

Region 8 Healthcare Coalition Planning Board and Advisory Committee
Wednesday, September 3, 2014
10:00am – 2:00pm
Bell Memorial Hospital
MOB Conference Room
Meeting Minutes

Agenda Items	Description
I. Welcome and Introductions	Curt LeSage, Chair, opened the meeting at 10:04 EST. Those in attendance introduced themselves: Curt LeSage, Jon Stone, Gary Gustafson, Dr. Edwards, Lyn Nelson (on call), Alyson Sundberg (on call), Cathy Flores, Pete Baril, Bonny Cotter, Melody Snyder, Shelli Arnold (on call), Shane Albrecht (on call), Cindy Gurchinoff, Ed Unger, Beth Tappy, Teresa Schwalbach, Tom Bucek, Mary Aspinwall, Shelly Reeves, Gary Wadaga, Terry Parkin (on call), Vicki Peterson (on call), Jill Fries, Scott Schreibers (on call), Dr. Don Edwards, Jon Stone, Gary Gustafson
II. Regional Administration	<p style="text-align: center;"><u>EMResource EMTrack 3.0 Upgrade Webinar from 10:15 to 11:20</u></p> <p>a. Approval of minutes. Motion to approve Bucek/second Flores. Motion passed.</p> <p>b. Approval of agenda. Motion to approve Wadaga/Fries second. Motion passed.</p> <p>c. Fiduciary Update: Gary advised that there was about \$50,000.00 of carry over funds from BP2 to BP3. As a financial spreadsheet was provided at the last meeting that gave a good overall picture, did not feel another spreadsheet was necessary to hand out. A draft BP3 budget was provided to both those in attendance and on the conference call. Jon reviewed the spreadsheet in detail and how those funds were anticipated to be used. The spreadsheet outlines the proposed budget as it was submitted in the BP3 application to the state. A consideration of board action to approve the budget as presented will be addressed later in the meeting.</p> <p>d. Medical Director Update. Dr. Edwards advised that the OPHP Strategic Planning meeting will be held September 11-12 in Roscommon with all regions attending. Don advised he attended the last Region 8 Homeland Security Board meeting in Marquette and found it very beneficial. He thanked Teresa Schwalbach for the hospitality at the meeting and felt his time was well worth his attendance. Advised that we just found out that for those wanting to take the U of M hands on skills training that completion of the ABLS Now online course must be done within 6 months of the training course. This requirement was not previously shared with the region as we have been pushing out the online training ongoing. There are 3 staff at Baraga that are going to the training in Gaylord on September 16th and now have to retake the online course. As these slots are not cheap, the cost for now having to repeat the course was not well received by the group. Don advised the group that the Pediatric Burn Surge initiative has made great progress with 5 strike teams with helicopter capability now available in the state. Regarding triage tags, there has been a new color gray added which will fall under the “expectant” category. This will be reflected in the revised MCI state protocol. Attended the state trauma committee on pediatrics and advised that each hospital should identify a Pediatric Champion to help oversee pediatric treatment/transport policies/procedures/protocols. Mi Medic cards are going to be distributed to EMS agencies throughout the state. These cards will be similar to the Broselow tape with the purpose to try and minimize medication errors in the field. There is currently hospital lab preparedness training being provided to hospitals by Teresa Miller from MDCH. Attended a state Medical Directors meeting last week and discussed the current status and information on Ebola.</p> <p>e. 501©3 Status/Information. Jon advised the group that additional paperwork has been submitted to attain an EIN number for the</p>

	<p>501 © 3 status. The region is looking for a couple of people to serve on the non-profit board. Those meeting will be held prior to the HCC Board meetings and/or as needed. This will be completely separate from the HCC Board. If interested and on our Region 8 HCC Board, you may want to check for any conflict of interest issues with your facility/agency.</p>
<p>111. Regional Updates</p>	<p>a. Regional Incidents/Response.</p> <ul style="list-style-type: none"> • Lyn Nelson. <ul style="list-style-type: none"> 1. A day after the Central Division exercise June 15, MGH experienced a patient that required decontamination. Nursing and EMS staff on-site who had previously received Decon training conducted the Decon wearing team PPE. Deficiency noted that MGH does not have a 24/7 way of utilizing EM HICS for emergency call-back of its Decon staff. Not all team members were notified. At today's Environment of Care meeting, I am asking for ways to institute EM HICS into the healthcare system. Our IT Help Desk was an initial thought, but that is going to be changing. Our Contact Center (Switchboard) is totally inundated during an incident. Incidentally, through researching this incident it was discovered that the Fire Department/Non Transport BLS agency, who would be the field agency to respond for gross Decon, was not paged. The incident was called into dispatch by City Police without full explanation apparently. The patient did not receive gross Decon. The hospital shut down its access for this ambulance when it learned the patient was not gross decontaminated. I contacted the City Fire Chief with information in case he wanted to contact the City Police Chief. 2. On July 8, 2014, a KC-135 with three crew members announced an inflight hydraulic emergency with planned landing at Sawyer. Central Dispatch sent agencies and put others on standby. MGH ED initially notified by MGH EMS who was sent. MGH conducted a Code Command. I had access to the Sawyer Control Tower and sent text messages to the Code Command to keep them apprised. Landed safely. Debriefing unveiled need to disseminate airport map with marked designated areas, familiarity of agencies to airport and their roles. Education sessions currently on-going. 3. On July 8, 2014, a KC-135 with three crew members announced an inflight hydraulic emergency with planned landing at Sawyer. Central Dispatch sent agencies and put others on standby. MGH ED initially notified by MGH EMS who was sent. MGH conducted a Code Command. I had access to the Sawyer Control Tower and sent text messages to the Code Command to keep them apprised. Landed safely. Debriefing unveiled need to disseminate airport map with marked designated areas, familiarity of agencies to airport and their roles. Education sessions currently on-going. <p>b. MCA Update (Nelson). Lyn asked if anyone besides Alger-Marquette MCA took advantage of the Rural Health AED initiative. She advised they received 5 devices. Schoolcraft and Baraga both advised that they also had submitted paperwork and each had also received 5 devices as well. Gary W. advised the state MCA Conference is coming up September 28-29 and UP EMS Conference scheduled in Marquette for October 2-5th. October 27th MAAS and the EMS Division will host a workshop in Marquette to discuss rural EMS issues and how to address some of them without legislative change. To include such things as the Bennett Bill, special studies, etc. Gary Wadaga also advised the group that he recently accepted the position of Chair for the newly formed state EMSCC Ad Hoc committee.</p> <p>c. Emergency Management/UP Regional Homeland Security Board (T Schwalbach). Teresa advised they have their Board meeting tomorrow. Currently they are being audited by the state with a focus on equipment. They have to fill out a form for each item, including such things as the snow sleds they purchased last year and 4 wheelers. It even includes the antennae located at MGH. Recently did a well-received MI SIM training over at Ontonagon. Looking now at a new school "Boot Project" initiative that includes hardware to secure doors. Will be surveying schools to find out if there is interest before approving any funding for such an effort up here. Also looking into the AED for schools that is now on the radar. Gary Wadaga mentioned that the Rural Health grants for</p>

	<p>AED's will still be available as there will be 3 rounds of funding available. May want to consider that as they look into this in more detail. Teresa advised that funding has also been declining for them with the CERT grant money no longer available. With 5 teams up here in Region 8 they are looking at putting \$10,000.00 aside to continue support for these teams. Advised the Red Cross is under restructuring with the state going from 3 regions down to one. This is driven by population numbers. She feels that Jeff Selesky will continue in his role up here.</p> <ul style="list-style-type: none"> d. EPC's/Local Health Departments (Jill). Much focus on Ebola. Had a VTC with the state Medical Directors and EPC's in August. Focused on information sharing as to not inundate the medical community with information. There has been some specific information for universities of which was disseminated as necessary. Flu clinics are now being scheduled with most health departments posting the dates on their websites. SNS exercise scheduled for September 25th with varying degrees of participation. The Civil Air Patrol will be participating in one of the exercises. This will also be used as part of a closed POD exercise in Marquette. e. Region 8 Epidemiologist. Scott Schreiber. Was on the call but was disconnected so not available to give a report. Jill did advise the group on a Salmonella outbreak that seems to be tapering off which involved both the UP and downstate. Not all cases are connected although there were some common markers. Nothing in the last week. f. Tribal. No report. g. Trauma Coordinator (Cheryl). No report. It was mentioned however that the MGH Trauma Conference will be held at MGH on Friday, October 3rd. A flyer has been sent out by the region office and also has posted it on the Region 8 website under news/announcements. Cheryl was not aware of our meeting so will check on the e-mail distribution list and add if needed. h. Long Term Care. Gary G advised the monthly LTC workgroup calls are continuing along with participation in the HavBed drills. Norlite will be doing a tabletop on September 16th in preparation for a functional evacuation exercise sometime later in the fall.
<p>1V. Healthcare System Preparedness</p>	<ul style="list-style-type: none"> a. Jon advised that we are looking for 2 people from each geographical area to serve on an EMS workgroup. With the Sim trailers now out in the region we have no entity to work with scheduling, etc. which is one reason to form this group. Also looking for 2 people to serve on a behavioral health workgroup (counselors/psychologists/psychiatrists). Please forward any interested names to the region office. Would also like to put together a hospital specific Mass Fatality Workgroup with 2 people from each geographical workgroup as well. b. Regional Exercise Plan. We did CBRNE in BP2, so looking for topic ideas for another regional exercise in BP3. Tom Bucek mentioned an exercise they did with a tornado and bus overturned. Advised it went very well. Cathy Flores advised perhaps focusing on something that would be more realistic in our rural setting, without all the fancy equipment. She referenced the joint Burt Twp/Schoolcraft MRC training this past weekend where they learned how to get the job done with minimal equipment and used things like sticks to make evacuation type sleds. Curt advised would be the time to review HVA's and prioritize according to highest identified risks, weather being the most common throughout the region. Jon pointed out the 2 worst case scenarios in Region 8 the past year was the loss of water at Grandview and the roof collapse over the boiler room at Aspirus Keweenaw that almost required an evacuation during the worst blizzard of the winter. <p>The consensus of the group was to focus on a weather related exercise for BP3 with a COOP component, and a pandemic exercise for BP4. Cathy mentioned perhaps including a SAR component into the exercise as well. Jon advised that the region would look at providing up to \$1000.00 for each hospital and up to \$500.00 for transporting EMS services only for participation in such an exercise with the same documentation/AAR requirements as the one we did this June. Jon also mentioned that the AAR template that most agencies have is not HSEEP compliant, so we will provide one that will be more useful, better define lessons learned, help to keep focus on the critical areas, and be HSEEP compliant. Tentative looking at doing an AAR workshop in March for regional partners.</p> <p>Jill mentioned that although Ebola is front and center, a more concerning situation is the Avian flu outbreak which is more</p>

	<p>widespread and also no vaccine. Not that we would not see Ebola here, higher risk for the flu. Jon advised that MTU has received about 65 international students with some coming from those high risk areas, including Liberia. Jon said MTU did an exercise that focused on an Ebola outbreak. It was agreed that perhaps September of 2015 we could look at a pandemic exercise, although Jill felt better to have a tabletop in the fall of 2015 and a full scale exercise in the spring of 2016.</p>
V. Healthcare System Recovery	<p>a. COOP. Bonny advised this is getting to be a big thing with insurance companies now. Agreed that this is an area hard to exercise. Jon suggested do the exercise backwards, with the practical done about a week prior to the tabletop.</p>
VI. Emergency Ops Coordination	<p>a. Jon advised that the region will continue to provide funding to stock the 3 MCI trailers but will be looking for some cost sharing from the partners.</p>
VII. Fatality Management	<p>a. Fatality Management. Looking at putting together a regional hospital specific Fatality Management workgroup with 2 reps from each hospital if possible. Please let the region office know if you are interested in being on this workgroup.</p>
VIII. Information Sharing	<p>a. EM-Track software update webinar provided at the start of the meeting today. Tentatively plan to offer a hands on training for both the EM-Track and EM-HICS sometime during BP3. More information to follow.</p>
IX. Medical Surge	<p>a. The evacuation equipment that was purchased through additional funding provided by the state for hospital evacuation have arrived and can be picked up after the meeting. These include 2 yellow emergency evacuation transporters per hospital as well as one bariatric Med-Sled. Additional equipment that was identified through the survey that was provided to all the hospitals earlier in the year is available to those who responded including stair chairs and regular Med-sleds in addition to the bariatric sled. There was a link provided to the hospitals some time back for additional information/training video on using the Med-Sleds. The website is www.medsled.com.</p>
X. Responder Safety and Health	<p>a. The PPE items that were ordered for the region have arrived and can be picked up after the meeting. These include boots, gloves and Tychem suits.</p>
XI. Volunteer Management	<p>a. Cathy Flores advised she participated in a joint Schoolcraft/Burt Township MRC wilderness training course held last weekend up in Grand Marais. They used real life scenarios taking into account the geographical area including the Pictured Rocks National Lakeshore and sand dunes. Damien Obiden from Kalamazoo was the instructor. Included staff from the park service, CERT and law enforcement. Great program. Morning session was hands on classroom and afternoon outside activities. 38 people attended the training. Opportunity to learn how to manage without all the fancy equipment, like making evacuation sleds from tree branches. Someone was taking pictures and also used a remote controlled drone with a camera attached so got some great shots. Will share once she has copies.</p>
XII. Exercises	<p>a. West. Bonny advised the June Decon exercise went well. Airport exercise coming up. Tom Bucek advised that Northstar participated in a FEMA virtual tabletop with 10 other sites. Went well and these courses are free of charge. Mary Aspinwall advised they have an airport exercise coming up as well.</p> <p>b. East/Central. Jill advised they have not met since June. Jill advised that she will no longer be chairing the Central workgroup as it</p>

	<p>should be someone from either a hospital or EMS. She commented that if she does not step down, that won't happen. Curt advised he participated in a tabletop at the Marquette Branch Prison, along with Teresa Schwalbach. Included EMS and the hospital. Proved to be extremely helpful in clearing up many misconceptions about the roles of everyone in the event of an MCI at the prison. More tabletops are going to be planned.</p> <p>c. South. Beth Tappy advised they have not met but did announce that Carol Thornton, EPC with Iron-Dickinson HD, who occasionally Chaired the workgroup, is retiring. She sent a card around the room for the Board members to sign. Regarding Jill's comment on chairing the workgroup, Beth advised that the hospitals should each take a year and meet quarterly rather than bi-monthly.</p>
Board Action Items	<p>Budget: Ed Unger made a motion to support the BP3 budget in its entirety as presented, with the exclusion of the \$5000.00 money for Burn Surge as that was already Board and State approved. Support from Alyson Sundberg. Motion passed.</p> <p>Region 8 LTV 1200 Ventilators: Gary Wadaga made a motion to continue ongoing maintenance costs for the region owned LTV1200 ventilators. Support by Ed Unger. Motion passed.</p> <p>HVA's: Teresa made a motion directing all Region 8 hospitals to submit their current/up-to-date HVA's to the region office for the purpose of developing a region-wide HVA. Support by Jill Fries. Motion carried.</p>
Public Comment	<p>Gary G advised the group that OSF St. Francis has requested to move from the South Geographical Workgroup into the East. No Board action is necessary as this is for informational purposes only.</p>
Adjournment	<p>Motion by Unger to adjourn, support by Fries. Motion passed. Meeting adjourned at 1:55 pm.</p>

BP3 Board Approved Budget

HEALTHCARE SYSTEM PREPAREDNESS
SIM Operations
LTC Evacuation Equipment (chairs)
<i>2 chairs per wing/floor</i>
LTC Staff and Resident "Go Kits"
PEDS Sim manikins (2) with accessories
LTC Conference
Portage Lift Bridge Exercise
<i>Multi-agency practical exercise involving the loss of critical infrastructure impacting 2 hospitals, 4 LTCs, and 2 EMS agencies.</i>
Rural and Ready Conference
Region 8 Planning Board
R8 Workgroups
<i>(EMS/ Behavioral Health/Pharmacy/Mass Fatality)</i>
Totals
HEALTHCARE SYSTEM RECOVERY
EMERGENCY OPS COORDINATION

ICS-300 and ICS-400 Training
<i>2 ICS300 courses and 1 ICS 400 course.</i>
WebEOC Training
<i>(2) courses, east/west geographical workgroups</i>
Totals
FATALITY MANAGEMENT
Mass Fatality Supplies
Totals
INFORMATION SHARING
800 MHz batteries (cost sharinig)
<i>50% cost share</i>
800mHz radio license fees
<i>Regional cache/LTC radios still waiting for template.</i>
Satellite Phone Fees
<i>Orbit 30 plan Globalstar</i>
EM-Resource Training
<i>EM-HICS, EM-Track</i>
Totals
MEDICAL SURGE
Burn Surge Training
Regional Exercises
<i>Region-wide pandemic/mass fatality exercise.</i>
LTV 1200 Vent Maintenance (6 year)
<i>6 remaining LTV1200</i>
BDLS Training
<i>2 BDLS courses.</i>
ACC Support
<i>Equipment update/replacement...8 cots replaced.</i>
MCI Trailer Updates
<i>50% cost share/MCAs hosting 3 MCI trailers</i>
Patient Decontamination Equipment
<i>Decon equipment Mackinac Island Med Center</i>
Totals
RESPONDER SAFETY AND HEALTH

Hospital Decon training
Decon PPE
PAPR Batteries
<i>16 Replacement NiMH batteries.</i>
PAPRs
<i>Mackinac Island Medical Center</i>
Totals
<i>VOLUNTEER MANAGEMENT</i>
IMPLEMENTATION TOTALS 6-22-14

ggustafson