VERMONT
Department of Health
Emergency Preparedness Senior Advisory Committee

Senior Advisory Committee

SAC Minutes – September 8, 2008

Meeting was called to order at 9:00 a.m. by Ed Haak, Chair.
General announcements / introductions.

Members present: *(Asterisk* indicates State Employee)*

Berger-Wabuti*, Gretchen	LaVallee*, Michelle	Peterson, Jean
Bushnell, Andrew	LeBaron, Dawn	Phelps, Chris
Cobb, Peter	Leene, Jim	Reinfurt*, Chris
Destito, Chris	LePore*, Liz	Roberts, Mark
Haak, Ed [Chair]	Lewis, Valerie	Shriver, Mary
Hausler, Carl	Mireault*, Maria	Skeels, Heather
Herrick*, Chris	Nagy*, Ross	Stetson, Tim
Keeler*, Fran	Olson, Jill	Winters, Stephanie

VDH Staff present:

Bronson*, Mary	Crist*, Larry	Finley*, Chris	Swartz* Don

General Meeting:

OPHP Director's Update - *Larry Crist*

CDC /PHEPCA Funds: previously entire grant had been restricted due to perception of too high a percentage spent on personnel. We've been working with CDC, and a resolution is in sight.

HPP Funds: Deb McAdoo has moved on to a position outside of state government. VDH will make hiring a replacement a priority. Several members voiced concern that this is an important position, and much relies on it getting filled. VDH has approved the position, still waiting for the administration to approve it so we can recruit. Meanwhile, Larry hopes to be able to recruit from within to help speed the process.

Business Meeting:

MINUTES from June 2 were accepted as written (MMS, unanimous approval).

GUESTS introduced: Don Swartz, Medical Director for Department of Health who will present on Altered Standards of Care; and Liz LePore, joining the SAC as alternate for the Vermont Commission on National and Community Service.

OLD BUSINESS:

Mass Care Facilities: the argument was presented that it would be wiser to establish 2 mass care facilities and assure that they can be staffed prior to establishing 4 mass care facilities that have no staff to support them. General consensus of committee: assure staffing in currently identified Mass Care Facilities prior to expanding number of facilities.

Committee composition: Individual contact information was distributed to members present, and returned with corrections. A revised and composite directory of SAC members will be distributed at the November meeting. OK to list members alphabetically by first name.

- ✓ Discussion: legislative representation. Better to have someone from our congressional delegation than a lobbyist (we have several already) or state legislator.
- ✓ Suggestion made to invite someone from Bernie Sanders' office to attend meetings. Request made that this be discussed/updated at next meeting.
- ✓ Also decided: the entities currently represented on the committee have one member and may have an alternate.
- ✓ Update: (after the meeting): Larry has found a pharmacist out of Woodstock (James Marmer) interested in the SAC.
- ✓ From April 2008: Suggested additions to the membership/and person who will follow up:
    - Chamber of Commerce – **Larry Crist to ask**
    - ~~Local Emergency Management representative – **Ross Nagy to ask**~~**:** ***DONE***/David Severance, of Cambridge EMD, w/ Neil vanDyke of Stowe EMD as alternate
    - Pharmacy rep – James Marmer/Woodstock has been approached. ***In process***
    - ~~VT State Nurses Ass'n – Marilyn Rinker, president: **Fran Keeler to ask.**~~ ***DONE***
    - Town Health Officer – **Kevin Geiger to ask**
    - Vermont League of Cities and Towns – **Larry to ask.**
    - Media – **Larry to talk to Nancy Erickson**
    - School Crisis Management Cmte – Joanie Austin has been approached**. *In process***
    - Disabilities Community: Deb Lisi-Baker? – **Maria Mireault to ask.**

Preparedness Report: Larry not quite finished; Report will be presented at November meeting.

Pan Flu Report: VT has not yet received results of Pan Flu Operations Plan review. It will be reviewed by CDC, HHS, other feds as well. Discussed 'mission creep' in federal government.

OPHP Pyramid: Larry distributed the most recent working version of a pyramid of the overall preparedness programs by category: Infrastructure protection; Support Capabilities; Required Public Health preparedness capabilities; and Essential Public Health Preparedness infrastructure. Goal is to add cost of each program/service. Details of the financial needs of the SNS program, and running the lab were also distributed.

Phases of the pyramid: Phase I: getting the pyramid right; Phase II: Attaching $ to specific programs; Phase III: writing progress reports to tie back to pyramid.

Question posed to group: Should the pyramid be of all programs needed for Vermont to be prepared, or of the CDC and HPP-funded requirements?

Concerns: more to do than funds will support. Other states have general funds, but VT's preparedness is 100% federally funded.

Larry expects VT will need about $1M to make corrections in the Pan Flu Operations Plan, but no money has been budgeted.

Suggestion: Jettison what isn't needed/required by federal guidances. Focus on what we can do with what we have.

Get all the tasks listed in the pyramid for a more global picture, and identify those which are grant-specific requirements.

Discussion of HVA: Hazard Vulnerability Assessments. Ross to forward HVA info to Mary

Concern about wasted $ for grant requirements, ie: the requirement to purchase Tamiflu ® yet no support or guidance on how to replace it when it expires in 2 years.

Decision: Spell out acronyms on pyramid so it is user-friendly, or provide group with a complete list of acronyms. Larry assured SAC that the status report would mirror the pyramid. Chris Finley requested a list of acronyms.

General questions:

Q: Med Surge Exercise occurred on June 11. When will After Action Report be released? Many people participated – what is the feedback?

A: AARs are due within 90 days of end of exercise – so hopefully it will be out this week. As with any exercise, some parts of it worked well, and we'll learn from what didn't work.

Discussion: The AAR for the hospital portion has been completed (is under review); Larry noted this will be incorporated with the AAR from Vermont Emergency Management for one AAR document.

- The AAR will be attached as a separate document to Larry's quarterly Preparedness Report (report postponed from June & September meetings, and to be delivered at November meeting.)

Announcements: Deputy Commissioner Chris Finley

1. Wendy Davis, MD is new VDH Commissioner. Will invite her to next SAC meeting.
2. Cort Lohff, MD, State Epidemiologist, has resigned to take a position with the Chicago Department of Health.
3. Lots of position turnover at the local level.

Old Business wrap up: Decisions:

a. The pyramid should include preparedness requirements for global representation of the HC continuum.
b. Change: "Healthcare Facility Readiness" to read "Healthcare Organization Readiness".
c. Note by asterisk the programs required across the health care continuum, ie at Dr.s' offices, hospitals, nursing homes, home health agencies, etc.
d. No need to give committee the level of detail included in the SNS spreadsheet.
e. Assign budget # to each item in pyramid
f. Identify funding source (CDC, HPP, general funds) supporting each item.
g. A third document should join the pyramid and Larry's preparedness report: This third document would be 'in-between' and discuss strategy, priorities and be the document that states primary objectives and goals/strategy, and would guide the work. This document should provide enough information to help us determine how much we do at A level, B level, C level or not at all. This was referred to by one SAC member as having the potential of being a 'meaningful' document of VDH's best thinking on what we should be doing.

For Next Meeting:

1. Provide updated pyramid with costs attached
   a) Show budget vs cost if possible
   b) Identify source of funds (CDC, HPP, state)
2. Progress Report from Larry
   a) Attach AAR for Med Surge Exercise of June 11
3. Larry to present strategies & priorities in 3rd document (see Old Business wrap up, "g" above)

4. HVA from Ross
5. Update on Federal Report of the VT Pan Flu Ops Plan
6. Larry to present strategic Plan for SNS

NEW BUSINESS:

HPP Coordinator: Larry assured all that we will be recruiting to fill this position. It's a federal requirement to have an administrator for federal grant funds.

Altered Standards of Care: verbal progress update provided by Don Swartz, MD.

Dr. Swartz presented the history of the Altered Standards of Care task force which began 3 yrs ago, and stalled due (essentially) to the complexity of the topic. Task force met recently (in June) but there were no minutes created from that meeting to document decisions or direction. Dr. Swartz was asked, and agreed, to put together minutes from that meeting for distribution to the SAC. A lively discussion ensued.

SAC members strongly suggested:

1. Begin by protecting physicians, hospitals, caregivers and infrastructure from liability if emergency situation(s) don't allow for delivery of normal standards of care.
2. Look at guidance about altered standards of care issued by College of Thoracic Surgery;
3. Look at what other states have done/implemented;
4. Include guidance for those with mental illnesses;
5. Allow for public comment – transparency in this decision process is of upmost importance;
6. Reconvene the group; develop & publish a schedule of meetings
7. Provide minutes from June and future meetings. Consider who needs to be part of the group

- See also separate documents (minutes) provided by Dr. Swartz and Craig Stevens of JSI, contractor hired to help VDH move forward on the issue. These will be posted on VDH SAC web page.

Written summary of ASC Update, provided by Don Swartz after the SAC meeting:

> *"The Department of Health convened an advisory group to study the alterations in care that will be necessitated by an overwhelming event such as pandemic influenza. In preparation for the initial meeting of the advisory group, Craig Stevens of JSI conducted a series of interviews with a variety of providers and provider organizations to identify the issues of concern to them. On the basis of the information gathered from these interviews and from their own perspectives, the advisory group recommended that initial focus be on the identification of the regulations and policies that define the "business as usual" standards of care for organizations and individual providers, determination of how practice would need to be changed to meet the pressures of a pandemic, and what regulations and policies would need to be modified for those changes to be allowed.*
>
> *During the process of developing work plan to carry out this recommendation, it became clear that while "standard of care" is a well understood concept, it does not exist in the kind of generally applicable and codified form that can be restated during "special" circumstances such as a pandemic. "Standard of care" in the legal context describes the care which the average, prudent provider in a given community would provide given similar clinical issues and available resources. Individual providers or health care organizations establish policies and procedures which help them assure that the care will meet or exceed this level of care, but these policies are highly individual for each*

provider or organization, and do not lend themselves to being universally applied across multiple organizations or areas of the state.

Alternative strategies for assessing and addressing the issues of concern to stakeholders are being considered. The SAC urged that the advisory group be reengaged and their initial recommendations be given further consideration."

OTHER BUSINESS:

Hospitals were not aware of E-911 not working until it was resolved. Concerns should be addressed to the E-911 board.

Jean Peterson reported that EARS appears to be working in New Hampshire, and wondered if NH could come present to or share what they are doing with VT. Also, New York has HERDS (

- Suggestion made to invite Susan Schoenfeld, Deputy State Epidemiologist, to a SAC meeting to talk about EARS in Vermont.

Chris Reinfurt began discussion about NIMS/ICS and the need to integrate the HICS curriculum. Hospital and other Health Care workers might not need to sit through all three days of training. There's a need for the healthcare committee into the ICS.

- Jill Olson and Chris Reinfurt agreed to work on it.

Ross announced the Vermont Emergency Preparedness Conference at Lake Morey on 11/6. For more information or to register, go to http://www.dps.state.vt.us/vem/preparedness.html.

Mary and Ed agreed to put together a meeting schedule (+/- every 6 weeks) for 2009 and present it at November meeting.

Next Meeting: November 10, 2008

Adjourned: at noon.

Respectfully submitted,
Mary Bronson

SAC web page, for documents, minutes, agendas, etc:
http://healthvermont.gov/emerg/sac.aspx

Meeting Schedule:

November 10, 2008
January **26**, 2009 *(Rescheduled from Jan 12th)*

2009 SAC Meeting Schedule

Mondays, Montpelier Room, Capital Plaza Hotel

January 26, 2009
March 30, 2009
June 22, 2009
September 14, 2009
November 16, 2009