

Region 8 Healthcare Coalition Planning Board and Advisory Committee
Wednesday, January 14, 2015
10:00am – 12:00pm
Bell Hospital, Ishpeming
Meeting Minutes

Agenda Items	Description
I. Welcome and Introductions	<p>Board Chair Curt LeSage called the meeting to order at 10:03am. Those in attendance introduced themselves: Jill Fries (MCHD), Beth Tappy (DIDHD), Dayna Kapp (PHDM), Don Brown (MSP), Don Manty (Bell), Gary Wadaga (Bay EMS), Jon Stone (Region 8), Gary Gustafson (Region 8), Dr. Edwards (Region 8 Med Director) and Curt Lesage (MGH School of EMT). On the VTC/conference call: Lyn Nelson (Mqt-Alger MCA), Alyson Sundberg (MGHS), Terry Parkin (MSH) , John Cox (DCHS), Pete Baril (WUPHD), Kerry Ott (LMASHD), Gina Linna (Sonco), Melody Snyder (Aspirus Keweenaw), Deanna Wilson (Aspirus Ontonagon), Ed Unger (Schoolcraft MCA), Shelli Arnold (WMH), Scott Schreibers (MDCH), Terry Stark (Luce Co. EM), Shane Albrecht (CCHD), Shelly Reeves (HNJ), Mary Aspinwall (Aspirus Grandview), Rich Sexton (Menominee CO. EM)</p>
II. Regional Administration	<ol style="list-style-type: none"> a. Approval of previous minutes. Motion to approve Fries/second Unger. Motion passed. b. Approval of agenda. Motion to approve Wadaga/second Fries. Motion passed. c. <u>Fiduciary Update</u>: The current balance in the BP3 budget is just under \$64,000.00. Most of that has already been earmarked in the workplan. There has been some reallocation of funds between the capabilities to address changing needs as with the PPE cache for Ebola preparedness. There will also be an adjustment in funds for the regional satellite phones as that was under budgeted by about \$1500.00. If anyone wants to see the actual spreadsheet contact the Region 8 office. d. <u>Medical Director Update</u>. Dr. Edwards advised he provide a Medrun training for the staff at Allied EMS in St. Ignace. Will be looking at doing a short tabletop exercise with them as a follow up that will focus on request and deployment. There have been some questions and concerns regarding potential shortages of antivirals, Tamiflu being mentioned most. OPHP advises there is no such shortages but a result of a slow down on distribution by the manufacturer. The state Medical Directors advised that they effort to replace the triage tags to include the gray ‘expectant’ color has been shelved. As the cost was much more than previously anticipated (Appx \$148,000), it was felt that money could be better utilized in other areas. The EMS QA Task Force is working on a Special Pathogen Transport Protocol to address not only Ebola, but other similar highly contagious infectious diseases. There will be cards coming out for the Duo-Dotes that are similar to what was done for the Mark 1 kits, where on side will have the dosage instructions and the other how to prepare the injection. For the state burn surge education, there is currently work being done on the development of an EMS module. Regarding LTC’s, working on a training module that will provide an overview of the site survey checklist so the LTC’s will have a good oversight of what the state surveyors will be focusing on when they do their site visits. e. <u>501 ©3 Status Update</u>. Jon advised that we were ready to submit the paperwork to the IRS, however ran into a problem in that MPHI, our Fiduciary, advised that neither Gary or himself were permitted to serve on the 501©3 Board of Directors. With that, we had to have our names removed from the paperwork. We are now seeking interested individuals who would have an interest in serving on this 501©3 Board. Would be ideal to have one representative from each of the 4 geographical work group areas. It would be anticipated that this would be a minimal time commitment and could schedule meetings prior to an HCC Board meeting. You could determine how many times you would meet during the year. Jon advised that you would not be expected to actually be writing/submitting any grants but providing such direction to us. As we feel we may have already lost out on some funding opportunities with the delays in getting this up and running, we would like to get this Board in place in a timely manner. If you are interested in serving on this 501©3 Board, please contact either Jon and/or the regional office.

	<p>f. HCC Board/Advisory Meeting date change for May. As a result of both the Homeland Security Conference the week of May 6th, along with the Landmark not being available for our meeting, we are moving the May meeting date from the 6th to the 13th.</p>
<p>111. Regional Updates</p>	<p>a. Regional Incidents/Response.</p> <ul style="list-style-type: none"> • Don Brown advised of 2 incidents involving Emergency Management. The first was a tanker truck rollover on Christmas Eve over in Gogebic County. Estimated 3-4 gallons of fuel leaking a minute, and unknown amount of time elapsed before that leak was discovered. The hazmat regional response team was called out, and Jim Loeper, the County EM over there, was also on the scene. The second incident was the ice jam at the mouth of the AuTrain River in Alger County. This led to several homes being flooded. O'Dovero Construction was contracted and brought in heavy equipment to break up the ice. The Alger County EM, Steve Webber, was also on the scene of this incident. Don also advised that the Homeland Security Board re-elected the same officers that were in those roles last year, Tim McKee from Chippewa Co. elected Chair, Jim Dueweke from Houghton-Keweenaw Co. elected Vice-Chair, and Teresa Schwalbach from Marquette Co. elected Secretary. The Homeland Security Board is working on the Safe Schools initiative, specifically the installation of the Boot locking system. As these devices are relatively expensive (\$200.00/door) they are looking at potentially doing a couple schools a year. They have a committee set up to look into the best approach. Luce County had raised some funds and have these installed in their school. The thought is perhaps focus on large gathering areas, such as a gymnasium where they could secure a large number of students/staff awaiting law enforcement response. Don advised that though the UP has still not seen any of the money to reimburse for expenses related to the freeze damage from last year, those funds should be arriving soon. The original 10 million dollars they were hoping to get has been reduced down to about 2 million. There will be 6 counties who will be getting these funds. The emergency declaration was denied by the Feds as freeze ups are not covered under the Stafford Act. Any reimbursement for the let runs was also denied. Due to the population density and geographical layout, Region 8 is getting the least amount of reimbursement. Don reminded everyone of the upcoming PER 320 course on PPE that will be held on January 30th at the MSP 8th District Headquarters in Marquette. He has sent out information to a number of groups as well to try and fill the course. • Shane from Chippewa County HD advised they had a very interesting pre-Ebola incident. In September there was an LSSU student that presented with possible Middle East Respiratory Syndrome. Was seen at the clinic feeling ill and had just returned from Saudi Arabia where a family member had died from MERS. They followed the same steps as if it had been an Ebola patient. The incident went well with the take away on the importance of up-to-date POC contacts and also having frequent situational update calls, maybe every 2 hours. Will be providing an AAR as well. Also about a month ago they had an incident of possible contaminated drinking water on a foreign ship. Turned out to be a disgruntled employee but incident did highlight the importance of having all the appropriate Federal contact lists on hand. • Don Manty advised that Bell responded to an active Meth lab in the city of Ishpeming just before Christmas. There were 4 victims total, 2 residents of the apartment along with the first 2 responding law enforcement officers. Scene initially was very chaotic however it became under control relatively quickly. The thought was that the police officers be brought directly to Bell ED however were intercepted and decontaminated prior to entry to the hospital. The other victims were also provided with external Decon prior to entry into the ED as well. There will be an AAR provided for this incident. Good education on not entering a scene prior to knowledge of scene safety. All the victims recovered. <p>b. MCA Update (Nelson). Transitioning on new state EMS protocols to include a new Crush Protocol, use of the new MI-Medic cards, as well as a new protocol on immobilization. Lyn advised she is working with the OHSP on determining the number of EMS responders who provide care for victims of vehicle crashes on UP roads. She is almost complete and so far has 814 responders listed. Gary Wadaga also advised that the state has appended the EMS CEU guide to reflect changes to include a disaster preparedness credit as</p>

well as Peds credits. Have not increased the total number of required CEU's but rather moved them around. These changes will affect those who will recert after June 2016. House Bill 5454 has passed which will provide for part time ALS services, dependent on population demographics. Needs to be an area of less than 10,000 residents (less than 7 per square mile). Ontonagon and Burt Twp are believed to fulfill this requirement, as will be other areas identified as well. There will be a 3-year sunset period at which time the state will re-evaluate how this is working. Tom Casperson is working on support for his EMS legislation however specifics were not discussed during the meeting.

1. **SIM Trailer Ops.** Gary Wadaga advised that they have been using the SIM trailer for a number of trainings, 3 ACLS classes and the latest for an EMS I/C course held in Baraga. Feels that we have not touched the tip of the iceberg with the capabilities of these manikins. Feedback is that it is slow going as one needs to be proficient on the IPAD, computer, etc that are used for scenarios. It gets a little tedious when a student is going through a scenario so keeping up on the training is very important. He advised that he about used up the \$1500.00 that the region budgeted for upkeep on the manikins/trailer and will submit the receipts to the regional office. There was a problem with the wiring which overheated as a result of friction with the frame of the trailer, wearing through the insulation and melting the wires. Can still use the generator for heating. Jon will check with the vendor who installed the wiring originally to see if they would provide some support. Gary W. did advise that he has volunteered a staff person to accompany the trailer and provide support on the first day of training. The trailer is very heavy and requires a large truck to tow. Gary W. would consider providing the transport to a facility/agency if they would consider reimbursing the cost of fuel. Jon also advised he does not want transport of the unit to be a hindrance and would also offer to provide transport if able. Regarding the funding for ongoing support, Gary felt that to fully utilize the capabilities, we should include other training items such as a suction unit/IO trainer/trach kits as well. It was felt beneficial to budget another \$1500 per trailer (\$3,000.00 total) for that support. Dr. Edwards advised that as these are key assets in the region and these gaps have been identified through utilization, approaching the Board for approval of that funding would be appropriate. With that there was a friendly amendment to the agenda, followed by a motion to approve the additional funding to support SIM trailer operations. See Board Action Items in Section XIII below for specifics.
- c. **Emergency Management/UP Regional Homeland Security Board** (T Schwalbach). Please see the report from Lt. Brown in Section 111.a above.
- d. **EPC's/Local Health Departments** (Jill). Marquette County did a Closed Pod exercise and provided a PowerPoint exercise as an overview. With decreasing staff the CDC still mandates that vaccinations still be completed with a 48 hour time frame. With the current staff, that would be impossible. With Closed PODS, that provides the logistics and healthcare providers within those PODS to vaccinate their staff/residents. POD locations were determined by the availability of medical staff on hand, such as the schools, LTC's, AMCAB, the jail and prison. The regional component of the exercise was that the other health departments participated by putting in SNS supply requests and also the Civil Air Patrol who offered to assist in SNS supply distribution. As the plane was subsequently grounded in the Soo as the result of mechanical problems, although Jill advises they were not dependent on the plane. It was decided that only the EPC and Medical Director would draft public service announcements. During a live event, the goal is to get a PSA out to the public within 60 minutes. A copy of Jill's PowerPoint will be sent out to the partners. There was a subsequent discussion on the labeling of SNS supplies such as dosing, and that this has to be done manually as the supplies do not come pre-labeled. Jill said that the Dymo label maker worked out very well and printed labels efficiently and quickly. Alyson advised that back in 2008 the region worked with Portage pharmacy on such an effort, which Alyson said was sent to Linda Scott at OPHP. Dr. Edwards has not seen anything on this, and does not believe that Gregg Pratt at OPHP is aware of this either. Regional staff will see if they can locate this in the files, and Alyson will do the same. Don advised there has been many changes in this realm since 2008. Please see Board Action Items for subsequent motion pertaining to labeling.

	<ul style="list-style-type: none"> e. Region 8 Epidemiologist. Scott Schreibers. Currently influenza activity is up from December. There are a mix of flu strains this year which a number that were not part of this year's vaccine. There has been one reported pediatric death. There were LTC outbreaks in 4 counties, and 30% of the students at Dollar Bay Schools were affected. There were 10 previous cases of Pertussis in Dickinson however only one additional last month. Nobody being monitored for Ebola in Region 8. 13 being monitored statewide, with 1 being monitored directly with daily visits. There have been 75 total cleared in Michigan. Working on a system of reporting which can be shared between multiple hospitals. f. Tribal. Kathy Mayo advised nothing to report at this time. g. Trauma Coordinator (Cheryl). Cheryl in Lansing however a few things to report. MGH and Portage are now state verified trauma centers, with 5 more hospitals hoping to complete the process by the fall. State Regional Trauma Symposium March 12th in Saginaw, and ATLS Course scheduled for April 23-25th at MGH. h. Long Term Care. (Gary) The Region 8 LTC's continue to participate in both the monthly HavBed and Equipment Availability drills, as well as the monthly LTC Workgroup conference calls. Averaging about 75% participation with plans to reach out to those that have not been active with our Region 8 emergency preparedness efforts.
<p>1V. Healthcare System Preparedness</p>	<ul style="list-style-type: none"> a. R8 EMS Workgroup Update. Jon advises that he has not heard of any activity from the workgroup. It was discussed at a West Geographical Workgroup meeting and it was the region's understanding that someone had offered to Chair the group, and that there was a group of interested people who were interested to be on this workgroup. However some of those individuals have not been contacted and Jon has not hear of any meetings that have taken place. The region will refocus on the structure, membership and move forward. There are a number of EMS related issues on the table that need input from such a group. b. Pediatric Champion. Jon shared that with the results of the state Pediatric Assessment Survey that was sent out to all Michigan hospitals it was decided to identify one Pediatric Champion at every hospital to help focus on the gaps that the survey identified, such as adequate and appropriate sized pediatric supplies/equipment. These Champions could then form a Pediatric Workgroup to discuss and focus on pediatric issues at both individual facilities and within the region. It does not have to be a physician, but someone who has an interest in pediatric care. Please let the region office know who would be interested at your facility. c. Behavioral Workgroup. The state is asking all the regions to put together a group that will focus on behavioral health issues. Jon advised would be good to have 1-2 people from each geographical workgroup. Jill Fries brought up that Public Health has somewhat of a group already so why reinvent the wheel. Jill felt that Community Mental Health should be the front runners on such an effort but if not mandated by the state, that won't happen. Jill thought to perhaps form a group here in Marquette County by the end of February and go from there. Dr. Edwards advises that there is a state behavioral health protocol. He will discuss with Kathy Wahl at OPHP and get a copy of that to us. Really should look at this in a small piece: If you have a local incident, what is your next resource. This might be a topic for a 30 min-1 hour discussion to have with the players who may be attending the upcoming Rural and Ready Conference that will be held in April-May. Lyn Nelson said it should be those main contacts that we typically use frequently, like the Red Cross, CISM, etc. As for the question on having these people on Mi Vol would never happen. Lyn felt, as did many of those at the meeting that forming yet another group with more time commitment would be difficult and unnecessary. It was also pointed out that this is also an issue for focus with the Emergency Managers as well. d. EMS Facility Transports. Dr. Edwards advised that there is a currently a draft EMS Transport Protocol that will address transports not within an agency's MCA. That draft will be provided once we get a copy. e. Regional Ventilators. Jon advised the one of the other regions had surplus LTV1200 ventilators and were offering those up to any interested regions. There were 3 hospitals that were interested in getting one of them, with the understanding that they would be responsible for the cost of any upcoming service/maintenance on the machines. All the maintenance/service is currently up to date. The machines would still be considered state assets. f. Portable Ultrasounds. The special projects regarding the portable ultrasound machines is reaching its useful conclusion. With this project running now for a couple of years, the data we are receiving has become rather repetitive. The state had requested we put together an article that would highlight the benefits of portable ultrasounds, however after a number of requests to the hospitals for input on how these have benefited patient

	<p>care within their facility/use during drills, only 2 responses have been received as of yet. So we are looking at this to see how to proceed, and also ultimately the status of these machines. There has been some discussion between the regional office and OPHP on the possibility of interested hospitals to acquire these machines once the project is officially ended, but as of yet everything is status quo.</p> <p>g. WorldPoint SIM Baby Manikins. Both of the SIM baby manikins have arrived. The 2 tentative training dates are February 19th in Baraga and February 20th in Manistique. Mathew Long from WorldPoint will be coming up again for this training. It was felt a better option to have the training at these locations as it did not work out that well having it all done at the regional office. The plan is to have training on the new infants as well as a refresher on the adult.</p>
V. Healthcare System Recovery	<p>a. COOP Plans. There was some education on this provided at last year's Rural and Ready Conference. Jon said that during his site visits it is apparent that more work needs to be done in getting good COOP plans developed. As there are a number of state and federal templates available, the region will send some out that the hospitals may find useful in this effort.</p>
VI. Emergency Ops Coordination	<p>a. The region has purchased additional PPE for the regional cache as a result of Ebola, however not specific to that alone. We are awaiting an order of aprons, but have additional hoods, Tyvek/Tychem suits, N95's, face shields, etc. The SNS also has added a PPE kit to their inventory that provides CDC recommended PPE that is now also available in the event that there is a suspected/confirmed case of Ebola to supplement PPE supplies at the local/regional level. The timeline as to when such kits would arrive if ordered has not been established.</p>
VII. Fatality Management	<p>a.</p>
VIII. Information Sharing	<p>a. CIP News Alerts. Dr. Edwards inquired if our partners were getting this information.</p> <p>b. Satellite Phones. With our decreasing implementation budget and the monthly cost of the satellite phones (about \$530.00/month) the region has this expense on the radar although nothing is currently planned as to disposition of the phones. Cost sharing may be an option, however it was felt if the cost of the service put on the hospitals, that most of them would probably be returned to the regional office. Just an FYI that we are looking at all of our expenses with some scrutiny as we work to best utilize available grant funds to meet priorities of both our work plan and our regional partners.</p> <p>c. Region Condensing E-mails. (Lyn) Lyn Nelson asked if the region could condense e-mails as opposed to sending out multiple individual e-mails. It was felt multiple e-mails are often not read. The region will look at such condensing, unless it is information that may be timely in nature. We may look at something every week, or every other week, depending on the nature and amount of information we are looking at distributing. Also rather than send out to one group, such as hospitals, the condensed e-mails will be sent to all the partners, as we do with the meeting notices.</p>
IX. Medical Surge	<p>a. Hospital Ebola Tiers. All the hospitals should have provided the state with their designation on one of four Ebola tiers. Hospitals retain the option to change that designation.</p> <p>b. IBS Report. Jon shared a report that OPHP provided in one of the Monday updates that discussed bed reporting, etc. It was similar to our HavBed but with the limited time today, did not get into specifics. The region may send out at a later date in one of the condensed e-mails.</p>
X. Responder Safety and Health	<p>a. SNS PPE Kits. Review of the items that are included in the PPE kits available through the SNS. Dr. Edwards reported that these should be enough to care for one Ebola patient for up to 3-5 days, 24 hours a day. The items on the list we included on the agenda for this meeting.</p> <p>b. CDP PER-320 (Personal Protective Measures for Biological Events) course is scheduled for January 30th at the MSP 8th District Headquarters in Marquette. This is a new reformatted course to focus emphasis on hospital and EMS staff who would be responding too or caring for a highly infectious event, such as Ebola. Need a minimum of 15 and a course recommended maximum of 30. Registration is through MI-TRAIN.</p>

XL. Volunteer Management	a.
XLL. Exercises	<p>a. West. Gary Wadaga shared an exercise that was done on Isle Royal with the Coast Guard. A reminder also on the upcoming Portage Lift Bridge closures which will take place on Saturdays from 7pm till 7am. There will be ramps available for emergencies only.</p> <p>b. East. Shane advised first meeting for Rural and Ready will be next week. As HCC is a big financial contributor, please provide topic ideas that can be looked at as the planning process moves forward. Looking at possible including the TEEX MGT341 course to the conference. This is a 2-day course offered by the same group that brought the Fatality Management course last year. Looking at one-hour sessions. Tentative presenters at the NWS, Dr. McFadden who was involved with the Ebola response in Texas, and the National Guard CBRNE response group, someone to discuss the Elk River chemical spill that occurred in West Virginia, and a train derailment that occurred in Ontario. The conference may be held at the Bay Mills Casino but not confirmed as of yet.</p> <p>c. South. Dayna Kapp advised that they have agreed to rotate this every year. This year it will be DCHS and John Cox will serve as the Chair. OSF St. Francis has decided to stay in the South workgroup. The meetings will be held quarterly for now.</p> <p>d. Central. Looking for a Chair for the Central Workgroup to replace Jill Fries. Jill stepped down a couple of months ago as she felt that someone from the hospital would be more appropriate than Public Health. Please notify the regional office if you would consider serving in this role.</p>
Board Action Items	<p>Motion: Gary Wadaga made a motion for a friendly amendment to the agenda to include additional funding for SIM trailer operations. Second by Fries. Motion passed.</p> <p>Motion: Gary Wadaga made a motion to approve an additional \$1500.00 SIM trailer support funding for each of the trailers for a total of \$3000.00 when such funding is available. Second by Manty. Motion passed.</p> <p>Motion: Lyn Nelson made a motion for Dr. Edwards to discuss the SNS pharmaceutical labeling process with the state pharmacy liaison person for guidance on best practice. Second by Fries. Motion passed.</p>
Public Comment	None
Adjournment	Meeting adjourned at 12:20 pm

Ggustafson