Region 8 Healthcare Coalition Planning Board and Advisory Committee
Wednesday, November 5, 2014
10:00am – 2:00pm
Landmark Inn, Marquette
Meeting Minutes

Agenda Items	Description
I. Welcome and Introductions	With the absence of both the Chair, Curt LeSage, and the Vice-Chair, Gary Wadaga, a motion was made by Lyn Nelson, seconded by Shelly Reeves, to appoint Ed Unger as acting Chair. Motion passed unanimously. Ed called the meeting to order at 10:10am. Those in attendance introduced themselves: Jon Stone, Gary Gustafson, Dr. Edwards, Lyn Nelson, Pete Baril, Bonny Cotter, Mary Supino, Don Manty, Terry Parkin, Tina Waldron, Joy Parish, Cindy Gurchinoff, Kerry Ott, Hill Fries, Cheryl Moore, Melody Snyder, Deanna Wilson, Ed Unger, Dayna Kapp, Beth Tappy, Joy Hopkins, On the conference call: Shelli Arnold and Scott Schreibers.
II. Regional Administration	a. **Approval of minutes. Motion to approve Nelson/second Gurchinoff. Motion passed.** b. **Approval of agenda. Motion to approve Reeves/second Parkin. Motion passed.** c. Fiduciary Update: Financial spreadsheet was provided that overviews the current status of funds requested and spent. Original budget $175,380.00 , Expenditures $47,061.16, Balance $128,318.84. There has been some reallocation of funds within the capabilities that have been approved by the Board, a majority from the $30,000.00 Mackinac Island Decon equipment line item resulting from the acquisition of the Region 7 Rogers City Rehab Hospital Decon trailer. Advised that we are not taking funds out of any priority areas to allay some concerns that were shared with the regional office. d. Medical Director Update. Dr. Edwards advised that there are currently weekly calls with OPHP as well as calls with the hospitals. He mentioned that there is a state call today, and a state hospital conference call tomorrow. Much of the discussion is based on the status of Ebola response preparedness, including but not limited to hospital ED screening/triage, isolation, when to test and if to test, etc. Originally were told to hold up to 72 hours but that has been changing as well. Michigan has been designated as an approved lab site for testing samples, which will significantly increase the response time for lab results and ultimately addressing the status of patients who would be isolated at a facility. Mentioned the TEAM algorithm that was developed to help guide the tracking and follow up of people returning from the high risk countries who are asymptomatic but still need to be monitored at home. The TEAM algorithm was sent out to everyone a few weeks ago. Also discussed the idea that those who are home and become symptomatic should self-transport to the hospital as to not put an EMS rig out of service unnecessarily by contamination. Was on a state EMS conference call last week and there was discussion of making sure that EMS staff are training in donning/doffing of PPE at a minimum. There is some talk of the formation EMS strike teams that could be called in the event of a symptomatic patient needing transport. These teams would have a higher level of training and could be utilized if a patient needed to be transported to another facility who would provide more definitive Ebola treatment. The state is looking to identify EMS agencies in the state who would be willing to provide transport services to an Ebola patient. There are some identified downstate but as of yet, not one identified in Region 8. Jon did advise that Aspirus would provide Medevac transport of an Ebola patient from one of its Aspirus hospitals to another if necessary. This would not include them providing other regional transportation services. Currently there is no designated Ebola referral centers in Michigan, however MDCH is in discussion with a few facilities in lower southern Michigan. Don advised the MI MEDIC cards (Pediatrics) were just sent out to all the MCA's. These are to assist the prehospital provider with guidance on pediatric emergency care. Met with Lt. Don Brown, Emergency Management to get some situational awareness and to discuss/reinforce activity going on within the region. Reiterated that the state lab is only 1 out of 10 in the country approved by the

	CDC to do the Ebola confirmation testing. There was a burn training class held yesterday in Ann Arbor and in discussions with Dr. Wang and Anne Fast, sounds like they plan to do 2 courses in 2015, with a potential fall class being held up here in Region 8. Regarding the cross-border transport of Ebola patients, the state wants to assure that the proper procedures are followed before anyone gets moved out of state. There are a number of concerns including the patient not getting the initial treatment that would be required, and also the appearance that the state is "dumping" Ebola patients to another state. Have a similar situation with Ohio in the far south region of the state as we have with our Wisconsin neighbor. Beth Tappy asked the process if a patient were too refuse transport to Wisconsin, but rather wanted to go to MGH for example as its closer to home. Don advised that is a problem area, as well as who is going to be paying for these transports. There are many unanswered questions still out there. Another thing to consider is that Wisconsin still has to send specimens to the CDC for testing, in contrast to Michigan having confirmatory testing. This adds a significant time delay waiting for the specimen to be processed for patients who may be getting transferred to Wisconsin. Pete Baril advised the concern on the Public Health side is that there will not be the level of readiness reached if some hospitals have instructions to just send any potential Ebola patients to another facility, resulting in a sense of not needing to have all the staff training, required PPE, etc. regarding these patients. e. 501 ©3 Status Update. Jon advised that the paperwork has been submitted to the IRS. We did receive a letter from the IRS regarding the EIN number, which has been shared with our attorney. We have not heard back of yet on the status of that number.
111. Regional Updates	a. Regional Incidents/Response. • Lyn Nelson advised that UP Health-Marquette (new name) had a loss of hot water. The cause was determined to be the need for a new water tank, which they are awaiting delivery. They have been able to work around the problem for now and restore the hot water pending the installation of the new tank. They also had a transfer switch burn out which left buildings in the dark. That issue has been resolved as well. They opened up their Command Center on October 7th and have utilized the E-ICS program to document daily statuses as well as provide resource information. The state and the region are able to view the information that is being posted. b. MCA Update (Nelson). Lyn advised there has not been a meeting since the State EMS Seminar. There has been some changes in the Educational requirements with the addition of emergency preparedness. Also increasing the CEU requirement for pediatric credits. The state is looking at downsizing the MCA's from the current 62 down to 8, and then back up to 10. There will be some funding provided by the state to assist in that transition. 10 new state protocols have been added and these will be included on a new protocol test for EMS providers. One will require one practical on spinal immobilization as there has been a significant change in the use of full spinal immobilization. Don Manty advised those will be rolled out starting next week. There was a Rural EMS Education meeting held here in Marquette with attendance to include staff from the state EMS office and MAAS. Discussed ongoing issues of rural EMS, including the ability for the MCA's to have some latitude to address specific patient needs in their response areas. Ed advised there is also a change in administration of Narcan to include all levels of prehospital providers. This will be done for 3 years and then a re-evaluation. c. Emergency Management/UP Regional Homeland Security Board (T Schwalbach). No one from Emergency Management attended the meeting. d. EPC's/Local Health Departments (Beth). Advised they did a regional SNS exercise with the Civil Air Patrol. Problem however as the plane was grounded in the Soo. With that some just simulated going to the airport and transporting the supplies to the Closed Pod locations. Lyn questioned if the EPC's had considered such a scenario and put something into their plans if that were to actually happen, and a plane was not available. Beth advised they did have a contingency plan. The EPC's had a meeting on October 1st with the EM's to overview the plans for the coming year as there is some joint requirements especially with exercises. Attended a cross

	border meeting with Wisconsin and discussed mostly Ebola concerns. e. Region 8 Epidemiologist. Scott Schreiber. Currently there are 8 people being monitored in Michigan regarding Ebola. All are very low risk. Daily updates being communicated to MDCH by local health departments. All of these people are located in the southern portion of the state with none being here in Region 8. None are healthcare workers. They have already ID's a hospital if any of them should become symptomatic. Status of the Enterovirus D68 shows declining numbers. There were 90 specimens that tested positive. The mean age was 8 years old, with the oldest being 62. Of those diagnosed with the virus, 5 of them displayed some form our neurological involvement. f. Tribal. Joy Parish advised that they have been working on the Ebola like everyone else but otherwise nothing really to report. Kerry Ott from LMAS advised that they have been working more with the Sault Tribe. Please include the tribes in your areas with your preparedness planning as they are sometimes left out of the loop. They are vital healthcare partners and it is a win-win for everyone to have them included/involved. g. Long Term Care. (Gary) The Region 8 LTC Workgroup continues to have monthly calls with good participation from the LTC's. They are also participating in the monthly HavBed drills and will also be adding the Equipment Availability template to those monthly drills. This participation proved very beneficial a couple of weeks ago regarding an actual incident at a large LTC in the Grand Rapids area that had a fire/power outage. The region for that area requested all the regions do a LTC HavBed and Equipment query on EMResource, and about 20 of our LTC's responded. It reiterated why their participation and involvement are so important. A sample of the MegaMover chair that the Board approved for purchase regarding LTC evacuation was brought to the meeting so the Board could get a better look at its functionality. Reiterated that the LTC's continue to make positive steps forward and to reinforce that the funding were request for them is a result of that participation. There have been some who felt the LTC's were not doing enough to warrant funding support, so it is important to highlight again the activities that they are involved with, and the work that they continue to do in their ongoing efforts. Marquette County Medical Care Facility has offered to be our first LTC to utilize the patient tracking software. They have been provided the equipment and will go through a training process. If this proves beneficial from the LTC side, we will plan to approach other LTC's as well. Patient tracking has been discussed several times on our monthly LTC workgroup calls. The radio templates that were put into the LTC 800 MHz radios will not be changed per OPHP. As these are regional assets, the templates have to match the others in the state. The regional office has been working closely with the Emergency Managers on this project since they were approved last year. Tim McKee, EM for Chippewa County, is currently putting together a training module which will be provided to the LTC's prior to them being provided a radio. Not all of the LTC's will be receiving an 800 radio. With reduced funding only those who have been actively participating in our emergency preparedness outreach, including participation with the HavBed and workgroup calls, will be assigned one. Lyn Nelson questioned if we have been in contact with the 911 dispatch centers regarding the radios, including the templates that are in the radios. Now that the template that will be used has been identified, the region will be working with the EM's to address those concerns. h. Trauma Coordinator (Cheryl). Cheryl advised that the Regional Advisory Committee met and discussed the work to meet all the state goals/objectives for the trauma system. The state will start doing ACS trauma verifications starting in December and will be working with all the hospitals in this effort. The only 2 hospitals not participating are Bell and Munising. She is going to be working with Munising as they do see a lot of trauma over in their area.
1V. Healthcare System Preparedness	a.

V. Healthcare System Recovery	a. Pete questioned what the hospitals will be doing with the staff who may find themselves caring for an Ebola patient. Are these people going to require a 21-day quarantine, and if so, how will that impact the staffing for the facility. Lyn advised that as of yet there is no HR component in this realm. This also pertains to staff who may be coming back from a high risk country but showing no symptoms. Jon advised is there is no guidance beyond what the CDC has provided. Don did reiterate however that if there is an identified Ebola patient, that you would see support from the CDC, and also potentially a strike team from the CDC.
VI. Emergency Ops Coordination	a. Jon advised that the region has a good inventory at present and the 10-bed pallet project has been completed.
VII. Fatality Management	a. Don asked if your MEI's are active in the region including scene response. If so, do they have the adequate PPE to respond to an Ebola type incident? Melody Snyder advised she had a meeting last week to discuss this issue. Lyn mentioned that MEI's here ar mostly all law enforcement but have no advanced training with PPE.
VIII. Information Sharing	a. See the LTC report above
IX. Medical Surge	a. Simulation Trailer/SIM Manikins update. Jon gave a follow up to a query from Gary Wadaga regarding possible upgrade of our old SIM manikins from PDA to IPAD. WorldPoint advised us that the technology is not available to make this a workable plan. The 2 pediatric simulation manikins have been ordered and should be arriving within the next week or so. These will provide the same technology as the adult simulators now on the trailers. The need for more pediatric training was identified through a statewide pediatric survey that had been sent out through MDCH. Jon advised that WorldPoint will be doing a training program on these new manikins. Ed asked if they are not able to provide at both trailer locations, could it be videotaped. Jon will check. The region was asked about using just the manikins and not the trailer. Much discussion on the original intent of these SIM trailers was that they would be purchased with the plan they would be used as a unit, without taking the manikins out. Jon commented that every time one the manikins is taken out of the trailer and moved, it increases the likelihood of something being damaged, etc. So following Board discussion, it was agreed that the region would not allow the manikins to be transported without the trailer. If someone wants to use it, they have to arrange picking up the trailer and returning. If a hospital wanted to utilize the manikin in the ED for training, it could be brought into the facility for that purpose, but would still need to be brought to the hospital in the trailer as originally planned when purchased.
X. Responder Safety and Health	a. Everyone acknowledged almost daily training with staff on all aspects of the current Ebola situation to include donning/doffing, following the changing recommendations from the CDC, PPE inventory evaluation and facility preparedness. Focus on many areas to include the clinic setting, EMS preparedness and equipment needs. These are ongoing efforts.
XL. Volunteer Management	a.
XLL. Exercises	a. West. Flu Clinics are all done. Vicki reminded everyone on the upcoming work that will be done on the Portage Lift Bridge. There will be many down times, some up to 8 hours. Emergency vehicles however will still be able to get across. They are working with the Jack Dueke, their EM, on this issue. Lyn wondered if Jack was going to open up an event on WebEOC so that daily updates could be posted for situational awareness if nothing else. Vicki said she would check with Jack to see if he was planning to utilize the WebEOC for this project. There was a tabletop with the USCG on a simulated fire aboard a ship. Provided a good review of the ICS as well as available resources, EMS transport issues with the distances involved, etc.

	b. East/Central. No report. c. South. No report.
Board Action Items	Jon approached the Board regarding the regions interest in providing 2 PAPRS to each transporting ALS service in Region 8. Funding will not allow us to purchase these for every service. Estimated cost from the vendor is just under $35,000.00. Jon advised that we are the only region who did not supply our EMS with the PAPRS several years ago in contrast with all the other regions. At that time the focus was, and remains, on chemical exposure. Our EMS agencies were provided Scape Hoods only, all of which are now expired. **MOTION: Cindy Gurchinoff made a motion to support the purchase of 2 PAPRS for each ALS transporting service. Second: Joy Hopkins.** The discussion included concerns from Lyn Nelson as to why only ALS and BLS, as well as the concern that EMS is not trained at that operational level. Lyn felt that the PAPRS were above the CDC recommendations and did not support supplying these as they were not recommended. Jon advised that the CDC provided an option for these and that is what the region decided they wanted to provide. Lyn advised that if the state were to develop these strike teams, they should be the ones who are using this level of PPE, not for the typical Ebola patient we would encounter where a much lower level of PPE would be appropriate. Bonny added that her concern with just the hood and N95 is that they do not provide full coverage of the neck area, and that they have tried every option without success, so she supported the use of PAPRS. Lyn advised that Dr, Gephart, UP Health-Marquette Infection Control Physician, did not recommend the use of the PAPRS and Jon advised that was a decision made by their facility. Lyn also had concerns about the training and upkeep of the PAPRS, and if the region was going to provide the appropriate training. Jon advised he would make sure the training was completed. **Lyn then offered an amendment to the original Motion that the region would also assure that any agency receiving the PAPRS receive appropriate training on their use and implementation before distribution, of which was agreed.** A role call was done for the voting members present. Voting Yes: Shelley Reeves, Melody Snyder, Bonny Cotter, Vicki Peterson, Joy Hopkins, Ed Unger, and Terry Parkin. Voting No: Lyn Nelson and Don Manty. Motion passed.
Public Comment	None
Adjournment	Meeting adjourned at 1:10 pm

Ggustafson

Region 8 BP3 Implementation (2014/2015)		**Amt. Actual**	**Balance**
HEALTHCARE SYSTEM PREPAREDNESS	**Budgeted**		
SIM Operations	1500.00		
LTC Evacuation Equipment (chairs)	3000.00		
2 chairs per wing/floor. EMP quote 2507.50(170chairs)		2507.5	
LTC Staff and Resident "Go Kits"	2000.00		
PEDS Sim manikins (2) with accessories	32380.00		
(2) STAT 8010 Worldpointe with accessories		32,510.00	
LTC Conference	2000.00		
Portage Lift Bridge Exercise	3500.00		

Multi-agency practical exericse involving the loss of critical infrastructure impacting 2 hospitals, 4 LTCs, and 2 EMS agencies.			
Rural and Ready Conference	7,500.00		
Region 8 Planning Board	3,000.00		
wadaga mileage 9-3-14 board meeting		64.96	
cotter mileage 8-27 west meet/9-3HCC meet		100.68	
flores mileage 9-3-14 HCC meet		99.12	
cotter mileage 9-24-14westmeet		41.33	
wadaga mileage 9-24-14westmeet		35.28	
R8 Workgroups	2,000.00		
(EMS/ Behavioral Health/Pharmacy/ Mass Fatality)			
Tammy Seavoy 501©3 fees (funds reallocated from decon)	3,500.00	2870.00	
Healthcare System Preparedness Totals	***60,380.00***	**38228.87**	**$ 22,151.13**
HEALTHCARE SYSTEM RECOVERY			
EMERGENCY OPS COORDINATION			
ICS-300 and ICS-400 Training	2,100.00		
2 ICS300 courses and 1 ICS 400 course.			
WebEOC Training	1,500.00		
(2) courses, east/west geographical workgroups			
Emergency OPS Totals	***3,600.00***		***3,600.00***
FATALITY MANAGEMENT			
Mass Fatality Supplies	500.00		
Fat Management Totals	***500.00***		***$ 500.00***
INFORMATION SHARING			
800 MHz batteries (cost sharinig)	3,500.00		
50% cost share			
800mHz radio license fees	3,000.00		
Regional cache/LTC radios still waiting for template.			
Satellite Phone Fees	4,000.00		

Orbit 30 plan Globalstar			
EM-Resource Training	4,000.00		
EM-HICS, EM-Track			
Info Sharing Totals	***18,500.00***		***$ 18,500.00***
MEDICAL SURGE			
Burn Surge Training	5,000.00		
Regional Exercises	15,000.00		
Region-wide pandemic/mass fatality exercise.			
LTV 1200 Vent Maintenance (6 year)	13,500.00		
6 remaining LTV1200			
BDLS Training	1,000.00		
2 BDLS courses.			
ACC Support (+3000 from Mack Decon)	5,000.00		
Equipment update/replace.8 cots/inflate mattress		568.03	
(2) 18 gallon trash receptacles		304.89	
ACC replenishment for 10 bed pallets(EMP)		1375.85	
ACC supplies to complete the 10 bed totes (EMP)		169.53	
25 Serta mattresses		2700	
MCI Trailer Updates	5,000.00		
50% cost share/MCAs hosting 3 MCI trailers			
Patient Decontamination Equipment	20,000.00		
Decon equipment Mackinac Island Med Center			
(3500.00 to Healthcare Preparedness for 501©3)			
(5000 to PPE)			
(3000 to ACC support)			
Med Surge Totals	***64,500.00***	**2248.77**	**$ 62,251.23**
RESPONDER SAFETY AND HEALTH			
Hospital Decon training	1,000.00		
Decon PPE (+$5000 from Decon Mack Island)	13,500.00		
Global Industries Tyvek suits (15 cases)		2154.25	

PAPR Batteries	5,000.00		
16 Replacement NiMH batteries.(Goldkamp)		4429.27	
PAPRs	8,400.00		
Mackinac Island Medical Center			
RS&H Totals	***27,900.00***	***6583.52***	***$ 21,316.48***
VOLUNTEER MANAGEMENT			
IMPLEMENTATION TOTALS 10-29-14	**175380.00**	**47,061.16**	**128,318.84**