



Western MA Health & Medical Coordinating Coalition

Meeting Minutes: Western Mass. Health and Medical Coordinating Coalition

Date	9/25/18	Location	W. Spfld Public Library	Facilitator:	Jeanne/
Time	2-4 p.m.	Duration	2 Hours		

VOTING MEMBERS:

Jeanne Galloway, Public Health
 Patricia Haner, Long-Term Care
 Jackie Johnson, Community Health Centers
 Jeremiah Laplante, Long-term Care
 John Meaney, EMS
 Carrie Matusko, Community Health Centers
 Ron Riethle, Hospitals (*voting alternate*)
 Allison Egan, Public Health (*call-in*)

NONVOTING MEMBERS:

Michael Nelson, MDPH
 Gail Bienvenue, MDPH
 Bonnie Roy, MEMA

HMCC STAFF:

Tracy Rogers
 Mark Maloni

GUESTS:

Agenda Items	Notes
1. Review agenda/introductions	Jeanne called the meeting to order at 2:07 p.m.
2. Approve minutes from May 2018 Steering Committee Meeting	Moved by Pat as amended with a date change, seconded by Jackie to accept the May minutes adjusting for a date correction. Passed with one abstention.
3. Old Business. a) Election of officers. b) Preparedness Plan c) Website	<p>a) Pat moved to accept a slate of Jackie as Chair, and Allison as Vice Chair. Second by Carrie. Passed, all in favor with an abstention from Allison.</p> <p>b) Mark presented the Preparedness Plan for ratification. Offered background that this new structure is a federal expectation moving through all state/healthcare coalitions. No policy or procedural changes within the plan, and the overwhelming majority if the plan is not new content, but rather data from the Emergency Coordination Plan, or policies/procedures already in place. Moved to accept the Preparedness Plan as written by Allison, second by Jackie. No further discussion. Passed unanimously.</p> <p>c) Mark gave overview of new website. Fleshed out calendar, far more fleshed out resource section, forums, and enhanced news section. Leadership encouraged to review website, and to recommend content to Mark as they see fit.</p>
4. New business: a) Fall Full Coalition meeting.	a) Full coalition agenda review. We will do our now-traditional disciplinary updates as well as coalition level updates. Time change for this meeting to afternoon, shorter meeting length and no full meal. Main speaker will

- b) Conference attendance policy.
- c) Duty Officer Exercise.
- d) HMCC Leadership Course.
- e) Regional JRA Strategy.
- f) Standing Committee mandate.
- g) News monitoring.

be from the MA DPH Office of Emergency Medical Services regarding their new Mobile Integrated Health Program model and application process.

- i. Discussed and agreed upon people and content for disciplinary-level updates.
 - i. **Gail and Ron** will ensure someone from the hospital committee will be in attendance and report out.
 - ii. **Allison** will report out for public health on the regional focus on emerging infectious disease planning by PHEP coalitions, and progress regarding the Pioneer Valley Mosquito Control District.
 - iii. **Jackie** will outline the general preparedness efforts made by Community Health Centers and discuss the impact of the Puerto Rican refugees from last fall's hurricanes on the community health centers.
 - iv. **Jeremiah** will present the new response model for long-term care via the formation of regional strike teams.
 - v. **John** will offer highlights from the EMS conference the week prior, and note that the main agenda is part of the more significant updates for EMS.
 - vi. **Bob Barry** will offer general updates from the MEMA regional office.

b) Reviewed proposed policy regarding HMCC funds applied towards Steering Committee member attendance at preparedness and response conferences. Group approved of the overall prioritization criteria, and requested that we add language around an expectation that a Steering Committee member using HMCC funds to attend a conference would be expected to report back to the rest of the Committee on what they learned. **Moved by Pat, second by Carrie. Passed unanimously.**

c) Tracy collected feedback regarding how to best implement the required duty officer exercise. Reviewed a few options, decided to go with the option where the HMCC would build its own exercise testing overall duty officer activation and notification/convening procedures; we will not wait to try to build off the statewide DPH OPEM SNS exercise.

d) Committee reviewed possible dates to attend leadership course. HMCC staff recommended holding off on this training, as the application process requires an individual application for each potential date selected, has very specific attendee/applicant criteria to be eligible for application, and is ultimately based on a response team model that doesn't really represent what our steering committee would do during an incident. Committee agreed to hold off on pursuing the course this year.

e) Reviewed possible options for JRA to conduct this year. Committee recommends not gathering brand new baseline data from all disciplines, but to work with what is already available. Collect as many HVA's as we can from HMCC membership to build disciplinary averages. Work with these averages to identify highest priority hazards, assess capacities and gaps, and identify priorities for regional work over the coming year (s). We can plan for the spring meeting to be a major vetting and final development component of this effort. Should we wish to use a quantitative tool, the

	<p>Committee recommend the hHAP tool, which most closely aligns with the Kaiser Tool.</p> <p>f) The Steering Committee considered the new mandate for standing committees (Planning and Training and Exercise). Issues: prior efforts at this resulted in advisory committees, not so much workgroups; OPEM’s goal in the mandate is to create more avenues for engagement, but we found minimal people willing to sit on standing committees; we already find people have trouble making it to the various leadership meetings, trainings, etc., that the HMCC offers. Asking for more doesn’t seem like a very strategic way to garner greater engagement. Solution: work towards building committees that meet directly before Steering Committee meetings, reducing the total number of days/trips that people have to set aside for HMCC work; alternate the four quarterly meetings with standing, i.e., one quarter planning committee meets, immediately followed by Steering Committee; next quarter, T and E meets, immediately followed by Steering Committee. Standing committees can take on projects or just issue recommendations to SC. Mark can work to utilize new forums feature as a means for people who wish to contribute thoughts in a more structured manner, but don’t wish to commit to traveling to/attending meetings. We can try this strategy and see what we learn/gain from it.</p> <p>g) Jeanne offered a reminder on Allison’s behalf (who had to leave the meeting) that Berkshire County doesn’t always get news from MA sources, so to not assume Berkshire County knows something because it’s being reported via local media outlets.</p>
5. Duty officer activations	No activations to debrief.
6. Business not reasonably anticipated 48 hours prior to the meeting	Jeanne announced that the Merrimack Valley was asking for assistance from health agents, building inspectors, etc. to assist with recovery from the gas pipeline explosion in Andover, North Andover, and Lawrence.
7. Wrap up and adjourn a) Next Meeting: November 2018	<p>November meeting as scheduled is during national Healthcare Coalition Conference. New date and time: will be Tuesday, November 20th, 2-4 p.m., at the Northampton DPH office.</p> <p>Carrie moved to adjourn at 3:49 p.m. John seconded. Passed unanimously.</p>
<p>Next Meeting:</p> <p>Tuesday, November 20th, 2-4 p.m., Northampton DPH office, large conference room.</p>	