

North Central Wisconsin Healthcare Emergency Readiness Coalition

NCW HERC Board Meeting

Aspirus Weston Clinic 10 May 2017

Agenda Item	Talking Points	Action Steps
1. Attendance and Quorum Determination	Tamarah Scholze, Chris Kalata, Michael Fraley, Molly O'Malley, Sue Kunferman, Tim Vayder, Joan Theurer, Del Horn On Phone: Ted Ryan	Meeting from 09:00-12:30 Quorum is present
2. Call to Order	Meeting called to order @9:04 am	
3. Approval of Minutes of Previous Meeting	Motion made to approve minutes. Motion was 2 nd .	Approved – Motion Carried
4. Agenda Review/Additions	Discussion about Chris's contract and where it fits into the agenda	
5. Training	<p>CWA EXERCISE - Central WI Airport Drill – aircraft loaded went out on the ramp and had an engine fire. Unable to extinguish. There were minor injuries as people evacuated. Burn trainer was on site – firefighters extinguished fire. There were 8 stuffed animals as victims and real victims. There were 12 real people and 8 manikins. There were 47 souls. During evacuation EMS triaged and evacuated patients from the scene. They moved patients to the hanger. Unclear as to why. There was a little confusion with contacting the hospital. When the hospital was asked for an MCI count, they were told no. Michael is looking into why the MCI counts were not given. We need EMS and hospitals to work together to see the most effective ways of communicating. The RMCC would be a good role or place. Another focus was family reunification.</p> <p>4/12/17 Exercise, Disaster Tiers Training & Annual meeting – keeping with the intent and outcome. They really liked the overview of the healthcare Coalition. The disaster tiers exercise was matter of fact and covered all information needed. We need to focus on being more creative on exercise design to include all sectors or to offer two separate exercises that focus on all different sectors. Overall the</p>	Chris to complete the AAR and have out to Board no later than 5/19.

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<p>Con't Training</p>	<p>meeting and exercise was ok. AAR is not completed. This will be reviewed at the June Board meeting.</p> <p>CISM – our instructor covered the concerns with the Marathon County Psychological Behavioral Health/First Aid Team to ensure our intent is to work collaboratively with them to respond.</p> <p>Guidelines for Managing Hospital Surge – Surge capacity review discussion scheduled for June 14th WHEPP meeting at Weston Lane's. Areas to cover:</p> <ul style="list-style-type: none"> • Mass causality triage • Considerations for EMS transport • Emergency Department (ED) versus MCI Triage Considerations • Healthcare Coalition Tiered response • Tiered Response Coordination • Staffing • Functional needs/special needs patients • Hospital Inpatient Surge Capacity • Cohorting Surge Patients • Equipment and supplies 	<p>Chris to obtain meal offerings and costs for lunch/break selection.</p> <p>Chris volunteered to create a powerpoint for discussion. Dr. Vayder will assist with presentation.</p>
<p>6. Tribal Representative for NCW HERC Board</p>	<p>Forest County Potawatomi Public Health Department hired a new preparedness coordinator. Chris reached out to him to invite him to the coalition board. She has not yet heard back.</p>	
<p>7. Discussion of Board of Directors</p>	<p>Closed discussion regarding Project Coordinator's upcoming contract.</p>	

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<p>8. Fiscal Agent Report</p>	<p>We are going to have a lot of money left over that has not been spent. Projects have come in much lower than expected and there have been projects that are hung up in administrative processes.</p> <p>BP4 Carryover \$3000 supported the RTAC conference. We ordered the PAPRS and WISCOM Radios. The only thing left to order is the ISOPOD.</p> <p>501 C 3 discussion is that we still don't have a recommendation as we still have too much to learn. Region 1 – wants to be independent. Region 2- use of fiscal agent – undecided Region 3 – independent Region 4 – independent with Region 5 - undetermined Region 6 – independent Region 7 – already 501C3 – prefer to remain independent but would consider being part of a group.</p> <p>The state is really the awardee of the grant and will distribute it out to the regions or holding company. There is still a lot of uncertainty around this and the recommendation is that we still need more information. Some questions that arose from the phone meeting are how are coalitions going to be represented at a “holding company” model and how would the funds going to the individual coalitions be split up.</p>	<p>Tamarah and Mike to continue to participate in State taskforce.</p>

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<p>9. BP4 – BP5 Program Measures Gap:</p>	<p>Tamarah taking the lead on inventory of resources. Has not had a chance to work on this quite yet. She will set up a meeting for next week with her workgroup.</p> <p>Redundant communication – Outline what our plan of action is toward dealing with these items.</p>	<p>Tamarah to set up meeting for Inventory work group.</p>
<p>10. BP4 – BP5 CPG Gap</p>	<p>Two items in the medical surge area – function 2 and function 4 stood out. These are ranked as critical. Both fell into the limited capability.</p> <p>Reviewed the gaps and modified as needed in discussion. We found there are several gaps we do not have control over in closing the gaps. We found that it is very different from county to county and makes it difficult to determine regional gaps. We have not formalized out processes regionally however, if there were a mass event, we pull together to get the job done and respond. It is a matter doing what they do day in and day out.</p> <p>We feel the resources are there but we need a way to share the inventory information with the region.</p> <p>We need to know what county plans are currently in place, what organizational plans are in place, how does it meet the needs of the coalition. Can we start to bring partners into the coalition meetings to</p>	<p>Compile a survey to gather the questions to send to partners identifying what plans they have in place. Survey may tie in to BP4- BP5 gap as well.</p>

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<p>Con't BP4-BP5 CPG Gap</p>	<p>start looking at building rapport with each other?</p> <p>A suggestion was made to develop a five to six question to partners to see what they have as resources or plans. We need to be specific as to what information for which we are looking.</p> <p>The board has identified Capability 2 Healthcare System Recovery: Function #2 Assist healthcare organizations to implement Continuity of Operations (COOP).</p> <p>Action Plan: We can make an initial assessment of what policies and procedures you have in place to keep your doors open as it relates to emergency events. We can assist by sharing resources and templates to help them develop their COOP.</p> <p>Compile a survey to gather the questions to send to partners. We need to come up with five to ten key questions that need to support. Local health departments are a connection point to locate CBRF and long-term care facilities.</p>	
<p>11. WHEPP Partners</p>	<p>Discussion on monthly WHEPP meetings with partners. How are we going to reach out to partners to encourage participation in the WHEPP. We need to start looking at strategizing on how to engage in meaningful contact with partners. The monthly meetings need to be the attractant for the partners not just a report out. Training, workshops, etc.</p>	<p>Plan out a calendar with potential agenda topics.</p>
<p>12. Sector Reports</p>	<p>Emergency Management – none</p> <p>Public health – having a regional meeting on June 5th for the public health side to look at current gaps and see where they are. They are looking at family assistance center and sheltering to see how those resources can be available. We are organizing as part of the coalition to touch base</p> <p>Measles outbreak is currently being monitored. It has been contained to the Somali- American children population in Minnesota. We are</p>	

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<p>Con't Sector Reports</p>	<p>preparing locally and watching health advisories.</p> <p>EMS – None Ray Lemke is covering three regions at this time so it may be difficult for him to attend our HCC meetings. We will continue to invite him and share meeting minutes with him. We are hopeful he will be able to attend as time allows.</p> <p>RTAC - Michael Fraley did an outstanding job of putting together a high quality RTAC conference. You and your team did a great job. The speakers were incredible. The conference was very well attended and there were several great comments. This is reflective of our region. You all did a fantastic job! Annual meeting is coming up on the 25th. STOP the bleed campaign is coming up for May (trauma month) Law enforcement tourniquet phase 1 - 8,800 were distributed phase 2 – we will be revisiting those that participated in phase one to see if they would like more. There were some distributed to technical colleges that support law enforcement training.</p> <p>MRC – none WHEPP – We did not have a meeting last month but we will be looking to replace Ed Radke’s position on the Board. We currently have two people interested.</p>	
<p>13. Set New Agenda, Date Time</p>	<p>Members requested that we look at starting at 830 if possible since we run longer than scheduled. We will attempt this for the June meeting. Next meeting is June 14th from 0830-1200 at Aspirus Weston Clinic.</p>	

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14. Adjournment	Motion made to adjourn. Motion 2 nd . Motion carried. Meeting adjourned at 1228.	
Completed by Chris Kalata	Visit the NCW HERC website. All minutes, agendas and other information can be found by clicking here http://www.ncw-herc.org/	