

Healthcare Emergency Preparedness Council
 August 4, 2008
 Memorial Medical Center
 1700 McHenry Ave, Modesto (McHenry Village)

In Attendance - X			Absent = O		
x	Scott Penner, Chair	O	Jeff Wilson	x	Dan Sharver
X	Terry Nelson, Vice Chair	X	Renee Cartier, Voting Member	O	Richard Murdock, voting member
x	Marianne Shaw, Secretary	X	John Walker, MD	O	Jim Worobe
O	Mike Corbin	X	Randy Fike	O	Doug Buchanan
X	Richard McGinthy	O	Rosie Lopez	X	Steve Andriese
O	Rashmi Birla	O	Janwyr Funamura	X	Vivian Thompson, voting member
O	Kay Gordon, Voting Member	O	Bob Castillo	O	Mike Wilkinson
X	Judy Mahan	O	Ryan Zollicoffer	O	Barry Hurd
X	Karen Hall	O	Michael Rossini, MD		
X	Renee Pimentel, Voting Member	O	Tammie Waddle, Voting Member	O	Darrell Freitas
O	Daniel Cipponeri, Voting Member	X	Sharon Perry	X	Teri Norton
X	Don Baliey	O	Cindy Young	X	Ken Huntley
X	Troy Lute	O	David Sasser, MD	O	Becky Crow
X	Loni Howard	X	Alicia Hinshaw, voting member	O	Ron Lopez
O	Leta Love	O	Rick Ornales	O	Marilyn Smith
x	Matt Speckman	X	Darrin Kram	x	Tim Obrien

1. Welcome and Introductions

Scott Penner called the meeting to order at 1300 and welcomed everyone. Self introductions were conducted.

2. Approval of Minutes

Motion: (Alicia Hinshaw / Sharon Perry) to approve the minutes as presented.

3. Vaccination Guidelines –Terry Nelson

Infection Control practitioners, Public Health. Coalition to strategize on how to reach community for immunizations. Routine flu immunizations give us ways to strategize giving Pan flu immunizations. How to get into population pockets have not been able to reach. 2 methods for immunizations: injection (fraction of the protein), can't cause the flu and Nasal Spray, same experience if use decongestants, it is an altered Live virus that cannot reproduce at body temp. Children in the mismatched years, exhibit immunity; no studies that support yet but may be useful in adult population. May be able to distribute vaccine that doesn't use injection skill. Can use this method to distribute to HealthCare workers. Broader immune affect than target audience.

Dr Walker- How to protect ourselves, CD taskforce presentation by Terry of law for hospitals to protect against influenza. How do we have a better winter? Got hit hard, just late. How to improve vaccination rates in first responders? Nasal immunization. DMC had moved their TB testing and merged with influenza

vaccination. Renee is beginning to talk with school system; industry is looking on it also. Much of focus has been elderly, yet much of our affected are pre-school, school age. Vaccine shortage was focus, this has changed; now have 5 manufacturers. Nasal vaccine had better experience last time injection didn't cover.

Scott – normal shot has contraindications- is that the same for nasal? Primary an allergy to eggs. There is a list, major one if you work in reverse isolation for organ transplant. Terry will research for next meeting.

4. System Saturation – Teri Norton

68 hours in July, one day sat was over 14 hrs, due to heat related issues.

Kaiser to open 88 beds and part of ED, Oct 1st. Steve is working with them to get MICN's trained to become a base hospital. May help with some of diversion issues.

EMC-2 hour diversions have made it easier

5. Healthcare Strategic Planning- Scott

We have many more people coming to this meeting. Gone as far as we can. Where do we want to be in next years? Mission, values, vision – what is the most important? Where do we want to go? Goals, where are our crossovers? Help us figure this out and make us a much stronger group; hired a consultant.

Dr Walker- one is from healthcare, the other 2 have varied backgrounds. Are we really called the HEP-C. Should we add Stan County to the front of it - SCHEPC

What do we need to do to change our bylaws? 2/3 members here. 5 voting members here.

Place on next agenda, publish list of voting members.

Motion – vote to change name of council, adding Stanislaus County add next meeting

6. Continuum of Care

Opportunity: CDPH training. Handout given with training event. 3-part event in Oct and January.

Committee Reports

7. Patient Tracking – Randy Fike

Last drill the 24th. No info from EMC. 15 MMC; Ones that were turned in with tags look good. 14 DMC; looks hit & miss. Randy will work with Vasti for work on areas that need help. Reviewed the policy at last meeting; came up with additional changes that would like to discuss at next HEPC meeting for approval. Getting essentials down for Drills; make it a policy to speak to the drills. Still generic, requiring everyone to participate in drills.

Alicia – Need a procedure that addresses START triage and made it clear to all. Simplify the process.

What happens if refuse to do this? Becomes an agency/department issue. Ambulances/hospitals required; FD may elect. Through our QA process, if it becomes evident that there is need, would use that avenue to address.

Need more training on START, should have received during EMT training. Need review/refresher. Support and allow for training in policy. Is there a need to include in next grant cycle?

MMC was able to add field in MediTech and create special report. IT people would have to add.

Is there consideration to add Kaiser when it opens? That is the Intention.

The West side has not received training. Group felt that having the policy out there would invoke more participation.

Where do we go from here? Doug will email out for comment, hopeful before next HEPC meeting.

QI part – is there a way that at the next meeting, could we see a run chart on individual categories- see big picture. Randy will provide.

8. HRSA Grants – Renee Cartier

Followed up with outstanding orders, has confirmation from Granger. Should have PAPR cartridges in 30 days. AED's for long term facilities, extra pads are on backorder. Everything else has been paid. Will finish the 06/07 grant.

Haven't heard from state regarding 07/08 grant; officially ends in 2 days.

State conference call – new grant guidance should be out soon. In new HPP grant, still allocating coordinator, partner and EMS FTE's. Not sure what that the meaning of that is. Not allowing the flexibility of locals to determine what projects will be; we have to figure out how to accommodate it. Submission process has changed. Volunteers need to small committee on grant: Scott, EMS, Darrin. Renee will dist. Guidance to email list. This must be expedited.

State requiring a mass vaccination exercise; asking if they would accept ours from last year. Going to do multiple vaccination exercises at the schools. Our 2nd

success has been with the schools, if kids are home, parents won't come to work. Our focus will be the schools.

Last year CDC grant purchased Sydion system, since then resource management system has been purchased from Sydion. Will try to bring back to group next month. Allowing hospital to put in own resources – moving ahead.

9. Public Health Officer Report - Dr Walker

Thanks everyone that participated in response to Extreme Heat/Air pollution. EMC reported an unusual # PNA's. Brought EPC on conference calls early, tracking from Hosp/EMS was helpful. Cool Zones vs Cooling centers; Cooling centers last year 10 hours staffed. Learned from that and recognized that we could provide a simpler service. Each city choose how long was open; it went well. Patterson choose to open center: focus was the Elderly.

Scott- existed in 2 counties, one more active. Great preplanning, great organization.

DW – Air emergency continues beyond heat emergency – what were you seeing as a consequence. DMC – bump in respiratory and cardiac both, no real increase in census. GV- slight rise in children needing nebulizer treatments.

10. CA Dept Public Health – No current representative

11. EM System

Marianne attended both a local and regional EMSystem users group meetings.

A Stanislaus county view can be created that will not affect the way it is viewed by others. Local announcements will be added. Alerts sent to local areas. Tier event access; assign user types/event types.

To Query – is there a way to get an electronic poll?

Need another local meeting to determine what we want out of the system.

Clean up list of users to define by position. EM System can add column to the list of user to define resource type.

12. CA HA: Loni Howard

Sacramento is looking at EM Track, Sydion pricing went up. Concern with merging with existing hospital systems. EM system is already on computers, adding EM Track was easier. Doing in conjunction with MMRS and Coroner office who wanted a system to track. Waiting on approval from Op Area council for MMRS.

13. CAHAN - Randy

Handouts of background of system. Official CA alert network. Roles also included.

What is CAHAN – alert system, web based communication system. Email, pager, fax, phone.... High, Med, Low status alerts.

Why use CAHAN – receive and confirm alerts; internal and external. Hospitals can use as their own alert system. Everyone gets a role; Alerting, collaborator, administrator roles. Available at a moments notice. Transmit relevant info during emergency. Secured system; share and store data.

When to use? – Maintain your alerting profile, send receive/confirm alerts. Document library; can create categories; store info, set up permissions to see.

Health Alert – Local, state, fed Public Health authorities. Informs medical, health personnel of danger to community.

Who participates in CAHAN?- 12,000 users; Supported by CHA, CDPH, CDHCS, CHHSA, GEOS, local Health Depts, Hospitals, Clinics, etc...

Roles – see handout,

Deployment goals, identify admin & users. Once users are inputted, training will begin. Memorial almost ready. Randy and Jim need to know who the contact is at facilities to set up each facility.

14. Meeting Adjourned: 1520

15. Next Meeting: Sept 8, 2008 – 1pm at Memorial Education Center – McHenry