

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

NCW HERC: Public Health Meeting Minutes for April 5, 2019 0900-1200

County Board Room – Lincoln County Service Center Building, 801 N. Sales Street, Merrill

Call-In Number 715-539-9475

Attendees: *Jordan B (Forest), Jamie R (Langlade), Bob L (Clark), Laurel D (Vilas), Tammi B (Vilas), Katie H (Iron), Robbie D (NCW-HERC), Linda C (Oneida), Kristin B (Lincoln), Shelley H (Lincoln), Michelle E (Price), Chelsea O (Price), Becky M (Marathon), Rebecca L (Oneida), Marta M (Oneida), Lori K (Portage), Joe C (DPH), Joan T (Marathon)*

Welcome, Introductions and Agenda Overview *(Joan Theurer)*

Robbie will take minutes.

No additions to the agenda.

DHS Preparedness & NCW-HERC Updates *(Joe Cordova & Robbie Deede)*

DHS & OPEHC Preparedness Updates

- Kim Cox PHEP & HPP Coordinator. Kim comes to us from California, where she served as a PHEP Coordinator. The PHEP & HPP role is a restructuring and consolidation of some of Joe's and Michelle's plan of work. The two programs parallel closely and the move made sense. The project will be focused on grant management in fulfilling what is need from ASPR. Exploring options of having Kim rollout new guidance to get to know the state and engage the regions and its members/partners.
- New HPP guidance is out from ASPR, outlining program through 2022. Trainings, exercises, and other activities will be more closely linked to gauging documentation, i.e. the Coalition Assessment Tool (CAT) and Hazard Vulnerability Assessment (HVA.) Noted very stringent deliverables. 2019-2020 Work Plan, Budget, Exercises and Trainings will all be due by 07.31.19. 2020-2021 will be due by 01.31.2020. Note: new guidance for HPP from ASPR outlines clear need for HPP to directly collaborate with PHEP, however, currently PHEP guidance does not currently require collaboration with HPP. NCW HERC is ahead of the curve in this regard, related to public health engagement.
- Work plans for both PHEP and HPP will be more data driven and require more documentation.
- Contract deliverables and objective for 2019-2020
- Templates will be provided for regional and jurisdictional HPP/PHEP work plans for Jurisdiction and deliverables however the templates will not be the same
- Discussion on PHEP budget breakdown: 65% goes out to jurisdictions and tribes. The remainder is distributed to divisions of DHS, i.e. OPEHC and Stat Lab of Hygiene. Funding is broken down based upon population. These numbers have been updated to reflect current population.
- Forecasting: Per ASPR, we will likely not see a decrease in funding, if anything we will see funding increase. HPP has to work with PHEP, PHEP guidance does not require
- The state is prepping for more flooding: the Mississippi is flooding, one rain storm will push everything over the limit
- Preparations for the Democratic National Convention (DNC) have begun. This will be a "all hands-on deck" for the HERCs
- Operations planning at going on at the state level. OPEHC hope to meet with the new secretary soon.

- NCW HERC is collaborating with the North Central Regional Trauma Advisory Council (NCRTAC) to conduct an awareness campaign on Opioid Use Disorder (OUD.) This is intended to increase knowledge and decrease stigma around OUD. Second, promote responder safety and health and quality patient outcomes. Last, promote continuity of care and ensure that patients receive wrap around services.

Response Plan Drafted:

- The NCW HERC Response Plan has been drafted and will be distributed for an open review period: April- May,

Follow-up: Please review the Response Plan and provide comments to the HERC Coordinator upon receipt of email

NCW HERC Kwik Trip MOU:

- In January NCW HERC established a MOU with Kwik Trip. This is intended to serve as a redundancy to initial contingency planning. This can help supplement fuel, water, food needs. Refrigerated trucks, etc. This would be activated through the HERC. Requesting agencies may incur a fee for supplies requested. Availability of donation would be determined at the time of need.
- Next steps would be to take this precedent and move forward with establishing MOUs with other private sector partners, such as pharmaceutical companies

Action: HERC Coordinator will share Kwik Trip MOU with members and post to the website members section

Additional Discussion:

- More work and initiatives related to Human Services and Social Services has been outlined. These agencies still do not have dedicated funding for infrastructure development. This concern was expressed at the NACCHO Summit. Currently, it is critical for public health to support efforts in planning with PHEP funding to promote and develop FAC and Sheltering Planning
- Discussion about Non-CMS funded agencies and concerns related to their lack of preparation. It has been noted, related to real-life events, that they are just as susceptible to disasters. Reports have been made to state on this matter.

NCW HERC Exercises:

- NCW HERC will be hosting a Family Assistance Center Exercise May 9th, 2019, in collaboration with Oneida County. The subject matter of the exercise will be a low-income housing apartment complex fire. A lot of findings have been made in prep. Currently the plan is too dependent upon a mass fatality event to active. Adding, other plans such as Disaster Reception Center plans will end up playing a role. There will be actor patient through-put, covering protected classes and vulnerable populations.

Follow-up: Please outreach to the HERC Coordinator for more details if you are interested in being an actor, player or observer

- NCW HERC will be hosting a CMS exercise, June 12, 2019 1300-1600. The exercise will be held virtually to make it easier for partners to participate. This is geared to help CMS agencies meet their exercising requirements. The subject matter will be a Cyber Attack and a Power Failure. Details will be provided at the CMS Member Engagement Meeting to be held May 8, 2019.

NCW-HERC Surge Test AAR Takeaways (Joan Theurer & Robbie Deede)

- Overview: March 5th, 2019 Aspirus Wausau simulated the evacuation of 152 patients of varying acuity. In 90 minutes, placement and transportation were identified. 100 patients were discharged. 11 were discharged to skill nursing facilities. 41 were placed at various hospitals throughout the state. Related to transport limitations this would have took approximately 6-8 hours to get all patients to desired location.
- Discussion on the role of public health in evacuations of health care facilities
- Discussion on a Public Health Emergency Declaration. PH Health Officer emergency declaration circles around bio-terrorism and communicable disease. Plans at a county level. Working with EM to declare an emergency. County Board by executive order, ordinance or resolution. This would likely need to come from the county in collaboration with Administrator, Board, Health Officer and Emergency Manager.
 - o Powers seem to vary greatly county to county
- Oneida: It's important for each county to be aware of their annexes. Board approval may not be.
- With 100 being discharged many would be awaiting transport home. This called for the need to open a Reception Center
- Discussion to PH's role CERC Communication to the community
- Discussion on the patient tracking gap. PH has freedoms to flow of patient information. PH also has experience with tracking related to outbreaks, line list development, etc.
- Per Joe: PH does have authority for protection of the health of the community and are not billing for a care service provided
- PH is responsible for assuring overall health of the community, conducting efforts to help the community return to a pre-event status, without drop in overall quality of health.
- Discussion around Douglas County's PH emergency declaration related to flooding
- The next CST will increase complexity. NCW HERC will be testing multiple patient acuity and multiple hospital evacuation, evacuating a geographical area.

Follow-up:

Health Depts are encouraged to engage hospitals and medical homes to discuss "How do you see public health assisting you in a disaster?"

Joan will forward guidance on Health Officer emergency declaration materials – Health Depts to check the process for declaring an emergency at a county level

Joe will follow-up on Douglas County's emergency declaration

Plan for Vulnerable Populations (Access and Functional Needs) (Chelsea Onchuck, Becky Mroczenski, Robbie Deede)

- Shared the drafted plan developed by the work group. Reviewed resources that can be used to assist with population with identification (I.e. Empower & SVI)
- The document calls for holding planning meeting with partners such as Human Services, Social Services, Skilled Nursing Facilities, etc. This will help create your COIN (Community Outreach Information Network.)
- Tools, key players, work group agenda, Links and other resources shared

Follow-up:

Health Departments are encouraged to begin planning a meeting/workshop in partner with CMS providers

HERC Coordinator to attach HERC branding and post resource to the HERC website and PCA Portal

These tools are in open review until September 6th, 2019. Please send recommendations and revisions to HERC Coordinator by September 1st, 2019

Closed PODS (Robbie Deede)

- Discussion desired has been identified with public health and hospitals throughout the entire region. A barrier still exists in bridging the gap and getting the PODs established. Assuring these become established will likely become a primary objective for NCW HERC for 2019-2020.
- PH/Hospital Cross Walk was created by HERC Coordinator back in September 2018, linking essential contacts
- Discussion: Determine what technical assistance is needed to increase the number of closed PODs
- Where are we at? What do you need to move this forward?
- County:
 - o Portage: Closed POD established with UWSP. Still working on St. Michaels. Trouble making contact with Hospital POC
 - o Lincoln: Interest. Meetings have not taken place yet
 - o Marathon: Modified the agreement. Being vetted by Corp Counsel. Meetings scheduled Aspirus and Ascension.
 - o Price: Interest. Meetings have not taken place yet
 - o Oneida: Hospitals & Jail targeted. Coordinating meetings
 - o Iron: No hospital in the county. Working with Aspirus Clinics collaboration with Michigan Boarder.
 - o Vilas: Interest. Meetings have not taken place yet. Jim is the direct contact.
 - o Clark County: Reached out the HERC to confirm contact. Interest. Meetings not yet conducted
 - o Langlade: unsure currently
 - o Forest: No Hospitals in the county. Exploring working with the tribes to ensure closed PODs are established
- Discussion on identifying the county as a closed POD. More information will be coming forth on this. It is worth keeping the information from 2015 up to date, identifying essential responders.
- Desire for a Closed POD training in the region
- Discussion on Right Med Software. Online screening tool. Training videos available online. Fact Sheet on the PCA Portal. A method to complete and print documentation. No Data is tracked.
- Open PODs will not receive oral suspension. You can crush Doxy, but you can't crush Cipro. Head of house hold except for dorms, bunkhouse, etc.
- LTC and assisted living facilities are eligible for closed PODs or could have a single head of household identified.
- Discussion on resource scarcity and deployment of prophylaxis. Pharmaceutical supply chain discussion. Pharmacies are not carrying large quantities of medication.
- Anthrax is a focus at the federal moving forward.

Follow-up:

Joan will share progress after agreements with Aspirus Wausau and Ascension St. Claire's after vetted by legal and hospitals.

HERC Coordinator will work bring the FEMA Training POD Training to the region for 2019-2020.

Health Depts are to continue with progress and check-in at September Meeting.

Potpourri of Topics (Everyone)

After Hours Category 1 Protocol

- Check-in/discussion on Marshfield Clinic Healthy System Lab director meeting establishing a system. Previous practice was fax and not call, continued until last summer. State criteria changed in 2018 and labs must make a call to report category 1. Issues with different systems per county were identified. Protocol established to call leave a message, if not called back in an hour, then fax. Feedback is it appears to be working. It is important to clearly identify your after-hours notifications make it easy for labs to understand to engage and utilize health dept call down list.

Preparedness Conference Takeaways

- Clear promotion of public/private partnerships. NCW HERC work plan was able to be outlined for 2019-2020. NCW HERC is on the right track with national trends and emerging practice.

Travel history patient screening

- Discussion noting a drop off in monitoring of travel history. This is concerning as this was not just being done for Ebola. This was a change in practice to identify emerging communicable disease.
- It is important to educate on the continuation of travel history monitoring at the first responder and receiver level
- Discussion on the July 2018 DHS memo travel screening
- Discussion on the NCW HERC Health Officers writing a joint statement letter on the importance of travel monitoring in initial assessment.
 - o Waiting to hear what EMS will recommend at the state level
- Congo is experiencing a growing Ebola outbreak.

Public Health Caucus Board Members for 2019-2020

- Health Officer representation needs to be identified for the NCW-HERC Public Health Caucus
- Exploring multi-year, staggered terms and the agency the individual represents being the board member and not the individual alone

WebEOC/EMResource (WITRAC)/RAVE

- Variable usage for EMResource. Names are out of date in some instances or no one is identified. Currently EMResource is for situational awareness for PH. Nice for text notifications.
- RAVE has a large opportunity for Health Officer and PHEP Coordinator notification. HERC Coord is still a RAVE Admin and is moving to create a PH notification list.

Status as to expanding the MCI go-bag project into schools

- No movement. Unable to communicate with the DPI contacts identified.

Functional needs grant Mini-grant

- The grant has been great, but not calling them “mini-grants” would be helpful. This leads to difficulty in acceptance per county policy.
- Likely additional funds available in the future

Discussion to survey of ESF 8 functions public health carries out. It may be beneficial to have a regional workshop in the future discussing with partners how the Annex/ESF would work in each respective county.

Status of incorporating Tribes into Mutual Aid agreement

- All three NCW HERC tribes are interested in participation
- Amy and NWW HERC had reached out to tribes in Ashland, Bayfield and Sawyer Counties, Robbie has not heard back on interest yet
- All NCW HERC tribes have reviewed the agreement and the current liability language would need to change related to tribe sovereignty.
- An alternative method would be for each county with a tribe inside the county to establish a MOU. During discussion it was agreed upon that this would be a logical pathway to engage the Public Health Mutual Aid Agreement through the county which the tribe resides
- Currently Forest County Potawatomi has an agreement like this.
- Vilas County is currently working with LDF Tribe to establish a similar agreement using Forest County's Template. They seek to expand this for more than just preparedness capabilities.
- NCW HERC sees high value in collaborating with tribes to establish these MOUs and would assist in support efforts.

Follow-up:

HERC Coordinator will follow-up with hospitals on assuring that travel history is a part of the baseline assessment questions

Health Depts are encouraged to review monitoring procedures for community members returning from outbreak countries

Joe will look to what EMS is doing to assure that travel screening is being maintained

HERC Coordinator to Follow-up with RAVE and EMResource usage

Next Meeting

Date: Friday September 6th, 2019

Time: 0900-1200

Location: Lincoln County Service Center Building, 801 N. Sales Street, Merrill