

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

In Attendance - X			Absent = O		
X	Scott Penner, Chair	O	Jeff Wilson	O	Tom Brennan
X	Terry Nelson, Vice Chair	X	Renee Cartier, Voting Member	X	Richard Murdock, voting member
X	Marianne Shaw, Secretary	X	John Walker, MD	X	Jim Worobe
O	Mike Corbin	X	Randy Fike	X	Doug Buchanan
X	Richard McGinthy	O	Rosie Lopez	X	Steve Andriese
X	Rashmi Birla	O	Janwyr Funamura	X	Vivian Thompson
X	Kay Gordon, Voting Member	O	Scott Seamons	X	Mike Wilkinson
O	Dave Plantier	O	Bob Castillo	O	Barry Hurd
X	Judy Mahan	O	Ryan Zollicoffer	X	Patrick Lynch
X	Karen Hall	O	Michael Rossini, MD	O	Darrell Freitas
X	Renee Pimentel, Voting Member	O	Tammie Waddle, Voting Member	O	Teri Norton
O	Lynn Leatherman	X	Sharon Perry	X	Ken Huntley
X	Daniel Cipponeri, Voting Member	X	Cindy Young	X	Becky Crow
O	Don Balley	O	David Sasser, MD	X	Ron Lopez
X	Troy Lute	X	Alicia Hinshaw, voting member		

1. Welcome and Introductions

Scott Penner called the meeting to order at 1301 and welcomed everyone. Self introductions were conducted.

2. Approval of Minutes

Motion: (Vivian Thompson/Kay Gordon) to approve the minutes as presented.

3. Comments by Scott: System Saturation not a sub-committee, Group of ED managers. Meet as separate group. Will be a standing agenda item.

MID presentation will be here next month.

4. EMSystem Update

Dr Walker – Credit to Steve for setting up meeting. Follow-up with Region 4 transfer from Hospital Council; including an increase in fees. During December – meeting at MVEMSA and small group met in Jan. Dr Walker shared issues as agency managing contract, justifying cost to Stan County BOD.

Steve- price concern – renew contract for one year and review options. During Jan meeting, Dan Burch mention that transfer was in the final stages. All counties in Region 4 where updating budgets. EMSystem contract due has different fiscal year. Need to look at options. 2006- 2.5 cents/capita. Initial fee was 4 cents/capita. Dan negotiated an incremental change, 2007-3 cents, 2008- 3.5 cents ,ending in 2009 with 4 cents.

Objections to system – Are we limited by licenses? Important issue!!

Renee – does system meet HavBed standards? Totally up to date? State uses E-team and all other data transferred into E-team for reports 2 separate systems. CDMN collects from all systems has regular update. Does upload EMSsystem.

January meeting specifically spoke about E-team since State OES is transferring. E-team is a Proprietary system and may not have open architecture This was built for the state.

Concern is that we may have a negative impact if pull out too soon. Only 4 Of 11 counties have committed to EM System; no one has pulled out. The others are evaluating.

Regional approach is a concern. Suggest- In next 18 months to look at system.

Look at the Pros/cons and future capabilities. Need to establish a baseline to determine system needs.

3 biggest issues: 1. Load special software on computer to use, 2. cost, per user, or capitated? 3. multiple password users/ different computer.

Web based, scalable, low cost. Have a process to get system to work – issues. This has been a concern with EMSsystem. Future expectations.

Ron – DMAT data base interoperability has been an issue.

Submit questions – end-users analysis/evaluation to Judy and Marianne by next meeting. They are going to the NDMS conference in Nashville and will look at vendors to evaluate.

Dr Walkers recommendation- That there be a Regional discussion in next 90 days. Pat states there is a meeting soon regarding this.

5. OES Meeting Update:
Chief Wilkinson

Chief Wilkinson presented the current structure of Operational Section response. Chart of 9 cities in Stanislaus County and how request for Mutual Aid are initiated. All still function in same manner based on Operational Area. All flow up to Operational Area Coordinator. If we cannot meet needs, issues go to Inland Region (4) EOC. Then go to State Operations Center.

Chart 1 presented – SEMS – ICS structure for the county

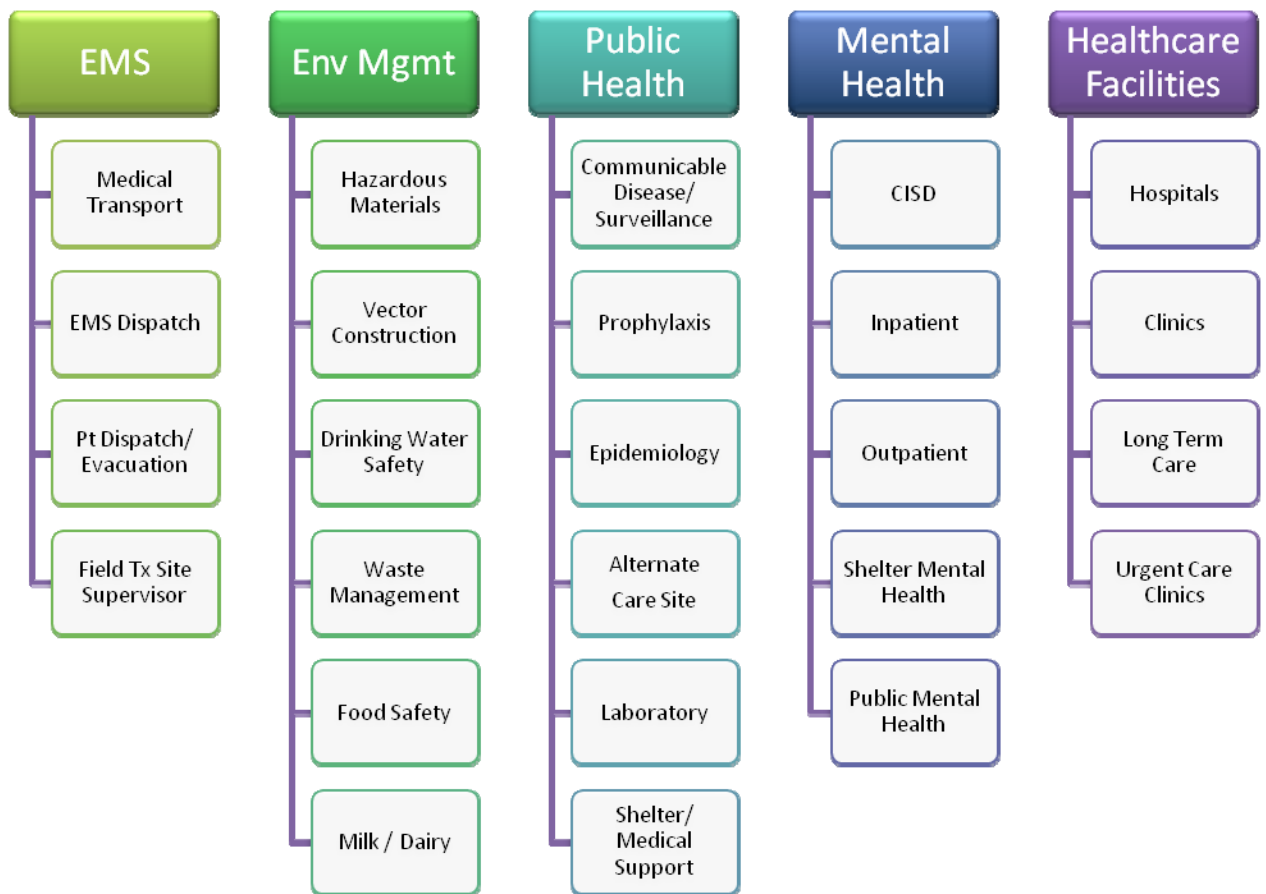
Chart 2 presented - Operations section and branches

Chart 3 – Medical Branch Section – Public Health

This is used when span of control dictates the need; Depending on the nature of the emergency. This is the best way to communicate. EOC is looking

for best way to provide coordination/collaborating. The first priority is to Stanislaus County.

Healthcare Facilities will be a new branch within the Medical Branch Section. It will contain Hospitals, Clinics, Long Term Care (including Hospice) and Urgent Care Clinics). During activation of this branch, the hospitals will work together to send a Liaison person to the EOC. The realization is that people will be needed in their facilities, therefore sharing resources will allow for the best collaboration. Anyone who will fill any position in the EOC needs to complete Stanislaus County's version of ICS 300/400 training. This is a week long course.



Dr Walker– This is a big step forward. OES is updating the 2002 county Emergency Plan. We will work as a team to fill that position during an event.

SOP's for these positions are still in the works.

6. May Drill
Chief Wilkinson

This will be a Heat Emergency affecting Humans, animals and power delivery suggested. It will be a Tabletop in Late May –Exercise plan/development. Attempt to meet the date.

As an operational area, trying to adapt what we've learned over 5-7 years; including updating the emergency plan. Reconsider, that when we have major exercise/ Annual drill OES needs to participate.

The State has been planning but not playing. Every county plays the same drill – which is not realistic. The focus needs to shift; identify specific areas to test. The priority needs to be testing local needs. We also have grant mandated drills requirements.

Vivian – would like to know ahead of time, to plan. Must drill quarterly, on all shifts. Helpful to know from the committee the direction.

7. Stan County Emergency and Safety Services Radio Plan:
Terry Nelson

Interview attended- perspective on needs of integrated needs of county. Part of grant money to support improving system wide radio capability. Contract to put plan together; concept- Interoperability/communication; Law, fire, HEPC. Larger challenges for county; hardware, interface issues. Terry felt that the issues were heard in a different way.

Renee – Homeland Security – consultants, EOC – wow someone heard us. Question – recommendations, we may not get copy of report when. Medical Health community is in dire straights. Where are we on the scale? Need EMS and Hospital representatives.

Chief Wilkinson - County Fire system very antiquated- Out dated. Don't imagine law much different.

Vivian – felt hope from consultants. Progress, knowledge, grasp of situation in county was good.

Sharon – felt good. Deficiencies addressed.

Sat Phones – 06-07 budget. Terry contacted service provider Global Star (OCT). Current plan Liberty 600. \$600/year. Sent notice out to members to enroll in Unlimited Loyalty plan, cost decreases in 5 years to \$20/month; Incentive to stay with annual plan. Allow to plan costs to extend to 2014.

Chief Wilkinson – 2 of Global Star satellites are down. Access limited. OES is moving away from them as a provider. State CA states– if you have Global Star, you must have a second system. OES – chose Oridion.

8. CA Senate Hearing on EP- Is CA Ready for a Super Bug Epidemic:
Terry Nelson

Terry is the Liaison with Communicable Disease Task force. State senate hearing; Panels from Emergency Preparedness. Statements by state auditor, throughout state the EP plan needs to be updated, tracking mechanism for tracking updates. When we have exercises, need a way to follow through with action items and respond with after action reports that we have corrected items. State has been slow to audit funded items.

9. Emanuel Power Outage Update
Renee Pimentel

Most of ED was on E-power. Generator worked great. Biggest issue - CT scanner was not on E-power. AMR was wonderful – 14 transfers for CT's . Good exercise. Once power was established. Lab had pipe break, and flooded.

10. System Saturation – Teri Norton

Cindy presented the revised graph as requested; includes the past 3 years of total hours system saturation. Good information for planning.

Doug- Update on the last 11 years of System Saturation work in Stan County. 1997 was eye opener when state ran out of beds and ventilators. This Committee formed to look at the issues. Oct 98 came up with guidelines for Local EMS Saturation. In April 01; made a System Saturation Policy. (Prior to (9/11). Jun 04 HRSA gave money and consultant. Dec 06 – State hired consultant group, developed guidelines. Dec 07 -ED managers revised policy. (Yellow document); Mission diversion and New Level 2, now added.

Dr Walker – Next week is the anniversary of the System Saturation event last year (Sacramento to Bakersfield). When looking at issue of surge as apposed to saturation, this supersedes EMS – beyond level 2 – executive decisions need to be made. Once need to go beyond 2, need blessing on policy level 3. Realize frustration where decisions supersede managers. Learned last year, in order to “Surge” beyond hospitals; includes LTC facilities. How do you move beyond hospitals? EMS well geared for Level1 &2. There is a need to develop a plan for levels 3 & 4.

Dr Walker commends ED managers for updates. Questions – What is the best way to deal with level 3 & 4? Recommendation for this county, Homeland security grants also have requirements. Hope – a workgroup to take forward

document to the Executive group in May. Want to take Price Waterhouse Cooper documents, but they have been postponed again. Out this month???? It is imperative that this document is used as a reference – Clear that Stan County is consistent with State guidelines.

How do we proceed with putting this workgroup together? Need to Update Executive committee with surge policy and EM System.

Dr Walker – Proposal -ED managers & disaster coordinators work together to develop Level 3 & 4 SURGE policies. Deal with surge on a different level than System sat (Level 1 & 2).

Steve – as far as state is concerned, “Surge” – is soup to nuts – entire community event. Policies are in place to deal with this. System saturation – first 2 levels of surge are addressed in this.

Renee – Policy is for ED rooms only. Policy doesn’t cover the levels for surge at all. Doesn’t deal with outside the ED.

Dr Walker – This is an important policy. We have been dealing with it for a long time.

Judy – at level 3, we are going out of local area; at that point, hitting OES structure.

SUB Committee needed – to address County wide surge beyond System saturation. Want a draft to take to Exec’s in May.

Renee – under HRSA- requirement to put together a Surge plan. Needs to be done at a Policy level.

Vivian – a complementing policy for beyond saturation.

PROPOSAL 2 – workgroup to develop 3&4. Revisions to System Saturation Policy as needed.

MOTION- Sat policy move forward – Delete Sections D & E

Discussion – Needs to have a transition statement (written by MVEMSA). Meeting needs for Dr Walker and ED managers, Steve will write transition statement, submit to Dr Walker and then the document will resubmit for 60 day review. MOTION – Vivian/Kay

Committee Reports

11. Patient Tracking – Randy Fike

- Randy – Jan drill on 10th, meeting on 22nd to review. Revised with all data. Descriptions added. Running count for each hospital. MMC 12/14 tracked. DMC 15/17 reported.
- Next drill 12th. Follow-up meeting 19th. Sydion system will be used at MMC to test.
- Turlock did play 3/5 reported.

12. HRSA Grants – Renee Cartier

- HPP – Approved 07-08 grant with revisions. Patricia Martin is not at state any longer...

06-07 HRSA grant - \$60,000 needs to be spent by August.
Training dollars spent better, still some left; 1st come, 1st serve.

- ACS- Ad Hoc Protocols finalized. Delivery in few weeks.
- MOU's – Report - Accolades to Daniel – most of MOU's from LTC signed.
- Homeland Security Funds
 - Renee – Strategic plan, \$ - MMRS funding – Adam Sutkus & Mike Ciralo
 - Process Strategic Planning Initiative – Sac State Public Policy Initiatives. Been around since 90's. Collaborative governance focus area.
 - Process, facilitation and expertise (SME's).
 - Where are we, where go, how get there. Hopes, dreams. Collation here, environmental factors, tuning up process. Start with focus questionnaires, putting together working group to report back to this group. 3-4 months, 3-4 meetings.
 - Output will come back to HEPC to review
 - Our Strategic Plan. Open and collaborative process.
 - Dr Walker – intent is to plan collaborative as operational area. Funded through HS grant. Cross-cutting through all areas.
 - Initial design coming, email traffic coming. Process several months.
 - Do we want to make this a formal workgroup under HEPC? - Find stakeholders.
 - **Motion Renee – Kay second – to make this a formal workgroup under HEPC**
 - Timeline for completion – August 08. Could be done earlier
 - Clear goals and objectives need to be set.

- Public input time (Ron)
- Scope of work coming. Renee still working on contracts. Can take “guts out and send.

13. Public Health Officer Report - Dr Walker

Big increase since last meeting, now a normal flu year; Above normal RSV year- Headed back up. Remember - Flu season goes to March. EMS – no reports of increased activity. MMC – increased visits, running at full capacity 90%. OHVD – Beg Jan, - little luck transferring to MMC or DMC... Full Jan. DMC- busy but not admitting as many. EMC – Full and overflowing in ED; full inpatient. Clinics seeing coughs, colds

We have a different environmental situation this year, not an air inversion this year; Exceptional air quality. Hopefully that will help.

14. CA Dept Public Health – No current representative

15. CA HA:

16. Roundtable

Behavior Health Community Emergency Response Team– Ken Huntly. DMC has taken over psych facility. Due to not having psych facility, individuals may have to stay in ED pending evaluations. Goal to get out there quickly. Questions, contact Ken 558-4600.

Tying up the ED’s with psych patients waiting for evals (EMC 22hrs, DMC 44 hrs). Goal to get them into a facility ASAP; Looking everywhere.

Call CERT to get the medical clearance. Pts are moving faster if insured at EMC. Insurance shouldn’t be an issue. Dealing with large organizations to get patient’s placed.

Pat – Surge workshops – New dates April 1-2 Sacramento. Pat to send out updates.

Last summer – EMSA – quick poll – health alert systems – 5 counties changing

LTC and Physician office products not coming out yet.

17. Meeting Adjourned: 1540

18. Next Meeting: March 3, 2008 – 1pm at Memorial Education Center – McHenry