



## NPHCC Steering Committee

December 29, 2015; 10:00 ct

Location: West Central District Health Dept.

### Today's Itinerary (CT)

- ▶ 10:00-12:00 NPHCC Steering Committee meeting
- ▶ 12:00-1:00 Steering Committee Education and Training (working lunch)
- ▶ 1:00-2:00 Medical Reserve Corp. (MRC) Steering Committee meeting

## Minutes

**Pink highlights are actions items for hospitals.**

**Those in Attendance:** Joanna LeMoine, Laurie Walrod, Tammy Brockmoller, Billie Hayes, Angie Brown, Dari Olson, Pat Gerdes, Rita Jones, Wendy Elkins.

### Ongoing Items

1. October minutes were sent via email prior to the meeting. No changes or discussion. Billie motioned to accept October minutes as written, seconded by Dari. Motion carried.
2. Budget. Heidi did not get the current expense report updated with Myra. They will get it updated next week, send it out via email and ask for approval via email.
3. MRC update (Joanna)
  - a. NACCHO funding (non-competitive grants) is no longer available; only competitive grants are available.
  - b. Joanna still looking into becoming a 501(c)3
  - c. Joanna working on applying for and developing a project for the Challenge Award.

### Old Business

1. Tyco
  - a. The new contract is signed for the 4 facilities that still use the mass notification system with a total of 1,550 users, \$4,650 per year.
  - b. Dari would like to have 50 more users. Heidi will get these added.
  - c. MRC. Joanna would like to have 200 users added for notification of the Medical Reserve Corp (MRC) volunteers. It would cost \$600. Dari motioned that we pay for MRC to have 200 users on the Tyco system and to fund it out of the \$2,000 that we give MRC annually for financial support, still giving them the remaining \$1,400; Laurie seconded. Motion carried. Heidi will get MRC set up in Tyco.
  - d. A copy of the Tyco MOU was sent to the committee prior to the meeting. Heidi asked the committee if we could discontinue this MOU. Billie motioned that we discontinue the Tyco MOU and just review users as necessary; Angie seconded. Motion carried.
2. MOUs
  - a. Membership Agreements

- Agreements still needed include: CCCH, DCH, GPH, OCH, TVHS
  - Heidi wants to redo the LTCF to include Imperial Manor (primary LTCF representative) and two other LTCFs as secondary and tertiary signatures. Heidi will get with Billie and other facilities to get this done.
- b. Disaster Caches
    - All hospitals need to get this MOU signed.
    - Requirements regarding this are outlined in the Policies and Procedures, Section IV
  - c. Fiscal Agent (FA)
    - The FA MOU has been updated and signed between Southwest Ne Public Health Dept. (SWNPHD) and the NPHCC chairman.
3. Exercise Planning
    - a. The Exercise Planning Subcommittee met on Nov. 3. The subcommittee decided on a Highly Infectious Disease scenario (i.e. Ebola) because both health departments and NPHCC all have Ebola contracts that include an exercise requirement.
    - b. The committee would like to involve EMS, which could happen virtually the evening before the main exercise with hospitals. Heidi will contact all EMS agencies to gauge their interest.
    - c. It was suggested to have a speaker from the Biocontainment Unit (BCU) speak to us the day before the exercise.
    - d. The scenario will include a mission trip to West Africa that has attendees return to each community upon arrival back in the States.
    - e. It was suggested to have the tabletop (TTX) and functional exercise (FE) all in the same day, possibly in April.
    - f. A facilitator will be needed for the exercise. Heidi will contact Leslie to see if she wants to participate and/or facilitate the exercises.
    - g. Exercise subcommittee will meet again January 8<sup>th</sup>.
  4. State Radio System
    - a. One question with these radios is whether encryption would be required for us. Only time we may need this is if the phone system is down, we may have to give more patient information out than a normal radio call. Encryption can be added down the road if we decide we would need it. The group did not think we would need encryption.
    - b. Testing of the system would be conducted through the hospitals. The system is fixed so someone would need to be at the radio to participate in the test or to take a call.
    - c. Fee is around \$25-30 per month. This system is statewide and soon all local emergency managers will have access to be on the system, so we will be able to talk to anyone from anywhere across the state. This fee goes to the state to maintain the equipment for the system.
    - d. Cost for equipment is around \$4,000 per agency (\$28,000 total for all 7 of our hospitals or \$36,000 to include two health departments). There may be grants available to assist with this project.
    - e. Current technology will eventually be phased out of public safety and get everyone over to the new digital technology. The two systems are not compatible.
    - f. This system can replace our satellite phones that are becoming high maintenance. The monthly charge for the satellite phones is \$2,392, which does not include maintenance.
    - g. We will look into cost sharing with the hospitals and phasing the system in to guard NPHCC funding.
    - h. Hospitals need to visit with their administration about the system and see if there is interest in moving forward and if they would be willing to pay the monthly fee.
  5. HAV-BED
    - a. HAV-BED was discussed at the October meeting.

- b. Heidi asked Eric about the history and functionality of the system. He said it was something the Feds require of us and that he'd try to get some training out to the hospitals that are not currently using the system. He said it was a system that can be used by the state to see empty beds in a region that may be experiencing a disaster.
- c. No information has ever been shared regarding the usefulness of this system during real disasters.
- d. Heidi requested that Sharon Medcalf present this to her graduate students as a research project, that is researching its usefulness and functionality, during past real-life disasters, if at all. This would give us solid data to present to the state and feds to either keep or discontinue the HAV-BED system. Sharon thought that was a great idea, and will ask her students if they would do this work. Until then, Eric asked us to continue inputting data into this system because the feds require it.

### **New Business**

#### **1. Contract Work**

The committee reviewed three sections of the Work Plan and the associated documents which can be found within the NPHCC Emergency Support Plan (ESP)

- a. Section 5 – Sustain active and educated steering committees . . . .
  - Education and training will be added to each steering committee meeting
  - Each steering committee meeting will include discussions on the contract and/or work plan
- b. Section 5 – Biannually update the inventory of available resources . . . .
  - Annex W – Preparedness Strategy
  - Annex X – Healthcare Recovery Plan
- c. Section 6.c. – Review and revise, as necessary, the Healthcare Recovery Plan . . .
  - Annex X – Healthcare Recovery Plan

#### **2. Bylaw Review**

- a. The committee reviewed updates to the bylaws.
  - Section VI.B – Fiscal Agent
  - Section IX.A,B – Requirements for Funding and Reimbursement
- b. No further changes needed to these updated sections. Billie motioned to accept these changes to the bylaws, Pat seconded. Motioned carried.

#### **3. Ebola Contract**

- a. HPP Ebola contract is signed and returned. Dates of contract include Nov 15, 2015–June 30, 2016 for just under \$8,000. Heidi will check to see if we can carryover any of this funding past June 30<sup>th</sup>.
- b. One requirement is for us to conduct an exercise related to Ebola.
- c. Heidi has been working with Chase County Hospital and EMS to develop a small cache of personal protective equipment (PPE) for a highly infectious disease (HID) to be used regionally. All hospitals can add HID PPE to their NPHCC disaster cache if they would like, let Heidi know.

#### **4. SWNPHD Caches**

- a. SWNPHD would like to gift their disaster caches to NPHCC and merge the supplies into one cache. Dari stated that the NPHCC cache is more decon supplies, while the SWNPHD cache is more PPE, so they complement each other well.
- b. Heidi and Myra will finalize details and send out an email.

### **Upcoming Trainings, Education, and Exercises**

1. FEMA I&Q trainings – North Platte; March 30; 8:00-5:00
  1. MGT-433: Isolation and Quarantine for Rural Communities  
<https://www.firstrespondertraining.gov/ntecatalog#anc-search-results>

2. PER-308: Rural Isolation and Quarantine for Public Health & Healthcare Professionals  
<https://www.firstrespondertraining.gov/ntecatalog#anc-search-results>
3. Prerequisites:
  - IS-100 or IS-100.HCb and IS-700
  - IS-520 – Intro to Continuity of Operations Planning for Pandemic Influenzas
2. Hospital First Receiver Course, CPE - (Ogallala?)

**Adjourn Meeting**

**Addendum added 2/4/16**

Financials through November 30<sup>th</sup> were sent via email on January 4 for approval.

Votes in favor of accepting financials: CCCH, LTCF, CH, WCDHD, SWNPHD, MRC

Vote against accepting financials: none

<b>Task List NPHCC - December</b>	
<b>Task</b>	<b>Outcome</b>
Send updated budget to Steering Committee via email for their approval.	Done. 1/8/15
Tyco: a. Add 50 users to Community Hospital. b. Add 200 users for MRC c. Get Dari representative's contact information. d. Delete facilities not using system.	a. b. c. Done. 1/7/16 d.
Update LTCF Membership Agreement with other facility signatures. Add to LTCF meeting agenda	
Exercise: a. Contact Leslie to help and facilitate? b. Contact EMS to gauge their interest. McCook: 1/25/16	a. Done. 1/14/16
Next meetings' contract work	Done. 1/31/16
Find out if we can carry-over the Ebola funding	Done. 1/26/16
Update the 2 sections of the bylaws that were approved.	Done. 1/11/16
Send out Survey Monkey to determine what day of month to have meeting	Done.