



Region 7 HCC Planning Board Meeting

MINUTES | Wednesday, September 28, 2022 | 1 pm to 3 pm

via Microsoft Teams:

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1:00 PM | Meeting Opening | 5 min

Call to Order | Chair

- 13:02

Introductions | Chair

- Kathi St. Pierre- McLaren Petoskey Rep

Roll Call Attendance | Region 7 Staff

- Quorum establish- 13, including proxy

Public Comment | Chair

- None

The remainder of the meeting will be held in Closed Session

Attendance:

Officers			
x	Fred Craigin, Chair *		
	Heidi O'Malley, Vice- Chair **		
Hospital Members			
P	Cindy Finkbeiner, MHOMH J Bolde	v1	v2 v3
x	John Bolde, MMC Proxy: F Craigin	y	
x	Fred Craigin, POMH	y	
	Will Hilmert, KMHC		x
P	Cindy Finkbeiner, MHG J Bolde		
x	Fred Craigin, MH Cadillac	y	
x	Kathi St.Pierre MNM Petoskey	y	
P	Cindy Finkbeiner, MH Charlevoix J Bolde		
x	Jim McNamee , MNM Cheboygan +	y	
x	Paige Armstrong, MMMC-A	y	
x	Fred Craigin MHM * +	y	
MCA Members			
x	Kal Attie, MD Northern MCA	y	
x	William Brodin, Northwest MCA	y	
P	Heidi O'Malley, Otsego MCA** + proxy: B Brodin	y	x
P	Heidi O'Malley, North Central MCA ** + proxy: B Brodin?	y	
	Deb Bowman, Manistee MCA		x
x	Nicholas Harrison, North East MCA +	y	
Extended HCC Members:			
	Emergency Mgmt. Rep., Lt. Michael DeCastro	v1	v2 v3
	Tribal, Vacant		
	Long Term Care, Vacant		
	Public Health EPC Rep., Chloe Capaldi	y	
	Behavioral Health: Joanie Blamer/Stacy Kaminski		
	Trauma Network, Deb Fisher		
	Dialysis, Georgia Wilson		
Liaisons / Guests			
	Amber Pitts, Jessica Gould, Janis Tipton, Damon Obiden DEPR BETP		
	Amanda Frifeldt, WMRMC Fiduciary Office		
	Allan Ballard, Frederic EMS		
	Jeff Nagy, MI Ctr for Rural Health		
	Mollie Priebe, McLaren Health Management Group		
	Brian Patton, Emmet County EMS- SPRN Team		
	Doug Pratt, Frederic Fire & EMS- SPRN Team		
	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		
Legend: X: Attended P: Not in attendance, Proxy designated Blank: Not in attendance, no proxy Quorum: 50% + 1= 12/23 Indicates Vote +: Executive Committee Member			

1:10 PM | Consent Agenda | 1 min

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

- Motion: W Brodin
- Second: N Harrison
- Vote: all in favor, no nays.

1:06 pm | Fiduciary Report | 4 min

- Amanda Frifeldt: Watch for email with updates.

1:12 PM | VOTING ITEMS | 40 min

1. Reallocations

- Discussion: The proposal below would close the RMCC Support project (Contract staff for COVID, deliveries, training, etc.) and reallocate the funds 2 projects (as recommended by Fiduciary).
- Proposal: Reallocate \$3995 from RMCC Support to “Coalition Travel” and \$3995 from RMCC Support to “R7 Contractors”
- Motion: C Capaldi
- Second: J McNamee
- Vote Results: All in favor via role call vote.

2. Decon Training

- Discussion: Tabled from August.
 - a. Some people at facilities may be qualified to take training and be instructor.
 - b. Some EMS personnel may be interested in going to CDP for training to be instructors within region.
 - c. Will have to move away from contracting staff and paying out for instructors. Concern about cost involved with contracting with CEMA. Funding is a concern.
 - d. Will need to discuss who is funding the training and instructors moving forward.
 - e. Will need to determine what to do with trailers and how to maintain caches of decon equipment.
 - i. Some trailers not being used/items moved out, other trailers in major disrepair.
 - f. Funding for training is still pending approval for this year.
 - g. What is the disposal process if decision is made to get rid of trailers? Much equipment is at or near expiration.
 - h. More discussion will come on trailers. R7 Staff will be discussing in depth with state next month. Please take a look at trailers, inspect for damages/issues, hook up if possible to check lights, etc.
 - i. Training: Will training be handled internally by hospitals or would partners prefer to have fire/EMS train staff- facilities would contract with them? Coalition funding for training would be pulled away from another project. Starting to see less funding available in special funding.
 - j. Can trailers be assigned to another agency to share in the expense?
 - i. Previously discussed with fire/EMS/HAZMAT teams, did not seem to be an option at the time- staffing/space.
 - ii. M Blythe- has HAZMAT trainer- conducted training for local fire with B Tracy, HAZMAT trainer, and self. Spent time going through trailer/contents making sure things are usable. Do not have capability to house or maintain the gear. Appreciates having the resource to provide during training sessions. A couple people interested in going to CDP for TtT training.
 - iii. Could potentially rehouse trailers and find others to assist with training.
 - iv. Any approach to TC Regional HAZMAT Team? – yes, discussed training procedures and training at hospitals, coalition resources did not seem to be needed. HCC equipment not being utilized during training within their organization or with hospitals. No interest in housing, maintaining or utilizing the HCC equipment.
 - v. N Harrison- larger areas have organizations that handle HAZMAT/Decon. If already have the teams, why not just train with them? Mitigate expenses with decon training and equipment maintenance.
 - vi. Petoskey does not have a team, but looking to conduct training so personnel within the area are ready to respond.
 - vii. Challenging for hospitals to maintain decon program and equipment. Many of the items need to be replaced/updated. Hospitals have seen a need for the equipment, but challenging with lack of funding.

- viii. Dr. Attie will discuss with other Regional Medical Directors to find out how they are handling decon. Is there a minimum requirement for the hospitals? What are the challenges with meeting the minimum requirements?
 1. Turnover, getting people to training, all more challenging now.
 2. Previously 6-10 people from the hospital per team. (prev. facility security and ED staff, SWAT Nurses).
 3. Charlevoix wants to see decon program in place.
 4. Is this a Joint Comm. Requirement?
 5. Situations where decon is needed arise without notice, typically.
 6. Please continue to discuss and get feedback internally.
 7. Would like to have a solid direction to move in before the holidays.
- ix. *Move to old business until decision ready to be made.* Discuss more during October meeting. Next meeting with State is October 14th, Strategic Planning meeting with State is Oct 24-25th. Ideas welcome. Please share so we can share with state.

- Proposal: ~~Decide to continue or end Decon Training project after BP4.~~
- Motion:
- Second:
- Vote Results: TABLE

1:50 PM | AGENDA | 30 MIN

Meeting Purpose | 1 min

- To make final decision on Hospital Decon Training, approve reallocations,

Attachments | 1 min

- Agenda, previous month's minutes.

1:55 pm | New Business | 30 min

- Cancelled Training
 - VRC & MICIMS/WebEOC training cancelled due to a COVID positive. Could not justify conducting training given the audience and being down an instructor.
 - Working to reschedule.
 - ICS 400 coming up in October. May reschedule the training for that week. (?)
- BP4 Budget Funding
 - No major updates. All implementation funding has been approved. Bridge walk approved. Special funding is pending. Reallocation from Aug, approved. All invoices have been submitted. Checks should be arriving to recipients soon.
- FSE AAR- received, will review in Oct.
 - Will send out the AAR with minutes.
 - CEMA has been going through changes/restructuring, apologies for the delay.
- Advisory Committee- Org structure & schedule (visual aid)
 - See attachment for notes.
 - Discussion of a concept at this time.
 - Issues: time commitment, people dropping off either before end of meeting, or meeting running over.
 - Opportunities: free up time during board meetings, provide more of an opportunity for training during preestablished meeting time, make board meetings more actionable.
 - Make quarterly advisory meetings only 1 hr. More engagement would need to take place at subcommittee meetings.
 - Hospitals open to going back to this format.

- Region 7 Staff will work on some options to make this work and put together proposed schedules/formats.
- Introducing too much complexity? Current state fairly efficient?
 - Is everyone on board with changing?
 - Regional staff can put together a proposal for board input to see how everyone feels about it. If board would prefer not to move forward with the plan, it can be delayed or can stick to things the way they are.
 - R7 Action items:
 - 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
 - May need to review bylaws over the coming months.
- Trailers- ACS & Decon- intended use, maintenance, storage, and funding moving forward
 - ACS trailers- similar problem, but updates and maintenance has been done. Have not found any structural issues with trailers.
 - Designed for facilities to request the trailer to set up at their alternate care site. Need people to inspect contents of the trailers with R7 staff to determine what is actually needed in the trailers (and if trailers are needed). Need subject matter experts from hospitals to help guide these decisions. Will be discussing at strategic planning with the State in Oct.
 - 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.

2:25 pm | Old Business | 15 min

- eICS / EMTrack training
 - will start after Jan 1.
 - Still working to integrate LTC (first time users).
 - Trainings in/after January will start out as virtual options.
 - Training and conferences are taking up majority of schedule.
 - Want to be sure to showcase the platforms properly, effectively.
 - Juvare platforms are undergoing changes, state workgroup has changes they are discussing.
- NIMS Hospital spreadsheets- Return by November 4th. Amanda will send out this week.

2:40 pm | Facility Updates | 15 min

- Medical Director | Dr. Kal Attie- looking forward to strategic planning in Roscommon at end of October. Thank you to Frederic, Emmet, Straits Area, Cheboygan Life support, for their assistance and support during the Bridge Walk.
- DEPR BETP | Representative-
- Epidemiology | Roger Racine- COVID- plateaued- but now seeing increase (slow, gradual). Region-wide (25%+ increase) Wexford. All R7 counties listed as low. Number of cases 0-19 years of age have increased. Interlochen had over 50 cases. Ba5 variant- 88% of MI cases// nationally 83% of cases. Bivalent vaccine recommended right now. Widely available. 268 cases monkey pox in MI. 1 in GT county. EEE in horse- Roscommon, unusual, but nearing end of season.
- Public Health | Chloe Capaldi- still offering testing in mobile clinic.
- Emergency Management | Lt. Michael de Castro- none
- Trauma Coordinator | Deb Fisher- none
- Behavioral Health | Joanie Blamer/Stacy Kaminski- none

- Dialysis | Georgia Wilson- Munson going well- follow COVID closely, no covid throughout centers, high vaccination rate, provide boosters. Gaylord facility- doing quite well. Davita, doing well.
- LTC | Vacant- none
- Hospitals/MCAs
 - Munson HC Otsego Memorial- just about through aar from tornado.
 - Munson HC Grayling- none
 - North Central MCA / Otsego MCA –
 - From email: Otsego MCA is starting their STEMI protocol education for a bypass protocol that we have had to delay implementation of. Initially set to implement in June. This protocol pretty much follows the STEMI bypass protocol that MMC put out, but McLaren increased their patient contact to transport time to 60 minutes for STEMI bypass.
 - From email: Munson System is working on a process for isolated head injured patients on anticoagulation and anti-platelet (excluding Aspirin) medications. We are calling it Code Coagulation. As of current, many of the Munson rural hospitals activated these patients as Level II traumas. This change will focus more on getting a rapid head CT instead of activating a trauma. The change that EMS may see is that some of the facilities may have these patients go direct to CT, much like our stroke patients. Some of those details have not been ironed out. We are tentatively hoping to implement this system wide at the end of October. More to come, but we wanted some generalized awareness to go out to EMS and the hospitals in Region 7.
 - Munson Medical Center- none
 - Munson HC Paul Oliver Memorial / Cadillac /Manistee – none
 - Kalkaska Memorial Health Center -
 - MNM Petoskey- none
 - MNM Cheboygan– continuing on behavioral health unit- opening next summer. AAR will be sent out with board minutes.
 - Munson HC Charlevoix- none
 - McLaren Northern MI Systems- none
 - My MI MC Alpena - none
 - Northern MCA - none
 - Northwest MCA – none
 - Manistee MCA – none
 - NE MCA- pci center- should be ready in April. Will reach out to EMS in NE and in Heidis jurisdiction- affect STEMIs.
 - SPRN Updates- none
- **Questions/Open Discussion:**

2:15 pm | Meeting Closing | 5 min

Action Items

- Advisory Committee- Org structure & schedule
 - 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
- Send out NIMS Hospital spreadsheets- Return by November 4th

Next Planning Board Meeting: **October 26, 2022 1 pm – 3pm**

November meeting will need to be moved up due to the Thanksgiving Holiday. Move to 23rd or 16th. Decide in October.

Adjournment-

- Motion to adjourn: J McNamee
- Second: N Harrison
- Adjourned: 2:41 pm

ANNOUNCEMENTS & REMINDERS

- Oct. 17-18 ICS 400 University Center Gaylord