

NE Regional Hospital Preparedness Group
Executive Committee Meeting Minutes
August 10, 2009 ♦ Blackwoods

Attendees: Beth Bilden, Julie Burns, Marilyn Cluka, John Jordan, Pat Lee, Char Maki, Mary Matthews, Andrea Peterson, John Simpson and Cheryl Stephens

Respectfully submitted: Therese Campbell ♦ tcampbell@medinfosystems.org ♦ 218.625.5515

Agenda	Discussion	Recommendation/Action
I. Welcome & Meeting Minutes	Approval of July 13, 2009 Minutes Blackwoods Restaurant	Minutes approved
II. Open Issues	<ol style="list-style-type: none"> 1. Discuss flu center plans for NE Counties: How do we see response in our region? Invitations to infectious disease practitioners, EMS and other staff from our region have been invited to attend this meeting 2. September 1st is the deadline for purchase of anti-virals from the state (5 doses) \$15 VS \$60 3. Mike Dudzik retired from St. Luke’s pharmacy – 4. ICS 300 Meeting scheduled for Aug 24-25:reservations 5. Communications Committee: Begin research and report to the Group - Kim Garrett-Chair, Marilyn Cluka, Andrea Peterson & Mike Vaneps 6. Inventory search for equipment – all grant equipment should be stored at the facility 7. Participation Agreement – sent to partners 8. Nine trailers are damaged – 9. Conference committee working on details for the brochure 10. November 4 Conference – “Partnering in Response” 	<ol style="list-style-type: none"> 1. Participant registrations = 128 at Blackwoods Conference center 2. Cheryl to announce at the Group meeting 3. Gina Lemke to replace Mike for pharmacy 4. Hermantown Public Safety Building 5. Send information to the committee for review – Therese to send 6. Cheryl to send a follow-up letter to the facilities and conduct an inventory this year 7. Send agreements to Reps for signatures: Marilyn and Therese – include SMDC Medical Center Miller Dwan 8. Contact Floodwood vendor to discuss John Jordan and CHIC follow-up 9. Web-Ex Meeting August 17th 10. Save the date cards out – WebEx meetings scheduled with the committee

III. Finance	<ol style="list-style-type: none"> 1. Budget, expenditures, grant information – July/August 2. Removal of AC from Trailer — for ability to store in a garage during the winter season; incomplete 3. HHS Fiscal year will be August 9, 2009 – June 30, 2009 	<ol style="list-style-type: none"> 1. Final disbursements to be made to the seventeen hospitals by mid-August - \$7,852.35 2. Pat Lee, EMS, Will resume negotiations under the new grant 3. Grant award \$409, 266 plus \$121,298 Pandemic Influenza preparedness improvement: H1N1 Conditions – 50% on surgical masks, gloves and 50% planning/training
New Business	<ol style="list-style-type: none"> 1. Cheryl, Marilyn, Tony Guerra and Adam meeting with Media Rep/ use of 211 service for calls and Red Cross 2. Gap analysis – H1N1 Assessment and Planning Tool – Report to state – Tool attached 3. Assessment from 2002 – due in January 2010 4. Laptop computer for Adam – expend up to amount Theresa McDonald was given plus \$250 5. New Grant and deliverables for our region 	<ol style="list-style-type: none"> 1. Marketing, perception and communication regarding getting out information on the H1N1 novel influenza 2. Determine what policies/protections are “not started”, “In Progress”, “Completed” Discuss at Flu Center meeting; have facilities complete and provide approximations in preparations and planning 3. Cheryl and Marilyn to prepare 4. Adam to bring quote to executive group for approval 5. Highlight radiation dangers this year
Next Meeting	September 14, 2009 Executive meeting 8:30 am – 10:30 am	
		Proctor, MN

H1N1 Assessment and Planning Tool

This checklist identifies key areas for pandemic influenza planning for healthcare facilities (e.g., hospitals, clinics, and long term care). Regional Hospital Resource Center Coordinators should use this tool to: (1) Identify the strengths and weaknesses of current planning efforts; (2) Determine priority areas for Pandemic Influenza Healthcare Special Funding; and (3) Develop budget for Pandemic Influenza Healthcare Special Funding (no more than 50% of funds can be used to purchase PPE).

GOAL 1: Healthcare Workforce Protection

	<i>Not Started</i>	In Progress	Completed
Mass Vaccination for Employees Develop and implement plans for healthcare employees to receive mass vaccinations to minimize absenteeism and maximize the healthcare workforce available to manage anticipated healthcare surge from pandemic influenza.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Workplace Policies Develop and implement plans focused on family support for employees, including absentee policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop plans for respiratory isolation of influenza-like-illness patients presenting to the emergency department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop policies for the protection of staff and other patients in waiting rooms and the emergency department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Protection Equipment (PPE) and Systems Develop and implement specific plans to provide adequate worker infection control education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve existing stockpiles to levels adequate to insure healthcare personnel are supplied with proper equipment to respond to a pandemic influenza incident.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve hospital infection control and other worker protection mechanisms and systems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure adequate amounts and types of PPE to protect current and additional healthcare personnel (e.g., volunteer providers) that would be utilized during an influenza pandemic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GOAL 2: Comprehensive Coalition Strategy for Optimization of Health Care: Adequate healthcare system capacity and capability for patient care during a pandemic influenza incident

	<i>Not Started</i>	In Progress	Completed
Healthcare System Decompression Develop plans and procedures to decompress the healthcare system and to provide for optimal utilization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Healthcare System Decompression (continued)	Not Started	In Progress	Completed
Develop integrated risk communications messaging with designed to optimize access to the highest quality health care for all citizens while managing patients and population health needs in the most appropriate care settings, including Family Homes, Flu Centers, Alternate Care Sites, Outpatient Clinics (includes Community Health Clinics, Federally Qualified Health Centers, Physician Offices), Urgent Care Centers, Procedure/Day Surgery Centers and Hospitals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternate Care Site (ACS) Capability Enhance current ACS plans and equipment for patient care outside the hospital setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determine thresholds/triggers for altering triage algorithms an otherwise optimizing the allocation of scarce resource.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Include the concept of operations, comprehensive staffing plans, equipment, supply/resupply considerations as needed to manage the response in ACS Plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Include methods for triaging patients who don't need hospital care, and coordinating with primary care and other providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Focus on at-risk individuals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Situational Awareness Develop and implement specific plans and procedures to establish real-time processes to collect and disseminate hospital level situational awareness including, but not limited to bed, ventilator and status of other equipment and supplies for a pandemic influenza response.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encourage real-time reporting of emergency department utilization and resource availability to pre-hospital care agencies, local and state health department and federal agencies using MnTrac (HAvBED) system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop emergency department wide surveillance mechanisms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Report real-time, complete data as requested through MNTrac (HAvBED). Reporting methods and specific requirements will be provided to states by ASPR later.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Media Strategies Develop and implement specific plans and strategies to appropriately inform and educate the public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe community care and family support alternatives/ options, and educate the public and primary care providers on appropriate use of emergency departments during a pandemic influenza response.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop and implement specific plans and strategies to update clinicians with current information and guidance (e.g., treatment guidelines, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>