

# Duke Health Care Preparedness Coalition Meeting Minutes

July 28, 2017  
University Towers (14<sup>th</sup> Floor)  
Durham, N.C.



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**Meeting called by:** Doug Young, Steering Committee Chair  
**Type of meeting:** Coalition General Membership  
**Facilitator:** Ken Shaw, HPC  
**Note taker:**  
**Timekeeper:**  
**Attendees:** See Sign –in sheet

## *Minutes*

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**Agenda item:** Call to Order  
**Presenter:** Doug Young, Steering Committee Chair

**Discussion:** Welcome and introductions

**Conclusions:**

- The Chairman acknowledged several new attendees: Chad Seastrunk, Duke Emergency Services, Al Bishop-Robeson Healthcare, Steve Peacock- Robeson Healthcare, Sara Upchurch- Liberty Home Care, Emilee Johnson- Maria Parham Hospital.
- Any questions or issues related to these meeting can be directed to Ken Shaw or Doug Young.

Action items	Persons responsible	Deadline
✓ None	N/A	N/A

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**Agenda item:** Report of Secretary  
**Presenter:** Ken Shaw, HPC

**Discussion:** Review of previous meeting minutes, distribution of annual training schedule

**Conclusions:**

- The minutes were distributed with the meeting notification. Members were asked to comment any needed changes.
- The position of Secretary is still open. Partners interested in assuming the position should contact a Coalition Staff member or Steering Committee member for more information.
- The annual training schedule was distributed to members.
- A motion was made (Jason Zivica) and seconded (?) to accept the minutes from the April 28<sup>th</sup> quarterly meeting without alteration.

Action items	Persons responsible	Deadline
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✓ Reports unanimously approved without alteration

Coalition Secretary

N/A

**Agenda item:** Report of Treasurer

**Presenter:** Courtney Polomsky, AHPC

**Discussion:** Current Budget and Expenditures

- Status of FY17 budget.
- FY18 Coalition key activity program timeline.

**Conclusions:**

- This year, we were allocated \$368,932.00 in total funding.
- Courtney says May draw down was approved. It looks like target spending will be hit. Projected to spend 95%-97% of funding.
- Ken – by Dec. 2017, all unallocated funding for current year must be allocated to an activity. Let Ken know if you have an idea for training, equipment, etc.
- In May 2018, final budget revisions must be submitted. Final purchases by May 31. Final Financial Report by Aug 15.

Action items	Persons responsible	Deadline
✓ FY16-17 Final Contract Expenditure Report due	Treasurer	8/15/17
✓ All unallocated funding for current year must be allocated to an activity	Steering Committee	12/31/17
✓ SMAT III and AST requests not already identified in Work Plan for approval	SMAT III	12/31/17
✓ Final Budget Revision Submitted	Treasurer / Steering Committee	05/01/18
✓ Final purchases made	Treasurer / Steering Committee	05/31/17
✓ Reports unanimously approved without alteration	Treasurer	N/A

**Agenda item:** Report of Coalition Chair / Vice Chair

**Presenter:** Doug Young and Jason Zivica

- Chairman discussed the Coalition Training workshop he attended in Tampa
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**Conclusions:**

- Doug visited Tampa Florida to meet with coalitions from across the country. Main topic discussed was the reduction of funds nationwide. Coalitions from all over were impressed with how NC was set up.
- Vice-Chair (Jason Zivica) gave an update from the NCHA meeting and discussed the plain language initiative and CMS rule.

Action items	Persons responsible	Deadline
✓ Hospitals should report to the NCHA their status with regard to complying with the plain language initiative.	Coalition membership	N/A

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**Agenda item:** Caucus Updates

**Presenter:** Ken Shaw, HPC

**Discussion:** Reports of Caucus activities or individual items by Caucus

**Conclusions:**

- Emergency Management – Durham EM has been granted a \$900,000 grant for planning. More information will follow.
- Emergency Medical Services – Nothing to report
- Public Health – Person County is hosting an upcoming workshop to assist agencies with shelter planning. A flyer was distributed
- Hospitals - Nothing to report
- Home Care / Hospice - Nothing to report
- Community Health Centers – Leslie Wolcott from NCCHA reported on the status of centers affected by the outage in Ocracoke, NC.
- Long Term Care / Skilled Nursing Facilities - Nothing to report

**Action items**

**Persons responsible**

**Deadline**

✓ Reports unanimously approved without alteration

Coalition Secretary

N/A

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**Agenda item:** Sub- Committee Reports

**Presenter:** Ken Shaw, HPC

**Discussion:** Sub-committee activities

**Conclusions:**

- Coalition Development and Sustainment
  - The Coalition Annual Evaluation and Scorecard was distributed with the meeting notification. Any members that need a copy can contact the Coalition or access it on the Coalition Website.
  - The upcoming Duke Regional Assessment workshop is designed to update the last regional risk assessment conducted in 2013. We would like to have as many participants as possible from all of the 6 regions (Durham, Vance, Granville, Roberson, Person, and Wake – Duke Regional). The initial meeting scheduled for October 12, 2017 is to discuss the tool we will be using and to gather feedback from participants. Attendance can be conducted in person or via web. Lunch will be provided.
  - The Coalition will be meeting with State and Coalition representatives during their quarterly HP&R meeting. Updates from the meeting will be covered during the October Quarterly meeting.
- Coalition Communication and Outreach
  - Although the Coalition website is still under construction, we have posted information and resources on the website that can be accessed now. All members are asked to go to the website and register your affiliation to the Duke Coalition in order to access Coalition administrative documents
- Coalition Training & Exercises
  - The Training and Education schedule has been distributed. We are still in need of locations to host some events. If you have or are aware of possible locations, please contact Coalition staff.
  - The URL link to register for Person County MRC Tackles Sheltering is active. Current slots have been allocated for Public Health, and MRC staff, and administrators who are responsible for sheltering operations in Durham, Granville, and Caswell. Additional slots are available for Coalition members not previously named. Seats are limited and registration should be done immediately.

**Action items**

**Persons responsible**

**Deadline**

✓ Reports unanimously approved without alteration

Coalition Secretary

N/A

## ***Other Information***

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**Special notes:** The Business portion of the meeting was concluded at approximately 1330 hours and transitioned to the kick off session of the FY18 “**Continuing the Provisions of Care in the Duke Region**” Project.

ASPR Medical Surge Capability – Presented by Jenny Schmitz, All Clear Emergency Management Group

- The goal of the rest of today is to introduce the Medical Surge Project that the Duke Coalition will undertake over Budget Period 1.
- New HPP Capabilities: Consolidated to 4 capabilities – each with goals, objectives and activities
- A “Healthcare Coalition” must:
  - Consist of 2 acute care hospitals, EMS, EM, and Public Health (others can be included as well but these are the core members).
  - Must define geographic location.
  - Must serve as a coordination group.
  - Must have members that participate and are engaged.
- HPP has 4 capabilities: 1. Foundation for health care and medical readiness, 2. Health care and medical response coordination, 3. Continuity of health care service delivery, and 4. Medical surge.
- Focus will be on Medical Surge.
- Medical Surge Goal: Delivering efficient care when demand exceeds resources. HCC information and available resources. Transition to contingency and crisis care and return to conventional status.
- Objective 1: Plan for medical surge
  - Activities: incorporate planning into EOP, EMS EOP, and HCC response plan.
- Objective 2: Respond to a Surge
  - Activities: implement ED and surge response, implement out of hospital response, alternate care system, provide pediatric care, surge management for chemical/radiation emergency, provide burn care, provide trauma care, respond to behavioral health needs enhance infectious disease preparedness, distribute medical countermeasures, manage mass fatalities.

North Carolina Patient Movement Concept of Operations: Presented by Joe Camello, NCOEMS

- Mission: Provide transport assistance to local governments in repose to declared disasters.
  - Establish monitoring and coordination of resources
  - Establish State ESF-8
  - Regular collection and dissemination of information
  - Deliver support to healthcare facilities
- Concept of Operations (blue flowchart) is meant to be flexible and scalable and some, all or none might be activated.
  - Everything begins at local level that requires some kind of movement of patients. As the event progresses and the affected facility needs more resources, they'll notify local emergency management and HPC.
  - LEM and RCC will coordinate.
  - Duke representative says there are challenges since there are multiple points of starting this process off but everything should go through LEM? No, maintain regular channels of communication as well.
- Roles & Responsibilities: See presentation slides

The Role of the Duke Coalition and Operation Safe Corridor: Presented by Ken Shaw, Duke Coalition:

- Coalition focus is on moving from capacity and capability to collaborative systems
- Medical surge is a primary focus for planning
- Operation Safe Corridor After Action Review

- Capabilities Tested: situational awareness, communications, mutual aid, patient tracking, and bed availability
- Situational Awareness: the coalition needs a formal command structure, points of contact needed to be identified. Situation Reports template was used frequently but not 100% compliance. Goal is to have monthly drills.
- Communications: Frequent communications but chat feature was not used all and some messages were not received. Primarily email was used which could be a problem. Response times were good. 16-minute average response time but there was no way to let everyone know message was acknowledged.
- Mutual Aid: stakeholders processed a number of requests but collation staffing was inadequate to manage requests and conduct bad availability/patient tracking.
- Patient Tracking: NC SMARTT is used frequently and it's a good way to communicate patient information. Patient evacuation forms were helpful. No information about patients admitted by receiving hospitals was conveyed.
- Participant feedback: When to follow which procedures was confusing.
- Group discussion?
  - What about staff tracking for facilities that send staff with patients? Suggests it would be good to know that staff has shelter and updates on staff on the response team so it's known if they need supplies. Small staff made it hard to manage. Coordinate through systems we already know to make process easier. Goal right now is to discuss how this all works.
  - How do we bring in Home health and maybe Hospice? Is there anything addressing special needs or behavioral health? We should plan for that in our shelters – need a standardized decision-making matrix – how do we triage at the front door? Who should be let in to make sure we maximize resources? Still a lot of work to be done. Also need to decide what meets the needs of an alternate care site. Ken says this will be one of our topics.

The HPP Coalition Surge Test – Presented by Jenny Schmitz, All Clear Emergency Management Group

- Showed ASPR Video on Surge Test (<https://www.youtube.com/watch?v=jhePeli3JE>)
- The requirements:
  - Each coalition is required to do a surge test every year.
  - Scripted for an hour notice to help learn what do when it's a situation where you don't have a lot of time to plan. Meant to test a low notice environment and hospital evacuation.
  - Objectives: Identify appropriate beds, transportation, and situational awareness
  - Two Phases: 1. Tabletop with functional elements and facilitated discussion. 2. After Action Review
  - Performance Measures: 2 for participation and 3 for time and reporting
- The Duke Medical Surge Project for this year (dates correspond with RAC meetings)
  - Today was an introduction
  - Workshop 1 on Oct. 27 with a focus on healthcare
  - Workshop 2 on Jan. 26 with a focus on EMS
  - Workshop 3 on April 27 on Coalitions Role
  - Webinar on Project Review
  - Workshop 4 on May 24 on Mitigation Strategies
  - Coalition Surge test on June 14

The meeting was adjourned at 1500 hours