

South Central Healthcare Preparedness Coalition Meeting Minutes

August 24, 2016, 10:30 a.m.

Minidoka Memorial Hospital

Attendees: John Hathaway, Larry Troxell, Mark Phillips, Patricia Heath, Tammi Harr

TOPIC	DISCUSSION
Welcome and Introductions	Larry welcomed members to the meeting. Participants introduced themselves and the agency they represented.
Approve Minutes from the May 25, 2016 Meeting	The Minutes were approved as written.
Allotment XV Funding	<p>Larry mentioned that IDHW has a new Director, Coleen Rice, who now heads up both the Healthcare Preparedness Program and Public Health Emergency Preparedness at the state level. She moved from the former Bureau of Homeland Security which is now the Idaho Office of Emergency Management. Coleen brings a lot of experience with her but is new to the ways of HPP and PHEP. She appears to be a hard charging individual and Larry believes she is the right person for the job at hand.</p> <p>Larry advised members that, once again, we are limited to \$18,000 for training and exercises for this allotment year. He asked those present what they felt was important to pursue this year. Larry mentioned the Scope of Work lists various topics e.g. NIMS, HICS, pediatric preparedness, healthcare COOP and recovery, medical sheltering, coalition development, EMS response, decontamination, behavioral health response, and other relevant gaps identified by the RHCC. Trish mentioned that St. Luke's would like to continue with Critical Incident Stress Management training this year and include other relevant outside agencies e.g. fire, police, and other hospitals. Mark mentioned that they had some internal exercises planned but had not discussed exercises or training outside of Minidoka Memorial Hospital. He also said they have a new administration with many new people who will need ICS courses. Larry mentioned that the 300 and 400 courses will be provided at the Rock Creek Fire Station in Kimberly in the coming months if any of his people would need them. Mark spoke about having a multi-agency exercise in their area but nothing had been decided yet. Trish mentioned that they are required to exercise internally so they will look primarily at training this year although they will participate in an exercise in a smaller role. Trying to execute plans in a major exercise is becoming too cumbersome at the present time. Mark said he would support sending some of the MMH staff to CISM training as well. Larry also mentioned that we need to complete either a Functional or Full Scale Exercise this year and covered the areas we will include. Discussion continued and the decision was made to conduct a Functional Exercise this year. Larry will review his information to ensure we include any capabilities that may not have been exercised in BP 1 through 4. Recovery</p>

	<p>stands out as one area we have not exercised. We will look at including a piece in our FE that includes the request for a CISM team as part of the recovery process. EMS, Home Health and Skilled Nursing facilities could also be involved regarding patients. Larry advised members that he will need to contact North Canyon Medical Center to find out what their plans are for training and exercises this year. UPDATE: NCMC will look at the possibility of sending staff to CISM training. Beyond that, Sara will meet with senior staff to determine what other training and exercises they might want to do.</p>
<p>Broaden Representation of the Healthcare System</p>	<p>Larry covered various agencies we may be able to add to our coalition e.g. long-term care, stand-alone surgery, urgent care, laboratories, pharmacies, blood banks, and primary care providers to name but a few. We usually have representation from EMS, mental/behavioral health, and home health and hospice. Mark asked if he could get a copy of our member's roster so he could speak to some of the people in his area. Larry mentioned that he attended the Burley LEPC on Tuesday and took the opportunity to pitch the coalition and what we do for emergency preparedness to the group. There were various police and fire agencies attending but it is apparent that the information fell on deaf ears as no one from that meeting is in attendance today. Mark mentioned that when they hear the word healthcare, they think the information doesn't apply to them or what they do. Trish mentioned that if you look at our agenda, it generally speaks to healthcare. We need to be able to present to these agencies and individuals and explain how we are intertwined. Larry mentioned that he had an opportunity to speak with Kevin Rosenau and asked him if he would be willing to speak at a future coalition meeting regarding a mass casualty incident. This could include how they would handle the bodies, potential cremations, and MOUs with other agencies to assist them. Kevin said he would be willing to speak at one of our meetings and Larry will set up a meeting with Kevin to ensure we cover the appropriate information.</p>
<p>emPOWER Mapping Tools</p>	<p>Larry provided copies of emPOWER Mapping Tools and asked if members would go online and look at the information to see if it would be beneficial moving forward. Larry mentioned that he had asked if someone at IDHW was a subject matter expert that could come to a coalition meeting and speak about emPOWER. They are currently training an individual and we hope to have them speak at a future meeting.</p>
<p>WebEOC as a Medical Surge Information Sharing Tool</p>	<p>Hospitals have stated they would use WebEOC if it worked for their needs. They do not believe it is user friendly and prefer something that works better. They feel WebEOC has grown beyond what it really should be and has become too cumbersome.</p>
<p>Ensure WebEOC Boards Containing Medical Surge Response Assets are Updated</p>	<p>Larry stated that equipment purchased by our hospitals in District 5 between allotments II and XII has been updated into WebEOC.</p>
<p>Provide Annex H to RHCC Members</p>	<p>The revised Annex H including Appendix H-1, Medical Reserve Corps, and Appendix H-2, Medical Sheltering, was emailed to coalition members. Some individuals wanted copies on disk and Larry brought copies for those individuals.</p>

<p>Future Advisory Board Meetings</p>	<p>Members who attended the last Advisory Board meeting elected to consolidate both the board and coalition meetings going forward. We will reserve the hour prior to the coalition meeting for the Advisory Board meeting. This will save board members a separate trip across the valley.</p>
<p>NIMS Compliance Document</p>	<p>The NIMS Compliance Document is actually part of the spending plan. However, if a hospital elects not to request funding for training and/or exercises, the compliance document is still required to be completed.</p>
<p>What's Going On?</p>	<ul style="list-style-type: none"> • Tammi advised the group that Visions is working on becoming a Community Health Accreditation Partner in October and emergency preparedness is a big component. • John mentioned that IDHW is still working on 17,000 people in Idaho who do not have healthcare insurance coverage. The issue is the upcoming election and if the Republicans win the White House that the Affordable Care Act will go away. Most people do not know that Medicare, Medicaid, and VA care are funded through the ACA and it also has ties to Social Security. The ACA cannot be killed with the stroke of a pen. Last year they thought they had a system put together for the catastrophic healthcare plan. The idea was to address asthma, obesity, heart disease, diabetes, and mental health. If people are hospitalized with one of these diagnoses, they go into the hospital and are stabilized and sent home. Then we wait for the next incident to happen. The plan was to follow these individuals for 90 days to see how they were doing. Unfortunately, the Legislature did not approve the plan this year. They have promised to review this next year and make a decision before adjourning. They received a \$40 million dollar grant for the State Health Insurance Assistance Program (SHIP). SHIP is a free health benefits counseling service for Medicare beneficiaries and their families or caregivers. • Trish spoke about their new computer program, EPIC, and the system wide changeover on October 1st. This is a new documentation system that will include billing, patient information, etc. She also mentioned they have a new CNO, Arlen Blaylock. • Mark advised they have a new CEO and CNO and they are working toward joint accreditation. They have moved jobs the previous COO held to others in the hospital. They are also looking toward converting the ED to full time. Many positive changes are taking place at MMH. • Larry mentioned that we still do not have a Medical Reserve Corps coordinator but we hope to have one this year.
<p>Adjourn</p>	<p>The meeting was adjourned at 2:30 p.m.</p>
	<p style="text-align: center;">All Advisory Board meetings are scheduled one hour (9:30 – 10:30) prior to the coalition meetings listed below</p> <p style="text-align: center;">All Healthcare Preparedness Coalition meetings are scheduled on the fourth Wednesday from 10:30 to 2:30 p.m. unless otherwise noted</p> <p style="text-align: center;">Locations subject to change</p>

**Meeting
Dates
(please
add to
your
calendar)**

South Central Healthcare Preparedness Coalition (SCHPC)

- **August 24, 2016**
 - To be held at Minidoka Memorial Hospital
- **November 16, 2016**
 - To be held at St. Luke's Jerome
- **February 22, 2017**
 - To be held at St. Luke's Magic Valley
 - Oak Room #3, Lower Level
- **May 24, 2017**
 - To be held at North Canyon Medical Center

**All Healthcare Partners (hospitals, long-term care facilities)
meetings will be scheduled
on the fourth Wednesday from 10:30 to 12:00
if necessary and will be held at Public Health
unless otherwise noted**

South Central Healthcare Partners (SCHP) (hospitals)

- **Will meet as needed**