

North Central Wisconsin Healthcare Emergency Readiness Coalition
 NCW HERC Board Meeting
 Ascension-St. Mary's Hospital, 8 Jan 2020, 0900-1200

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

Location: Ascension- St. Mary's Hospital, 2251 N Shore Dr, Rhinelander, WI 54501 Room: Conference Room 3

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
1. Attendance and Quorum Determination	Introductions	Quorum verified: Yes
2. Call to Order	Meeting called to order @0900	
3. Opening Thought	Lifeline: The Untold Story of Saving the Pulse Survivors Highly recommended documentary by Blood Center. Free to watch with an Amazon Prime account. Approx. 450 units of blood needed!!!!	Documentary link: https://www.amazon.com/gp/video/detail/B078GTKV73/ref=atv_wl_hom_c_unkc_1_2
4. Approval of Minutes of Previous Meeting	Discussion: Reviewed minutes. No comments or changes. Motion to approve previous meeting minutes 1 st : Jason 2 nd : Joan Motion result: Carried	

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<p>5. Agenda Review and Additions</p>	<p>Discussion: Reviewed the agenda. Discussed that motionable items would be prioritized related to some members having to leave early. No other amendments identified.</p> <p>Motion to approve current agenda 1st: Sue 2nd: Jean Motion result: Carried</p>	
<p>6. American Red Cross Presentation</p>	<p>Presentation with Mary Fay Shields Asked at the October meeting by the board to review how ARC has collaborated with health care facilities in evacuation in the past in cases around the country. Discussed difference in readiness identified in areas where evacuation is more prevalent. Stressed the importance of each facility having sound evacuation plans in their operations plans. ARC has limitations to medical assets. A general shelter will be opened if needed, but a resident with significant medical needs may not be able to thrive in a shelter. Discussed triggers to open a shelter. A health care facility would likely not be alone in the event. If a need to open a reception center/shelter is needed, then one will be opened if possible. Discussed rapid discharge patients not being able to go home and individuals with little medical need could possibly go to a reception center/shelter if they could thrive there. ARC does not have transportation assets. This would need to be accounted for. Discussion to home health and hospice could possibly go to a shelter if needed, again based on the ability to thrive. These individuals may possibly need to be accompanied by a caregiver. ARC to collaborate with PH to assure access and functional population is ok. This occurred frequently during the July 2019 storms. Question posed: Could the HERC form a partnership with ARC to bridge the gap health care.</p>	<p>CST Planning Team to take these considerations into planning for the upcoming exercise. NCW HERC Executive Board to continue consideration for partnership for bridging medical care barrier. Rapid Discharged patients to be considered for an inject or need for a reception/reunification center.</p>

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	<p>ARC's disaster reception center resources include reunification "Safe and Well"</p> <p>Discussed the possibility of an inject into the CST to what is going to happen to the rapidly discharged patients</p>	
<p>7. FA Report: Anick Budget Review</p>	<p>October and November budget reports from Anick O'leary have been shared. Reviewed the Mid-year budget, outlining items complete in progress and needing addressing.</p> <p>Discussed final Ebola funds (\$53654) which needs to be spent by May 2020 and remaining Opioid dollars (\$5820) which have been added to HERC funds. Discussed update to the Marathon County Medical Examiner Regional Morgue project. These funds could be used two ways: 1. purchase coolers and racks 2. offset the consultant fees to free up county capital for projects grant dollars cannot be used for i.e. capital improvement. Discussed alternative to project spending of regional large capacity autoclaves for category A waste.</p> <p>Motion to approve October & November FA Report, Mid-year budget, and allocated updated ebola and opioid funding to support the regional morgue project and if not the regional morgue, then fund regional large capacity autoclaves.</p> <p>Discussion on timeframe for ebola funding to be spent: May 2020 Discussion to the entire building cost and renovation, believe to be 1.3 million.</p> <p>1st: Sue 2nd: Jason Motion Result: Carried</p>	<p>HERC Coordinator to share updated budget YTD upon receiving update from FA monthly.</p> <p>HERC Coordinator to follow-up with Marathon County ME.</p> <p>HERC Coordinator to update the budget as identified and submit Mid-year budget.</p>
<p>8. HERC Coordinator Report</p>	<p>Emailed out to the board. Independent review.</p> <p>In December the HERC Coordinator attended the HSEEP course. Two key opportunities were identified for the HERC moving forward:</p> <ol style="list-style-type: none"> 1. Rolling Summary Document (tracking improvements identified and completed) 2. Multi-year Training and Exercise Plan (more than just a year or two out) 	<p>Please contact HERC Coordinator if you have any questions about this report.</p>
<p>9. Project Updates</p>	<p>Essential Elements of Information</p> <p>Surge Tool Conversion Extension to Mar 31.</p>	<p>MABAS/EMS liability follow-up (Del) tabled to next meeting</p>

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	<p>Displayed regional blood tab. Working towards a blood center presentation.</p> <p>Temp shelters Potential heating source identified by RTAC Coordinator</p> <p>HERC logo Contest guidance developed. Need to confirm scholarship amount. Discussed \$1000 for scholarship to winner.</p> <p>Motion to approve \$1000 of HERC funding to be moved to a scholarship line item. 1st: Molly 2nd Sue Motion: Carried</p> <p>Pharm Supply MOU Communication with McKesson has happened. They are very interested in partnering. McKesson Rep will be on call next month to discuss next steps.</p> <p>Closed POD MOU MOUs are still in review process with the hospitals. Want to have these in public health's hands by the end of January. Each hospital would have a MOU. Signed MOU is not required for the hospitals to be identified as a closed POD, but an agreement must be met between the county health officer and hospital. Difficulty will be confirming total outreach to staff and families through closed POD, particularly in counties where the system is, but there is not a hospital. I.e. Iron County.</p> <p>Tribal MOU Forest County Potawatomi (FCP) and Forest County Health Department (FCHD) have completed their update. Sokaogon Chippewa Community (SCC) Tribe and FCHD have an updated copy drafted and in review, using the same template from FCP. Last update Vilas County Health</p>	<p>HERC Coordinator to reach out the BCNW an Versiti HERC Coordinator to continue reaching out closing blanks in the EEI document HERC Coordinator follow-up on potential heating source HERC Coordinator to continue coordination with McKesson for Feb 2020 Board Meeting HERC Coordinator to reach out to VCHD and Peter Christiansen Health Center HERC Coordinator to process Grey Horse invoice for payment HERC Coordinator to follow-up with the custodians on HERC supplies</p>
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	<p>Department (VCHD) and Lac Du Flambeau Tribe/Peter Christiansen Health Center were still in communications on this.</p> <p>Family Assistance Center Plan Revisions and Full-Scale Exercise Plan revision meetings completed. Final review by end of week. HERC Coordinator to meet with JSI, 01.17.2020. FAC Planning meetings scheduled</p> <p>CST FSE Planning meetings scheduled; first meeting scheduled for 01.24.2020 Concepts and objectives to be identified with the hospitals at Hospital Meeting</p> <p>Recovery Plan Plan has been drafted and shared with the board. At this point it is time Grey Horse has completed their portion of contract and this plan needed to be reviewed for regionalization.</p> <p>Motion to adopt recovery plan for moving forward with formal adoption and pay Grey Horse for services rendered. 1st: Phil 2nd: Joan Motion: Carried</p> <p>POD/COIN workshop COIN Final Planning meeting Jan 10. Workshop Jan 28. Logistics Planning meetings will take place Jan 15 and 17. HERC Coordinator will be participating with Forest County for the workshop.</p> <p>HERC Inventory Documentation Outreach has begun. Still need to follow-up with all the custodians</p>	
<p>10. MA Contract</p>	<p>MA signed contract copy still needed for HERC records</p>	<p>Dr. Vayder to follow-up with Marshfield Clinic Inc. leadership</p>
<p>11. Documents Needing Approval</p>	<p>Reviewed the BP1 Timeline and deliverable checklist. Reviewed the documents due to be submit to CAT Tool by Jan 31:</p> <ul style="list-style-type: none"> • 19-20 Work Plan progress report 	<p>HERC Coordinator to share approved documents to be submit to ASPR</p>

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	<ul style="list-style-type: none"> • 20-21 Training and Exercise Plan • 20-21 Work Plan • 20-21 Budget <p>Discussion on advancement of the HERC from here. The HERC is in a much different place now than it was even two years ago. Discussed expanding staffing for the HERC adding in a subcontract for an additional coordinator position, like some of the other HERCs. Add a line for subcontract 20k.</p> <p>Motion to approve submission of projected documents reviewed. 1st: Jason 2nd: Molly Motion Result: Carried</p>	
<p>12. HVA</p>	<p>Reviewed summary of comments. Key comments: It is important to not let one summer drastically affect opinions of long-term considerations. Remember that this is a regional outlook and harder to impact number than and individual agency or county. The Kaiser Permanente method is very subjective, and it should be considered moving to a more objective model. Consider using the RISC Model next year. Concerns arose about possible inaccuracies in documentation. Tabled final approval until next month. Executive board will continue review and re-present to board in February.</p>	<p>HERC Executive team to review HVA based off comments made thus far and represent to the board at the Feb 2020 Board Meeting for approval</p>
<p>13. Prep Plan</p>	<p>Reviewed comments provided by membership. Changes identified to be added in the tracked changes of the document</p> <p>Motion to approve suggested revisions, with HVA updated top 10 pending. 1st: Phil 2nd: Jason Motion Result: Carried.</p>	<p>HERC Coordinator to finalize with suggested amendments and post updates to Preparedness Plan</p>
<p>14. Response Plan</p>	<p>Open Review to commence now through Feb 5th. A deep time task force identified: Michael Fraley, Robbie Deede, Dr. Vayder, Phil Rentmeester, Jim Monarski</p>	<p>Task Force to review the document and report back to the board in February</p>

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<p>15. Interoperable Communications Systems</p>	<p>Tabled EMResource (WITRAC) Update WISCOM Update MCHS-Neillsville radio was broken, now repaired. Back-up radio was deployed Handheld radio backup batteries ordered not received Portable type 1 deployed out related to radio failure</p>	<p>HERC Coordinator to update and report on performance measures tracking</p>
<p>16. Tribal Representation</p>	<p>No update</p>	<p>HERC Coordinator to follow-up with tribal representation</p>
<p>17. DNC & DARES</p>	<p>No update more information to come with meetings later this month</p>	<p>This will remain a monthly standing agenda item Events surrounding the DNC: Hodag/ Lifest: July 9-12 Rock Fest / Rock USA: July 16-18 EAA: July 20-26 Farm Tech Days: July 21-23</p>
<p>18. HERC Staff and Advisory Group Meeting Report</p>	<p>Discussed Signature Document, HERC Coordinator matrix</p>	
<p>19. Sector Reports</p>	<p>Hospitals- Jim has OSHA inspections. Josh is out of the office on medical leave Jane and Bob will be representing him in the meantime. CST Prep Emergency Management- Lincoln County Pet Sheltering, Regional DATCP exercise. ICS 300 course coming up, posted to the website. Looking for student for Joint Information Course Mar 5, Planning CWA exercise May 2020. Question posed: How are EMS agencies notifying air units? Public Health- COIN Exercise, Meeting in Feb, discussed after hours high communicable concern event, personal conviction waiver and tobacco law changes. Seeing influenza, RSV and Pertussis Activity EMS- New MABAS Regional Coordinator Josh Klug RTAC/Trauma- April 24th conference. Dr. Ron Roth, Pittsburgh Synagogue shooting. Project grants. EMS office hired a new regional EMS Coordinator Don Kimilcka Clinics- Seeing a lot of cases 17 patients per hour. Influenza, pertussis, RSV</p>	

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	CMS- COP guidance changes released decreasing some of the preparedness burden	
20. Regional Resource Needs	Pink Vest Project. SNF negative pressure resources	
21. Upcoming Training and Exercises	Check http://www.ncw-herc.org/eventscalendar/ for upcoming events, meetings and trainings	
22. Tabled Items for Future Discussions	June Annual Summary Meeting, WISCOM/EMResource Performance Measurement Document, Rolling Summary Document (tracking improvements identified and completed), Multi-year Training and Exercise Plan (more than just a year or two out) Tabled to 2020-2021: MRC, ESarVP	
23. Next Meeting	Feb 12, 2020. Location: Ascension Good Samaritan	
24. Adjourn	Motion to adjourn 1 st : Phil 2 nd : Sue Motion result: Carried	