

Region 8 Healthcare Emergency Preparedness Network  
**Regional Planning Board • November 9, 2006**  
 Ramada Inn - Marquette, Michigan

**Planning Board Members Present:** Gary Wadaga, Alyson Sundberg, Gary Koskiniemi, Katy Driscoll (Chair), John Cox, Bonny Cotter, Cindy Gurchinoff, Jon Zander, Shelli Arnold, Becky Wilder, Roxane Gardner, Bill Fyvie, Diane Bur, Tom Patmythes, Kim Kerridge, Barb Davis, Brian Trekas, Theresa Pleshe, Cal Burdick, Dr. Schoenow, Curt LeSage, Deb Becker, Bob Kirkley

**Advisory Committee Members/Guests Present:** Anne Levandoski, Aimee Harju, Dr. David Dixon, Bob Weston, Nancy Weston, Tim Kangas (OPHP), Danny Pompo, Ron DeMarse, Steve Beauchamp

**Call to order:** Katy Driscoll, RPB Chair, called the RPB meeting to order at 12:52 p.m. at the Ramada Inn, Marquette, MI. \*Note the start of the RPB meeting within the minutes. Discussions held within the Advisory Committee meeting are included here.

Agenda Item	Discussion	Action	Responsible Party
<b>I. Approval of Previous Meeting Minutes</b>	The meeting minutes of September 14, 2006 were reviewed with no proposed changes.	Motion to approve minutes of 9/14/06. <b>Motion: Wilder</b> <b>Second: Koskiniemi</b> <b>Motion Passed.</b>	None
<b>II. Approval of Agenda for 11/9/06</b>	The agenda of November 9, 2006 was accepted as presented.	Motion to approve agenda of 11/9/06. <b>Motion: Cox</b> <b>Second: Sundberg</b> <b>Motion Passed</b>	None
<b>III. Action Items</b>	The action items on today's agenda are outlined below.	See items listed below.	None
a. HEICS Version Four Update	The group discussed the HEICS update (Version IV) and the website to obtain this. Those hospitals that follow the HEICS format were given the information to download and print. It was decided that HRSA did not need to provide copies to all, as they could get these and use as needed from the website.	Informational only.	
b. Broselow Books for each hospital	It was suggested that we look at purchasing Broselow drug dosing/calculation books for each Emergency Department for pediatric patients. The group considered the two options, and agreed that we would purchase these at \$199/book. John Cox shared that his ED uses this information online, and is printed out and follows the patient to the floor. It is destroyed rather than a part of the patient's chart, as the patients weight/height would change on their next visit and it would no longer be applicable.	Motion to purchase Broselow Books at \$199 each for a total of \$3200. <b>Motion: Kerridge</b> <b>Second: Trekas</b> <b>Motion Passed</b>	

c. EMS Incentive Act (HB 5607)	Alyson advised the group of the legislative activity surrounding HB 5607 and the Supporting Emergency Responders Volunteer Efforts Act (SERVE) that proposes a \$2,000 refundable tax credit for individuals who are active members of volunteer fire and EMS organizations	Informational only.	
d. Annual Audit Findings	The HRSA program was audited for calendar year 2005 at the end of September. This included the fiscal year programs of 04 and 05. No findings were reported.	Informational only.	
e. Update from Border Committee involvement	Curt LeSage provided an update on activity with the Border Committee (Michigan-Wisconsin). He also prepared a few questions to survey the group on their involvement and needs regarding Border issues for those hospitals and EMS agencies who serve both states. He noted that the biggest concern or roadblock to progress in this area was the lack of participation at the meetings from the Michigan side.	Informational only.	
f. PCR Equipment Request	Dr. Dave Dixon provided a presentation on the use of PCR testing by the Michigan Bureau of Labs, in an effort to explain availability and the potential uses of Polymerase Chain Reaction testing. This included its uses for both bioterrorism agents and routine testing for infectious diseases. The group discussed the potential for funding the PCR equipment to be used to rule-out certain agents in the MGH lab. The cost is \$80,000, but the hospital requested \$30,000 to develop its use into current regional lab programs. This would not be used for those tests required by the CDC or the Michigan Bureau of Labs to be submitted using their protocols directly to them. It would, however, enable local hospitals to evaluate certain specimens and give us a rapid turnaround to activate our internal disaster plans.	<b>Approval electronically after the meeting for \$30,000 via email. Motion Passed: 19/1</b>	Alyson will submit IAF to OPHP for approval.
g. BCBS MOU Arrangements	Alyson shared with the group the importance of contacting their local BCBS provider and giving them the current locations of their proposed ACC sites. This came up at our Pandemic Influenza Summit, and the BCBS representative said it would be much easier to review reimbursements at the time for out-of-hospital care if they were given a list now of possible sites.	Informational only.	None
h. Trailer Purchases for Moving ACC Equipment	The group discussed the possibility of local arrangements through the Emergency Managers to assure that they have mobilization of equipment in their County Disaster Plans. The ACC sites and photos to support have been identified. The addresses and mapquesting of these sites, as well as photographs, are to be on file with Roxane as a part of the database. Roxane should have all necessary access information (i.e. key locations, combinations, etc.) Divisional groups need to discuss the options for equipment moving at the local level.	All ACC site access and location information must be provided to Roxane.	Divisional Chairpersons
i. Command Center Locations	All hospital Command Center locations within their buildings need to be shared with Roxane for the database. The ability to send staff/equipment, etc., and to contact the Liaison in the Command Center will be important during an	All hospitals to report the location and contact information of their	All hospital RPB representatives

	event. Knowing ahead of time where the "Personnel Pool" reporting areas are will be very helpful when sending staff to assist you.	Command Center to Roxane.	
j. MEDCOM Radio Purchase	The state MEDCOM plan was reissued in September 2006. The plan now acknowledges the use of the 800 MHz by stating that "a" radio system used in your Emergency Department must be single-channel to be in compliance with the Plan. Any other system used does not need to meet this requirement as long as one system (currently all have an approved-VHF system) is in compliance. Also, the state requested that we purchase two additional MEDCOM radios to serve as back-ups to all EMS agencies, which would be single-channel and always online. These are being placed in Escanaba (OSF) and in Marquette (MGH).	No motion required.	None
k. Radio Checks	All divisions have been discussing monthly or weekly 800 MHz radio checks in their areas. The Western Division has been doing them routinely already, and the South reported (Cindy), that they would be starting soon. The Eastern and Central Divisions will implement their programs before the next meeting.	All Divisions should be doing 800 MHz radio checks, and documenting them.	All hospitals
l. Communication Failure Local Plans	Alyson discussed the two (August & October) communication failure we had recently, and how the 800 MHz radios were used to communicate critical lab values, urgent EKG readings, and stat radiology reports. What we didn't know for sure at the time, however, is how local hospital ED's will share the information with their other facilities when needed (i.e. nursing homes, etc.). Each division was asked to go back and discuss a local communications plan, possibly with their Emergency Manager, so that runners would be available where needed, and as appropriate, depending on whether or not phone service was up and running in the local areas.	All hospitals to review their local Communication Failure Plans for future events.	All hospitals and Emergency Managers
m. ADLS Training Update	Nancy Weston presented an update on the Advanced Disaster Life Support (ADLS) training program that was attended by five people representing Region 8. She shared the components of the program, and the elaborate set up that they had. The next step is to develop a schedule for Region 8 to be able to provide the program locally, maybe once or twice a year, using our own instructors. We will require the District 5 instructors through Dr. Fales to assist at the very least, the first couple of programs, due to the huge undertaking that this course would present. We have been working on buying the equipment to put this program on. Tim Kangas (OPHP) also attended the course and was able to provide some details on the extensive planning and needs that this program would require.	Tentative dates for ADLS training in Region 8 will be provided at the next meeting, after discussing with the faculty out of District 5 and our own local instructors.	None
n. Dr. Gephart's Flu Lectures	Dr. Gephart has been providing Pandemic Flu lectures to the physicians in the UP upon request. Katy stated that he did come to the VA, and that the lectures were very well done. As this is above and beyond Dr. Gephart's contract, an additional \$5,000 was requested to assure that we can support this program. The lectures will be provided on a first-come first-served basis	Motion to provide Pandemic Flu lectures through Dr. Gephart for \$5,000. <b>Motion: Sundberg</b>	Work with HRSA Office to schedule Pandemic lectures on

	to hospitals who request them, and all were encouraged to go together on scheduling in those areas where two hospitals are fairly close together. When the funding is gone, we will no longer schedule additional programs without further approvals.	<b>Second: Koskiniemi Motion Passed.</b>	request.
o. Security Training for hospitals.	A request to consider a formal security training program for small to medium-sized hospitals that do not currently have security staff available was received. The various needs of the different hospitals in the Region present a concern on what we are really looking for. Steve Beauchamp from the VA was able to provide an overview of what may be important at one facility versus another. Tom Patmythesis also noted that OSF had an extensive Security Vulnerability Analysis (SVA) done and they identified their weak areas specific to their hospital. It was suggested that all hospitals complete an SVA if they don't already have one prepared and come to the next meeting with a better idea of their specific needs regarding security training. Some may want ED nurse training, physical altercation training, internal processes (locking doors, etc.), or other specific areas. After that, we will look for a vendor or vendors who could serve our needs. Tim Kangas suggested we check with Byron Callies, who does provide hospital-specific training in a number of specialties.	All hospitals to review their security issues and come to the next meeting with their deficiencies and training requests. Alyson will send a sample SVA to all for use in identifying the areas where they may need additional training.	Alyson to send SVA form.  All hospitals to identify their needs in regard to Security.
p. Burn Supply Requests	This is being tabled until additional information comes out from the state Trauma System group, or through the MEDDRUN Subcommittee, as they are looking at some standardized lists of recommended supplies.	No action	None
q. PPE for a 2-week timeframe	All hospitals and MCA's were asked to look at the available PPE that they currently have stockpiled. An assessment as to what they feel they would need for two weeks based on their staff scheduling, etc. was requested. Any hospital that cannot stock itself and the applicable EMS agencies for two weeks needs to come to the January meeting with their findings. They should be able to tell us what they currently have, what their anticipated needs are, and what additional supplies they feel should be ordered.	All divisions to evaluate the current PPE supplies available in their ACC sites to staff a 2-week timeframe and report any needs.	All hospitals and MCA reps
r. Exercises	All Divisions were to come to this meeting with a request for FY07 exercises, including objectives, participants, and anticipated funding. All requests were discussed and objectives reviewed. Those exercise funding requests received today included: <ol style="list-style-type: none"> <li>1. Western Division - \$5,000 (Pandemic and MCI)</li> <li>2. Central Division - \$12,000 (Pandemic, MCI, Evacuation of 2 of 3 hospitals)</li> <li>3. South Division - \$5,000 (MCI event with all partners)</li> <li>4. Schoolcraft Memorial - \$1,250 (April/Sept/Oct/Nov)</li> <li>5. Eastern Division with War Memorial - \$5,000</li> <li>6. Burt Township - \$308 (Exercise and training)</li> <li>7. Houghton/Keweenaw MCA – \$18,000 Sent back to Western Division</li> </ol>	Exercise requests totaling \$40,058. <b>Motion: Bur Second: Trekas Motion Passed</b>	All exercises require the submission of objectives and entering on the ODP Portal with OPHP. After Action Reports are needed as well to complete the funding

	<p>meeting for discussion.</p> <p>8. Dickinson County MCA - \$3,000 (three events; MCI, Evac)</p> <p>9. Iron County MCA - \$2,500 (MCI/Triage/Pt Tracking/Evac Plans)</p> <p>10. Ontonagon Memorial - \$1,000 (Evacuation and MCI)</p> <p>11. Delta County - \$7,000 (Large scale MCI of 100 people)</p> <p>12. Marquette County MCA - \$3,000 (Implement Triage Days, MCI Training and Evac Plans)</p>		request.
s. Asset Tags	<p>Alyson discussed the asset tags that all will be receiving soon. These will be affixed to all grant-purchased equipment to assure that those who use the equipment realize that it is owned by "the Region" and not the individual agencies. This includes the laptops, 800 MHz radios (portables and bases), HEPA portable filtration units, Zumro tents, PAPRs, MCI kits, PPE kits for EMS, digital cameras and LCD projectors, and others. All hospitals/MCAs will be provided numbered tags, and they can let us know which piece of equipment was given which tag number.</p>	<p>Asset tags will be provided as soon as they are received. All RPB reps to label the equipment they currently have and report the #'s back to the HRSA office.</p>	Pending receipt of asset tags.
t. Pharmaceutical Cache and Binders	<p>Bill gave an update on the Pharmacy Caches for hospitals, and the resource guide coming out. It is in the final stages and should be ready soon. He has been working on this diligently with the help of Eric Peterson (Western Division). A discussion regarding this followed as there is a lot of confusion over the various pharmaceutical programs.</p> <p>Cal Burdick gave a brief update on the SNS and MI-TED programs. The MI-TED educational program would be a great addition to our spring training sessions. We discussed a "Pharmaceutical" training day, to include SNS, Chempack, MEDDRUN, and the hospital pharmaceutical caches. This would be open to all related disciplines, and retail pharmacists would be invited as well. Cal will look for a date to schedule this around April and we will begin sending out information as soon as possible.</p>	<p>Pharmaceutical Cache binders almost complete.</p> <p>A Pharmacy Day to provide information to all appropriate individuals will be set up in March/April.</p>	Pending
u. Pediatrics	<p>Alyson shared an introduction letter regarding Deb McBane, who will be researching and developing the Pediatric QA Template as a part of the Pediatrics Grant. Certain hospitals will be selected to acquire data so that she can use this to put together the template for those who desire an easy way to review pediatric patient care pre-hospital.</p>	<p>Questions regarding any visits from Deb McBane can be directed to the HRSA office.</p>	Pending
v. Pandemic Flu Planning	<p>Each Division shared their progress to date on Pandemic Flu Planning. All are at different stages in the process, but it seems as though each hospital and local division are working in the right direction. EMS agencies were again provided the EMS Checklist to be sure that they have finalized their programs during Phase III.</p>	<p>Pandemic Flu Planning in progress.</p>	Pending
w. Patient Tracking	<p>The Patient Tracking system was utilized during the meeting today to track the Regional Planning Board members during the day. Many had not been given</p>	<p>Pending additional pricing for more scanning units.</p>	Pending

	the opportunity before today to see the programs in operation as they would be in an event. Most divisions used the software during the Mass Vaccination Clinics, so some were familiar with the reporting. Discussion regarding basing the equipment in one division rather than in four separate was held, and it seemed most logical to keep in one location as one scanner won't really do anyone any good. Also, a discussion on purchasing additional scanners followed. We will get the price and report back at the next meeting.		
x. Patient Moving Tarps	Bill provided a demo of a patient moving tarp that seemed to be very appropriate to our needs. There were different sizes, and were waterproof and could be slid, etc. We are awaiting a price before deciding on whether or not to purchase. The price will be available at the next meeting.	Awaiting pricing on the Tarps that could be utilized for evacuations.	Pending pricing at next meeting to discuss.

With no further business, the meeting was adjourned at 2:45 p.m.

Respectfully Submitted,

*Alyson Sundberg*

Alyson Sundberg, MCMCA Coordinator  
Marquette County