



Western MA Health & Medical Coordinating Coalition

Steering Committee Meeting	
Date and Time	Location
Tues., 10/13/20 2 – 4 p.m.	Virtual
Dial-in number (US): (605) 313-5454 Access code: 591428# Online meeting ID: hmcc Join the online meeting: <a href="https://join.freeconferencecall.com/hmcc">https://join.freeconferencecall.com/hmcc</a>	

Agenda			
Item	Discussion Lead	Time Allotted (minutes)	Point of Discussion
1. Welcome / Introductions / Review Agenda.	Jackie	5	All attendees know who is in the meeting; meeting agenda and goals clear and adjusted as needed.
2. Review and Approval of Minutes.	Jackie.	5	None to approve this time. <i>(Last meeting was cancelled and update notes were sent via email).</i>
3. New Business. a. Revision on Purchasing Policy. b. Regional supply cache. i. What do we buy? ii. Where do we store it? iii. How do people access it? iv. Asset management software c. HMCC COVID-19 AAR/IP. d. Infection Control Trainings and Resource identification.	Tracy/Mark	80	a. Review, discuss, and ratify. b. Determine what to do with DPH funds set aside for an HMCC supply cache. c. Review document, and garner leadership feedback on IP. d. Call for subject matter expertise on resource identification.
4. Business not reasonably anticipated 48 hours prior to meeting.			
5. Wrap-up and Adjourn.			
<b>Meeting Handouts:</b> Agenda – p. 1 HMCC Purchasing Policy – p.2 HMCC AAR/IP – p. 4			



## Purchasing Policy

The purpose of this policy is to address the procedure for approving and prioritizing purchases of goods and services using HMCC sponsoring organization funds. This policy pertains to funds unencumbered after there has been enough funding set aside to meet deliverables set forth by MDPH and to meet directives set by the HMCC Steering Committee. This procedure is relevant to both purchases suggested by Steering Committee members and those requested by members of the larger HMCC.

Provided sufficient funding for any purchasing request is available, the following criteria must be met before the purchase will be considered eligible for support:

1. The items or services to be purchased are relevant to at least one of the five core disciplines involved in the HMCC—public health, hospitals, long-term care, community health centers, or emergency medical services.
2. The items or services have been identified as a gap in an after action report or hazard vulnerability analysis/jurisdictional risk assessment.
3. The items or services must fill a regional need, not just serve any one community or facility
4. The custodian of any supplies or equipment purchased must agree to have them listed in the MDPH Resource Request Deployment Module and notify the HMCC before the item(s) are moved, if possible, or as soon as possible after they're moved. This is true if an item is deployed or if its storage location changes.
5. The custodian of any consumable supplies agrees to be responsible for replenishing any supplies that are used. If the supplies are used by another entity under a mutual aid agreement, it is the responsibility of the custodian to work with the borrowing entity to replenish supplies. Supplies must be replenished within 60 days unless other arrangements have been made with the HMCC.
6. The custodian of any supplies or equipment purchased must agree to request permission of the HMCC before disposal of said supplies or equipment.
7. The custodian of any supplies or equipment purchased will be responsible for maintenance on the items to keep them in good working condition.
8. If a training is requested, the training must be open, at a minimum, to everyone in the region within the same discipline as the organization making the request, two of the five core disciplines.

Purchases will be prioritized using the following criteria:

1. The number of people who can benefit from the purchase (e.g. the number of people who can attend the training)
2. The number of disciplines that can benefit from the purchase
3. The likelihood of the resource being shared with others in the region (e.g. its portability)
4. Whether the custodian of the resource is an active member of the HMCC (i.e. they attend full coalition meetings and respond to requests for situational awareness updates)

**All purchases for goods and services must be approved by MDPH. Purchases over \$2,000 must be approved by the HMCC Steering Committee as well.**

The Steering Committee recognizes that not all situations will align with the procedure addressed above. It will be at the discretion of the Steering Committee to consider those situations as they present themselves.



## Analysis of Core Capabilities

Aligning event objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual events to support preparedness reporting and trend analysis. Table 1 includes the Event objectives, aligned core capabilities, and performance ratings for each core capability as observed during the Event and determined by the evaluation team.

Objective	Core Capability	Performance Rating
Facilitate the delivery of essential commodities in support of local organizations.	Response: Logistics and Supply Chain Management (FEMA)	S
Provide decision makers with decision-relevant information regarding the nature and extent of the hazard, any cascading effects, and the status of the response.	Response: Situational Assessment (FEMA); Information Sharing (PHEP Capability 6); Healthcare and Medical Response Coordination (HPP Capability 2)	M
Coordinate public messaging.	Response: Public Information and Warning (FEMA); Emergency Public Information and Warning (PHEP Capability 4)	M

**Table 1. Summary of Core Capability Performance**

### RATINGS DEFINITIONS:

**Performed without Challenges (P):** The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

**Performed with Some Challenges (S):** The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.

**Performed with Major Challenges (M):** The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

**Unable to be Performed (U):** The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).

The following sections provide an overview of the performance related to each event objective and associated core capability, highlighting strengths and areas for improvement.

## OBJECTIVE: FACILITATE THE DELIVERY OF ESSENTIAL COMMODITIES IN SUPPORT OF LOCAL ORGANIZATIONS.

### RESPONSE: LOGISTICS AND SUPPLY CHAIN MANAGEMENT STRENGTHS

The **partial capability** level can be attributed to the following strengths:

**Strength 1:** The HMCC acknowledged requests for PPE quickly and returned phone calls in a timely manner.

**Strength 2:** There was clear communication with participants in the Bulk PPE Purchasing Program about the status of their orders and pickup details.

**Strength 3:** Stakeholders were very willing to assist when called, e.g. an EMD contacted local plastics companies on the MACC's behalf when it looked like there may be a shortage of body bags on the horizon.

### Areas for Improvement

The following areas require improvement to achieve the full capability level:

**Area for Improvement:** Many stakeholders did not know where to obtain PPE or that PPE was available. They discovered the HMCC by word of mouth.

**Analysis:** This was the first time there was such a demand for resources since the HMCC was created. There were many disciplines outside the HMCC's five core disciplines that needed to find the HMCC, disciplines that the HMCC had never reached out to before. Lastly, the high turnover rate in some facilities and disciplines, particular long-term care, makes it difficult to keep the right people informed.

**Area for Improvement:** Stakeholders did not know what kinds of PPE they could request.

**Analysis:** There was never a set list of resources stakeholders may request. Different emergencies call for different items and neither the HMCC nor MDPH is going to restrict what entities may request. However, it was difficult explaining to requestors that the HMCC will handle the clinical supplies portion of their resource request, but they would have to send the cleaning supplies portion to their local EMD to be forwarded to MEMA.

**Area for Improvement:** DPH's WebEOC's Resource Request and Deployment Module (RRDM) failed to be functional in tracking resource requests and deployments within the region. The RRDM was OPEM's planned method for submitting resource requests and tracking deployments during and emergency. When WebEOC and the RRDM failed, there was no contingency plan from OPEM and the HMCC had to create a system for tracking request and deployments from scratch.

**Analysis:** Reliance on OPEM to build and maintain an effective resource request and deployment tracking system is a vulnerability for the HMCC and for EPP as a whole. EPP can consider building a regional asset inventory and management system that fully meets all of the program's needs. An independently

controlled and operated system will allow EPP the ability to quickly adjust its request and deployment process (as well as its inventory management process) to meet changing needs including the needs of OPEM.

**Area for Improvement:** It was difficult to keep up with frequent procedural changes from MDPH and MEMA, and then difficult to explain the change to stakeholders.

**Reference:** Region 1 Health & Medical Coordinating Coalition Emergency Response Plan, Resource Coordination Annex

**Analysis:** MDPH never used WebEOC's activity log nor RRDM as tools for producing or tracking resource requests. Procedures sometimes changed more than once in a single day.

**Area for Improvement:** Facility supply chain managers were not aware of the HMCC before COVID.

**Analysis:** The HMCC works primarily with emergency managers at each facility. Supply chain managers tend to have other priorities and limited time, so cannot spend resources on emergency planning.

**OBJECTIVE: PROVIDE DECISION MAKERS WITH DECISION-RELEVANT INFORMATION REGARDING THE NATURE AND EXTENT OF THE HAZARD, ANY CASCADING EFFECTS, AND THE STATUS OF THE RESPONSE.**

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

**RESPONSE: SITUATIONAL ASSESSMENT (FEMA); INFORMATION SHARING (PHEP CAPABILITY 6); HEALTHCARE AND MEDICAL RESPONSE COORDINATION (HPP CAPABILITY 2)**

### **Areas for Improvement**

**Area for Improvement 1:** There was little information sharing across western MA.

**Reference:** Region 1 Health & Medical Coordinating Coalition Emergency Response Plan

**Analysis:** With respect to sharing across public health agencies, the Western MA Public Health Advisory Group (WAG) had intended to review its information-sharing concept of operations in the spring of 2020, but that conversation was postponed due to COVID response. The Emergency Preparedness Program lost one full-time staff member, the public health emergency planner dedicated to assisting MAPHCO, in early March, just as the pandemic began to pick up. This caused the HMCC planning and ops coordinator to fill both his HMCC role and the MAPHCO role. Between the loss of one full-time person and the increase in workload due to resource requests, there were not sufficient staffing resources to also provide situational awareness across the four counties.

## **OBJECTIVE: COORDINATE PUBLIC MESSAGING.**

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### **RESPONSE: PUBLIC INFORMATION AND WARNING (FEMA); EMERGENCY PUBLIC INFORMATION AND WARNING (PHEP CAPABILITY 4)**

#### **Areas for Improvement**

The following areas require improvement to achieve the full capability level:

**Area for Improvement 1:** There was no public messaging coordination across western MA.

**Reference:** Region 1 Health & Medical Coordinating Coalition Emergency Response Plan

**Analysis:** During creation of the Region 1 Health & Medical Coordinating Coalition Emergency Response Plan, the coalition discussed the idea of having HMCC staff organize a joint information system during response. It was decided then to not include that responsibility, but to consider it in the future.

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element	Primary Org.	Org. POC	Start Date	Completion Date
<b>Core Capability 2: Response: Logistics and Supply Chain Management (FEMA)</b>	1. Many stakeholders did not know where to obtain PPE or that PPE was available. They discovered the HMCC by word of mouth.	Enhance outreach to HMCC non-core disciplines.	Organization	FRCOG	Mark Maloni	10/1/2021	Ongoing
	2. Stakeholders did not know what kinds of PPE they could request.	Add examples of what kinds of items have been requested through the HMCC in the past to the HMCC website and outreach materials.	Planning	FRCOG	Mark Maloni	10/1/2020	10/15/2020
	6. It was difficult to keep up with frequent procedural changes from MDPH and MEMA, and then difficult to explain the change to stakeholders.	HMCC staff should explain future coordination process flows with clear language that indicates from where processes and final decision originate (e.g. “as per MA COVID Command Center protocols” or “as per DPH/MEMA strategy/policy” to better manage the W MA HMCC brand.	Planning, Training	FRCOG	Mark Maloni	10/1/2020	10/31/2020
	7. Facility supply chain managers were not aware of the HMCC before COVID.	The HMCC should outreach to supply chain managers, perhaps through facilities’ emergency managers.	Planning	FRCOG	Mark Maloni	10/1/2020	12/31/2020



Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element	Primary Org.	Org. POC	Start Date	Completion Date
Core Capability 3: Response: Situational Assessment (FEMA); Information Sharing (PHEP Capability 6); Healthcare and Medical Response Coordination (HPP Capability 2)	There was little information sharing across western MA.	Review information-sharing concept of operations with the WAG.	Planning	MDPH	Michael Nelson	10/1/2020	11/30/2020

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element	Primary Org.	Org. POC	Start Date	Completion Date
Core Capability 4: Response: Public Information and Warning (FEMA); Emergency Public Information and Warning (PHEP Capability 4)	There was no public messaging coordination across western MA.	Revisit the role of the HMCC in creating and/or maintaining a JIS.	Planning	FRCOG	Mark Maloni	1/1/2021	9/30/2021