

## Capital Area Public Health & Medical Preparedness Coalition

### Meeting Minutes

**January 9, 2015**

Agenda (9:00 – 12:00):

- I. Sign In / Introductions
- II. Review / Approval of Minutes: 12/12/2014 RPRC Minutes; 12/12/2014 CAPHMPC Minutes
- III. Community /Healthcare System Preparedness: Conduct the Healthcare Preparedness Program Capabilities Planning Guide Assessment; Status of Community Preparedness Program Capabilities Planning Guide Assessments
- IV. Community /Healthcare System Preparedness and Emergency Operations Coordination: Ebola Update; 2014-2015 Flu Season Update; Regional Caches
- V. Information Sharing: Monthly Radio Test; Amateur Radio Network
- VI. Coalition Committee/Workgroup Updates
- VII. EMTF Update
- VIII. Medical/Public Health/Infectious Disease Issues
- IX. Training/Exercises/Events
- X. Other Business
- XI. Next Meeting/Agenda Items
- XII. Adjourn

Attendees: Roland Bazan(CC), Nathan Cain (CC), Shannon Calahan (CC), Joe Canfield, Ed Cox, Chris Crookham, Shantelle Dunn-Brannon (CC), Oscar Enriquez (CC), Carie Farwell, Dennis Fox (CC), Kim Gill (CC), Monty Gomez (CC), Diana Goodall, Judy Henry, Toby Hatton, Aisha Henderson, Yolanda Holmes, Dr. Phil Huang, Katherine Hubbartt-Cerna, Mike Jones, Freddy Krail, James Lamonde, Caleb Longino, Wayne Martin, Marie Martinez, Dallas Mellichamp, Ralph Montes (CC), Ricky Nevels (CC), Keith Noble, Michael Sanders, Carolyn Suddeth, Ron Weaver, Dave Westfall.

CATRAC staff: Dave Reimer, Robin Wiatrek, Michelle Fillman (CC)

Handouts: Agenda

Next meetings: February 9, 2015: RPRC @ 9-10:30, PHPR @ 9-10:30, CAPHMPC @ 10:30-12

- 
1. Welcome and Introductions – The meeting was called to order at 9:07 AM. Attendees introduced themselves around the room. There were eleven (11) people joining the meeting via conference call and webinar by <https://join.me>.
  2. Review/Approval of Minutes
    - a. December 12, 2014 RPRC Minutes- Motion to approve as written by Freddy Krail, seconded by Ron Weaver.
    - b. December 12, 2014 CAPHMPC Minutes- Motion to approve as written by Dr. Huang, seconded by Ron Weaver.

### 3. Community/Healthcare System Preparedness

- a. Conduct the Healthcare Preparedness Program Capabilities Planning Guide Assessment – Robin Wiatrek reviewed the healthcare capabilities planning guide instructions so that the review of the eight healthcare capabilities could be accomplished.

- **Capability 1: Healthcare System Preparedness.**

- Function 1 – Task Gaps remain unchanged. Resource Element Gaps, last year we checked additional healthcare coalition partnerships. Discussion focused around bringing in more ED managers on a workgroup level, along with standalone surgery centers and emergency centers to the coalition. Left the gap checked. For Function Challenges/Barriers, unchecked lack of plans and corrective actions. Function Current Status & Importance both remain the same as last year.
- Function 2 – Resource gaps still apply. Task Gaps Task 2 “engage healthcare partners” remains a gap. Fixing this will be discussed in a future meeting. No changes to challenges/barriers.
- Function 3 – Task gaps remain in place, as do resources gaps. Toby Hatton suggested adding lack of trained personnel to challenges/barriers, as evidenced by recent Ebola events. The group also discussed the administrative barriers as money and time for training. Status and Importance remain unchanged.
- Function 4 – Task Gap 2 has not seen much progress, and remains checked. P2 “healthcare resource coordination” was added as a gap. Add issues with procurement under challenges/barriers. Added corrective actions and/or exercising. Changed importance to “critical”. These gaps are more evident now due to Ebola event.
- Function 5 – Task and Resource gaps remain unchanged. Status remains “significant” and Importance changed to “highly important.” There was some circumventing of the NIMS processes during Ebola and this would be an opportunity to talk to healthcare leadership about the importance of NIMS and NIMS training.
- Function 6 – Task gap last year was #3. Ron Weaver mentioned that we do not always circle back on our AAR improvement plans and progress on them does not become a standing agenda item. He mentioned that having a plan in place for addressing issues is critical for Joint Commission. Therefore Task 3 remains checked, and added “administrative barriers” under challenges. Status is “significant” and importance is “critical.”
- Function 7 – A coordinated effort with Public Health regarding special needs to happen, so it all remains a gap at present. This should have discussion in a future Coalition meeting. Challenges/Barriers remain the same. Some capability and it’s highly important.

- **Capability 2: Healthcare system recovery.**

- Function 1 – Gaps remain in tasks 1 & 2, and resource elements P1-P3. Challenges/Barriers remain unchanged. There was discussion of adding “lack of personnel due to funding issues.” Dave Reimer recommended changing status to “some capability” from “limited.” All agreed to also change importance to “critical” from “highly important.” It was suggested to conduct an exercise on recovery assets.
- Function 2 – Resource gaps remain the same, as well as task gaps. Challenges/barriers remain unchanged; status and importance remain the same.

- **Capability 3: Emergency Operations Coordination.**
    - Function 1 – No changes made.
    - Function 2 – Task gap remains checked. Resource #P2 can be unchecked as we are using WebEOC more in the last two years than ever before, thanks to CAPCOG administration of the tool. The mobile app has been helpful as well. Add “lack of trained personnel” to Challenges/barriers, due to attrition. Status and Importance remain unchanged.
    - Function 3 – Dave said task gaps and resource gaps have all had progress but all still remain gaps. All remain checked. No changes to challenges/barriers, status or importance.
    - Function 4 – No changes to gaps in this function.
  - **Capability 5: Fatality Management.**
    - Functions 1, 2 & 3 – There remains a need to exercise these Functions region-wide. The group felt that all gaps noted for this Capability last year remain in place this year.
  - **Capability 6: Information sharing.**
    - Function 1 – Resource gaps, Bed tracking system training should be removed. Importance remains “critical.” For status, change from “some ability” to “significant” due to increased use of 800Mhz radios. Everything else was kept the same.
    - Function 2 – Last year we had lack of equipment checked, but Toby and Ron pointed out that sustainment will be the future issue. Notation made as such under “Other”.
  - **Capability 10: Medical Surge**
    - Functions 1 – Under the challenges/barriers, added lack of trained personnel and left administrative barriers because of the want for more participation from hospital CEOs.
    - Functions 2 – Under challenges/and barriers, removed check mark on “#11 lower priority function.”
    - Functions 3 & 4 – No changes.
    - Function 5 – Marked P1 and P3 under Resource Gap Assessment. P3 notes lack of “transportation options for evacuation” the coalition identified the need for regional discussion around availability of transportation resources and coordination, especially with only one Ambus in the region. For challenges/barriers, added “#5 lack of plans/incomplete plans and also #14 Other with a response of “review equipment resources to determine appropriate infrastructure needs.”
  - **Capability 14: Responder Safety and Health**
    - Function 1 – Remains critical under importance. Checked “other” under Challenges/barriers with text of “funding issues related to pharmaceutical needs and medication cache sustainment.”
    - Function 2 – No changes.
  - **Capability 15: Volunteer Management** – No changes.
- b. Status of Community Preparedness Program Capabilities Planning Guide Assessments – Robin explained the community preparedness capabilities planning guide assessment that is conducted by public health agencies. There was no date on when public health had to turn in their assessments for this year.
4. Community/Healthcare System Preparedness and Emergency Operations Coordination

- a. Ebola Update – Toby reported a process issue with a person from Burnet County who was being monitored by public health for the Ebola Virus as they went to the local Seton hospital verses going to the hospital that the Seton planned to be the main site for potential Ebola cases. If a hospital is part of a larger network system, Public Health needs to know that system’s plan. DSHS Region 7 was following their protocol. It was suggested to bring regional stakeholders together to discuss disconnects in information sharing such as this.
- b. 2014-2015 Flu Season Update – Discussion focused as to whether hospitals are at capacity. Currently reporting not at capacity. Most this year are coming in, being treated and going home. There was some brief discussion about what occurs when max capacity happens. Dave suggested this discussion is worth revisiting.
- c. Regional Caches – no update
5. Information Sharing
  - a. Monthly Radio Test – no report today
  - b. Amateur Radio – no report today
6. Coalition Committee/Workgroup Updates
  - Exercise Workgroup – no report
  - Public Health Preparedness and Response Subcommittee – no report
  - Information Sharing (formerly WebEOC) Workgroup – no report
  - Regional Mass Fatality Workgroup – no report
  - CAMOC Workgroup: Next Meeting is January 28 at 1:00 PM
7. Emergency Medical Task Force Update – no report
8. Medical/ Public Health/ Infectious Disease Issues
9. Trainings/Exercises/Events
  - a. Trainings
    - First Water Systems (CATRAC Cache), Feb. 13, 2015 at 1:00 PM
    - F4W Satellite Communications (CATRAC Cache) - TBA
  - b. Exercises – no update
  - c. Planned / Non-Planned Events & Activities
    - The Army Marathon (March 1, 2015)
    - BP MS150 & HITS Triathlon (April 2015)
10. Other Business – The group briefly discussed approaching each Capability as agenda items in RPRC meetings. Relevant committees can address some items.
11. Next Meeting/Agenda Items – Next meeting of the Coalition group is February 9, 2015 @ 10:30am.
12. Adjourn – Meeting was adjourned at 12:11pm.