Northeast Healthcare Preparedness Coalition Meeting 10/3/23

Members Present: See the attached sign in sheet.

Call to Order by Michael Bomberger at: 9:03am

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| **Topic** | **Discussion** | **Follow-Up** |
| Welcome – | * Introductions- in-person first, Teams second |  |
| Sustainability- | * **Danielle**-   + Discussion about the HCC 101 training that will be an all-day event Monay October 30th from 9am- 1pm.   + In-person only   + Please invite others to join so they can learn about the HCC.   + Danielle has a new phone number 1-855-422-5771 🡪 1-855-HCC-KSR1   + The new number allows for contact of all RRCs in the event of a real-life emergency. This mitigates any coverage gaps. | Danielle to set up HCC 101 Course in KS Train and send the course ID out to membership. |
| 4 Core & More Reports with Clinical Advisor & Lead Hospital Comments | * **SUMMIT Reports/ Feedback** * **Note – EMR and JUVARE are referencing the same EMResource system.** * **Hospitals-**    + “The event in Wichita had a lot of information and it was Quality. Recommend that everyone should go. Even though there was a change in the schedule on the second day with a different speaker, it was a phenomenal event. There were a ton of lessons learned that were shared and lived experiences. Cyber insecurity was also helpful for us to learn, even though I am not a big IT person. The Colorado safety training was also really helpful, and I think we should start to use something more useful than just the EMR.”   + “The EMR resourceis not used to its full capability and most of us do not even know how to use it to its full capability. The training showed the importance of systems like EMR for different events. The committee that puts on the summit set the bar super high, so good luck toping that next year.”   + “Danielle did a fabulous job, we had people not coming so we had Chris come and he did a fantastic job. There was not anything that was specifically for EMS or just hospitals. It covered all disciplines. The drive was not that bad, the hotel accommodations were nice, and there was a ton of wonderful things we were able to learn.”   + “I heard you all talk about the EMR resource, and how another system may work better, but is the other one that much different? Do you need to assign responsibility for there to be that big of a difference for usage?” This was discussed and it comes down to training and daily usage, no matter the system. We do have the benefit of all of our surrounding States currently using EMR.   + “Many times our nurses do not even look at the EMR when someone is transferred from another hospital because most of the information entered is not even accurate. We also just do not know how useful it would be useful in day-to-day situations.” It was noted that it can be useful in surge events.   + Michael- “When those from KC broke down the chemical incident from the event they had, one of the things they talked about was communication and the need for all to work together and set up and follow ICS structure in a situation. There was carbon monoxide on sight and only half of the first responders knew because there was a lack of communication. Folks from Colorado and the shooting addressed the same communication challenge, and Michael expressed the need to have their voice at the table and for them to talk about JUVARE. We have been told that JUVARE is easy to use. They have used different platforms, but people need to agree to use it before it is implemented. KDHE’s intent is to jump start the training and integration and they are currently trying to walk through that. The steering committee is also currently discussing that. They have dropped mission control and are still funding JUVARE. There is still some COVID money that can help that as well. If Colorado moves on to something different, then that will present a challenge. Education is at the top of the list for us right now. We are getting to a point where it either gets in or gets out. I think this year will be a pivot point on that investment.”   + “We haven’t really updated the EMR resources. We still have like 500 questions on COVID, which isn’t even a thing anymore, which is a prime example of how this isn’t being watched or updated. There are also first responders that are not even thinking about touching EM resources.” This needs to change.   + “You can upload the EMR resources in an excel spreadsheet. The things that KDHE would update are out of date by a factor of years. The whole saying that “if you do not use it every day, you do not use it on game day” is real. We have to get better at being able to use these resources more regularly and provide training.”   + Danielle- “For JUVARE and EM resources, I agree that we need to increase education in who should be updating it, when it should be updated, etc. The numbers for day to day are not reliable as folks are updating at different intervals. At the conference, they talked about chemical incidents and HVA, and I was the one that covered EMResource that day. When I went to run the event, there was not enough flexibility to request information on a specific resource. EMR pulled in much more information than I was able to use for the poll (pre-populated numbers). JUVARE’s response was “that is how it’s always been.” This is not true. There is a lot of potential in the system though. Iowa was able to set up API between EHR and EMR state-wide, so we need to talk to them to see how they worked this out.”   + Michael- “looking at the audience, there was no one on the phone. It was a very attractive event.” * **Danielle’s Summit Lessons Learned:**   + It’s not the plan, it’s the planning. Include as many people as possible when creating plans. The cybersecurity training was helpful for using pass phrases that are untrue like “Ihatedyour8greatdanes”   + There was a session that fits into our motto of “anticipatory critical thinking.” It was an EM from Oklahoma. He said Oklahoma did not want to make rules for marijuana grow operations and they left it up to each County to make their rules. The lack of rules has caused a HUGE issue for certification and safety.   + **In addition, the grow houses have very high security, with strong locks and different codes on every door sometime. This is very dangerous for first responders, especially during a fire. For example, when searching a drying room for casualties, you have to step into the room and walk clear through due to low sight. If the door closes, it will automatically lock the first responder into the burning building.**   + Michael “There is medical marijuana wrapped in candy. Keep that in mind as Halloween rolls around.”   + Now is the time to increase public health education on marijuana. * **EMS and EM – Reported during SNS and Marijuana risk discussions.** * **Public Health**   + Minnesota has different color bands in an emergency for children based on their ages and whether or not they are accompanied for family reunification. This is for all children 18 years or younger.   + “We have been giving a ton of COVID-19 vaccines recently, seemingly more than we did last year, and we are also administering RSV and Flu vaccinations. Pregnant women are also getting vaccinations to help protect their babies. So, just a lot of changes here and there.   + “Also sitting in for a proxy for a couple counties. They are increasing their immunization services and we are focusing on TB mass vaccinations for up to 350-450 contacts of TB exposure.   + One hospital commented that they went through KDHE to develop a Hep A policy for people that come into their system. I know there are a lot of regulations for that, so anyone else should look into.   + “We are doing a lot of Hep A clinics as well and our community baby shower is coming up.” | Danielle to contact KDHE and ask about the necessity of the COVID questions in EMR updates at this point in time.  Michael to present Juvare issues to the HCC Steering Committee  Mark your calendars for the next KS HCC Summit! It will be held on September 23rd and 24th of 2024 at the Wichita Marriott. |
| Final BP5 Workplan Items | * **Danielle-**    + The Executive Committee is now meeting once per month and is currently working on the governance document and the chemical surge and clinical advisors. We will be sharing this out with all HCC members for comment before finalizing any changes.   + The Redundant Drill Data Worksheet has 88 total organizations and only 42% responded to the drill on the 22nd. If you did not get this drill, let Danielle know. If you did get it, please respond next time.   + Responders in the room stated that they did not get the email until a day later, after the email was supposed to be sent out.   + The HCC membership is based off of a plethora of things, but if Danielle has someone’s active email, they have been coming to some meetings, and is contributing, then Danielle is considering them a member.   + The workplan progress report can be read via e-mail and we were running short on time, so Danielle chose not to report on it during the meeting, but she will send all of the updates out with the minutes. * **Performance Survey Results**   + Was sent out a few times. About 30 people responded.   + Questions included what people like about the HCC meetings, do people find these meetings helpful, etc.   + Everything made us think “we need to take some time to think about it, and what ideas can we bring and how can we bring them to you.”   + The quickest question to resolve was body bag distribution.   + The Steering Committee is meeting on 10/11 and they are going to discuss Portacount end -of-life for the HCC or distribution. * **Steering Committee Topics** * **The Steering Committee will meet on 10/11 and suggested topics are as follows:**    + SNS- Education/ Training and receiving site discussion- ED, RRCs   + Engagement Expectations- RCC to Executive Committee and Vise Versa- Danielle   + 4 Core discipline review for all GCC meetings- Danielle   + HCC sponsored HERT planning – Tami and Jason will lead this discussion.   + MRSE process- Peter and Danielle   + KS HCC Summit AAR- All   + Mini grant update- Ed   + Inventory management platform update- Ed and Peter   + Portaccounts- End of life for all regions discussion- Danielle   + New RRV Contact information- Update KDHE maps, website, other.   + Member development- Book club discussion   + PULSARA will also be discussed during this meeting.   + We will make sure to add Juvare items to the meeting and other items that arose today. * **EMS-**   + Responded to incident about 13 yr old girl that ate 1,000mg of marijuana gummy. Young girl was nonverbal due to the substance, the adults around were not speaking with him, the girl developed a rash, her heartrate was 180 BPM, she had enlarge pupils. She had gotten a box full of illegal substances from out of state, had to go to the hospital, and ended up not being able to stand. It is not being regulated and the police that showed up helped ask questions. | Members to send Danielle an e-mail with their cell phone number and let her know if they did not receive a redundant drill via e-mail and/or text on 9/22.  Danielle to send out BP5 Q1 Workplan Progress Report  Danielle to work with the cache contractor on Body bag distribution. |
| General HCC Business | * The University of Nebraska Davis Global Center had a ribbon cutting recently which included the ASPR Principal Deputy Assistant Secretary and Chief Operating Officer, Nikki Bratcher-Bowman. Approximately 20 people were invited to this event and Danielle and Tami Wood represented KS HCCs. Other states gave updates, and Danielle talked about our state of preparedness and real-life issues. The Secretary expressed appreciation for the KS information as it was new information to her. * They were talking about people having to quarantine in the same space, the treatment of those people, the different views of them, people still getting exercise, there was a man on his last day of quarantine, and they let him go outside and he had a heart attack. * They program actual patient records of their vitals (5DCave), which is a surgical tool, which is what their body looks like on the inside. People can then have a way to practice how to do it before it is actually done. * There are in-person presentations of people that are actually holograms. * Danielle showed the video. * Davis global center- one thing they were testing out was infection control with virtual reality. They were able to look through the facility and analyze the needed control measures. * Davis Global Center has training on the iEXCEL Student resources. * SNS (strategic national stockpile) training was held a couple of weeks ago. Of the 11 Regions they had completed, we were the first one that had an HCC present. The information they have as of now, is to build the basics of the SNS. The update for KS is that if a HCC member needs to access the SNS, they will go through their County Manager, who will then go up to the State and to the Feds. As far as a SNS “Wishlist” Danielle asked if a calculator could be created to show what are the things we need to start gathering once items are requested. For example, how many freezers do we need, how many volunteers for distribution. What are the things we can do while we are waiting for the supplies, so we are ready to go the minute the supplies arrive? * They used to refer to just push packs with the 12-hour timeframe. The current logistics have improved, and most supplies can now get to us within 12-36 hours of Federal approval | Members to send any potential emergency preparedness virtual reality use situations to Danielle. |
| Training | * HVA Work Session – Participants held a healthy discussion on Risks for the Region as a whole and for the HCC Specifically. The following was decided:   + The risks will no longer be ranked. From an HCC standpoint, it makes sense to determine our risks to mitigate but not to put them in an order as the order of risks will be taken into account during funding and training decision processes.   + Staffing will be removed as a risk as it is something that is affected in every situation.   + Members discussed the increase in human trafficking, substance misuse, vulnerable populations identified through emPOWER data and other vulnerable populations. It was decided to add “Substance Misuse and Humanitarian Concerns” as a risk factor to cover these categories. * HERT Training Date – HERT rotation throughout the State will be discussed during the 10/11 HCC Steering Committee meeting. If we plan to offer 2 sessions in a year, then we need to make sure the sessions are close to each other in time as to not slow-down preparedness efforts for members that send ½ of their staff to the first training and ½ to the second training. * MRSE - Now is the time to start planning for the MRSE. Danielle explained what it takes to create the MRSE and reviewed a list of things for either a consultant or an exercise team to complete prior to exercise day. The group voted to move forward with a consultant. They would like Danielle to see what other regions are hiring a consultant as well and to see if we can split the cost with them. | Danielle to update and distribute HVA.  Danielle to research which HCCs plan to utilize a MRSE Contractor and discuss splitting the costs with the NEKSHCC. |
| Looking Forward | * + MRSE General Education and Clinical Advisor Sessions to be scheduled.   + HERT Training to be scheduled.   + R7DHRE RRC Meeting – November 7th and 8th, 2023   + NHCPC – November 28th – November 30th, 2023 – Michael and Danielle to attend.   + December 5, 2023 NEKSHCC Meeting – MRC will be Discussed.   + EMResource Training – 2/14/24 KS Train Course ID 1111027 |  |
| Adjournment | * If there is anything that you would like on the next meeting’s agenda, let Danielle know via email. |  |

Adjournment (NEKSHCC): 10:30 am

Adjournment (Workshop): 12:03pm

Respectfully submitted by: Veronica White