners. In terms of projects this year they will have another cyber security project that they are required to do. A couple investments related to damage assessment in schools safety. The Homeland Security Board intentions are to sponsor Upper Peninsula personnel to attend the Homeland Security Conference in May so more to come on that. Starting a conversation on relocating the regional response team that the board partially sponsors that's located in Ironwood. There's been some discussions on how they think it would best to maybe split the team up and have resources that would be primarily based in central UP with some resources on the East and West End so more to more to come. The conversations are that Ironwood has been really spearheading this initiative, but it's been rather taxing financially to them, and so looking at what makes the most sense and trying to look for agencies that are able to take on some of the financial burden that's associated with this project.
 - d. EPC's/Local Health Departments (Kapp). Regional Health Departments are required to work together on a regional action item surrounding the Whole Community inclusion and they selected increasing communication and partnership and involvement with mental and behavioral health providers. PH also invited them to their local planning meetings. They are focusing on this locally and plan to expand to other areas as well. Several local health departments, not all, but several still have over the counter COVID tests available for the community to pick up for free, and PH encourages people to still do that. Still keep testing because it's unfortunately still out there. Ebola surveillance is occurring for travelers from Uganda so Ebola surveillance is occurring in Region 8 as well.
 - e. Region 8 Epidemiologist. Scott Schreiber. Not in attendance.
 - f. Covid Trends (Obiden). Damon overviewed the trends of hospital occupancy and indicated it is stable. Also reviewed number for ventilator use and trends in pediatric covid admissions... all trending downwards. He indicated that statewide we only had 10 total pediatric confirmed positive Covid cases in hospitals and only 2 were in the ICU. Indicated the the Wisconsin numbers were similar to Michigan except for slight increase in Covid admissions. Regarding influenza he indicated there was a big spike in admissions but that has drastically gone down. One thing he mentioned and reinforced was the correct reporting of data. Especially in the UP where the numbers are small, it doesn't take much error to make the data appear much worse than it is. RSV cases were going all across the state and alot of areas especially children's hospitals, were opening surge beds to meet the available or that demand. As of yesterday overall it looks like our pictures are not overwhelmed any longer, which is very, very good. Across the UP looking at about 400 ED visits per day since October. Data from yesterday on COVID related ED visits was about 55, which is lower than normal. Admissions per day in the UP show about 5 yesterday but averaging about 4, that a seven day rolling average. Damon shared the numbers show lots of room for occupancy.
 - g. Tribal. No report.

- h. Dialysis (Lorinda). No report.
- i. Long Term Care (Wayne). Staffing concerns still persist. Several facilities continue to use agency staffing and this really is our bottleneck for census across the board. I'm not sure how the hospital backup has been if that really has been alleviated from two months ago, but that's still the current status. COVID numbers over the last week saw 22 nursing home residents reported with Covid over the past seven days across the region. Fourteen of those 22 were at Iron River Care Center and several other facilities. Those reporting one to two cases each, usually the result of a visitor coming in spending an hour or two with residents, sometimes masks, sometimes not masked. Most facilities across the UP still have staff wearing masks at all times. Community transmission levels determine staff masking requirements, so when you're in a high risk area, it's mandatory that all of your staff are masked in resident areas. In non-resident areas they have the option of not masking, like in meeting areas or in break areas, but most facilities are still using the policy that they remain masked for most of the time.
- j. Behavioral Health Update (Jessica). Thankful to be included in the Dickinson County Healthcare winter emergencies preparation group. They had some people ask if they did site visits or off site visits and how would you get there during snowfall? Brought good discussion back to her team. One discussion was about writing a report and how it's not good to write one within 24 to 48 hours but better to wait 48 to 72 hours later to give you that decompression time. Jessica shared that one of their staff was involved in an accident involving a train and she needed that extra time to process what happened. They changes their policies to reflect that additional time. Would like to bring to Rural and Ready. The first is their school based program because mental health needs do not just start when you are an adult and they do not just start when you're going through puberty in high school, middle school. The little kids will start with mental health needs, and Dickinson County has incorporated successfully a school based mental health program right in the educational facilities working alongside teachers as well as case managers and care managers to have a plan for these children. This goes all the way from the time they're little through high school, when they graduate as adults, they're still maintained within the Northpointe Care System. That program has grown as Northpoint now represents Dickinson, Iron and Menominee counties. They are working on getting another staff member that would help them incorporate into Menominee County, Jessica advised they are in Dickinson and several schools in Iron. She is sharing the outline with Steve Carey to go through it and see how they can make it work. The second part focuses on crisis response. The have a crisis team and understands each CMH handles crisis a little bit differently. Jessica shared an incident where she heard somebody in her hallway screaming for help and she is not in a building with the clinic, in a different building down the hill from them, so they had somebody walk into her building asking for help. These are two pieces to mental health that really should be shared with our communities. She wants to help to see people understand how school based programs have growing.
- k. Trauma Coordinator (Lyn Nelson). Lyn provided a brief review for hospitals and who their external partners are to include the hospital Emergency Management Coordinator, County Emergency Managers, the R8MCC, and the Health Departments Emergency Preparedness Coordinators for example. . But they also have those internal partners too. In regards to trauma and the trauma programs you have the Trauma Program Manager, Trauma Medical Director, the Emergency Management Coordinator within those respective hospitals because there is a requirement for trauma to be involved in disaster planning, the Trauma Medical Directors need to be involved. Should the hospital go on diversion, that too has to be part of that discussion and decision- making. So there are both external and internal partners, as well as others. Lyn wanted to make sure that the group understands that and encouraged all of these roles be invited to the table and get them involved. Lyn also provided a slide presentation on the different levels of Trauma hospital designations and capabilities of each as well as a communication spreadsheet that showed each hospitals capabilities. Regionally for trauma Lyn shared a few initiatives, first one being injury prevention and the snowmobile project. Also will be heavily engaged in identifying the essentials for trauma system that trauma triage criteria that EMS has to know? What are the most critical trauma patients? How do we describe those to the emergency department and where's the best place to bring them first or the rendezvous

	<p>locations with a helicopter or a how are we trying to get the right patient to the right place at the right time as well as hospital trauma activation and how that process should flow.</p> <p>1. Covid-19 Situational Update (all). Sharon Boyd advised that Schoolcraft is looking at getting antigen testing that go along with their PCR testing for COVID to try to see if their getting people that are in the emergency room that are testing longer than usual to help move them out on transfers because most places won't take them if are coded positive. Also in the process of receiving 30 cases of tests from HRSA that they are going to be giving out for the public and their staff. They are still always wearing masks and are waiting on MIOSHA and CMS rules to change policy. They have also opened their emergency room which has been locked down until about a month ago and now they are having open and passive screening for everybody. Sharon also shared that when they were looking for test kits they were able to get 2000 of the BINAX Now from their Emergency Manager.</p>
IV. Healthcare System Preparedness	<p>a. HVA'a (Don). Commented on the addition of supply chain issues and staffing to the regional HVA that was never part of that in the past. This will most likely be the case for many facility and organizations HVA's going forward.</p> <p>b. EMResource. (Lyn). Advised Gary sent out an e-mail yesterday to hospital contacts so please make sure that the individuals responsible for doing EMResource entries are aware of a National Disaster Medical System(NDMS) HavBed drill tomorrow between the hours of 8:00 AM and noon EST. Gary had included a quick sheet that Damon had put together in that e-mail.</p> <p>c. Crisis Standards of Care LTC Annex (Don). Provided a couple of suggestions for both long term care and on the healthcare side for hospitals. There is going to be an expectation of enhanced development and planning for potential upcoming disasters. Anticipate that you are going to start seeing more questions, especially on the survey side of it. It is a change from our conventional everyday care. Don encouraged everyone to look at what the state put out that is robust.</p> <p>d. Rural and Ready Symposium (Carey). Steve advised that the planning for this coming symposium has started and more to follow.</p> <p>e. Pediatric Champions (Don). State Pediatric Readiness Conference June 24th and 25th from 12:00-4:00pm EST. The EMS for Children survey started in January, ends March 23. There's 10 questions for EMS.</p>
V. Healthcare System Recovery	<p>a. Ongoing AAR Activity Inputting Survey (Don). Continue to identify gaps that we identified in the AAR.</p>
VI. Emergency Ops Coordination	<p>a.</p>
VII. Fatality Management	<p>a. FEMA Course 2/15/23</p>
VIII. Information Sharing	<p>a. Joint Information Center Update (Sara). No update.</p> <p>b. Northern Center for Rural Health (Elise). Not in attendance.</p> <p>d. COVID Trends in the Region. Already covered.</p> <p>e. Regional Incidents/Responses/Lessons Learned. Lyn mentioned a couple incidents in the region of fiber optic cables being cut with some disruption in communications at a few specific areas. There have been some AAR's completed but those have not been shared with the region. Lyn suggested that perhaps, especially with some new hospital EP's now in those roles that could be shared. It was pointed out that there is no requirement to send those AAR's to the regional office but would be appreciated. Gina from SONCO EMS advised they were in the one disruption area but has redundant communications. Lyn commented that it would be good to make sure that the local Emergency Manager and dispatch be aware of any backup numbers that they may need for communications.</p>

IX. Medical Surge	a. Chempack/BDLS/BSF Training. The next BSF virtual training is February 14 th , followed by the next one on May 9 th . There are still plenty of the ABLS Now online licenses that is the prerequisite for the virtual class.
X. Responder Safety and Health	a. PPE Inventory (Ed). Monday we received 10,000 XL gloves in our inventory. A couple people have spoken for some already but if you are in need of XL gloves contact the region.
XL. Volunteer Management	a.
XLL. Exercises	<ul style="list-style-type: none"> a. West. No report b. East. No report c. South. No report d. Central. No report
Board Action Items	<p>a) Approve funding in the amount of \$595.00 for Jay Timko for ongoing IT Technical Support for the Region 8 Office and Staff for Year 2023.</p> <p>Motion Boberg Second Boyd Motion carried.</p>
Public Comment	
Adjournment	Motion by Boyd to adjourn at 12:15 pm. Seconded by. Nelson Meeting adjourned.