

Capitol Region Emergency Planning Committee
RESF-8 Health and Medical
January 21, 2008
East Hartford Public Safety Complex
East Hartford, Connecticut

Present

See attached attendance list

The meeting was designed for four separate workgroups identified at past meetings. Each met in sequence with different participants and agendas. Each group was charged with the following tasks and actions:

1. Serve as subject matter experts from RESF-8 for ongoing regional and state planning.
2. Select workgroup leader(s) or points of contact at this meeting.
3. Select meeting dates and means of information sharing.
4. Identify and invite additional stakeholders to join in the planning process.
5. At the February 4 meeting of the full RESF-8 group, make a report that identifies and explains key issues and suggests best practices to establish a work plan; at future meetings make subsequent reports to the RESF-8 on actions accomplished to complete the work plan.

Volunteer Recruitment and Retention Workgroup

The group met at 8:30 a.m.

A need was first identified that various agencies and groups that use volunteers need to be surveyed to learn from them the problems of recruitment and retention of volunteers. Once this analysis is underway, specific recommendations can be made for programs and actions to assist. Melissa Marquis accepted the role of Point of Contact for the group:

mmarquis@cadh.org
860-727-9874

Alternate Care Site Planning Workgroup

The group met at 9:15 a.m.

Dr. Shaw provided additional charges to the group:

- Identify what regional resources will be needed to support alternate care site(s) when these are activated.
- Survey the following within DEMHS Region 3 to identify the extent of planning including the location of sites, how many have been evaluated using the tool developed last year, and what the staffing levels are for:

- Each of the 10 hospitals, and
- The one or more community ACS designated site(s) – and for each identify what level of care is being planned (*e.g.*, triage, limited medical care, or complete medical care).

Dr. Ron Buckman agreed to initially serve as the point of contact for the group:

docroc@alum.mit.edu

860-643-6486

He stated the current resources of the Medical Reserve Corps would only support one alternate care site in the region, raising the need to plan should two or more be activated. It was also identified that the DPH has prepared planning documents for alternate care facilities based on the model of hospital expansion. These “facilities” would be regulated and approved by DPH. Two issues were discussed with these DPH standards. First, one hospital representative stated that if they reached maximum medical surge capacity, they could not open an expanded hospital alternate care facility as there would not be the staff and equipment available to support this expansion. The other issue is that one community, Manchester, has developed plans for a community supported alternate care site not involving hospital staff and equipment,

A critical policy question was identified that needs further discussion as a starting point: should the region focus on the DPH guidelines and standards and mold the regional system around that policy, or should a regional system of sharing resources and coordination be the focus, molding the hospitals planning around that policy?

Another element that could assist in the planning for medical surge would be to integrate nursing home resources into a regional plan. Massachusetts has done this and 95% of all nursing homes are reported as cooperating in this alternative to free-standing or independent alternate care sites.

Dr. Buckman stated it would be wise to share a meaningful discussion on these issues with the state agency, and Mr. Chiara from DPH stated he would identify any updated information and work with Dr. Buckman for presentations at a future meeting.

The next meeting date and place will be discussed after the February 4 RESF-8 meeting. Dr. Shaw encouraged the group to formulate recommendations; there has been continuing discussion on this topic for some time with no resolution.

Patient Tracking System Development Workgroup

The group met at 10:00 a.m.

Mr. Koscuk agreed to be the leader of the workgroup:

David.koscuk@nbems.org

860-225-8787 X 24

Dr. Shaw announced a grant of \$75,000 has been awarded to support the implementation of a comprehensive patient tracking system. He distributed a handout that identifies the background, objectives and strategies for this project (attached). There is not sufficient funding to hire a contractor to plan this system, so this workgroup is assigned this task. The system with identified hardware and software will need to be wedded to the region's day-to-day systems, expanding for use in an emergency. The following additional charges were given to this group:

- Identify the structure and functions of a comprehensive patient tracking system.
- Identify what other functions such a system could serve.

Mr. Koscuk and Mr. Baxter passed around documents and literature describing the existing Metro Boston Emergency Patient Tracking System (also attached). This included a (printed) PowerPoint presentation. Those who had been briefed by Boston area officials described the system. It was noted that other regions in Massachusetts – including Worcester – are using the same system. Mr. Koscuk agreed to extend an invitation to this group to come to Connecticut to describe their system in detail.

A question was raised about characteristics of the Massachusetts system that might conflict or be redundant in Connecticut when meshed with its unique communications networks. Dr. Buckman stated he would ask the “EHEALTHCT” to review the Metro Boston system. This is a multi-standards group to provide technical support for those developing health information exchange systems.

Any other stakeholders that can be identified should be included in future discussions. It was suggested that vendors might also be invited to future meetings.

A decision was made to meet as a workgroup on either February 11, 18 or 26. Mr. Koscuk will notify the members.

RESF-8 Exercise 2009 Workgroup

The group met at 10:45 a.m.

Mr. Scace reported that a vendor is being selected to manage a program based on the Homeland Security Exercise and Evaluation Program (HSEEP). Three exercises will be held – a tabletop in April, a functional exercise in June and a full scale exercise in September or October. The contract has not yet been signed, but it is expected the vendor will be available at the next RESF-8 meeting February 4. The primary focus of the exercises will be the hospitals in DEMHS Region 3, but many other RESF groups will be integrated into the planning and operations. A Training and Exercise Planning Working Group (TEPW) has been created with Laurie Ann Scotti as chair. As a result, this RESF-8 workgroup will provide coordination to the vendor on the hospital and other healthcare activities in planning and playing during the project. It will also report to the Region 3 TEPW for coordination of RESF-8 activities with other groups (*e.g.*, communications, RCC, *etc*). The exercise will be

called “**AUTUMN STORM**” (Strategic Training and Organization for Regional Management).

Dr. Shaw provided these added charges to the workgroup:

- Define the essential elements that need to be exercised.
- Identify any policies that need to be tested to focus the exercise.

Mr. Stonoha agreed to be the Point of Contact for this group:

jstonoh@harthosp.org

860-545-1193

Mr. Falaguerra identified an issue. It is understood that hospitals economically are each planning on one full scale exercise this year. Hospitals are under contract with DPH to conduct a pandemic influenza exercise. These contracts require the exercise to be held in June, not in the fall. The Joint Commission requires each hospital focus their exercises on topics identified in their annual Hazard Vulnerability Analysis (HVA). Weather related emergencies are perhaps identified by each hospital, but pandemic influenza is not a priority. Also, the Joint Commission requires one region-wide exercise each year. There is a need to blend these conflicting requirements so all authorities can be satisfied.

During the discussion it was suggested that creative melding of the two scenarios for the June functional exercise might take place later with the vendor.

The next meeting is planned for February 2 at Hartford Hospital. Mr. Stonoha will send notices with the room number.

This last workgroup meeting adjourned at 12:15 p.m.

Respectfully submitted

Cressy Goodwin
Recorder

ATTENDANCE:
CREPC ESF-8 Meeting

January 21, 2009

Name	Affiliation / e-mail Address	Please check (✓) the session(s) you attended			
		Volunteer R&R	ACS	PT Tracking	Exercise
JOHN DEGNAN	EASTMAN HIGHLANDS HD / 860-429-3378 JOHN.DEGNAN@EHD.ORG	✓			
JUDY TORPEY	CENTRAL CT HD / 860-121-2016 JUDY.TORPEY@WEATHERSFRONT.CT.COY	✓			
DAN MUSSEN, PA	CRMRC / DANMUSSEN@HOTMAIL.COM 860-657-5940	✓			

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Name	Affiliation / e-mail Address	Volunteer R&R	ACS	PT Tracking	Exercise
Karen Olson	CRCOG - RESF 1 kolson@crkog.org		✓		
DAN SCAZZO	CRCOG daniel.scazzo@sbcglobal.net		✓		✓
Gordie Harris	DEMHS gordon.harris@ct.gov		✓		
TOM GAVAGHAN	DEMHS THOMAS.GAVAGHAN@CT.GOV		✓		
Art Group	agroup@eastfield.org		✓	✓	
SCOTT BRADY	BRADSD01.HARTFORD.COV		✓		
Jennifer Martin	Connecticut Children's jmartin@ccmc.kids.org		✓		✓
Donald Cr	Hospital for Special Care DCYR@HSC.ORG	✓			

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Name	Affiliation / e-mail Address	Volunteer R&R	ACS	PT Tracking	Exercise
Claudia Gugliotti	Manchester HD cgugliotti@ci.manchester. ct.us		✓		
Ron Buckman			✓	✓	✓
Kris Pagano	Hosp of Central CT Kpagano@thocc.org		✓		✓
Greg Chiara	CT DPH		✓	✓	
CRESSY GOODWIN	ESF-8		✓		
DON JANELL	MANCHESTER EM + CREPC GSFS				✓
Mark Petrone	UConn Health Center				✓

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Name	Affiliation / e-mail Address	Volunteer R&R	ACS	PT Tracking	Exercise
Ed Richards	enrichards@aol.com KNFIELD F.D.			✓	
CAROL STILES	HARTFORD FIRE DEPT. CSTILES@HARTFORD-GOV			✓	✓
Brenda Shaw	North Central Ctmed Shawb@northcentralctems.org			✓	✓
DAVID KOSCIUK	wbens@northcentralctems.org			✓	
MARGE KETITIA	ECHO m.ketitia@echo.org			✓	✓
BEV WARGA	GLASTONBURY POLICE beverly.warga@glastonbury-ct.gov			✓	
THOMAS BUSTEN	THOMAS BUSTEN bruce.bustenc@whens.org			✓	

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Name	Affiliation / e-mail Address	Volunteer R&R	ACS	PT Tracking	Exercise
JOHN SHAW		✓	✓	✓	
JOHN STAVAKA	Hartford Hosp. jstava@hart.hosp.org				✓
BOB FALGHERA	SFHMC ESF8 Hosp. Chair		✓		✓
Laura Nagle	Bristol Hospital lnagle@bristolhospital.org				✓
Brenda Murphy-Tenney	East Hartford Fire Dept bmurphy@ci.east-hartford.ct.us				✓
Gordon Harris	DEHHS gordon.harris@ct.gov				✓