

North Central Wisconsin-Healthcare Emergency Readiness Coalition (NCW-HERC)

Region 2 Local Health Department Meeting – November 13, 2017 Meeting Minutes

Agenda Item	Lead	NOTES
Welcome, Introductions and Agenda Overview	Joan Theurer	Folks in the room and on the phone introduced themselves; representation from all counties in region 2. Joan reviewed agenda.
Funding/Contract Update/Other DHS Preparedness Updates - HCC restructuring	Robbie Deede	Joe Cordova was unable to join due to his new role with DHS. Robbie provided an update regarding HERC funding. Initially the HERC was awarded \$100,000, but has since received an additional \$50,000. The coalition is required to spend a minimum of \$67,000. The coalition is currently determining how to spend those funds. The 7 coalitions statewide are looking to become incorporated into one corporation (501(c)3). Bylaws are being developed to allow for as much local control as possible. This process is somewhat on hold due to staff turnover at DHS. Robbie also talked about coalition sustainability going into the future.
Communicable Disease Funding Update	Joan Theurer/All	For the first time, LHDs will receive GPR funding for communicable disease control. An ask has gone out through WALHDAB for reps from each region to serve on a workgroup to determine how that funding will be allocated. Funding is \$500,000 annually over the biennium. Discussed the importance of having representation on the workgroup from both large and small health departments.
Coalition Updates - Determine where to place 3 Bioseal Systems - Drills – WITRAC hospitals, RAVE LHDs	Robbie Deede Joan Theurer Sue Kunferman	<p>The group congratulated Robbie on his new role as region 2 HERC Coordinator. Robbie started on August 21, 2017. Robbie is doing an amazing job and has already moved the coalition forward significantly. Robbie provided an update on the direction of the region 2 HERC. Jim Monarski will be serving as chair of the Region 2 HERC Board.</p> <ul style="list-style-type: none"> - There are three Bioseal systems at Aspirus Wausau Hospital that were purchased by the coalition. We are seeking to place them strategically in our region. Portage, Wood, and Marathon Counties already have Bioseals that were purchased locally. After discussion, the group suggested placing the 3 available with Oneida, Lincoln, and Price Counties. - Robbie discussed drills/tests and the importance of redundant communications. WITRAC is taking nursing home bed counts now as well. Hospitals use it most frequently and bed count drills are being conducted regularly. Reporting bed counts during the drills is continuing to improve. With the upcoming Coalition Surge Test (CST), hospitals are becoming more aware of the importance of this tool. There is a desire to get alternate care facilities using WITRAC once hospitals are functional in this area. Robbie also discussed WISCOM radios. 11 of 15 of the radios are functional at hospitals in region 2. The remainder will be functioning soon so all hospitals in our region will be able to communicate and have a common operating picture during events. To get an idea of what local health departments in our region are doing around RAVE drills, we went around the table and each county provided an update of their efforts to conduct call-down drills. There was also discussion around radios and who has them, who doesn't, and how those with them are not well trained in their use, for the most part.

<ul style="list-style-type: none"> - HVA local review and update - Focus regional exercise on infectious disease (e.g., TB) - Sector Updates 		<ul style="list-style-type: none"> - Surprisingly, the CST exercise does not need to be HSEEP compliant. This exercise will occur in spring most likely. A hospital in our region will need to evacuate about 140 acute care patients in the scenario. Actual evacuation does not need to occur, but there needs to be a place to transport secured as well as a means of transport – within 90 minutes. Currently, Marshfield Medical Center would be the facility involved. - Reminder to get back to Robbie regarding suggested changes to the HVA. People need to respond to Robbie by Friday even if we have no suggested changes. This is to get credit for participating in the regional HVA as required by our contract objectives. - Region 2 is exempt from the requirement to conduct a large-scale infectious disease exercise. There was discussion in the value of conducting a multi-county exercise. We could use the same exercise scenario and do multiple exercises in the region in smaller groups. There was also discussion on developing a scenario that brings in long-term care facilities. Discussed using some coalition funding for a consultant to develop the exercise scenario. - EMS is in the process of license renewals. EMS has to use a rig that is DOT approved in every incident. For mass casualty incidents, it's impossible to follow that because there aren't enough rigs. It's important for EMS to have a clause in their plans to allow for deviation under certain circumstances. - RTAC is focusing on mass casualty evacuations. Where would remains go and how would they get there?
<p>CMS Rules</p> <ul style="list-style-type: none"> - Role of NCW-HERC and LHDs 	<p>Robbie Deede</p>	<ul style="list-style-type: none"> - Robbie provided an update on the new CMS EP rule. WI DHS has prepared toolkits for entities impacted by the new rule. There is a checklist in each toolkit and agencies are starting to go through it and assure they are meeting the requirements of the rule. The Division of Quality Assurance will be assuring entities are in compliance.
<p>Opportunities for Collaborative Activities based on the 2017-2018 Objectives</p> <ul style="list-style-type: none"> - Trainings - Template Plans - Other <p>Roundtable</p>	<p>All</p>	<ul style="list-style-type: none"> - Discussed the CST drill in further detail and potential public health roles. Discussed a family assistance center, shelter, using available county nursing home beds or surgery center beds. Also discussed assuring continuing communication with human/social services to keep them engaged. There was also discussion about how other hospitals could potentially play virtually, since only one hospital will be the focus of the evacuation. This exercise will need to be completed annually for 5 years. We want to maximize opportunities to participate and learn from this scenario. The AAR will be a good opportunity for broad participation. It needs to be completed within 60 days of the test. - ASTHO Active Shooter Report – Robbie reviewed this report, which focused on the role of public health in the night club shooting in Orlando. Robbie encouraged everyone to take a look at the report. Response challenges identified included the dynamic nature of the incident; FBI took control quickly; interagency coordination (especially state/federal agencies); communication; proximity of the scene to hospitals and the numbers showing up at hospitals in private vehicles un-triaged; notification of families.
<p>Next Meeting and Format</p>	<p>Joan</p>	<ul style="list-style-type: none"> - Meeting length seemed good. Phone line availability is essential. Location for in-person folks is good. Discussed having another meeting in May. Was suggested having a written update in between as follow-up to what was discussed and HERC key updates.
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Adjourn	All	
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