



NERHCC

Membership Meeting Agenda

January 27, 2022 / 12pm-2pm / Zoom:

<https://us02web.zoom.us/j/81851379862?pwd=Y00vL2IyeHJBAnhUUFFnTDhUNFILdz09>

ATTENDEES:

Guest Speaker:

Jheri Corb, AHSA.

Topic: Rapid Response Staffing Agency

Responsible for invoices for candidates you select

- no cost for software/platform/services
- Experience with critical staffing solution
 - 30-90 days to get MSP running usually
 - 1 week average implementation and account set-up
 - 24/7 on demand access
 - Scalable to 10 to 1,000s to position
- Can also manage float pool, rate control
 - No conversion fees (13-week ICU nurse to permanent position)
- 10-15% of cost saving
- Offer references for client side (Flexcare, Travel Nurse Across America)

Curt Drennen & Carolyn Elliott, CDPHE.

Topic: Defining HPP fiscal funds usage.

- What do you need to hear from CDPHE to support growth of NERHCC?
 - Movement away from equipment to exercises/training
 - Nicole Cantrell- IPPW (requirements, alignment with other grant programs across the state)
 - What does future look like? (Andrew Glendening)
- What is purpose of HCCs and how to utilize funding?
 - NERHCC since 2017 (34 HCCs to 9 based on all hazard regions)
 - Core membership (hospitals, EM, Public health, EM, behavioral health)
 - Should also include any organization with a link to healthcare service delivery

- LTCF, schools/university, dialysis, FQHCs/community health centers, Urgent care, child care, social work services, faith-based organization, outpatient, home health, CERT, public safety
 - Defined- To create regional capacity by collectively sharing burden through cross sector partnerships
 - Focus- Develop and strengthen HCC partnership, coordinate response to healthcare emergencies, COOP, Medical Surge- plan for and respond to
 - #1 priority= medical surge
 - Example- evacuation of multiple LTCFs due to Marshall Fire w/ little to no notice
 - Goal: facilitates information sharing, resource sharing, and regional incident coordination
 - How to do this
 - Build partnerships
 - Steering committees and subcommittees
 - Planning response: pediatric, burn, infectious disease, information sharing COOP
 - Assessments: JRA/HVA and CEPA resource
 - Training and exercises
 - Manage resources
 - Funding, shared medical resources, information, training, relationship
 - NERHCC received 1.192 million over 5 years (second most of any coalition)
 - Each of last 5 years- NERHCC has come to OEPR at end of final quarter to spend over 100K at the end of the year.
- Strategic planning based on
 - HPP funding opportunity, notice of award guidance, HCC scope of works
 - ID gaps in Regional AARs and JRAs
- VA engagement? Specific rules on how VA can engage with HCCs
 - What those rules are is unknown
 - Sharing resources and finances is prohibited
- CDPHE OEPR- wants to create recovery arm
 - Focus on AARs and Improvement plans
 - How to capture institution knowledge
 - Building training and exercises
- NERHCC- impacted by overturn in HCC coordinator position
 - Focused on planning for last 2-4 years
 - Now seems like CDPHE wants to be tactical and operational
 - Ex-reallocate supplies on a regional level
 - Is that going to be a standard? Was that the vision? Or this that a new standard?
 - Curt- all of the above

AGENDA

Approve previous meeting minutes

Fiscal Agent Report:

Coordinator Report:

- December deliverables submitted
- Working on expanding website and newsletter
- Working with hospitals, EPR, EM on supply change issues
 - Submitting form weekly to hospitals on low/critical supplies
 - Not something state will assist
 - Working sharing with facilities on resource sharing
 - Working with regional EPR for PPE and testing materials
- Can use COVID-19 for MRSE
 - Based on Nov 2021
 - Meeting weekly with other HCC coordinators
 - Due in March
- Work plan and budget due at the end of January
- March- information sharing plan update, resource inventory assessment, HCC preparedness plan update (burn annex)
- COVID-19 AAR/lps from region
 - Put together workgroup to have discussion to ID needs and gaps in region

Clinical Advisor Report:

- Erin still on leave, Jobeth filling in
- No major updates

Follow-up

Funding Applications

- If have something place but not completed, reach out to Jobeth!
- If questions, reach out to board/Jobeth
- Must be tied to workplan and priorities

Multi-year Training

- Workgroup in May to discuss
- Final workplan due in July

FY22 Work Plan

- Exercise for decon/hazmat next year
- Focus on crisis education across region and integrate more behavioral health partners more
- Update workplan for utilization of funding to support a large-scale disaster
 - Look at past major events in region:
 - Use AAR/Improvement plans to identify gaps

ACTION ITEMS

PPE Workgroup

- \$30,000 rollover
- Put together workgroup to discuss types, where housed, etc
- Will send out email with minutes requesting for members
 - Can also email, text if interested

Next Meeting: March 17, 202 11:30am-1:00pm

ADJOURN: 1:56pm