Hybrid October 9, 2024 0900-1200 (luncheon to follow)

NCW HERC Board Members		Clinics	NCV	V HERC Members, Guests & Presenters
Hospitals	Х	Marcus Walden (2024-2026)		
x Dr. Tony Swicer (2023-2025)	Х	Kimberly Spurgeon (2023-2025)		
x Ian Fisher (Vice Chair) (2024-2026)		CMS		
EMS		Wendy Freese (2023-2025)		
x Delmond Horn (Chair) (2023-2025)	х	Ryan Hanson (2024-2026)		
x Dr. Michael Clark (Treasurer) (2024-2026)		Tribal		
Emergency Management	х	Jacee Shepard (no election, recruited by Board)		
x Kelly Bremer (2023-2025) NCW HERC/NCRTAC Staff		ERC/NCRTAC Staff		
Tyler Verhasselt (2024-2026)		Robbie Deede		
Public Health		Michael Fraley		
Gary Garske (2023-2025)	Х	Dr. Tim Vayder		
Sue Smith (2024 – 2026)		Travis Nixdorf		
Trauma	Х	Ty Zastava		
x Jason Keffeler (2024-2026)	Х	Amy Wheeler		
Megan Foltman (2023 – 2025)	х	PJ Monday		

Marshfield Medical Center – Weston

Entrance 1, Medical Offices A, floor 1, across from Rheumatology dept.

3400 Ministry Parkway

Weston, WI 54476

OR

Virtual

Agenda Item		Talking Points	Action Steps
1.	Attendance and	Introduction	Quorum verified: Yes
	Quorum/ and	Case Study: Tornado	
	Real-life Events		
2.	Call to Order	Meeting called to order @ 9:09	
3.	Approval of	Discussion: Independent review of minutes	
	Minutes of		
	Previous	Motion to approve previous meeting minutes.	
	Meeting	1 st : Jason Keffeler 2 nd : Ian Fisher	
		Motion result: Carried	

4.	Agenda Review and Additions	Discussion	
		Motion to approve current agenda.	
		1 st : Dr. Clark 2 nd : Marcus Walden	
		Motion result: Carried	
5.	Accountant	September financial report	
	Report	 Reviewed and discussed. We have adequate funds to pay 	
		bills before BP1 budget is approved.	
		Motion to approve September financial report.	
		1 st : Jason Keffeler 2 nd : Ian Fisher	
		Motion result: Carried	
6.	Contractor	Independent review	
	Report	Contract status update	
		 Subcontractors 	
		o 24-25 MedEvac 24/7 Call Center	
		 Medical Technical Specialist Team 	
		 Almost all contracts have been signed, just a couple 	
		signatures needed yet	
		Conflict of Interest Agreements	
		 One signature needed, then complete 	
		Contractor update if needed	
		 PJ provided an update on the dry decon kit distribution. 	
		So far, we have received requests for 55 kits.	
		Board noticed quite a few services that aren't on list.	
		Board members will reach out to services they are	
		connected with to see if they would like the product.	Ty to send Board email for dry decon kits
		 At this time, we will fill the primary ambulance 	and current list of agencies receiving
		requests, to be sure we get adequate coverage	and current list of agencies receiving
		across our region. If there are still additional kits afterward, we can then fill their secondary	
		ambulance requests.	
7	BP5 Budget		
/.	Dro Buuget	24-25 budget updateWalked through budget	
		 Walked through budget 	

	11/2114 3000001 3, 2021 3300 1200 (141101100)	
	 Discussed indirect funds and how they will be utilized in BP 1 	
	Indirect funds policy	
	Executive Committee developed language for our Indirect	
	Funds policy (new requirement) that will be inserted into	
	, , , , , , , , , , , , , , , , , , , ,	
	the Polices Associated with Expenditures and	
	Disbursement	
	This policy will go out with all policies next month	
	for formal open comment and review	
8. OPEHC & RTAC	• RTAC	
Meetings	 WI has a \$25 million grant available to EMS agencies; 	
	application open now	
	 Can be used for training and supplies 	
	OPEHC	
	 OPEHC staff walked through the new Scope of Work for 	
	the next five-year grant cycle	
	 Discussed plans for completing deliverables 	
	 HERC Coordinators and Lauri plan to meet every Thursday 	
	from 9:00-11:00 to work through deliverables together	
	and so much is new this year	
9. AG Meeting	Meeting updates	
	 Discussed new grant cycle and budget questions 	
	 A lot of discussion on how HERCs can use their indirect 	
	funds – final answer was that they needed to be spent on	
	ASPR approved items and that we need to follow our	
	individual coalition indirect funds policies	
	Workgroup updates – didn't meet	
10. Work	Projects:	
Plan/Regional	Dry decontamination kit update	
Projects and	Discussed earlier under contractor update	
Deliverables	CHEMPACK update	
Denvelables	Aspirus MedEvac can be used as the call center for cache	
	locations	
	IOCALIOTIS	

Hybrid October 9, 2024 0900-1200 (luncheon to follow)				
Hybrid October 9, 2024 0900-1200 (lunched Would like to conduct a functional drill calling the four facilities to see how it works Plan to hold drill in a few months before running drill so that staff can be properly trained first Scope of Work Readiness Assessment (Jan. 31) & Readiness Plan (March 31) Basically, this Excel assessment tool replaces the Coalition Assessment Tool (CAT) that has been retired Ty will do a by-laws, policies, and prep plan review to be sure items noted in governance document are captured All policies will be out for open comment and review at November Board meeting, and they will be closed at the December Board meeting Governance Document (Jan. 31) Will be a separate document created that	 Ty to compare readiness assessment with bylaws, policies, and prep plan to be sure all needed items are included Robbie to prep policies for open comment and review at Nov. Board meeting 			
identifies where readiness assessment items are located (i.e. "can be found in Prep Plan in section X on page Y.") or language is copied and pasted so all is in one clean document Jurisdiction Info (Jan. 31) Required items will be included in Governance document (our prep plan meets requirements already) HVA (Jan. 31) Plan and timeline: Robbie and Ty holding a training on data tools to use to inform HVA survey responses next week Wednesday After training, Ty will send out HVA survey via Survey Monkey	 Ty to begin working on Governance Document Ty to move HVA process forward 			

North Central Wisconsin Healthcare Emergency Readiness Coalition NCW HERC Board Meeting Hybrid October 9, 2024 0900-1200 (luncheon to follow)

- Partners will have until mid-November to complete survey and then Ty will create report
- Report will be reviewed at December PH Caucus meeting to identify PH threats (to meet PH deliverable)
- Full report will be completed by early January
- Training and Exercise Plan (Jan. 31)
 - State led
 - State training and exercise coordinator will develop this plan for the whole state
- MRSE
 - Contractor quotes:
 - Tarian (formerly HSS)
 - Bob Conrad/Chris Hohol
 - Melissa Waller
 - Reviewed all the quotes
 - HSS is off the table due to price, and group wasn't sold on performance last year based on that price
 - Board is open to either of the other contractors
 - Discussed value in our HERC using a contractor most others are using to streamline planning
 - Board is ok with the contractor choice of the other HERCs majority (not to include HSS), with a preference for Conrad/Hohol

Motion to support the use of Conrad/Hohol or Waller contractors, with the preference for Conrad/Hohol to conduct the MRSE.

1st: Dr. Clark 2nd: Ian Fisher **Motion result:** Carried

 Ty to find out what contractor other HERCS decided to use, and go with majority vote for our region

- MRSE requirements:
 - At minimum: two acute care hospitals, two EMS agencies, two public health agencies, and two emergency management agencies must participate
 - Must conduct patient movement/tracking
 - o Must use eICS, EMResource, EMTrack, WISCOM
 - Utilize at least one medical surge plan (pediatric, burn, special pathogen, chemical, or radiological)
 - Need to get clarification on this
 - Involve whole community
 - Patient surge of at least 10% of their licensed bed capacity
 - Ty to get clarification on this as well
 - Inviting additional partners
 - Required objectives:
 - HCC(s) engage health care partners and their executives to participate in the exercise and the After-Action Review within the HPP budget period.
 - HCC(s) effectively notify HCC health care partners of an incident and facilitate ongoing information sharing during a community-wide emergency or disaster.
 - HCC(s) demonstrate their ability to assess and meet critical resource needs (personnel, supplies, equipment, etc.) to manage patient surge during a community-wide emergency or disaster by the end of the MRSE.
 - HCC(s) demonstrate their ability to reduce patient morbidity and mortality through appropriate patient placement during a large patient surge by assisting with the identification and coordination of available patient care resources by the end of the MRSE.
 - Timeline for MRSE:

- Ty to get clarification on what type of medical surge plan needs to be included
- Ty to get clarification on 10% of licensed beds is this for all licensed beds in region, or just of the facilities participating?

Hybrid October 9, 2024 0900-1200 (luncheon to follow)

- Aim to hold exercise on April 9, in the morning perhaps hold Board meeting later that day
- April 10th is not good day for hospitals
- Will need to wait and work out final date with contractor
- CMS exercise
 - Discussed if we could incorporate CMS exercise into MRSE and only hold one exercise this year
 - CMS Board members felt this would be a big loss to these partners and that the MRSE wouldn't be able to meet their CMS exercise requirements
 - Board agreed to keep the CMS exercise
 - Look for contractor gets bids
 - Potential options are:
 - o Brian Kaczmarski
 - Phil Rentmeester
 - o Conrad/Hohol
 - o Waller
- Communication drills (The HERC must evaluate redundant communications during the annual MRSE exercise and report the outcome within the Exercise Reporting Tool.)
 - Board would still like Travis to run his MCI drills as stated in his contract
 - However, they'd like for him to work with each hospital and create new MCI alert templates that better reflect actual hospitals that would be used in a real event
 - Travis to determine what hospitals to include in template with the hospital
 - Can Katherine create a template that allows you to select a radius of a hospital?
 - Have Travis document who he worked with at each hospital, summary of what happened – update drill report

Ty to get bids for CMS exercise

- Ty to check with Katherine and see if there is a way to create an MCI template in EMResource that would include hospitals in a certain mileage radius
- Ty to talk with Travis on new template and drill report strategies

	2024-25 Deliverable Timeline		
	BP1 Activities	Submission Deadline	
	Governance Document	January 31, 2025	
	Jurisdiction Information	January 31, 2025	
	HVA	January 31, 2025	
	Readiness Assessment	January 31, 2025	
	Strategic Plan	March 31, 2025	
	Readiness Plan	March 31, 2025	
	Training and Exercise Plan	January 31, 2025	
	Cybersecurity Assessment	June 30, 2025	
	Extended Downtime Health Care Delivery Impact Assessment	June 30, 2025	
	Response Plan: Information Sharing Plan	June 30, 2025	
	Response Plan: Resource Management Plan	June 30, 2025	
	Response Plan: Medical Surge Support Plan	June 30, 2025	
	Continuity of Operations Plan (COOP)	June 30, 2025	
	Medical Response and Surge Exercise (MRSE)	June 30, 2025	
11. HERC	Tabled		
Improvement Plan	• Tableu		
12. PH Caucus	Discussed CHEMPACK, pertussis at last n	neeting	
Update	 Will be reviewing Family Assistance Cent 	er plans at next meeting	
13. Current/Future Responses/ Exercises	 Supply chain concerns IV solution "limited supply" Low allocations Both systems are actively working concerns and implementing conservations Chippewa Falls tractor incident Ty will share AAR once it's release First Marburg Virus Disease Outbreak in (CDC Health Alert) 	ng on addressing the servation strategies	

	1	
	Will continue to monitor	
	Respiratory viruses	
	o COVID currently down	
	 Pertussis cases up 	
	November election	
	 Need to plan for an all-hazards response 	
	NFL Draft – Green Bay, April 2025	
14. Sector Update	Round Robin:	
Discussion	○ EM:	
	 Finished Bright Horizon recovery exercise; working on 	
	AAR	
	 WEMA conference two weeks ago 	
	 Prepping for elections 	
	 Watching supply shortages 	
	Task Force 1 was deployed for swift water rescue after	
	hurricane Helene and just returned; K-9 search teams just	
	deployed to North Carolina for recovery efforts	
	o PH: None	
	o Hospitals:	
	 IV solution shortage is focus 	
	 Marshfield has incident command set up 	
	 Both systems are actively conserving what they can 	
	CMS:	
	o Noble Community Health Clinic finalized installing all panic buttons in all clinics	
	· ·	
	Wrapping up migrant seasonal worker season Society a let of Cuban migrants and some Afghan migrants.	
	 Seeing a lot of Cuban migrants and some Afghan migrants around Point area 	
	 LTC is monitoring IV solution supply as well 	
	o EMS:	
	Working on grant that just opened that can be used on	
	education and supplies	
	o Trauma:	
	 Hope to reopen DHS 118 – a trauma designation rule 	

	 Tribal: Forest County Potawatomi just applied for PH reaccreditation 	
15. Next Meeting/ Adjourn	Board meeting: O November 13, 9:00 – 12:00 (virtual)	
	Motion to adjourn. 1 st : Jason Keffeler 2 nd : Marcus Walden Motion result: Carried	