EASTERN MONTANA REGIONAL EXECUTIVE COMMITTEE MEETING

NOVEMBER 9, 2022; 9:00 AM - 1:00 PM

GLENDIVE MEDICAL CENTER, 202 PROSPECT DRIVE, GLENDIVE, MT

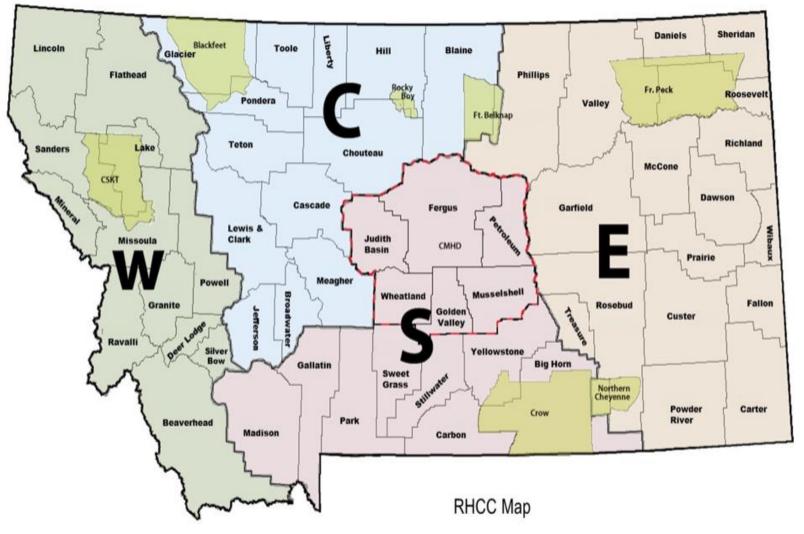
CARNEY CENTER – ROOMS 2 AND 3

OR VIA ZOOM:

HTTPS://US02WEB.ZOOM.US/J/87972550437?PWD=N2ZVTDVNEULRQ0ERYWKZDVLUAFHUQT09

MEETING ID: 879 7255 0437

PASSCODE: 444320



Western RHCC

Beaverhead Mineral CSKT Missoula Deer Lodge Powell Flathead Ravalli Sanders Granite Lake Silver Bow Lincoln

Central RHCC

Blackfeet Jefferson Blaine Lewis & Clark Broadwater Liberty Cascade Meagher Chouteau Pondera Ft. Belknap Rocky Boy Glacier Teton Tool

Southern RHCC

Madison Bighorn Carbon Park Stillwater CMHD Crow Sweet Grass Gallatin Yellowstone

Eastern RHCC

Powder River Carter Prairie Custer Richland Daniels Roosevelt Dawson Fallon Rosebud Ft. Peck Sheridan Garfield Treasure McCone Valley N. Cheyenne Wibaux Phillips



ROLL CALL and INTRODUCTIONS:

EXECUTIVE COMMITTEE:

- Peter Leyva, Chair
- Clay Lammers, Vice-Chair
- Todd Opp, Treasurer
- Julie Brodhead
- Bridget Norby
- Dennis Four Bear
- Cory Cheguis
- Courtney Batey
- Dirk Monson

SUPPORTIVE STAFF & GUESTS:

- Kevin O'Loughlin, PHEP Director
- Don McGiboney, HPP Director
- Colin Tobin, PHEP, Lead Emergency Management Specialist
- Gary Zimmerman, PHEP
- Jeff Gates, Montana DES, Eastern District Field Manager
- Cindee McKee, MHA/Program Manager
- Casey Brinkley, MHA Regional Health Care Coalition & EM Resource API Specialist
- Robbie Kavon, MHA Eastern HCC Coordinator
- Kyrsten Brinkley. MHA Western HCC Coordinator
- Kitty Songer, MHA Central HCC Coordinator
- Coalition Members
- Guests/Members of the Public

Call to Order:





APPROVAL OF NEW EXECUTIVE COMMITTEE MEMBERS:

- CORY CHEGUIS
- COURTNEY BATEY
- DIRK MONSON



- AGENDA
- REVIEW/APPROVAL OF AUGUST 9, 2022 MEETING MINUTES
- KIALL PROPERTY OF THE PROPERTY
- AMATEUR RADIO PROJECT UPDATE (KEVIN AND DON)

MEETING MINUTES

- TREASURER'S REPORT (FY22-23 BUDGET YTD) (REVIEW ONLY)
- HCC WEBSITE (ROBBIE) HOME (MTHCC.ORG)
- EMRESOURCE AND EICS OVERVIEW (KYRSTEN, ROBBIE)
- SIMS TRAINING/EXERCISE (KITTY, ROBBIE)



REVIEW & APPROVAL OF MINUTES





AMATEUR RADIO PROJECT UPDATE (KEVIN AND DON)





OLD BUSINESS - TREASURER'S REPORT:

FY22-23 BUDGET YEAR TO DATE (H:\ERHCC BUDGET\FY 2022\EASTER) 2022-2023 THRU 9-30-22.XLSX)

TRAININGS

- ABLS (Advanced Burn Life Support)
- CNRNE Response (Chemical, Nuclear, Radiological, Nuclear, and Explosive)

Treasurer

- HERT (Hospital/Health Care Emergency Response Training)
- CHEC (Certified Health Care Emergency Coordinator)
- Cyber Security (at May Membership Meeting)
- Radiation Surge TTX
- MRSE (Medical Response & Surge Exercise)
- Mental Health (not currently budgeted for, but will be priority if funds allow)

NATIONAL CONVENTION

HCC WEBSITE (ROBBIE) HOME (MTHCC.ORG)

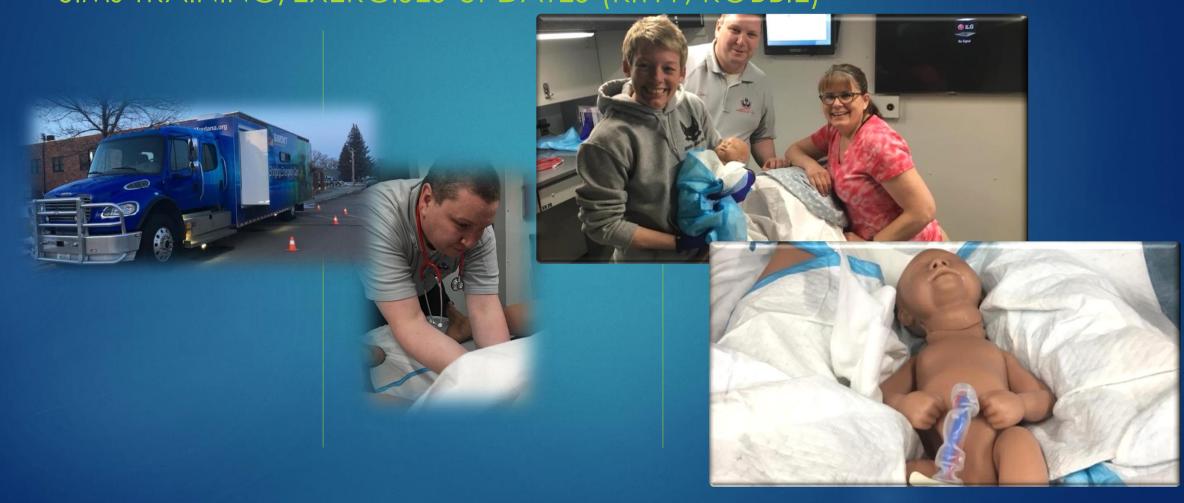


EMRESOURCE AND EICS OVERVIEW (KYRSTEN, ROBBIE)

HTTPS://EMRESOURCE.JUVARE.COM/LOGIN



• SIMs TRAINING/EXERCISES UPDATES (KITTY, ROBBIE)



- FLYING CARPETS (NEED MOTION/VOTE)
- PREPAREDNESS & RESPONSE PLAN
- PEDIATRIC ANNEX
- HIGHLY INFECTIOUS DISEASE ANNEX
- RED COMM EXERCISE AAR/IP



- **POSTERS**
- BROCHURE
- API (CASEY)
- RESOURCE/GAP ANALYSIS TOOL
- FY22-23 CAT/WORKPLAN
- HVA UPDATE IN JANUARY
- UPCOMING TRAININGS, EXERCISES, & EDUCATION MHA MARIANA

Montana Regional Health Care Coalitions

Regional Health Care Coalitions (RHCC) are a partnership of agencies and health care organizations in a defined geographic area that have a stake or interest in Health Care Emergency Preparedness within the region. T coalitions encompass a WHOLE COMMUNITY APPRO to strengthen and enhance the CAPABILITIES and

CAPACITIES of the public health and health care syste to plan, prepare, and recover from EMERGENCIES a **DISASTERS**, natural or man-made.







Montana Regional Health Care Coalitions **Benefits of Participation**



Encourage **MUTUAL AID** between healthcare organizations.



Provide representation, collaboration and **NETWORKING**.



Provide regional **EDUCATION** and **TRAINING** opportunities.



Create regional emergency preparedness, response and recovery **PLANS**.



Advise emergency management for regional **DISASTERS**.







FLYING CARPETS

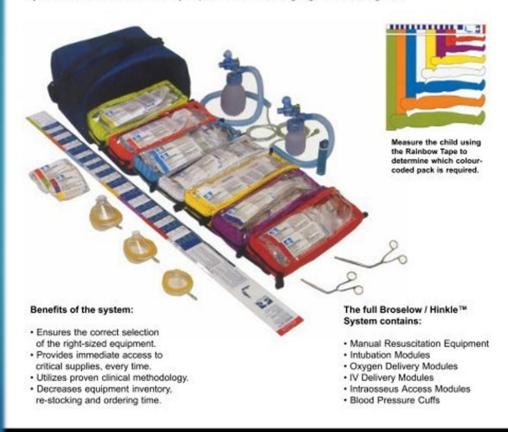


Broselow/HinkleTM

Paediatric Emergency System

When children need emergency treatment the Broselow / Hinkle™ Paediatric Emergency System provides a fast, accurate method for equipment selection and drug dosages. Paediatric emergency cases have clinical requirements dramatically different from those of adults. Children vary a great deal in size, and the opportunities for a doctor to get in depth experience across all size ranges are limited. The Broselow / Hinkle™ Systems helps bridge that gap.

First, the child's length is measured and one of seven colour areas assigned. Next a coordinated Colour Pack is pulled from the Broselow / Hinkle™ System to begin a procedure with the right sized equipment. The system offers seven colour-coded nylon packs for children weighing from 3-34 kilograms.

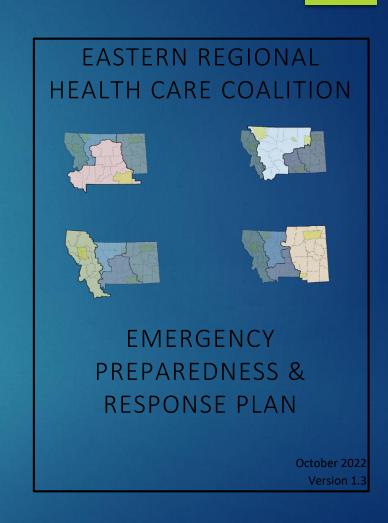


- PREPAREDNESS & RESPONSE PLAN
- <u>H:\ERHCC EXECUTIVE COMMITTEE\2022-11-09\ERHCC</u>

PREPAREDNESS AND RESPONSE PLAN 10-2022 UPDATE VS

1.3.DOCX

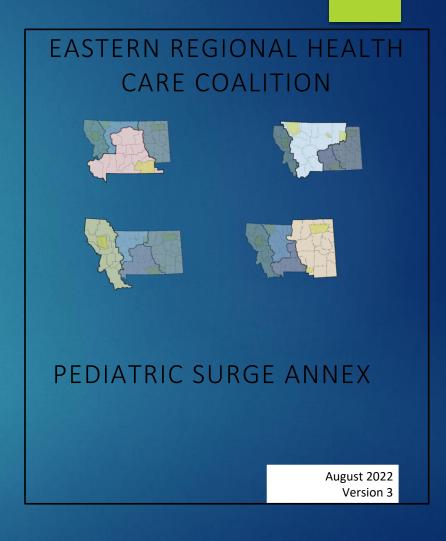




- PEDIATRIC ANNEX
- H:\ERHCC ANNE PEDIATRIC-SURGE\ERHCC PEDIATRIC

 SURGE ANNEX V.3 DRAFT.DOCX





- HIGHLY INFECTIOUS DISEASE ANNEX
- H:\ERHCC EXECUTIVE COMMITTEE\2022-11-09\ERHCC
 HID RESPONSE PLAN V.4 8-2022.DOCX



EASTERN REGION HEALTH CARE COALITION HIGHLY INFECTIOUS

HIGHLY INFECTIOUS
DISEASE PREPAREDNESS
ANNEX

August 2022 Version 4

- REDUNDANT COMMUNICATIONS EXERCISE
- H:\ERHCC EXECUTIVE COMMITTEE\2022-11-09\REDCOMMS AAR IP

OCTOBER2022.DOCX





- POSTERS
 - (H:\Coalition Poster 1.pdf)
 - (H:\Coalition Poster 2.pdf)
- BROCHURE

Our Mission

The mission of the Regional Health Care Coalitions is to provide a collaborative structure for regional health care organizations, providers, and their partners to facilitate all-hazards disaster and emergency preparedness, response, and recovery through coordinated planning, training, and exercise opportunites.

WHO CAN PARTICIPATE

- Hospitals
- · Critical Access Hospitals
- EMS
- Public Health
- · Emergency Management
- · Long-Term Care Facilities
- · Rural Health Clinics and Federally Qualified
- Hospices
- · Home Health Agencies
- · End-Stage Renal Disease Facilities
- · Psychiatric Residential Treatment Centers
- · All-Inclusive Care for the Elderly
- · Transplant Centers
- · Ambulatory Surgery Centers
- · Organ Procurement Organizations
- · Comprehensive Outpatient Rehabilitation Facilities
- · Community Mental Health Centers
- · Intermediate Care Facilities for Individuals with Intellectual Disabilities
- · Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech Language Pathology Services

For more information on Regional Health Care Coalitions, please contact:

Western Region Kyrsten Brinkley 406.370.0875 kyrsten.brinkley@mtha.org

Central Region Kitty Songer 406,457,8025

kitty.songer@mtha.org Southern Region

Casey Driscoll 406.457-8045 casev.driscoll@mtha.org

Eastern Region Robbie Kavon 406.489-3182 roberta.kavon@mtha.org

> For general inquiries, contact hppcoordinators@mtha.org or visit our website at www.mthcc.org



Montana Regional **Health Care Coalitions**



The Health Care Coalitions encompass a whole community approach to strengthen and enhance the capabilities and capacities of the public health care systems to plan, prepare, respond, and recover from emergencies and disasters.





Public Healtl

..\..\CoalitionBrochure2022 (002).pdf

- EMRESOURCE APPLICATION PROGRAM INTERFACE (API)
 - Partner Interoperability Guide
 - interest form



CAT/WORKPLAN

MT Fastern HCC

Print the page

Coalition Assessment Tool

Capability 2: Health Care and Medical Response Coordination

Objective 1: Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans

Health care organizations respond to emergent patient care needs every day. During an emergency response, health care organizations and other HCC members contribute to the coordination of information exchange and resource sharing to ensure the best patient care outcomes possible. HCCs and their members can best achieve enhanced coordination and improved situational awareness when there is active participation from hospitals, EMS, emergency management organizations, and public health agencies and by documenting roles, responsibilities, and authorities before, during, and immediately after an emergency. Every individual health care organization must have an Emergency Operations Plan (EOP) per federal and state regulations and multiple accreditation standards. The HCC, in collaboration with the ESF-8 lead agency, should have a collective response plan that is informed by its members' individual EOPs. In cases where the HCC serves as the ESF-8 lead agency, the HCC response plan may be the same as the ESF-8 response plan. The purpose of coordinating response plans is not to supplant existing ESF-8 structures, but to enhance effective response in accordance with the wide array of existing federal, state, and municipal legal authorities in which HCC members operate (e.g., Emergency Medical Treatment & Labor Act [EMTALA]53, communicable disease reporting, and the Health Insurance Portability and Accountability Act [HIPAA] Privacy Rule).

Activity 1: Develop a Health Care Organization Emergency Operations Plan

L	Activity Component	Response	Guidance			
	 The HCC supports its health care organization members in developing their individual Emergency Operations Plans (EOPs). 	Yes In-progress No	Specific criteria for health care organization EOPs are located on page 26 of the 2017-2022 Health Care Preparedness and Response Capabilities.			
	The HCC coordinates with health care organization members to review and update their EOPs regularly including after exercises and real-world events.	Yes In-progress No	The EOP review process should include: Identifying gaps in the EOP Defining strategies and tactics to address any gaps Ways in which the HCC can assist in closing the gaps			

Activity 2: Develop a Health Care Coalition Response Plan

 The HCC has a complete Response Plan with all of the required components below.

Each HCC's response plan must describe the HCC's operational roles that support strategic planning, situational

Only select "Yes" if <u>all</u> components are present in the Response Plan.

Yes

O No

Some elements of the response plan may be minimal or structured uniquely.

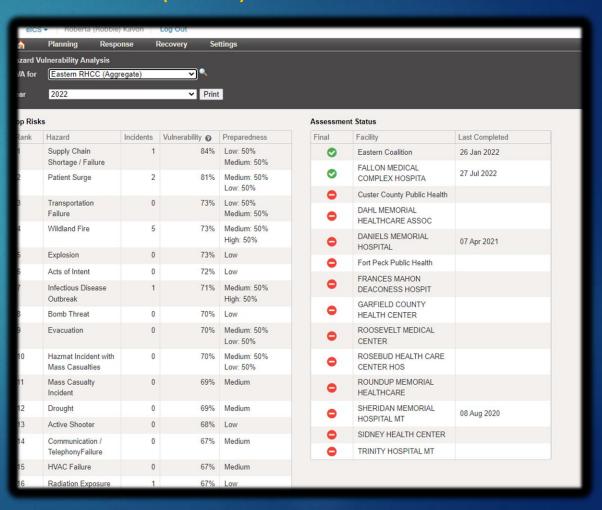
This is **Performance Measure 5** in the HPP Performance Measure Implementation Guidance.

- RESOURCE/GAP ANALYSIS TOOL
 - Coalition
 - EMS
 - Hospital
 - Public Health
 - Long Term Care
 - Outpatient

Plan Elements									
Tidir Elements									
ltem	Notes	Likelihood of Use	Impact	Work Remaining	Composite Risk (L+	Challenges	Gaps/Comme		
Hospital Behavioral Health Plan	Support within the healthcare system for providers and patients – information, psychological first aid, access to services, assessments, treatment and referral. Include planning collaboration with EMS.				0				
Hospital Blood Bank Plan	Details support for hospitals during a mass casualty incident including delivery during access controlled situations.				0				
Hospital Closed POD Plans	Plans for internal vaccination/prophylaxis of healthcare personnel. May be helpful to quantify the number of employees who would be in need of vaccination or prophylaxis depending on role I job class.				0				
Hospital COOP, Recovery/Business Continuity Plan	Hospital continuity of operation (COOP) plans may help address HVAC, [ITEMP, utility, potable water, power, fuel, wender it supply chain, food, communications, transportation, and other issues. Facility plans should incorporate these issues with detailed mitigation/redundancy planning, staffing plans, and structural / damage assessments.				0				
Hospital Crisis Care/ Crisis Standards of Care Plan	Details facility and regional approach to coordination of service and resource management, interface with State plans, and plans for on-site and community-based alternate care systems/sites including relevant facility and regional triggers where defined. Should also address 1135 waivers, and modification of other pertinent local/state rules and regulations to address surge issues, ACS, volunteers, etc.		•		0				
Hospital Decontamination Plan	Details facility and coalition capabilities and policies surrounding decontamination of patients. Includes protocols and training policies, includes CHEMPAK acquisition and utilization.				0				
Hospital Evacuation Plan	Describes process and support for urgent/emergent evacuation of healthcare facility. Include partial and full emergency evacuation decision making and process, shelter-in-place options, and protocols.				0				
Hospital Exercise Plan	Including engagement in community localition level exercises. Exercises should meet the needs of regulatory agencies/acorcediting bodies and are coordinated between the coalition disciplines to assure a community-based exercise at least yearly involves the four oore coalition stakeholders and ideally more.				0				
Hospital Infectious Disease Plan	Plans for receiving, assessing, and transferring highly infectious patients including seasonal influenza, EbolafVHF, avian influenza, and SARS/MERS. Includes protocols and training policies. Include planning collaboration with EMS.				0				

HAZARDOUS VULNERABILITY ASSESSMENT (HVA)





- UPCOMING TRAININGS, MEETINGS, EXERCISES
 - National Health Care Coalition Conference
 - SIMs Training and Exercise

Medical Response & Surge Exercise (MRSE)







ROUNDTABLE

- ROBBIE
- HCC COORDINATORS
- HPP/MHA/PHEP/DES STAFF
- EXECUTIVE COMMITTEE
- GENERAL MEMBERSHIP
- GUESTS, MEMBERS OF THE PUBLIC



CLOSING

ANY COMMENTS OR QUESTIONS?

PUBLIC COMMENT

NEXT MEETING DATE (VIRTUAL) (FEBRUARY)

ADJOURNMENT





Thank You!

ROBERTA.KAVON@MTHA.ORG

406 489-3182