

North Central Wisconsin Healthcare Emergency Readiness Coalition  
 NCW HERC Board Meeting  
 Ascension-Good Samaritan Hospital, 12 Feb 2020, 0900-1200

NCW HERC Board Members		<i>Clinics</i>		NCW HERC Members, Guests & Presenters	
	<i>Hospitals</i>		Molly O'Malley	P	Mary Fay-Shields-Red Cross
X	Jim Monarski	P	Suzi Okey		Sandy Johnson
	Josh Englund		<i>CMS</i>		Teresa Erler- WEM
	<i>EMS</i>		Annalisa Kania		Deborah Haywood
P	Delmond Horn	X	Jean Winter	P	Ingrid Gowdy-O'Leary & Anick
	Jared Thompson		<i>Tribal</i>		
	<i>Emergency Management</i>		<b>vacant</b>		
P	Phil Rentmeester	<b>NCW HERC/NCRTAC Staff</b>			
X	September Murphy	X	Robbie Deede		
	<i>Public Health</i>	X	Michael Fraley		
	Joan Theurer	X	Dr. Tim Vayder		
P	Sue Kunferman	P	Travis Nixdorf		
	<i>Trauma</i>				
P	Jason Keffeler				
X	Dr. Michael Clark				

**Location: Ascension- Good Samaritan Hospital, 601 S Center Ave, Merrill, WI 54452 Room: DeAngelis Room**

**Call in Number- +1 (669) 224-3412 Pass code- 141-054-461**

Go to Meeting Link: <https://global.gotomeeting.com/join/141054461>

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Agenda Item	Talking Points	Action Steps
<b>1. Attendance and Quorum Determination</b>	Introductions & Opening Thought 2019 Novel CoV Response. Discussed the importance of not repeating errors of the past.	<b>Quorum verified: Yes</b>
<b>2. Call to Order</b>	Meeting called to order @0900	
<b>3. Approval of Minutes of Previous Meeting</b>	Discussion: None <b>Motion to approve previous meeting minutes</b> 1 <sup>st</sup> : Del 2 <sup>nd</sup> : Jason <b>Motion result: Carried</b>	
<b>4. Agenda Review and Additions</b>	Discussion: None <b>Motion to approve current agenda</b> 1 <sup>st</sup> : Sept 2 <sup>nd</sup> : Dr Clark <b>Motion result: Carried</b>	

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<p><b>5. FA Report: Anick Budget Review</b></p>	<p>Discussion: Reviewed December and January. Ingrid joined the board for the review. Discussed Ebola funding and plans entailed to support the Marathon County Regional Morgue. Conversations have been had with Jessica Blahnik, Marathon County ME, who assured there would be some level of regional morgue regardless of outcome.</p> <p>Discussion related to Closed POD Exercise. Discussed difficulties related to JSI being remote for the Access and Functional Needs exercise. It was recommended that JSI be brought in for the Closed POD TTX. JSI indicated they would need a \$2000 amendment to facilitate in person.</p> <p><b>Motion to approve December FA Report and a contract amendment with JSI of \$2000 so they may attend in person for facilitation with the April 22 Closed POD TTX.</b></p> <p><b>1<sup>st</sup>: Joan 2<sup>nd</sup>: Jean</b></p> <p><b>Motion Result: Carried</b></p>	<ul style="list-style-type: none"> <li>• HERC Coordinator to email Dave Rozell with OPEHC status of HERC Ebola funds.</li> <li>• HERC Coordinator to work with Marathon County Medical Examiner to finalize funding the Regional Morgue Project.</li> <li>• HERC Coordinator to follow-up with JSI for contract amendment.</li> </ul>
<p><b>6. McKesson &amp; NCW HERC Pharm Supply MOU</b></p>	<p>Tabled.</p> <p>McKesson unable to join meeting.</p>	
<p><b>7. NCW HERC Future, Structure, Incorporation</b></p>	<p>Discussion. The HERC is in a much different place than it was two years ago. Currently NCW HERC is the only HERC not actively moving towards incorporation and non-profit status. There may be a need to do so now. Conversated about business plan, unrestricted funds, incorporation, establishing 501c3, programmatic funding. Funding can be used for incorporation.</p> <p>Determined that a work group needs to be formed. The work group needs to be face-to-face. Determined entire board needs to be offered to attend this Strategic/ Business Planning. Normal board meeting could be put on hold for a month related to the time sensitivity to this matter.</p> <p>It is important to get this done sooner than later.</p>	<ul style="list-style-type: none"> <li>• HERC Coordinator to identify at date, location and facilitator for this project.</li> <li>• HERC Coordinator to reach out to other HERCs for information such as structure, etc.</li> </ul>
<p><b>8. HERC Coordinator Report</b></p>	<p>Independent Review</p> <p>Briefly discussed Rolling Summary Document and Multi-year Training and Exercise Plan</p>	<p>Please contact HERC Coordinator if you have any questions about this report.</p>
<p><b>9. HERC Staff and Advisory Group Meeting</b></p>	<p>Minutes for both the HERC Staff and AG Meeting were shared and reviewed. Staffing for DNC was discussed. Also, Marshfield and Aspirus Wausau are officially identified in the plan. Additional discussion about</p>	<p>This will remain a monthly standing agenda item</p> <p><b>Events surrounding the DNC:</b></p> <p>Hodag/ Lifest: July 9-12</p>

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	AG Strategic Planning and moving forward with the Hazard Assessment in the future	Rock Fest / Rock USA: July 16-18 EAA: July 20-26 Farm Tech Days: July 21-23
10. Critical Documents, Projects & Updates	<p><b>HVA</b>        Reviewed updated version developed by Executive team.        Discussion: Move toward RISC Model with next review  <b>Motion to approve the 2019-2020 HVA with changes as recommended by Executive Team.</b>  <b>1<sup>st</sup>: Jim 2<sup>nd</sup>: September</b>  <b>Result: Carried</b></p> <p><b>Response Plan</b>        Reviewed changes identified through open review period and with the “Deep Dive Team.”        Discussion to add more information to the hospital channels: Each region has a channel, and each hospital has a channel.  <b>Motion: To approve the 2020 Review the NCW HERC Response with changes as presented.</b>  <b>1<sup>st</sup>: Jean 2<sup>nd</sup>: Joan</b>  <b>Motion Result: Carried.</b></p> <p><b>Recovery Plan</b>        The board can now shift focus to this plan. Question asked how many plans NCW HERC will have? NCW HERC’s three primary plans are Preparedness, Response, and Recovery. Additional Annexes will supplement. Other plans may be reviewed at the regional level but are the responsibility of the local level.        Next steps would be to have an open review and “Deep Dive Team”        Team members: Del, Jim, Dr. Vayder, Robbie, Michael, Jean, Phil, Suzi</p> <p><b>FAC Plan</b>        The plan has been completed and shared with Board and Public Health.        Next steps would be implementing the revised plan for exercise in June.  <b>Motion to approve the updated FAC Plan.</b></p>	<ul style="list-style-type: none"> <li>• HERC Coordinator to finalize and post the approved HVA to website and share with partners.</li> <li>• HERC Coordinator to finalize and post the approved updates to Preparedness and Response Plans</li> <li>• HERC Coordinator to organize “Open Review Period” and “Deep Dive Team” meeting for Recovery Plan</li> <li>• HERC Coordinator to circle back with McKesson to reschedule meeting</li> <li>• HERC Coordinator to continue follow-up with hospitals for clearing Closed PODs MOUs</li> <li>• HERC Coordinator to send out HERC logo contest to schools</li> </ul> <p>MABAS/EMS liability follow-up (Del) tabled to next meeting</p>

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	<p><b>1<sup>st</sup>: Jim 2<sup>nd</sup>: Joan</b>  <b>Motion Result: Carried</b>  <b>Pharm Supply MOU</b>          Tabled  <b>Closed POD MOUs</b>          Aspirus Legal has finalized review.          Marathon County Health Department and Aspirus Wausau Hospital have signed their MOU.          Marshfield and Ascension are in legal review  <b>Tribal MOUs</b>          Two of the MOUs are now completed. SCC and FCHD is in review to be finalized.  <b>HERC logo</b>          Letter needs to be sent out to colleges  <b>HERC Inventory Documentation</b>          Ongoing. Prioritizing information due by the end of March first  <b>Tribal Representation</b>          No update  <b>Regional Morgue</b>          Discussed during the budget section.  <b>HERC Planner</b>          Executive team to develop the scope of work.          Current trajectory: April- Call for applicants, May-interviews          June- deliberation and acceptance, July 1<sup>st</sup>- Contract commence</p>	
<p><b>11. Exercises</b></p>	<p><b>COIN: Access and Functional Needs</b>          Conducted Jan 28<sup>th</sup>. Taylor County to conduct theirs Feb 19. JSI plans to report out at the March Meeting.  <b>Coalition Surge Test</b>          Planning meetings underway. The exercise date will be April 8<sup>th</sup>.  <b>POD Exercise</b>          First Planning meeting scheduled for Feb 19.          The exercise is scheduled for April 22.          It was noted the exercise will likely need to be in person relate to conversations between health officers and hospitals.  <b>Family Assistance Center</b></p>	

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	<p>The updated plan has been finalized. The Initial Planning meeting will be March 13. The exercise will be held in Wood County June 11, 2020.</p>	
<p><b>12. Training</b></p>	<p><b>HICS</b>        This course is schedule for the afternoon (2/12) following this meeting. Robbie stated he was aware partners from many disciplines would be attending.</p> <p><b>HERT</b>        HERC Coordinator recently completed a logistics call with CDP and Marshfield. Things look good from a logistics standpoint. Students will need to provide some of their own supplies for training purposes. Each hospital will be allotted 2-3 seats. Robbie will begin pre-identifying who the hospital plans to send. The only limiting factor would be CDP budget. We should move forward in planning until the CDP confirms otherwise.</p> <p><b>Psych First Aid</b>        A trainer and three sites have been identified. Vilas, Lincoln, and Portage County. The course would be four hours. Public Health and ARC is helping the HERC Coordinator schedule these trainings in. Robbie will work with Svea for registration once the courses are confirmed.</p> <p><b>CISM</b>        Critical Incident Stress Management has been identified as a vital training and certification moving forward. This is a gap for many facilities, in debriefing.</p>	<ul style="list-style-type: none"> <li>• HERC Coordinator to follow-up with Hospitals to identify who will be attending the HERT Course.</li> <li>• HERC Coordinator will follow-up with the ARC to finalize Psych First Aid Courses and then work with State Training and Exercise Coordinator to develop registration</li> </ul> <p>Check <a href="http://www.ncw-herc.org/eventscalendar/">http://www.ncw-herc.org/eventscalendar/</a> for upcoming events, meetings and training</p>
<p><b>13. Interoperable Communications Systems</b></p>	<p><b>EMResource (WITRAC) Update</b>        HERC Coordinator reviewed the performance measure document. This tabulates all responses for EMResource. This information can help organizations better understand areas for improvement. It also helps best track individual drill response and overall facility responses. This document has been shared with hospitals. This document will be reviewed in the March 9 Hospital Logistics planning for CST.</p> <p><b>WISCOM Update</b>        WISCOM SME Provided an overview of actions over the past quarter. Discussed adjusting volume so radios cannot be muted.</p>	<p>HERC Coordinator to follow-up with State related to questions posed by the board.</p>

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	<p>Discussed programming. Travis is working with Josh Ripp to identify hardware and software needs for reprogramming.</p> <p>State has identified that many type 1 and 2 radios are becoming obsolete. State has planned to purchase type 1 radios to replace these radios. This would include for all hospital radios in NCW HERC, including new facilities like MMC-Minocqua.</p> <p>Several questions identified by the board:</p> <ul style="list-style-type: none"> <li>• Can we prioritize getting Minocqua installed?</li> <li>• Will this be all old radios?</li> <li>• What will be the plan for the old radios? Or radios that were purchased through the HERC? Will HERC be able to reallocate radios?</li> <li>• What will be done to ensure local vendors can support these radios?</li> <li>• Is there any plan to loop in EMS to this system from the state in the future?</li> </ul>	
<p><b>14. Sector Reports</b></p>	<p><b>Coronavirus focus.</b></p> <p><b>Hospitals-</b>When will the state have the ability to do their own testing? State is working to have their own testing. Going through the process of verification with the CDC. This will not increase testing but hasten the turn around.</p> <p><b>Emergency Management-</b> EMS and PSAPs information shared. LE information coming.</p> <p><b>Public Health-</b> PH Council stressed LPHs be more experienced with airborne procedures. Revisiting monitoring and isolation and quarantine policies. It was noted that some LPHs have not had to respond to anything of this nature in years or ever and this has led to gaps in readiness.</p> <p><b>EMS/RTAC/Trauma-</b> Commented that what is out for EMS is “not good.” EMS needs cliff notes with references. It is important to find the sweet spot between too little information and too much. Question on fit testing. Some agencies do not routinely use N95s, but only PAPRs. Discussion about surge fit testing. Discussion about ‘just in time” fit testing.</p>	

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	<p><b>Clinics-</b> Some concerns identified related to concerns of PPE shortages for routine procedures and difficulty maintaining inventory.  <b>CMS-</b> Discussed concerns related to home visiting if patient or family member is being monitored. Responder Safety and Health.</p>	
<b>15. Regional Resource Requests/Needs</b>	<p>Pink Vest Project          SNF negative pressure resources          Rapid Tagging Volunteer System          CISM Training</p>	
<b>16. Tabled Items for Future Discussions</b>	<p>June Annual Summary Meeting          Tabled to 2020-2021: MRC, ESarVP</p>	
<b>17. Next Meeting</b>	<p>Public Health Meeting-Feb 28th          Hospital Meeting-Mar 9th</p>	
<b>18. Adjourn</b>	<p><b>Motion to adjourn.</b>          1<sup>st</sup>: Joan 2<sup>nd</sup>: September  <b>Motion result: Carried</b></p>	