

**NE Regional Hospital Preparedness Group**  
**Group Meeting Minutes**  
**July 13, 2009**  
**Black Woods Conference Center**

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| <ul style="list-style-type: none"> <li>√ American Red Cross</li> <li>√ Arrowhead EMS</li> <li>√ Bigfork Valley Hospital</li> <li style="padding-left: 20px;">Center for Alcohol &amp; Drug</li> <li>√ CHIC</li> <li style="padding-left: 20px;">Community Memorial</li> <li>√ Cook Area Health Services</li> <li>√ Cook City EM</li> <li>√ Cook County North Shore</li> <li>√ Cook Hospital</li> </ul> | <ul style="list-style-type: none"> <li>√ Deer River Healthcare</li> <li>√ Ely Bloomenson Community</li> <li>√ Fairview University Medical</li> <li style="padding-left: 20px;">Center-Mesabi</li> <li style="padding-left: 20px;">FDL Human Services</li> <li>√ Grand Itasca Clinic &amp; Hospital</li> <li style="padding-left: 20px;">HSEM NE Region</li> <li>√ Lakeview Memorial Hospital</li> <li>√ Mercy Hospital</li> <li>√ Minnesota Department of Health</li> </ul> | <ul style="list-style-type: none"> <li>√ Rainy Lake Medical Center</li> <li>√ Riverwood Healthcare Center</li> <li>√ Scenic Rivers Health Services</li> <li>√ SMDC Health System</li> <li>√ St. Luke's Hospital</li> <li>√ St. Louis County Public Health</li> <li>√ Virginia Regional Medical Center</li> <li>√ White Community Hospital</li> </ul> |
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Respectfully submitted: Therese Campbell ◇ [tcampbell@medinfosystems.org](mailto:tcampbell@medinfosystems.org) ◇ 218.625.5515

<b>I. Welcome &amp; Minutes</b>	Approval of minutes –June 8, 2009	Minutes corrected – Code Spear. Minutes approved as amended
<b>II. <u>Meeting Presentation</u></b>	<ol style="list-style-type: none"> <li>1. Dr. Beth Bilden presented “<i>Introduction to Radiation for Hospitals</i>”- The presentation follows the CD distributed to the facilities entitled: <u>HAZMAT for Hospital Providers</u> – John Hick, MD</li> </ol>	<ol style="list-style-type: none"> <li>1. Copies of the PowerPoint were distributed. The presentation laid the groundwork for our November 4<sup>th</sup> Conference – Table Top on a “dirty bomb”. Beth recommended checking out Modual 9 on the CD</li> </ol> <p>REACTS information will be sent by Adam</p> <ol style="list-style-type: none"> <li>2. Questions were raised about the need for Geiger counters – our hospitals have dosimeters</li> </ol>
<b>III. <u>Business Meeting</u></b>	<ol style="list-style-type: none"> <li>1. HAN system contacts were updated by Marilyn</li> <li>2. Merit Care letter acknowledged the work of Marilyn and Cheryl in the Flood evacuation</li> <li>3. Flu Center in each facility – Will be addressed at the August 10<sup>th</sup> meeting; Debi Radi will acquaint our region with statewide plans</li> <li>4. Red Cross and MRC to work together with volunteers</li> </ol>	<ol style="list-style-type: none"> <li>1. Each facility is responsible to contact state and county if contact person changes</li> <li>2. Lessons learned: Communication is priority to find out the needs and how and when to send help/assistance</li> <li>3. Invite infection control practitioners and other safety staff to the August 10<sup>th</sup> meeting at Blackwoods</li> <li>4. Cheryl, Marilyn and Jo Thompson to meet with Tony Guerra to discuss this</li> </ol>
<b>IV. <u>New Business</u></b>	<ol style="list-style-type: none"> <li>1. Gather names who a will be attending the August 10<sup>th</sup> meeting from each facility: invite LPH personnel and infection control practitioners</li> </ol>	<ol style="list-style-type: none"> <li>1. CHIC office will send out an attendance form to return by August 5<sup>th</sup> 2009</li> </ol>

	2. Laurie Trautlein displayed pictures of cracks and damage to the EP trailer purchased by our group.	2. If others trailers have this damage, we may go to Trinity, the vendor responsible. Each hospital rep is asked to assess their trailer and report to the CHIC office
<u>Finance</u>	<ol style="list-style-type: none"> <li>1. Cheryl announced that the funds for the grant requirements will be sent to each facility that completes the deliverables by July 31st</li> <li>2. Facilities need to report back listing the items purchased with the HHS funds, vendor and purchase amount</li> <li>3. In preparation for flu centers, record all IN-KIND time spent in preparations – documentation of matching dollars from MN</li> <li>4. Request approval from the Group for expenditure to equip and upgrade the trailer housed at EMS and approval for registration fee and mileage to attend the Central Region emergency preparedness conference</li> </ol>	<ol style="list-style-type: none"> <li>1. All expenditures need to be sent the office by the end of July – all remaining funds will be divided among the hospitals</li> <li>2. Please keep related purchase documents available; The CHIC office will provide a form for the recording. Keep in mind that equipment purchases need to be reviewed, i.e. – when purchased, where stored and condition</li> <li>3. CHIC office will provide a form for the recording of preparation, meetings, other non-funded emergency preparedness work</li> <li>4. Group approved both expenditures</li> </ol>
<u>MNResponds</u>	<p>Congratulations to Jo – for a 45% increase in MNResponds Behavioral Health members  H1N1 info sent to volunteers  - Will try to schedule phone orientations this summer  - U of M coming out with pilot orientation for all of MN- hopefully to be released for actual use soon  - Programmatic change allows people with other addresses (i.e. WI or Canada) to identify with a unit within MN Responds- won't have to turn away people from border areas anymore!</p>	
<u>Behavioral Health</u>	Presented tabletop training for PFA for H1N1 – New pandemic PFA PPT coming out	
<u>Drills &amp; Exercise Education</u>	<p>Decon Drill Week is here, questions can be sent to Adam at anytime. Reporting is due by July 31. Any special circumstances should be addressed as soon as possible.</p> <p>ICS400 was a success and planning is in place for the next set of 300/400 courses.</p>	
<u>Clinic</u>	Clinic meeting July 22, 2009 Blackwoods: MNResponds volunteers were invited	Psychological First Aid and Tabletop for fulfilling ICS roles in an ice storm- Flu center info over lunch
<u>LTC</u>	<p>First meeting June 24<sup>th</sup> was productive with much interest and input  Small turnout, but lots of good discussion. Will decide how to proceed with next meeting after facilities look at Vets Home pan flu plan and will talk. Facilities would like to be involved with and meet the Hospital Group. HVA's with letter of assurance are due at end of the month- or at least being worked on per Don Sheldrew. Most facilities are working on these if not done. "T" to send minutes</p>	
<u>Conference</u>	November 4 <sup>th</sup> conference meeting – Will send out “Save the Date” July 27 – next meeting	
<u>Next Meeting</u> ~	<b>August 10, 2009</b> Black Woods Proctor 10:30 am	

Notes from Flu Center Conf Call June 30, 2009 – Marilyn Cluka

Background: There have been questions, concerns and frustrations re: flu center planning. Have asked Deb Radi, MDH to participate on the call. Flu center plans are not meant to be a cookie cutter, one size fits all plan. Some medical facilities in US have asked people not to come in, as hospitals and clinics have been overwhelmed with people with H1N1. Another medical center has decided to establish a triage treatment center. There are lots of possibilities to consider.

On August 10 – LPH has been invited to the NE Regional Hosp EP meeting to consider and talk about flu centers and share the planning occurring.

## **Blackwoods Conference Center in Proctor.**

**August 10, 2009**

**10:30 – 2:30 pm**

Deb Radi: Talked about the sense of urgency related to planning for flu centers, in that we had the experience of H1N1 this spring. It is a top down, i.e. federal government, directive all the way down to the local level. The purpose is to be prepared for the potential return of H1N1 at a moderate or higher number of cases. Planning to be done community by community based on resources and past experiences with responses. The possibilities range from a face-to-face site to address people's needs, a hot line so people do not come in, etc.

Round Robin Questions:

Is this a grant requirement for public health and hospitals?...Yes, grant duties for next year will have flu center planning included. Planning is to be done together in partnership and done by September 30<sup>th</sup>.

**Clarifications of the options needed as the template seems to assume a place, but in hearing the conversation that is not necessary. What is expected?..**

Need to have thought about what will work in a particular community and to determine the triggers of when to activate the plan. The template provides structure if a flu center site is opened, but if not, need to identify how the functions of a flu center will be met ( increased telephone lines, extended hours, etc.)

**Are there any concerns that communities may decide to do different things and then people will drive to another community, picking and choosing the options they like?.....**

Need to be aware of what neighboring counties are doing. We cannot stop people from doing what they want. Will need to do community education so people have the info that approaches are different but all are addressing the needs of their community.

**We have heard this is top down directive from the federal level and that there will be money coming, have we heard any more details?**

No, just that bills have been passed. There was acknowledgement we need to do this planning before we have funding details, however this is part of the preparedness grant duties.

**If the first level is a public info line, should we have one line for the region or state, and then have another line at the county level for more specific questions?...**

May get a better idea of this at the August meeting when everyone shares their plans. This may be an outcome of the August meeting in Proctor.

Hibbing has met as a community and has decided to operate within the IC structure. Trying to determine where the providers will come from for the flu center...This will vary community to community, no one organization will have enough personnel; also consider that by the time a community moves to triage, the system is getting overwhelmed; consider activating the continuity of operations plan and just providing the basic services.

**How will organizations get paid if personnel are assigned to a flu center?...**

MDH is working on this, but continue to plan so you will be ready as the funding questions get worked out. Marilyn shared that funding not worked out during the floods, but staff time, supplies, etc were tracked and now will be reimbursed by FEMA.

**Will a health emergency be declared?...**

We are assuming that a public health emergency will be declared, even if done on a regional basis. Marilyn added that in some aspects we are in a response mode currently because there is a lot of activity going on re: H1N1.

**Will there be one number for people to call re: a public info line?...**

Yes, expect that MDH would have a provider and a public education line. But also consider increased calls coming into your organization and how they will be handled.

**How do we respond to healthy people who are anxious after getting the public education?...**

MDH working on a public info campaign that includes general info, and mores specific topics such as taking care of ill people at home. We also have to have a variety of methods to get the info out, i.e. internet, posters, radio, etc.

**Will the flu center plan be submitted to MDH?..**

It will be an annex/chapter of the flu plan... Will it be critiqued as the mass dispensing plans were?... There is interest in reviewing the plan by MDH but do not know how detailed the review will be.

**Will MDH write a template; for example, when MDH will activate a statewide hot line, provide guidelines for the support they will offer, etc? Will MDH complete the applicable components of the flu center template?...**

Yes, as the components get developed, the info will be sent out and available on the web site.

**The template seems to infer that a flu center is to be more than a hot line, where are the other options, i.e. hot line, triage addressed or referenced?..**

Parts of the template will not apply if doing a hot line. But could the guidelines all need to be met no matter what approach is taken. For example if doing a hot line still need to state what the triggers are for opening a hot line, how it will it be set up, who will answer questions, how will a high volume of calls be handled, how people will be triaged, how assessments occur, that referral criteria and mechanisms are set up, there is education for self care, how vaccine/meds will be distributed, etc. May have Level I telephone hot line – Level II triage and refer - Level III – actual care for dehydration. There is a staffing list on the MDH web site of type of personnel to include in the plan and functions to cover.

**How will staffing take place since flu season can go on for months?...**

This will be based on local circumstances. May be open for three weeks and then closed down; may be opened and closed based on the influenza cases. May segregate by clinic, people with influenza go to one clinic; people with other illnesses go to another clinic

**Are the media messages currently on the MDH web site?...**No, they are being crafted now. There are others from the influenza outbreak this spring that should already be there. Deb will check on this.

**Other discussion/questions to be addressed**

Jo shared that she is going to communicate with volunteers re: H1N1 and what they might be asked to do. Also, will ask volunteers for their availability to help this coming flu season.

**Question asked if there is a table top available for flu centers?...**Deb will find out.

**Flu center plan template – who fills out the template?...**If it is in the grant duties, public health will fill it out, and will be in grant duties for hospital, they will have a plan. The plan might be the same.

**What happens if there are multiple hospitals and clinics in a county, how does public health coordinate with all the hospitals?**

**Is there communication with bordering states re: flu centers?...**Deb will ask and let the group know. Other states are doing similar activities/planning, just calling it different things. Ex: alternative care facilities for influenza. Deb will get the other terms out to the group.

ACS (overnight care) and Flu Centers (clinic services), may not need both, depends on the dynamics of the influenza cases. May have a Flu Center with triaging at the door, .e. mass vaccination to the left and tamiflu treatment to the right.

Provide a virtual flu center via the telephone line, press one for info, press two if you are sick. Would not have people coming to a site and would need less people to cover the hot line. This may be helpful in the early stages of an influenza season. This could go into effect as soon as the media ratchets it up and hypes influenza. As the numbers increase would have to go to a different plan.

Provide a self assessment on the web site with instructions what to do based on the assessment. Only pertain to 25% of the population might avail themselves to this option, but 25% is 25%.

**Other Questions Deb Radi will work on:**

Has there been any sharing of Minnesota' concept of flu centers and pandemic influenza plans with its border states? (Wisconsin, Iowa, North Dakota, South Dakota)

What is the expectation for the number of flu center plans needed – will local public health need a plan for every hospital in the county?

If flu centers are a shared responsibility – who writes the plans?

Are there currently PSAs available for public education on H1N1? If not, when will some be available from MDH?

Is there MDH communications plan for H1N1 and flu centers that can be utilized on a local level?

Is there a tabletop exercise for flu centers? If not, can one be developed within the next month?

Do we know if there will be any funds available to support the pandemic influenza and flu center planning?

Are there any directions regarding billing and/or payment for services and supplies provided at flu centers?