**Meeting Minutes**

**Healthcare Coalition of Southern Maine**

Date: Friday June 28th, 2019

Time: 9:00 a.m. – 12:00 p.m.

Location: York County Emergency Management Agency, 149 Jordan Springs Rd, Alfred

**Attendance Via Zoom:** Tina Bellino, Brian Richardson, Megan Stevenson (Hawthorne House and Freeport Place), Nicole Mathews, Megan Melville and Mike Hatch (All Clear Emergency Management Group)

**Attendance In-person:** Francois Blais (St Andre Healthcare), Taylor Heimback-Ferreira (Nasson/YCCAC), Eric Pooler (Southridge), Josh Muscadine (National/Brentwood Manor), Martha Morrison (MRC), Ali Dame (Casa), Alicia Paquette (Mercy Hospital), Mark Craft (Greenwood Center), Crystal Buchanan (Eye Care Medical), John Hume (Spring Harbor Hospital), Denise Bonnett (Fresenius Medical Care Coastal Dialysis/Damariscotta Dialysis), Roger Caron (Newton Center), Margaret Cushing (CCEMA), Angela Hunt (The Cedars), John Key (Barron Center), Christopher Pare (Maine Medical Center), Anne Grandchamp (MidCoast Hospital), Matthew Baker (Seaside Healthcare), Brian Doughre (Maine Medical Center), Hannah James and Allyssa Caron (All Clear Emergency Management Group)

**Time: Topic:**

**9:00 am** Introductions and facility updates

* Lessons learned from recent exercises or incidents
* Upcoming trainings or exercises

Eric Pooler shared that one of his sister facilities, located in Farmington, had a fire a week and a half ago. They evacuated residents to a local school until locations could be found to place them. Residents were sent to other facilities, some as far away as Lewiston. One facility that 9 residents were sent to, a brand-new facility, also had a fire after residents arrived. Some residents had to live through two events in one week, which was a bit traumatic for them. One fire was the result of a faulty fan in bathroom and other was from small explosion. Some residents had to live through two events in one week, bit traumatic for them. Plans to share AAR with the HCCSM when completed. Allyssa shared that Mike, Coordinator of HCCCM, is planning to do his own AAR and will share with the group as well.

**9:15 am** After Action Review- Coalition Surge Test

* Two Evacuating facilities- Maine Medical Center (MMC) and Spring Harbor (SH)
* MMC uses a formula for evacuating patients called the Belgum formula- It estimates the number of vehicles you need to transport the number of patients you have. Includes amount of time transporting between facilities and cleaning in between trips, how many people can you put in each vehicle, etc.
* SH says that if they are doing something with MMC they know that MMC will get the resources, for good reason, as they need them. In the event of a normal event they would have used ambulances to move patients, rather than the facility owned vans. They were looking at having to transport some patients up to northern Maine, which would have been a 7 hour trip, so that van would not have been able to be used twice.
* Discussion regarding MMC utilizing SH to receive some of their patients, as MMC did not realize that Spring Harbor was evacuating as well. During an evacuation SH does not close their admissions, thus when MMC called SH, they were not told that they were no longer accepting patients.
* MMC voiced that contact info in EMResource would be the most beneficial piece of information had it been a real scenario, rather than bed count. Going through switchboards in a time of crisis is not effective.
* Concern why some did not get a HAN alert. Nate provided a list of those that were sent the HAN. Allyssa to share that list with the group. Some called Nate directly. All coalitions in Maine will be looking into how HAN and EMResource can work more effectively for them in the future.
* HCCSM to develop a Healthcare Coalition Assistance Team (HCCAT) soon to be readily available for deployment during incidents, such as a CST.
* Spring Harbor said day of event they had multiple other events going on simultaneously at their facility, as well as their top tier staff out of the office. Had it been a real event they would have really struggled. Lesson learned; they need a backup system for times like these.
* MMC agreed it was a really bad day at their facility as well, with several hospital related emergencies going on. Could have used more people to assist but didn’t want to overwhelm the EOC. They do not rely on technology (for example, google docs) in their EOC, rather use lots of paper and pen to build forms.
* Evaluator and trusted insider at SH impressed with the personal connections the facility already had with so many other facilities.
* MMC lessons learned: On paper this exercise may have looked good, but in reality, they would not have been able to pull off the evacuation appropriately. Spring Harbor agreed with this and said that though there were vans available, there were not drivers for all of them.
* Would like to see the Coalition go in the direction of an MOU with custom line buses. When in an emergency it would be ideal to be able to call coalition and get a list of phone numbers for transportation resources, contact information and how many each can hold. Strike team for Cumberland county is already utilizing this process.
* Other facilities acknowledging that they too need back up at their facilities to manage events if the top tier is not available. Trainings available for facility staff to have more comfortable with incident command processes. Patrick has access to ICS 402 materials that the Coalition can utilize.
* SH says it is normal that other facilities are a bit uncomfortable when receiving calls from them asking if they can take patients from SH as they are a unique set of patients. SH has a group of 12 youth with developmental disorders that have cooccurring disorders, such as autism. There is only one other location to place these patients in New England. They would move this group of youth to their school for one night but after than would need to be shipped across the United States or to Canada for available facility space that would suit them.
* Coalition lacking participation by EMS. More discussion under Coalition membership and retention later in meeting.

**10:15 am** Coalition Resource Assessment

* This is a work in progress; 7 separate categories of surveys to capture what resources are available within the Coalition region. All data received through completed surveys used to make the Coalition Resource Assessment Plan. Coalition would like to have more facilities complete and return the survey applicable to their facility.
* Asylum seekers at the Expo are an example of events occurring that the Coalition Resource Assessment data could be useful. If you have a population that is in need of vaccinations and looking for the medical staff to provide them, this would provide you with lists of medical staff that could assist with vaccination administration.

**10:45 am** U.S. Department of Health and Human Services emPOWER map

https://empowermap.hhs.gov

Reviewed the emPOWER map with the Coalition. This is a tool that can assist in identifying where electricity dependent residents are located in your region. Website includes a job aid if you are not certain how to utilize the map and retrieve the data associated with it. The data is only approximate, not exact locations where electricity dependent residents live.

**11:00 am** Coalition Response Plan

The document, recently shared with members, is currently in draft form. Looking to increase participation in the working group to include representatives from each of the facilities types. Interested members wanting to join the working group please contact Allyssa.

**11:30 am** Membership Recruitment and Retention

* Allyssa working on a letter to send out to organizations that we would like to get involved with the coalition to fill some of the gaps in membership.
* HCCSM membership currently consists of mostly assisted living and long-term care facilities.
* Orientation of the Coalition for management from facilities could be beneficial.
* Gap in current membership with emergency responders; police, ems, fire, etc. Some states have voiced that they didn’t have these connections when an emergency occurred and made response efforts more difficult. Importance of us as a Coalition not waiting for an emergency before we bring in those folks.
* Coalition wants to hear how members feel the meetings can better meet their needs.
* Interest in having the coalition more active on social medial.

Additional Discussion:

* TEEX.org to see what courses are available and we can have Patrick coordinate the event. Requests for training cannot go directly to TEEX, must go through the state (Patrick). AdCare can sometimes assist with food for training. Points of Dispensing trainings are very important to have in your state as a POD typically with take 60 people to operate a 12 hour pod effectively.
* Patrick will be sitting on a board to work on patient movement processes in Maine. Form af3899 is what Airforce is using and Patrick was a part of its creation. Patrick would like to hear what you are using to track patient tracking and if it is working well or not.

Action Items:

* Share the list of contacts that received the HAN
* Patrick to share ICS 402 course material with HCCSM Coordinator
* Coalition facilities that have not yet completed the Coalition Resource Assessment, please do so
* Let Allyssa know if you are interested in being part of the Coalition Response Plan working group
* Let Patrick know what you are using to track patient tracking and if it is working well or not.