



# Region 7 HCC Planning Board Meeting

Agenda | **Wednesday, October 26, 2022 | 1 pm to 3 pm**

via Microsoft Teams:

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## 1:00 PM | Meeting Opening | 5 min

Call to Order | Chair

- 1:01 pm

Introductions | Chair

- M Fitch- Kalkaska Memorial Safety Coordinator, D Obiden- SOM, COVID Reporting, State Dashboard, history with R6HCC, MCAs, EMS, R7 point of contact.

Roll Call Attendance | Region 7 Staff

- Quorum established.

Public Comment | Chair

- none

*The remainder of the meeting will be held in Closed Session*

## Attendance:

Officers			
x	Fred Craigin, Chair *		
x	Heidi O'Malley, Vice- Chair **		
Hospital Members			
	Cindy Finkbeiner, MHOMH	v1	v2
x	John Bolde, MMC		
x	Fred Craigin, POMH		
x	Michael Fitch, KMHC		
	Cindy Finkbeiner, MHG		
x	Fred Craigin, MH Cadillac		
x	Kathi St.Pierre MNM Petoskey		
	Cindy Finkbeiner, MH Charlevoix		
P	Jim McNamee , MNM Cheboygan + P: K St. Pierre		
x	Paige Armstrong, MMMC-A		
x	Fred Craigin MHM * +		
MCA Members			
x	Kal Attie, MD Northern MCA	v1	v2
x	William Brodin, Northwest MCA		
x	Heidi O'Malley, Otsego MCA** +		
x	Heidi O'Malley, North Central MCA ** +		
	Deb Bowman, Manistee MCA		
x	Nicholas Harrison, North East MCA +		
Extended HCC Members:			
	Emergency Mgmt. Rep., Lt. Michael DeCastro	v1	v2
	Tribal, Vacant		
	Long Term Care, Vacant		
x	Public Health EPC Rep., Chloe Capaldi, Bret Haner		
	Behavioral Health: Joanie Blamer/Stacy Kaminski		
	Trauma Network, Deb Fisher		
	Dialysis, Georgia Wilson		
Liaisons / Guests			
x	Damon Obiden DEPR BETP		
	Amanda Frifeldt, WMRMC Fiduciary Office		
	Allan Ballard, Frederic EMS		
x	Jeff Nagy, MI Ctr for Rural Health		
x	Mollie Priebe, McLaren Health Management Group		
	Brian Patton, Emmet County EMS- SPRN Team		
	Doug Pratt, Frederic Fire & EMS- SPRN Team		
x	Roger Racine, Epidemiologist		
	Matt Blythe Emmet County Emergency Management		
R7 Staff			
x	Kal Attie, MD, Regional Medical Director +		
x	Mark Becmer, Regional Coordinator +		
x	Amanda Reed, Assistant Regional Coordinator		
<b>Legend:</b> X: Attended P: Not in attendance, Proxy designated Blank: Not in attendance, no proxy <b>Quorum: 50% + 1= 12/23</b> <b>Indicates Vote</b> +: Executive Committee Member			

## 1:10 PM | Consent Agenda | 1 min

Approval of today's agenda and last month's minutes | Chair

- Motion: J Bolde
- Second: W Brodin
- Vote: all in favor

## 1:06 pm | Fiduciary Report | 4 min

- Amanda Frifeldt: As of September spent 17% of overall budget (Implementation and Admin). About 56,000 spent as of that time.

## **1:12 PM | VOTING ITEMS | 40 min**

1.

- Discussion:
- Motion:
- Second:
- Vote Results:

2.

- Discussion:
- Proposal:
- Motion:
- Second:
- Vote Results:

## **1:50 PM | AGENDA | 30 MIN**

Meeting Purpose | 1 min

- To determine an outcome for decon training and trailers, discuss re-implementation of the Advisory Committee, discuss budget updates and FSE AAR.

Attachments | 1 min

- Agenda, previous month's minutes, FSE AAR, Board and Committee Org Structure, Project Proposal (for BP5)

Announcements | 1 min

- Biannual Communication Drill- November 2, 2022 at 9 am
  - Hospital, EMS, LTC
- NDMS Hospital Bed Reporting Exercise- November 10, 2022

## **1:55 pm | New Business | 30 min**

- BP4 Budget Funding
  - Any additional funding items in case current items fall through. Utilize the Project Proposal Sheet to submit project ideas if we run into year in spending.
- FSE AAR
  - Any discussion?
    - Disappointment in length of time to complete and return.
    - Future RFP- "No more than 45 days to return AAR or refund on some costs"
- BP5 Budget- project proposals
  - Preliminary budget will need to be submitted in January to State/Federal gov. Please submit project request form.

## **2:25 pm | Old Business | 15 min**

- Decon Training- **Expect to do final vote decision in November.**
  - Insights from Strategic Planning meeting:
    - Other regions experiencing same issues with trailers and equipment
    - Looking at what the requirements are for both Hospital and HCC. Need to decide as a region how Decon training, equipment, and trailers will be handled.
    - Does every facility need to have a decon shelter, equipment, and trailer? (No interest from EMS/Fire to staff and store)
  - Is there a minimum requirement for the hospitals? What are the challenges with meeting the minimum requirements?

- Who is funding the training and instructors moving forward?
- Will training be handled internally by hospitals or would partners prefer to have fire/EMS train staff- facilities would contract with them?
- If there is a more complicated exposure or multiple patients, fire and EMS may set up decon on scene, hospitals can usually handle a small number of decon patients internally, trying to sort out what the hospitals really need. HERT Decon vs First Receiver --- most decon should be done out in the field and most facilities should be able to do secondary quick decon.
- Do all hospitals have a decon room and how many can you decon?
  - TC- walk-in shower @ ED, self-decon / back of hosp- room with shower off ambulance entrance. Frequency of use very low.
  - MNMP- similar.
  - Does every facility have this? Would this set up meet the JC requirements?
    - Kalkaska will- ER
    - Manistee
    - POMH & Cad NO
    - CHX No
    - OMH & Gray YES
    - Alpena YES
    - MNM Cheb NO
- Zumro tents- older. Still functional? Are they necessary?
- Decon assistance primarily from Grand Traverse, Otsego, potentially Alpena w/CRTC, Frederic(??)
- Is there a JC requirement on number of people that need to be trained? Not sure, but would be good to look at risk assessment. Staffing will definitely come into play with the number of people who can be trained.
- According to JC, having HAZMAT team is not a requirement.
- Keep trailers and equipment at the facilities who do not have functioning decon room on site?
  - They are the least able to have a trained team to respond to a situation (with the decon resources).
  - Assess trailers for function and effectiveness- how many are actually in good working cond.?
  - What would be the plan for the decon patient who shows up at that facility (not via EMS)?
    - Depending on contaminate- will likely need to be deconned before getting into the ambulance.
    - About an hour to set up tent and trailer.
    - Does EMS/Fire ever get called to assist hospitals? If so, then support those who are already in place.
    - Each hospital has 24/7 agencies that are staffed- would call those who are closer to the hospital. Idea- hospital would call dispatch for additional HAZMAT assistance.
      - Would be beneficial to find out what level of decon training they have.
- Those who have decon room, consolidate equipment? Move it to one are in the region? Turn it over to another regional entity (full or shared ownership)? Or turn over to the State?
- Condition of the Trailers- Very poor condition- Man/POMH, recommendation- **Amanda to send out 4 question survey :**
  1. Do you have onsite decon?
  2. What is the condition of your trailer at your location? (can it go 30 min down road)
  3. what is the condition of your equipment?
  4. If you transfer the equipment, who would you like to work with to do that?

**Please reach out to your local EMS/Fire to see if they would like to be involved in this planning process. Email office with contacts and we will work to set something up for after the holidays.**
- Everyone in fire service (fire 1 and 2) has the HAZMAT training, can respond to hospitals, if willing to participate.
- If trailers get decommissioned, need to know process, what paperwork needed, etc, talk to state.

- **ACS Trailers**
  - Insights from Strategic Planning Meeting:
  - Do they currently suit the needs of the partners? What needs to be done to make the trailers suitable for partners? What should be in them?
  - May need a smaller workgroup.
  - ACS trailers are intended to be requested by the facilities for emergency resource needs.
  - Trailers may be a little more overweight with addition of PPE items.
  - Are the ACS trailers set up to do what we need them to do now? They were originally set up for med surge at alternate location. \*\*\*
  - Will need to remove (not replace) temp sensitive items.
  - Need to work with med professionals at facilities to determine what is really needed on the trailers.
  - Partner Input:
    - MNM was still able to obtain most of what they needed and what was on the trailer. Were looking to set up additional cots, stretchers, etc at prof bldg.
    - For those who requested the trailers in the past, what are your thoughts? Are all 3 needed? Should we downsize?
    - TC wants to keep their trailer. Inventory was conducted earlier this year. Do not want to consolidate, interested in updating equipment if needed.
    - Alpena- same as TC, biggest problem may be staffing it.
    - Each organization should come up with a means for rotating the stock and replacing it with fresh stock.
    - R7 will send invites to PB Rep, Hospitals, EMs when going out to open up and inventory trailers again (mid-late Spring).
  - ~~Decon trailers are intended to be utilized by hospitals for training and real world decontamination needs. (see above)~~
- **Advisory Committee**
  - Proposal from R7 Office- plan, presentation
  - Action Items from previous meeting:
    - Look at to see if affects any bi-law or operational rules
    - List participants to each
    - Define the structure and purpose of each
    - Could there be a hybrid or middle of road model- please present any other options you may have in mind.
    - More discussion to take place in November. Trial run could take place in BP5 with a decision to be made in May.
    - **Amanda will send out Bylaws and this proposal.**

### 2:40 pm | Facility Updates | 15 min

- Medical Director | Dr. Kal Attie-
- DEPR BETP | Representative-
- Epidemiology | Roger Racine- covid 17% statewide positivity rate. Regionally 450-500 cases per week (off. Reported) cases ebb and flow. Monkey pox- decreased case referrals. 290 cases in SOM. Hospitalization related to pain management, most related to male, younger. LHDs conducting traveler monitoring from Uganda... daily monitoring for ebola. Only 1 in region 7, low risk, systems worked smoothly. Many diseases decreasing due to winter. Keeping an eye on covid.
- Public Health | Chloe Capaldi-
- Emergency Management | Lt. Michael de Castro-
- Trauma Coordinator | Deb Fisher-
- Behavioral Health | Joanie Blamer/Stacy Kaminski-

- Dialysis | Georgia Wilson-
- LTC | Vacant-
- Hospitals/MCAs
  - Munson HC Otsego Memorial-
  - Munson HC Grayling-
  - North Central MCA / Otsego MCA –
  - Munson Medical Center-
  - Munson HC Paul Oliver Memorial / Cadillac /Manistee –
  - Kalkaska Memorial Health Center -
  - MNM Petoskey-
  - MNM Cheboygan-
  - Munson HC Charlevoix-
  - McLaren Northern MI Systems-
  - My MI MC Alpena -
  - Northern MCA -
  - Northwest MCA –
  - Manistee MCA –
  - NE MCA-
- Questions/Open Discussion:

**2:15 pm | Meeting Closing | 5 min**

Action Items

- **Amanda to send out 4 question survey :**
  5. Do you have onsite decon?
  6. What is the condition of your trailer at your location? (can it go 30 min down road)
  7. what is the condition of your equipment?
  8. If you transfer the equipment, who would you like to work with to do that?

Please reach out to your local EMS/Fire to see if they would like to be involved in this planning process. Email office with contacts and we will work to set something up for after the holidays.

Next Planning Board Meeting: **December 14, 2022 1 pm – 3pm** (time can be changed if needed)

Options:

- Keep on Nov 23<sup>rd</sup> (day before Thanksgiving)
- Move to a week earlier, on Nov. 16<sup>th</sup>
  - Raise of hands= 3
- Combine Nov and Dec meetings into one onto **Dec 14<sup>th</sup>**.
  - Raise of hands= 6

Adjournment-

- Motion to adjourn: H O'Malley
- Second: K St. Pierre
- Adjourned: 3:03 pm