

# North Central Healthcare Coalition

**Day/Time of Meeting:** Wednesday, June 5, 2019 (9:00am-12:00pm)

**Location:** Public Health – Idaho North Central District Office (215 10<sup>th</sup> Street, Lewiston, Idaho)

**Attendees:** see separate sign-in sheet

Topic	Outcomes
<b>Welcome and agency updates</b>	<ul style="list-style-type: none"> <li>Several new people were in attendance, including: Ray Bowers from Elk City Fire Department, Matt Lessor from Royal Plaza Health &amp; Rehab, Mary Moree from Syringa Surgery, Joshua Keene from Prestige Health &amp; Rehab, and Margretta Fortin from Syringa Hospital and Clinics.</li> <li>Counties are prepping for fire season, a federal declaration request has been submitted for the flooding in April.</li> <li>Charles Craig has retired from Gritman Medical Center. No replacement yet.</li> </ul>
<b>NCHC Year in Review</b>	<ul style="list-style-type: none"> <li>A review of training and exercises, progress in planning and coordination, past gaps addressed, and new gaps discovered was presented.</li> </ul>
<b>NCHC Preparedness and Response Plan</b>	<ul style="list-style-type: none"> <li>The new Plan was approved. No additional changes were noted. The plan will continue to be reviewed and approved annually.</li> </ul>
<b>Coalition Elections</b>	<ul style="list-style-type: none"> <li>Bill Spencer from Syringa Hospital and Ambulance was re-elected as chairman for a one year term.</li> <li>Richard Frank from St. Mary's Hospital was elected as Vice-Chairman for a one year term.</li> </ul>
<b>Training and Exercise Report</b>	<p><b>Coalition Surge Test 6/4/19:</b></p> <ul style="list-style-type: none"> <li>All hospitals participated in the census reporting in the morning to determine the minimum number of patient beds to be moved.</li> <li>Royal Plaza participated in the exercise and successfully practiced the pseudo evacuation with their staff. They were able to find placement in other facilities and appropriate transportation within 30 minutes. (Remember that no patients/ residents actual move, but all the arrangement contacts are made for the exercise.) Some lessons shared in the hotwash were: 1) plan for staff to go with residents to not create undue stress on the staff at the receiving facility, 2) verify resident needs with receiving facilities, such as level of mobility assistance, complex cares, or wander-risk safety mechanisms, 3) include a list of pre-identified transportation resources with contact information and transport capabilities in the facility Emergency Operations Plan, and 4) Valley Transit must be requested through the fire department or county emergency management to assist with emergent situations.</li> <li>St. Joseph RMC also participated in the exercise, receiving a pseudo trauma surge which created the need to discharge hospital patients to make room for the new patients (all on paper). They successfully activated their Incident Command and managed the dual surge and evacuation, including addressing security, outside triage tent, and family assistance center needs in the scenario. Leslie shared the perspective of actions in the Emergency Department versus being in the Incident Command room. Some lessons shared were: 1) ensure the contact information in the contact list is current, 2) include in the EOP pre-determined areas for establishing event-related activities, such as the family assistance center and a staff staging area, and 3) consider utilizing State Comm Bridge Call if contacting multiple other hospitals for assistance. The AAR will be posted on WebEOC when completed.</li> </ul> <p><b>Response Workshop:</b></p> <ul style="list-style-type: none"> <li>Takeaways from the Pennsylvania nursing home fire response workshop were shared. The main lesson was the importance of establishing relationships with partners before you need them in an emergency. Other notables include verifying Mutual Aid Agreements actually cover what you think they cover</li> </ul>

	<p>with the other party and engaging partners who use ICS (Incident Command System) regularly (such as fire departments) to help your organization become more familiar with it in exercises.</p> <ul style="list-style-type: none"> <li>• The full takeaways list will be included in the NCHC Gaps/ Improvement Plan.</li> </ul> <p><b>Future Training and Exercise Interests:</b></p> <ul style="list-style-type: none"> <li>• Rural Trauma Team Development Course - July 11, 2019 in Orofino</li> <li>• Interest in an active shooter drill at St. Joseph that may be an opportunity for other partners to participate</li> <li>• March 7-8, 2020 will be the next Spring Fling EMS Conference in Grangeville with a pediatric emphasis one day</li> <li>• If anyone has training or exercise interests that may involve multiple organizations, please send suggestions to <a href="mailto:php@phd2.idaho.gov">php@phd2.idaho.gov</a></li> </ul>
<p><b>Regional Healthcare Coalition Changes</b></p>	<ul style="list-style-type: none"> <li>• Per ASPR Guidelines, the healthcare coalition continues to be a coordinating body with the core members of hospital, EMS, emergency management, and public health; and additional partners in healthcare and emergency preparedness.</li> <li>• Per grant guidelines, the new 5-year project period increases the focus on clinical involvement with planning and training activities. This includes a new Clinical Adviser position from an active hospital clinician to focus on subject matter expertise with planning and outreach to other healthcare entities within the coalition.</li> <li>• The new project period also includes different focus areas for each year: pediatrics, burns, emerging infectious disease, radiation, and chemical emergencies. Addressing access and functional needs for vulnerable populations is also emphasized for each year.</li> <li>• There will be a lot of assessment, capacity building, and capacity sharing related to the focus areas.</li> <li>• The state is moving forward with consolidating the 7 healthcare coalitions into 3 coalitions across the state beginning with this project period in July 2019.</li> <li>• Idaho Region 1 Healthcare Coalition and NCHC will be combining to form one regional healthcare coalition comprising of the 10 northern Idaho counties and our partners. Definitive guidance has not been released, but coalition advisory boards and members will be included in the merger process decisions.</li> <li>• Both coalition boards and local public health support are interested in sustaining our local relations and efforts. They hope to use this as an opportunity to continue to expand capabilities with extended partners at this higher level.</li> </ul>
<p><b>Time Sensitive Emergencies (TSE) Region 2 Presentation</b></p>	<ul style="list-style-type: none"> <li>• TSE focuses on trauma, cardiac, and stroke emergencies. The state council began in 2015, with 6 Regions.</li> <li>• All 5 of our hospitals have received TSE trauma designations (one pending). This emphasizes that they are providing the best practice standards of care for these types of emergencies and participating in quality improvement measures to continue to improve upon those standards and outcomes.</li> <li>• TSE also focuses on community outreach education. They teach the Stop the Bleed Course and provide fliers about stroke recognition and heart attack symptoms in women and in men.</li> <li>• At the state level, they are also working on TSE designation/ expectations for EMS agencies.</li> </ul>

**Workgroup Meetings:**

**EMS**

- Mass Casualty Mutual Aid Agreement

**Hospital**

- PPE mutual cache discussion
- Bridge call drill

**Access and Functional Needs Planning**

- Case scenario discussion: The recent flooding, mudslides, road closures and potential effects on at-risk population

- Due to extra time, the workgroup agenda items were covered as a whole group without dividing into smaller workgroups.

**EMS:**

- Discussed how to obtain signature approval from all EMS agencies in the region. The NCHC Secretary will email the agreement to all EMS agencies. Each agency will sign their own copy and return it to the NCHC Secretary. She will maintain the documents and send out a roster of all signatories who are participating in the agreement to the EMS community and emergency managers. Each county EMS representative will follow up with the agencies in their county. The goal is to have it signed by all parties by Fall 2019.

**Hospital:**

- Reviewed the mutual PPE cache concept to purchase a new PPE cache to have as a back-up emergency supply using available ebola preparedness subgrant funds, create an MOU with participating hospitals/ organizations to help rotate/ replace the inventory, and establish the process to request and use the PPE. A host warehouse is needed. Any PPE may be purchased. All hospitals present were still interested in pursuing the opportunity. Dean will continue to develop the project.
- State Comm Bridge Call drill due this month. Syringa Hospital volunteered to initiate it.

**AFNP:** With the flooding and landslides in Idaho and Lewis Counties this Spring, US-12 and 162 were closed, leaving highway 64 as the only road open to access the Kooskia/ Stites area for a few days. One person was evacuated by helicopter from their home inundated with flood water.

- There were no AFN issues identified with the event, but there was the potential.
- Emergency notification was done by social media messaging and deputies going door-to-door warning individuals along the rivers.
- One challenge was with the tourists who tried to come through US-12 when it was closed. It was difficult to get them turned around and directed to open roads.
- These lessons learned can be considered in planning for future emergencies.



**NCHC Board**

Bill Spencer, Chairman  
Richard Frank, Vice-Chairman

**Upcoming Meeting Dates**  
Wednesday, Sep 4, 2019

