



INTER-HOSPITAL COORDINATING COUNCIL MEETING MINUTES

Friday, January 12, 2018

Conference Room C

Saint Mary's Regional Medical Center, 235 W. 6th Street, Reno, NV

Present: Chair, Brian Taylor (REMSA); Vice-Chair, Sean Applegate (Northern Nevada Hospital); Member-at-Large, Kurt Green (NNAMHS)

<u>VOTING MEMBERS:</u>	<u>GUESTS:</u>
Incline Village Community Hospital – Michael Freed	Barton Memorial Hospital – Doug Dame
Northern Nevada Adult Mental Health Services – Kurt Green, Marie Field-Carpenter, Andy Chao	Carson City Health & Human Services – Not present
Northern Nevada Medical Center – Sean Applegate	Carson Valley Medical Center – Not present
Renown Regional Medical Center (including Renown Rehabilitation and Renown South Meadows) – Not present	CERT – Michael Parry
Saint Mary's Regional Medical Center – Jace LaFever	City of Reno Emergency Management – Not present
Tahoe Pacific Hospital – Teresa Schumacher	Department of Public Safety – Not present
REMSA – Brian Taylor	Grainger – Steve Schultz
Reno Fire Department – Dennis Nolan	Human Behavior Institute – Not present
Truckee Meadows Fire Protection District – Not present	Inter-Tribal Emergency Response Commission – Not present
Washoe County Emergency Manager – Aaron Kenneston	Maxim Healthcare - Not present
Washoe County Health District – Andrea Esp, David Gamble, Dr. Todd, Stephen Shipman	National Weather Service – Not present
	Nevada Medicaid LTSS – Not present
<u>NON-VOTING MEMBERS:</u>	Nevada Pacific – Not present
ARES – Not present	Northern Nevada Infection Control – Jennifer Connolly
American Red Cross – Not present	NV Energy – Not present
Belfor Property Restoration – Not present	Pyramid Lake Health Clinic – Not present
Carson Tahoe Regional Medical Center – James Freed	Renown Hospice – Sarah Keys
Community Health Alliance – Sabrina Brasuell	Reno Orthopaedic Clinic – Not present
Donor Network West – Laurie Boyer	Reno Police Department – Not present
Life Care Center of Reno – Cory Fischer	Reno Tahoe Airport Authority Fire Department – Not present
ManorCare Wingfield Hills – Ben Kellogg	Sparks Fire Department – Not present
Nevada Air National Guard – Not present	Summit Estates Senior Living – Not present
Nevada Division of Public & Behavioral Health - Malinda Southard, Rachel Marchetti	Truckee Meadows Water Authority – Not present
Nevada Hospital Association – Not present	Washoe County Medical Examiner's Office – Not present
Quail Surgery Center – Cathy Retterath, Tara Larramendy	Washoe County School District Police – Not present
Reno Orthopaedic Surgery Center – Not present	West Hills Hospital – Not present
Reno-Sparks Indian Colony HHS – Daniel Thayer	Willow Springs Hospital – Not present
Surgery Center of Reno – Jennifer Brown	
Tahoe Forest Hospital – Myra Tanner	
VA Sierra Nevada Health Care System – Not present	
Washoe County Medical Society – George Hess	

I. INTRODUCTIONS

II. REVIEW OF ASSIGNMENTS AND APPROVAL OF December 2017 MINUTES – Brian Taylor

The first meeting of the Essential Elements of Information workgroup will be Tuesday, January 16 at 3:00 p.m. There are still a couple of facilities not represented, if interested, please let Andrea or Jackie know.

Brian Passow and Sean Applegate will be discussing the Active Assailant / Active Shooter training, to discuss and provide template to facilities.

Andrea Esp sent the most recent copy of the Preparedness Guidelines out to the group.

Andrea is working with hospitals for feedback on how to get the message up the chain and is working on preparing the presentation for Healthcare Executives Engagement.

Kurt Green and Sean Applegate will present information on the National Healthcare Coalition Preparedness Conference during this meeting, agenda item 10.

Andrea will present the IHCC accomplishments from the last year during this meeting, agenda item 5.

The quotes for pricing if IHCC polo shirts have been received and will be reviewed under agenda item 8.

The December 2017 minutes were approved.

III. SPECIAL EVENTS UPDATE – Group

- National Pole Vault Summit – January 11-13
- Cyclocross National Championship – January 9 - 14
- Men’s and Women’s UNR Basketball - ongoing
- Reno Bighorns Basketball - ongoing

IV. VOTE TO MAKE NORTHERN NEVADA INFECTION CONTROL A NON VOTING MEMBER – Group

The group voted to make Northern Nevada Infection Control a non-voting member.

V. IHCC 2017 ACCOMPLISHMENTS – Andrea Esp

There were a lot of accomplishments of this group in the last year. We accomplished most of what was listed, a few were postponed or the group ran out of time to complete. These items got moved to this year – Regional Visitation Policy and Regional Triggers (to be worked on with other counties). Dennis Nolan brought up the Nevada League of Cities and Counties that might be helpful in this. The group is still working in increasing membership among different partners. There have been lots of exercises, including 30 new partners. We are looking at their

partnerships and potential involvement in IHCC, outside of this group, having them work on plans and doing more planning on their own. The MCI and MAEA plans have been working on, the Gap Analysis was completed and the HVAs were submitted by the facilities, Potable water tanks were used and Saint Mary's has a water bladder in use for emergency purposes, this is being looked at for other facilities. Dialysis facilities are working towards becoming more resilient and looking into alternatives to sending people to hospitals. Andrea reviewed some of the exercises that were done this past year, including the Balloon Race and Air Race exercises, communication drills, Broken Wing, Operation Treading Water and Operation My Kidneys, among others. There are a lot more to come, including other opportunities with the partners. There were a lot of trainings that occurred and expectation for 2018 is to be double 2017. The IHCC Preparedness Planning Guidelines were completed, the Gap Analysis and Coalition HVAs, Regional Plans (including MAEA/MCIP, Pharmaceutical Cache Plan), as well as Flood 2017 coverage. There are also a lot of med/surge caches in the community now. See attached PowerPoint for additional information.

VI. IHCC BY-LAWS REVIEW AND APPROVAL – S. Applegate

Sean Applegate discussed a few of the adjustments made to the by-laws, mostly wording adjustments, as well as a correction to iv. Collaborating with the Regional Emergency Operations Center and EFS #8 through the Medical Unit Leader (this to be changed to EFS). The group voted to accept the by-laws as submitted and they will go into effect immediately.

VII. FINANCE SUBCOMMITTEE – Kurt Green

The evacuation binders were a bit more expensive than anticipated and it was recommended that we support the increase. The subcommittee has a request for more evacuation tags and triage ribbons, to be used during the evacuation exercise to come this spring, \$3000 has been requested to be set aside for training purposes. The group has approved the funding for the above items.

VIII. IHCC T-SHIRT – B. Taylor

Polo prices ranged from \$15 to \$39, depending on size and sleeve length. At the last meeting, approximately 20 people were interested in the shirts. The group voted to have available for purchase the shirts in black with a small logo. These will not be funded by IHCC, but will be a personal purchase. More quotes will be obtained for t-shirts and high performance polos, rather than the cotton pique polo. **Andrea will email a photo of the shirts and an order form and begin collecting money, to get the orders started. At the next IHCC meeting, there will be an order form available as well. Bring money for the shirts to the next meeting.**

IX. IHCC PREPAREDNESS PLAN WORKGROUP – Andrea Esp

At the last meeting, they reviewed the planning guidelines. There were not a lot of changes, but a list of goals for the year was added, along with a tracking sheet for accountability, to show where status is on everything that the group has decided to do and who is responsible for getting that done. The group approved the Preparedness Plan as is, effective immediately.

The HVA template for future use was discussed. There were a few adjustments made to consolidate and rename some of the original risks. Dr. Todd pointed out the fact that Epidemic, Infectious Disease Outbreak and Pandemic were all consolidated into one item and this may be a potential issue in the case that a disease is a non-infectious incident that could be epidemic. Brian Taylor suggested that everyone take some time to review this and get back to Andrea with changes by January 19, which she will take back to the workgroup. **The voting members agree to allow the workgroup to approve the document upon review of comments received.**

X. NATIONAL HEALTHCARE COALITION CONFERENCE – Kurt Green / Sean Applegate
Sean Applegate discussed some of the presentations that he found interesting, including healthcare EOPs and Cyberterrorism. What stood out the most was that every coalition is in a different stage of maturity. This is a testament to the community and how the community awareness is handled. Kurt Green said that he took away from the conference the relationships that are built and the value of a coalition. This reaffirmed for him that this coalition is doing good things. Andrea and Malinda Southard did a presentation on the Nevada Flood 2017 at the conference, which was very well attended. Go to National Healthcare Coalition Preparedness Conference 2017 for more information and access to the Power Point presentations that were offered. There are opportunities for others to attend the next conference, to be held in November 2018.

XI. REVIEW AND APPROVE 2018 GOALS / OBJECTIVES – Brian Taylor
The overarching goals and objectives were discussed, along with the top gaps identified through the coalition's resource and gap analysis, including training and plan development. There are new activities listed, along with reoccurring items. These will help push forward with the funding and direction of the group for the next year. The group approved the 2018 Goals and Objectives as listed.

XII. WASHOE COUNTY HEALTH DISTRICT UPDATE – WCHD Staff
Andrea Esp discussed the CMS Data Collection Sheet for Home Health, Hospice and Dialysis regarding how the data will be collected and given to Emergency Management. There were procedures identified and studies will be done over the next 6 months, for planning purposes in an evacuation.

Something that came up from the CMS rule is that exercises need to be HSEEP compliant. This is a lot of new information for many facilities, so there is an HSEEP training that will occur on May 2 and 3 this year in Reno.

The hospital Decon training that was requested will be the third week in May – one day at Saint Mary's, one at Renown and one at Northern Nevada. The VA will have two days on training in the same week. Combining the training like this will keep the costs lower.

Immediately following this meeting is a brief meeting regarding the no notice evacuation drill that will be occurring this spring. Approximately 300 people will need to be identified, including

where they will be evacuated to, within 90 minutes. Though most of this burden will be on the hospitals and REMSA, all facilities will be communicated with, as in a real event, all will need to know what is happening. This will be an all-day exercise. Notice will be given to facilities that the exercise will occur sometime within a two week period. Those facilities that are part of the MAEA and part of the coalition will be requested to play in the exercise.

Carson City and Andrea were in Las Vegas earlier this week to do some training on working with the AFN populations in PODs, shelters and Family Assistance Centers. There was a great turnout, including SNAMHS, City of Las Vegas, CDC, Southern Nevada Health District, along with other government agencies were there. This training will keep people from going to hospitals that don't really need to go there. They are providing this training with a grant received through NACCHO.

Stephen Shipman brought up the POD exercises to be done in the fall again. He hopes to have more community partners working PODs this next time. He is working on putting together a POD command course, to allow for training on running PODs at a command level. This will occur in the March/April timeframe. More information will be put out as dates are determined.

Dr. Todd shared Brittany Dayton's updates. There is an Alpha Plan subcommittee that will be getting together soon for large-scale multi location events.

On January 17, there is a training scheduled for skilled nursing facilities on the MAEA.

Brittany is working on a Public Service project regarding 911 use. The goal is to decrease the number of non-emergent calls to 911.

There will be a mass casualty incident tabletop exercise for on-scene coordination this spring. This is not an exercise for the hospitals to participate in, but will be for REMSA, law enforcement and fire departments. The exercise is to be held January 22, 24 and 26.

Dr. Todd's update included that this has been a very significant flu season. The reports appear to be showing the beginning of a drop, optimistically. There are 2,323 lab confirmed tests, 251 hospitalizations, 41 ICU admits, with 7 deaths thus far. This is significant for this time of the year. This flu activity is widespread across the entire continental United States. This is not common in year's past. Flu shots are still being recommended. Brian Taylor has suggested pulling out plans (i.e. the Western Region Surge Plan) and reviewing them, in the case that we have a surge situation in the near future. **Andrea will send out a link to the plan to the group.**

XIII. NEVADA HOSPITAL ASSOCIATION – Not present

XIV. WASHOE COUNTY EMERGENCY MANAGEMENT UPDATE – Aaron Kenneston
Aaron Kenneston discussed the Regional Emergency Operation Center, with many different organizations fielded under it. The REOC is organized under the ICS structure, with IHCC

being part of the Operations group. He is calling this a 'back to basics' year. There is a roster of staff for the REOC. We need to agree on the representative for the coalition. He is working on updating the list and will get this out with the primary, secondary and tertiary positions soon. He brought along for distribution, copies of the WebEOC and ICS training schedules, along with the current Washoe County 2018 calendar.

Incline Village will have another large scale evacuation exercise. They will do the full scale exercise in Incline, knocking on doors trying to get people to leave their homes, and then work down the Mt. Rose corridor with practice alerts and warnings, to get people comfortable with these alerts on their phones. This exercise will be in May.

In September, there will be a triennial dam exercise. There are many dams upstream of Reno, very well protected and stable, but this will test what would happen if one sprung a leak. This is a big functional exercise at the REOC and we would like to have hospital representatives present for the exercise.

XV. REVIEW HVAs – Group

Myra Tanner reviewed the HVA for Tahoe Forest Hospital, with inclement weather being the highest ranking vulnerability for the hospital. They did have an incident last winter testing their ability to deal with a power outage. Their second vulnerability is fire. They had several internal fire events during the last few years that tested this as well. Forensic admissions was an additional vulnerability identified and they are pursuing in house security guard contracts.

Mike Freed reviewed the HVA for Incline Village Community Hospital. It was very similar to Tahoe Forest Hospital's HVA, with a few differences. A main vulnerability is a VIP situation due to their location. Presidential security has been to the hospital previously. The main vulnerabilities are fire, earthquake and MCI. With the HVAs, exercises are run according to those. They throw other items in with their exercises to test multiple items.

See attached HVAs.

XVI. NEW BUSINESS AND FUTURE AGENDA ITEMS – Group

Jennifer Connelly invited the group to attend the meeting of the Northern Nevada Infection Control group. The next meeting is February 8, 2-4 p.m. in the HR building on the corner of 6th and Ralston, 2nd floor. They get representation from the county, state and CDC, with really good district representation. There are reports on infectious disease outbreaks. They would like to get people from the LTACs and the SNFs to join, now that joint commission is requiring infection control to be a part of those. They would like to include these facilities in this community. This is a great collaborative area and they are talking about getting the hospitals on the same scenarios across the board on PPE, surgical equipment, sutures, etc. Jennifer will send a list of the meetings to Andrea.

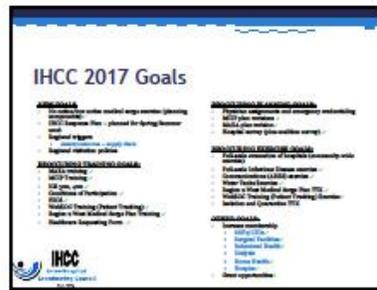
Dennis Nolan indicated that at the Mt. Rose Community Center at 2 p.m., the UNR lead seismologist is doing an update on earthquake sensitivities on the region and west coast. This

might be a good presentation to get an update on what is happening in the area. **It was also suggested that she might be a good presenter for IHCC in the future.**

Brian Taylor asked if anyone knows of anyone that might have something of interest to the group present, bring it to Andrea's attention. We would like this group to become a hub for presenters, trainers, etc. On the other hand, if you need something, bring it up, as someone else may have a contact that would be good for the entire group.

The meeting was adjourned at 949.

1/23/2018

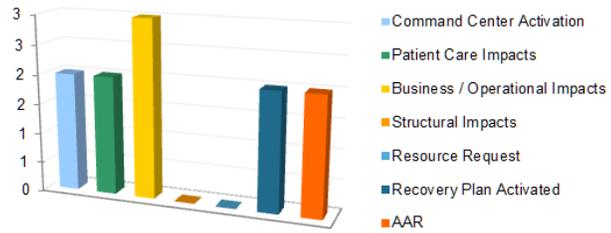


Tahoe Forest Hospital HVA Report Year 2017

Emergency Management

Summary For - Tahoe Forest Hospital

ALERT TYPE	OCCURRENCE
Command Center Activation	2
Patient Care Impacts	2
Business / Operational Impacts	3
Structural Impacts	0
Resource Request	0
Recovery Plan Activated	2
AAR	2
Total Alert	5



2017

TOP 10 HVA	RANK	OCCURRENCE
Inclément Weather	1	1
Internal Fire	2	2
Forensic Admission	3	0
Communication / Telephony Failure	4	0
Patient Surge	5	0
Power Outage	6	0
Workplace Violence / Threat	7	0
IT System Outage	8	0
Earthquake	9	0
Fire	10	0

2017

TOP 10 ACTUAL ALERTS	OCCURRENCE	HVA RANK
Internal Fire	2	2
Inclément Weather	1	1
Radiation Exposure	1	15
Seasonal Influenza	1	12

Incline Village Community Hospital HVA Report Year 2017

Emergency Management

Hazards - Incline Village Community Hospital
 Hazard and Vulnerability Assessment Tool
 Naturally Occurring Events



Event	PROBABILITY Likelihood this will occur	ALERTS Number of Alerts	ACTIVATIONS Number of Activations	SEVERITY = (MAGNITUDE - MITIGATION)						RISK * Relative threat 0 - 100%
				HUMAN IMPACT Possibility of death or injury	PROPERTY IMPACT Physical losses and damages	BUSINESS IMPACT Interruption of services	PREPARE D- MESS Preplanning	INTERNAL RESPONSE Time, effectiveness, resources	EXTERNAL RESPONSE Community/Mutual Aid staff and supplies	
				0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 = High 2 = Moderate 3 = Low	
Incident Weather	3	0	0	2	2	2	1	1	1	30%
Infectious Disease Outbreak	2	0	0	2	1	2	1	1	1	18%
Internal Fire	1	0	0	1	2	2	2	2	1	1%
Internal Flood	1	0	0	0	2	2	1	1	1	8%
IT System Outage	1	0	1	1	1	2	1	1	1	13%
Landslide	0	0	0	1	0	0	0	0	0	0%
Large Internal Spill	1	0	0	1	1	1	2	2	1	9%
Mass Casualty Incident	2	0	0	3	1	2	1	1	1	20%
Natural Gas Disruption	2	0	0	1	1	2	1	1	1	16%
Natural Gas Failure	2	0	0	1	1	2	1	1	1	16%
Other	0	0	0	0	0	0	0	0	0	0%
Other Utility Failure	0	0	0	0	0	0	0	0	0	0%
Pandemic	0	0	0	0	0	0	0	0	0	0%
Patient Surge	1	0	0	2	1	2	1	1	1	9%
Picketing	0	0	0	0	0	0	0	0	0	0%
Planned Power Outages	0	0	0	0	0	0	0	0	0	0%
Power Outage	2	0	0	1	2	3	1	1	1	20%
Radiation Exposure	1	0	0	1	1	2	2	1	1	9%
Seasonal Influenza	0	0	0	0	0	0	0	0	0	0%
Sewer Failure	1	0	0	1	1	2	1	1	1	8%
Shelter in Place	2	0	0	1	1	1	1	1	1	13%
Strikes / Labor Action / Work Stoppage	0	0	0	0	0	0	0	0	0	0%
Suicide	0	0	0	0	0	0	0	0	0	0%
Supply Chain Shortage / Failure	2	0	0	1	1	1	2	2	3	22%
Suspicious Odor	0	0	0	0	0	0	0	0	0	0%
Suspicious Package / Substance	0	0	0	0	0	0	0	0	0	0%
Temperature Extremes	3	0	0	1	1	1	1	1	1	20%
Tornado	0	0	0	0	0	0	0	0	0	0%
Transportation Failure	2	0	0	1	1	2	1	1	1	16%
Trauma	0	0	0	0	0	0	0	0	0	0%
Tsunami	1	0	0	1	2	2	1	1	1	9%
VIP Situation	2	0	0	1	1	1	2	1	1	16%
Water Contamination	0	0	0	0	0	0	0	0	0	0%
Water Disruption	1	0	0	1	1	3	2	2	1	1%
Weapon	1	0	0	2	1	2	2	2	1	1%
Workplace Violence / Threat	2	0	0	1	1	1	2	2	2	20%