

# Duke Health Care Preparedness Coalition Meeting Minutes

October 27, 2017  
University Towers (14<sup>th</sup> Floor)  
Durham, N.C.



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**Meeting called by:** Ken Shaw, Healthcare Preparedness Coordinator  
**Type of meeting:** Coalition General Membership

**Facilitator:** William Moorhead, All Clear Emergency Management  
**Note taker:** Jenny Schmitz, All Clear Emergency Management

**Timekeeper:** Courtney Polomsky, Assistant Healthcare Preparedness Coordinator

**Attendees:** See Sign –in sheet

## *Minutes*

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**Agenda item:** Call to Order **Presenter:** Ken Shaw

**Discussion:** Welcome and introductions

**Conclusions:**

- Ken welcomed the group and advised that the Chair and Vice-Chair were not available to attend today due to an emergency with one and a previously scheduled event for the other.. He would facilitate the general meeting and William Moorhead from All Clear Emergency Management would facilitate the Surge planning workshop session.
- 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 and administrative announcements.

**Conclusions:**

- Coalition Surge Test is coming in June
- Secretary position is still open
- Caucus positions open – LTC/SNF open, Home Care and Hospice – if interested, contact Ken. This would be helpful for future events and planning efforts.
- NC got about \$8 million for coalitions – funding is being questioned. Performance Measures are pretty new and important. Surge test and Assessment are important for continued funding.

- Key dates may change if the coalition meeting splits from the RAC meetings

Educational Opportunities

- Healthcare Coalition Conference – let Ken know by Monday, Oct 30 if you would like to attend. The Coalition would pay for registration and travel but not food.
- Joint Commission Conference – April 18-19 in Orlando, FL
- NACCHO Conference – April 17-20 in Atlanta
- PH Preparedness Symposium – May 16-18 in Greensboro (more info to come)
- A motion was made (Courtney Polomsky) and seconded (Dr. Lanam) to accept the minutes from the July 28<sup>th</sup> quarterly meeting without alteration.

Action items	Persons responsible	Deadline
✓ 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:**

- Grant final expenditure: 88.89% of funds Spent in FFY 2016 – 2017 (First Time Ever)
- Courtney is open for people to learn more about the Coalition finances
- A motion was made (Ken Shaw) and seconded (?) to accept the Treasurer’s Report without alteration.

Action items	Persons responsible	Deadline
✓ 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 nor Vice Chair were present at this meeting due to an emergency.

**Conclusions:**

- N/A

Action items	Persons responsible	Deadline
✓		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:**

- EM – N/A
- EMS - Javier – Mariah Perham Hospital - Active Shooter drill at the hospital, surge ED as well (funding from Capability 4 to support)
- Public Health: Oct 1 – POD exercise with flu vaccine: 160 first responders in 30 min. TB investigation – 6 hours, 223 people through screening and blood draw. Some MRC volunteers were used.
- Hospitals – N/A
- CHCs – lost 70% of federal funding – this is huge for patient care and impact to the healthcare system and to the hospitals. The higher the Medicaid funding, the more funding lost (up to 90%).
- Home and Hospice – still learning the process and looking for a way to contribute
- LTC/SNF – N/A

**Action items**

**Persons responsible**

**Deadline**

✓ Share information with your provider types and staff

Coalition Membership

N/A

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**Agenda item:** Sub- Committee Reports

**Presenter:** Ken Shaw, HPC

**Discussion:** Sub-committee activities

**Conclusions:**

- **Coalition Development and Sustainment**
  - Regional HVA done in October – final will be presented in December
  - Review Coalition Assessment tool in December – surveys will assess the information for this tool. 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
- **Communications, Training, and Outreach**
  - Redesigning website – may have to re-join after the redesign.
  - November Activities
  - WebEOC drill – go into the site and update your status (monthly state drill)
  - Testing VIPER radio test monthly – Monday or Tuesday
  - NCSMARTT is changing to Continuum (Ken will send the training dates)
- **Logistics, SMAT, and Disaster Response**
  - Will Connors introduced himself as the New Asst. HPC to the membership.
  - Logistics Work Day at the warehouse – volunteers can contact Will
  - Always recruiting for the SMAT team – send info to Will
  - SMAT can bring resources for drills and training if needed
  - The Coalition will come to your facilities to support members / membership

**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 1400 hours and transitioned to the “Continuing the Provisions of Care in the Duke Region” Project.

### **Conclusions:**

Presented by Will Moorhead and Jenny Schmitz, All Clear Emergency Management Group

- Project Overview
  - Coalition Surge Test is coming – this project is prep for this test
  - Objectives are clearly defined for the test
  - This project will look at the Medical Surge Capability – match up hospitals/healthcare, EMS, and the rest of the community – the Activities match up and are topics of the workshops scheduled
  - Performance measures – outlined with time requirements or within a given timeframe
  - 90-minute goal to “close the loop” – identify patients, identify destination, find transportation, and match them to the destination
- See slides for the data results
- Themes from the survey results:
  - Staff shortage is common in many of the identified gaps
  - Develop Coalition process – lots of “N/A” answers could mean a gap
  - Coalition is not mentioned in EOP/Surge plans that were reviewed
  - Pediatrics becomes a regional challenge – staffing and equipment specifically
  - Staff training as a theme
  - Ability of hospitals to assess their internal resources is solid – reporting to the coalition is challenging
- Assessment from NCSMARTT – see slides for the data
- What is the process to gather and report facility/agency info to the Coalition?
  - For those not on NCSMARTT, how does Home Health share info? They have staff to provide for patient care. There is a form the Coalition uses to gather information by email. Monthly drills with the form are coming.
  - Is there a way to build a survey on the new website that can update weekly?
  - Informal for now – pick up the phone and make a call to who they know
  - Use of NCSMARTT is not prevalent – and now it’s changing
  - NCSMARTT is not used day-to-day – this could be a barrier to sharing information
  - There are conference calls, there are webinars
  - Hospital WebEOC
  - Continuum will merge Hospital WebEOC, EM WebEOC, and NCSMARTT – but it’s only on Core 4 (hospital, EM, EMS, PH) – what about the other resources
    - Potential is there – but the system is not used
    - Training and education is needed – not daily use
    - How do we use the transfers centers that communicate every day as a basis for an emergency? Increase the role of the transfer centers
  - Where does EM fit in with this process and communications?
  - Not create new lines of communications – enhance the current ones
  - How does the coalition support eh transfer centers / systems that are already in place?
  - EM needs to know what the Coalition can do but Coalition needs to know what their expectations are
  - There isn’t a consensus on what the process is
  - Tiered approach – what can you take now? What do you really need?

- Problems with the assessments – what kind of bed? What do they need? So we can place them appropriately
  - Can a region decide what the definitions are?

Action items	Persons responsible	Deadline
<ul style="list-style-type: none"> <li>✓ Create Coalition Special Committee /Buy – in / participation / approval               <ul style="list-style-type: none"> <li>○ Clinical and EMS</li> <li>○ EMS</li> <li>○ Work with the RAC</li> <li>○ Could protocol be part of a MOA?</li> </ul> </li> </ul>	Coalition Staff Coalition Chair (Doug Young) RAC Chair (Dr. Lanan)	December 2017
<ul style="list-style-type: none"> <li>✓ Task force to write a procedure / standardized protocol               <ul style="list-style-type: none"> <li>○ Definitions of bed types – critical elements to standardized</li> <li>○ Role of the Coalition in support of local EM / State activations</li> <li>○ Goal: 20% surge</li> <li>○ Build on what is already happening - role of the transfer centers</li> <li>○ What system is used to share info?</li> <li>○ Who shares the list? Who decides destination?</li> <li>○ Regional resources vs. local resources - when does this move past the local? Agreement between local EM and Coalition (Coalition is a state asset)</li> <li>○ Coalition as a pass through – conduit of info – lead trauma center can assist with patients</li> <li>○ Use workshops scheduled to add more info – EMS role, Non-hospital partners</li> <li>○ Time of the event – no notice / urgent vs. planned/lots of notice</li> </ul> </li> </ul>	Coalition Special Committee	TBSD

The meeting was adjourned at 1630 hours