Connecticut Health Care Coalition

Connecticut Health Care Coalition
Bi-Monthly Meeting Minutes
Wednesday, October 18, 2023, 12:00PM-2:00PM
Minutes: October

Name	Organization/Function	7/20	8/16	9/20	10/18	12/20	2/21	4/17	6/19
Ginny Schwartzer	All Clear, Fiscal Agent	☒	☒	☒	☒	☐	☐	☐	☐
Mary Beth Skarote	All Clear, HCC Team Supervisor	☐	☒	☒	☒	☐	☐	☐	☐
Kim Cerullo	All Clear, RRC	☒	☒	☒	☒	☐	☐	☐	☐
Mary Grace Keating	Bristol-Burlington Health District	☒	☒	☒	☐	☐	☐	☐	☐
Brian Cournoyer	CHA	☐	☒	☐	☒	☐	☐	☐	☐
Amanda Gill	Community Health Center, Inc.	☐	☐	☐	☒	☐	☐	☐	☐
Lynn Hayes	Clinical Advisor	☒	☒	☒	☒	☐	☐	☐	☐
Nicholas Jossem	CRI Region 1 PHEP	☐	☐	☐	☒	☐	☐	☐	☐
Brian Hunt	CRI Region 2 PHEP	☐	☒	☒	☒	☐	☐	☐	☐
Bob Kenny	CT DEMHS	☐	☐	☒	☐	☐	☐	☐	☐
Erin McDermott	CT DPH	☐	☒	☐	☐	☐	☐	☐	☐
Raffaella Calciano	CT DPH OEMS	☒	☒	☐	☒	☐	☐	☐	☐
Judith Reynolds	CT DPH OEMS	☐	☐	☐	☒	☐	☐	☐	☐
Makayla Andrews	CT DPH OHPR MRC Coordinator	☐	☐	☒	☒	☐	☐	☐	☐
Bill Gerrish	CT DPH OPHPR	☒	☒	☒	☒	☐	☐	☐	☐
Maryanne Pappas	CT DPH OPHPR	☒	☒	☒	☐	☐	☐	☐	☐
Michael Mozzer	CT DPH OPHPR	☒	☐	☒	☐	☐	☐	☐	☐
Megan Petrucelli	CT EMS For Children	☐	☐	☐	☒	☐	☐	☐	☐

Name	Organization/Function	7/20	8/16	9/20	10/18	12/20	2/21	4/17	6/19
John D'Orazio	Eastern CT Health Network	☒	☐	☒	☒	☐	☐	☐	☐
Roger DeBaise	Gaylord Hospital	☐	☐	☒	☒	☐	☐	☐	☐
Patrick Turek	Hartford Healthcare	☐	☒	☒	☒	☐	☐	☐	☐
Beth Massey	Hospital for Special Care	☒	☐	☐	☐	☐	☐	☐	☐
Jennifer Farley	Hospital for Special Care	☐	☒	☒	☒	☐	☐	☐	☐
Andy McGuire	Jensen Hughes	☒	☐	☐	☐	☐	☐	☐	☐
Nick Gabriele	Jensen Hughes	☒	☐	☐	☐	☐	☐	☐	☐
Christian Lamoreux	NDMS	☐	☐	☐	☒	☐	☐	☐	☐
Corey Van Oostendorp	Nuvance Health Norwalk Hospital	☐	☒	☐	☒	☐	☐	☐	☐
Jim Hutchinson	Nuvance Health- Sharon Hospital	☒	☒	☒	☒	☐	☐	☐	☐
John Pelazza	Region 1 ESF-8	☒	☒	☐	☒	☐	☐	☐	☐
Pat Srenaski	Region 3 ESF-8	☒	☒	☐	☐	☐	☐	☐	☐
Megan McClintock	Region 5 ESF-8	☒	☐	☐	☐	☐	☐	☐	☐
Paul Rabeuf	Region 5 ESF-8 and Hartford Healthcare	☐	☒	☒	☐	☐	☐	☐	☐
Jessica Kristy	Region 5 ESF-8- CADH	☒	☒	☒	☐	☐	☐	☐	☐
Augie Holzmiller	St. Francis Hospital/ Mt Sinai Hospital	☐	☐	☒	☒	☐	☐	☐	☐
Ivan Sarmiento Jr.	Trinity Health of New England	☒	☐	☐	☐	☐	☐	☐	☐
Paul Wentworth	Trinity Health of New England	☒	☐	☐	☒	☐	☐	☐	☐
James Brown	UConn Health	☒	☒	☒	☒	☐	☐	☐	☐
Sheena Pinnock	Waterbury DPH	☐	☒	☐	☒	☐	☐	☐	☐
James Paturas	Yale New Haven Health	☐	☒	☒	☒	☐	☐	☐	☐

Name	Organization/Function	7/20	8/16	9/20	10/18	12/20	2/21	4/17	6/19
Joe Albanese	Yale New Haven Health	☒	☒	☐	☐	☐	☐	☐	☐
Jordan Rose Swenson	Yale New Haven Hospital	☐	☒	☒	☒	☐	☐	☐	☐

Agenda Item	POC	Meeting Notes
Welcome and Attendance	Kim Cerullo, All Clear	• Kim welcomed everyone into the meeting and reviewed the agenda. • Kim encouraged everyone to add their name and organization into the chat. Since the coalition is currently testing eliminating registration for attendees, the chat will serve as the sole source of truth for attendance.

NDMS Overview	Christian Lamoureux, NDMS	• Christian introduced himself and the National Disaster Medical System (NDMS). Christian works as the Definitive Care and Case Management Lead at NDMS Patient Movement.
		• NDMS has worked in the healthcare landscape across the country and internationally since the 1980s.
		• The system used to focus more on repatriation efforts but now has a broader scope of disaster response. Most notably, NDMS moved patients during Hurricane Katrina.
		• NDMS is a federally coordinated health care system and partnership of the Departments of Health and Human Services (HHS), Defense (DoD), Veterans Affairs (VA), and Homeland Security (DHS). Its purpose is:
		  ○ To support state, local, tribal, and territorial authorities following disasters and emergencies by supplementing health and medical systems.
		  ○ To support the DoD and VA health care systems in caring for combat casualties.

Agenda Item	POC	Meeting Notes

		• NDMS follows federal patients and collaborates with partner healthcare facilities on patient needs and discharge. NDMS works through tracking, communications with families, and coordination with partner facilities.
		• NDMS has the Definitive Health Care Program, which is designed to provide care for:
		  ○ Injuries or illnesses resulting from public health emergencies or affecting emergency responses. The goal is to improve patient safety status.
		• NDMS works with hospitals, skilled nursing partners, dialysis centers, rehab centers, hospice centers, mental health practitioners, and any other places where a patient may need medical treatment. The goal is to broaden partnership beyond hospitals to make sure that patients receive the proper care until they return to their address of record.
		• Christian presented a map of the 65 federal coordinating centers (FCCs) for NDMS. These facilities have a single point of contact that works with the DoD and the VA.
		  ○ This point of contact works with a variety of partners, including volunteer agencies like the Medical Reserve Corps (MRC) and community emergency response teams (CERT).
		  ○ Facilities conduct tri-annual exercises which range from exercises to full scale exercises and drills.
		  ○ FCCs also work with partners in the field during emergencies.
		  ○ There used to be a Connecticut FCC in the West Haven area, but it no longer exists. The closest FCC that Connecticut could collaborate with would be in Northhampton, MA, with Candy Christianson.
		• If facilities are interested in joining NDMS as a partner, they will have to sign a Memorandum of Agreement (MOA)

Agenda Item	POC	Meeting Notes
		○ The 2018 MOA was updated in 2023. This MOA provides reimbursement for the use of beds. The 2023 MOA increases the CMS reimbursable rate from 110% to 125%. This acts as secondary payment from a patient. The primary insurance of a patient will always be billed first. ○ The MOA serves as an agreement between NDMS and any healthcare facility, not just hospitals. ○ NDMS requests that partners do a bimonthly call-out, which satisfies the HPP requirement to participate in an exercise. ○ FCC Coordinators recruit facilities in the surrounding area to become NDMS partners. ▪ NDMS is currently developing a website page, the NDMS Referral Program, where partners can learn more about the program and gain comfort in communicating the mission and patient experience. ○ The ideal NDMS partner facility is any place a patient my receive medical treatment, including all of the aforementioned partner types. • Patient Eligibility: ○ NDMS coverage begins when the patient is transferred through Port of Embarkation (POE) to the Port of Debarkation (POD), then to the designated NDMS partner facility. ○ NDMS payment ends: ▪ When medically indicated treatment is completed (with a maximum of 30 reimbursable days) ▪ Voluntary refusal of care ▪ Return to originating facility/home or other final location. • Scope of coverage

Agenda Item	POC	Meeting Notes
		○ Eligible providers need to be in good standing and participants in Medicare or Medicaid. • Christian covered the reimbursement rates and rules for different kinds of insurances. These charts will be in Christian's presentation, which was sent with the minutes. • Claims processing ○ All documents for provider registration are on the ASPR website. ○ All claims submission is done through NDMS ▪ If there is ever an appeal to a claim, Dr. Michael Zanker at the NDMS Medical Services Division will review this with the claims management group. ○ The goal is to reduce burden for families. • NDMS FCC Dashboard ○ FCC Coordinators collect MOAs, the readiness status of each partner through monthly calls, contact information for the facility, and facility specialty areas. • If anyone has questions about NDMS, they can contact him by emailing him at Christian.Lamoureux@hhs.gov • Patrick Turek asked about the change in MOA from 2018 to 2023. Hartford HealthCare acquired a hospital prior to COVID and tried to update their MOA via NDMS. The facility was told that there was no way to change that MOA, and to pause. Is that still true, or is there a path forward? Christian indicated that this agreement needed almost a year of full review before it was approved. Staff received messaging to tell existing and prospective facilities to pause, as internal and external legal reviews were taking some time. • Hospitals do not have to wait, and can be proactive in seeking partnership. Christian is happy to support these conversations. • Bill Gerrish asked about activation of NDMS.

Agenda Item	POC	Meeting Notes
		○ If there is a known event (like a hurricane) councils and committees are set up within HHS in collaboration with the agencies. These are chaired by FEMA, who leads the calls and organizes the NDMS resource management. ○ NDMS works with transcomm and FCC leads to determine if declaring a public health emergency is warranted. ○ Beyond that, the FCC coordinator, regional coordinators, and other NDMS coordinators will be available to discuss the capacity levels of facilities and need to move patients. ○ Based on capacity, NDMS will reach out to other FCCs to conduct bed polls and identify beds that are available and that facilities are willing to volunteer. ○ Bed poll information will be elevated to councils. If there are still challenges in finding enough beds, facilities may not be activated. ○ If regions or facilities are activated, Disaster Medical Assistance Teams conduct on-site facility assessments. ○ The FEMA ambulance contract will go into effect and will help with transport. ○ The Joint Patient Assessment Tracking System (JPATS) Program is Christian's program. Before the patient lands, the facility communicates an updated real-time bed status. If any changes need to be made because of surge or staff changes, communication with the FCC coordinator will help redirect the patient. ○ After care, Definitive Care and Case Management will communicate with the patient's family and with billing.

Agenda Item	POC	Meeting Notes
		• Christian will send some times of availability, like office hours, to the CT HCC team to help facilitate conversations about NDMS.

Fiscal Agent Update	Ginny Schwartzer, All Clear	• Ginny provided a fiscal agent update.
		• All Clear is hiring, and is in active recruitment mode for the second Readiness and Response Coordinator for CT HCC.
		• CT HCC is working with NHCPC attendees for documentation and reimbursement.
		• The MRC funding workgroup is working to finalize the MRC Project Application Process, which will open on November 1st.
		  ○ Version 3 of these guidelines will come out, incorporating feedback from the DPH.
		• The coalition is current for invoices to CT DPH through September 30th.
		• Ginny provided a spending update.
		  ○ Out of the $1,019,925 in the budget, $220,311.80 has been spent so far. There is $799,613.20 remaining.
		  ○ A large piece of this spending (about $90,000) is from ProtectAdvisr.

Q1 Deliverable Update	Kim Cerullo, All Clear	• Kim provided a deliverables update. • Q1 ended on 9/30 and all Q1 deliverables have been submitted. • The HCC Workplan and Budget were finalized, and voted in on 7/20. • The coalition submitted their website transition plan for www.cthcc.org, which was approved. This transition plan focuses on making the website more user friendly and accessible. Users will notice that password protection has been removed from less sensitive portions of the website. • Lynn Hayes was hired as the coalition's Clinical Advisor. • Meetings:

Commented [KC1]: Next Step

Commented [KC2]: Link

Agenda Item	POC	Meeting Notes
		○ All CT HCC bimonthly meetings were conducted in accordance with the bylaws. Registration for previous meetings was used to create a complete member and guest list, which was used to satisfy the roster deliverable. ○ CT HCC had representation at all regularly-scheduled ESF-8 meetings, with Kim providing an introductory presentation for the coalition at some meetings. ○ All Clear staff began meeting with Makayla Andrews on a monthly basis to discuss MRC-related matters. This includes information on funding, training, and volunteer engagement. • Workshops and Drills ○ An Integrated Preparedness Planning Workshop was conducted on 8/16 at the bimonthly meeting. ▪ Members and guests reviewed foundational documents (e.g. the Hazard Vulnerability Analysis and Strategic Plan) and created preparedness priorities for the year. ▪ Attendees also brainstormed together and provided ideas for projects for the coming year. ▪ The results of this workshop were detailed in the Integrated Preparedness Plan, which went out to attendees. ○ The coalition conducted a redundant comms drill on 9/28 in conjunction with Jensen Hughes, using ProtectAdvisr. Andy McGuire then reviewed the results of the drill in an afternoon meeting. Thanks to all who filled out the extra questions asked during this drill, as it will inform the MRSE. • The coalition has begun publishing monthly newsletters containing information about preparedness topics and training opportunities in the region. If any attendees would like

Agenda Item	POC	Meeting Notes
		their training highlighted in this newsletter, please email Kim at coordinator@cthcc.org. ○ Bill Gerrish mentioned that, since this is a newsletter by and for the coalition, that it would be beneficial to ask members if they wanted to write for it. Kim will create a process for members and guests to submit articles if they would like. • Corrective Action Tracking ○ The MRSE and Utility Failure After Action Reports (AARs) were distributed to the membership. ○ All corrective actions are tracked internally at All Clear on a spreadsheet. The areas of improvement, corrective actions, responsible parties, and next steps are all included. ○ Corey van Oostendorp mentioned that he only received the draft MRSE AAR. Kim will check for a finalized MRSE AAR and, if applicable, send this to the membership. • Ongoing Deliverables ○ The coalition is still working on the MRC funding process, which was detailed in the fiscal agent update. ○ The MRSE will take place on 11/8 at 9 am. Registration is still open until 10/29. You can register here. ○ The resource assessment is in progress. The CT HCC is collecting data from facilities about what resources their facility has. This will help identify gaps as well as inform the MRSE. To complete the resource assessment, please fill out this form. If it is easier to distribute a PDF the form to various staff members at a facility, request one by emailing Kim at coordinator@cthcc.org. This PDF is long and contains questions for all facilities.

Commented [KC3]: Next Step

Commented [KC4]: Next Step

Commented [KC5]: Link

Commented [KC6R5]: Next Step

Commented [KC7]: Link

Commented [KC8R7]: Next Step

Agenda Item	POC	Meeting Notes

Plans Update	Savannah Fritz, All Clear	• Savannah Fritz, a Planning Specialist at All Clear, provided an update on plans.
		• Per the CT contract, the coalition must update the following plans this year:
		  ○ Preparedness Plan
		  ○ Response Plan
		  ○ Pediatric Surge Annex
		  ○ Burn Care Surge Annex
		  ○ Infectious Disease Surge Annex
		  ○ Radiation Emergency Surge Annex
		• The Chemical Emergency Surge Annex must also be created this year.
		• To edit and draft these plans, a gap analysis must be conducted. Savannah showed the group a gap analysis document developed from an ASPR template. This template will inform the process. Plan reviewers will review the plan, identify if the plan is in compliance, and write comments about the gaps.
		• Savannah showed the group a sample timeline for plan review and development based on the work plan. The goal is to meet the timeline, but there is some flexibility. The Response Plan, Preparedness Plan, and Pediatric Annex are the first to be reviewed.
		• For plans that need to be updated, Savannah would like to create a workgroup. The time commitment for the Plans Workgroup will involve at least one meeting per month through the rest of the fiscal year. Participants may be asked to review plans ahead of time and will be asked to provide input. To join this workgroup, fill out the workgroup form.
		• The chemical annex needs a separate workgroup because creating a plan is more in-depth. All participants are welcome, but chemical subject matter experts are needed. If members or guests have this expertise, please consider

Agenda Item	POC	Meeting Notes
		joining. To join this workgroup, fill out the workgroup form. If any members or guests know of a subject matter expert, please pass on their information to All Clear by filling out the workgroup form or emailing Kim at coordinator@cthcc.org.
Chair & Vice Chair Elections	Kim Cerullo, All Clear	• Kim walked the group through Chair and Vice Chair Elections. • The Chair nominees are John D'Orazio, Paul Rabeuf, and Jordan Swenson. This nominee will be replacing Jim Hutchison. • The Vice Chair nominees are James Brown and John Pelazza. The Vice Chair position is currently empty. • A vote took place and the votes were counted after the meeting. • Paul Rabeuf is the coalition's new Chairperson. • James Brown is the coalition's new Vice Chairperson.

Governance Review	Kim Cerullo, All Clear	• Kim reviewed the bylaws.
		• Previously, CT HCC staff said they would open up the bylaws for a vote at this meeting. However, during the CT HCC agenda setting meeting, many members and guests indicated that they'd like to wait on a vote. Instead, they would like to better understand the differences between the bylaws, and finalize them in a workgroup. As a result, the goal of the meeting would be to review the differences between the new and old bylaws and establish a workgroup to finalize them.
		• Becoming a Member:
		  ○ In the existing bylaws, membership is restricted primarily to ASPR's core membership types.
		  ○ There is no pathway to membership. Kim mentioned that they have had to turn away multiple prospective members since All Clear assumed the fiscal agent role because of the lack of pathway.

Commented [KC9]: Link, Next Step

Agenda Item	POC	Meeting Notes
		○ Guests or engaged partners can attend meetings, but do not get the full benefit of the coalition as they cannot vote. ○ In the proposed bylaws, membership is open to any organization or entity that provides or supports health care services. Members sign an agreement to join. ○ Why this works for CT: ▪ In the strategic plan, members asked for involvement from new and more diverse groups, to identify and recruit more members, and to create a membership agreement. ▪ In addition, the ASPR FOA states that HCCs should recruit and incorporate additional functional entities in their membership. ▪ The change creates a membership agreement and allows new members and member types to join. • Membership Engagement: ○ In the existing bylaws, participants are split into voting members, administrative staff, engaged partners, and guests. ○ Voting members have a participation requirement, but nothing happens if they do not participate. There is no "inactive member" status. ○ Since the bylaws are not designed to recruit, the benefits of membership are not described. ○ In the proposed bylaws, participants are split into active members, inactive members, partners, and invited guests (such as subject matter experts conducting a presentation) ○ Members would have access to certain parts of the website through a member portal.

Agenda Item	POC	Meeting Notes
		○ Active members who do not meet the participation requirements would be made inactive. These individuals can still participate in meetings and exercises as well as receive all communication. They can become active members again through participation. ○ Membership benefits are outlined in the proposed bylaws. ○ Why this works for CT: ▪ In the strategic plan, members asked to provide funding to all partners (pending signed agreement). Members also asked for member benefits to be articulated and communicated via a packet or other method. This change creates a partner tier for funding opportunities and articulates coalition benefits. The membership agreement also helps All Clear keep track of contact info for roster reporting. • Meetings ○ In the existing bylaws, full coalition meetings are held on a bimonthly basis. ○ Special meetings can be called if needed, but with the number of items that need approval, these meetings are being called bimonthly in practice. ○ A quorum and the presence of a chair or vice-chair is required to conduct business. ○ In the proposed bylaws, there would still be full coalition meetings. ○ An Executive Committee would be formed, and would meet on a bimonthly basis opposite the full meetings. ○ Ad hoc meetings can be called as needed. This would replace the function of the Special Meeting. However, with both the full coalition and Executive Committee

Agenda Item	POC	Meeting Notes
		meeting, ad hoc meetings would become less common. o Quorum and chair attendance requirements are eliminated. o Why this works for CT: ▪ Members have communicated to CT HCC staff that quorum and chair attendance rules are not being used in practice. ▪ It can be difficult for the chair to attend all meetings, and there are a lot of meetings for members to attend currently. ▪ It is also time-consuming to count attendees for quorum purposes, and the meeting start time is often delayed as a result. ▪ This change codifies what the coalition is doing in practice, while reducing the meeting burden for attendees. • Voting o In the current bylaws, all voting attendees can cast a vote. o Voting members who are not present may designate a proxy in writing. Without this proxy and without attendance, a member with a scheduling conflict cannot vote on the business that occurs that day. o In the proposed bylaws, voting may be held virtually, eliminating the need for a proxy. o All votes will be recorded to validate the results. Information about individual votes will remain anonymous to everyone except the fiscal agent, and will only be used for validation of results. o The proposed bylaws also have business split up, with some items being voted on by the full coalition and

Agenda Item	POC	Meeting Notes
		other items being voted on by the Executive Committee Only. o Why this works for CT: ▪ There are limitations to the current voting system. If voting members have a conflict and cannot designate a proxy on time, their vote cannot be heard. Not all members have time to attend special meetings to vote on extra business. ▪ In addition, not all members have the time to review read-ahead materials before voting on them. ▪ This change will allow members to carefully consider the issues and lets all members vote even if they could not attend a meeting. • Executive Committee o In the current bylaws, all voting members vote on all items. o There are two elected positions: Chair and Vice Chair. o In practice, all members and guests are invited to all meetings. o In the proposed bylaws, an Executive Committee will provide strategic direction to the coalition. The committee will include the Chair and Co-Chair, an ESF-8 representative from each region, and up to four Members at Large. The CHA, DPH, and CT HCC staff would serve in an advisory role. ▪ Kim noted that they had already received some feedback about if these positions should be elected vs. appointed, as well as how many seats should exist. These details can be settled on in the workgroup. o Why this works for CT:

Agenda Item	POC	Meeting Notes
		▪ While members have not provided feedback on this topic in the past, the ASPR Template for the Health Care Coalition Preparedness Plan states that HCCs should develop an organizational structure to support HCC activities, including establishing executive and general committees. ▪ This change brings the CT HCC in line with national best practices while ensuring core members provide direction for the coalition. • The group discussed these changes. o Ralf Calciano noted that there were currently 16 voting members but only 11 Executive Committee spots. This is an item that the workgroup will consider. o Ralf also mentioned that she would like everyone to be able to vote on everything. Finally, she said that, in her experience with managing coalitions, a cap on total members may be necessary for ease of operations. o Brian Cournoyer asked for the slides, which will be sent with these minutes. • A workgroup will be formed to finalize these bylaws. The members who requested this workgroup indicated that it would make sense to finalize these and bring them to a vote at the December bimonthly meeting. In order to make this timeline, Kim would like to begin facilitating workgroup meetings right away. To join this workgroup, fill out the workgroup form by Wednesday, 10/25. Commented [KC10]: Link, Next Step
Round Table Updates	Kim Cerullo, All Clear	• Pat Srenaski, Region 3: o This group completed their influenza pandemic tabletop and are waiting for the AAR. o Next week, the long term mutual aid full scale exercise will take place. Region 3 will participate on Monday.

Agenda Item	POC	Meeting Notes
		○ Multiple members from this region will participate in the MRSE. ○ Flu clinics are in progress, and public health is currently tracking COVID numbers. ○ The MRC for this region has been busy. Recently, they completed two trainings for volunteers, including a Long Term Care Bedside Support Mission and a Regional Long term Care Coordinating Center Support Team training. ○ The Capitol Region MRC Training Academy has seats available for training to other regions and MRC units. To learn more, check out their new website, www.capitolregionmrc.org. ○ The Capitol Region MRC is currently supporting 15 flu clinics for the Chatham Health District. ○ Pat also shared a safety story: ▪ On 10.11.23 a LTC-MAP urgent notification was received from Andy McGuire regarding a nursing home in Bristol requesting PPE especially gowns and surgical masks due to a multi-drug resistant outbreak. ▪ After collaboration with Mary Grace Keating of BBHD who had supplied what she was able to, Pat forwarded the message to all 140 Region 3 ESF 8 partners for awareness and assistance. ▪ They immediately received messages from Jose Argüelles and Francesca Provenzano that the DPH was working on the request for the nursing home. ▪ Pat appreciated a follow-up message the next morning from Jose reporting that DPH had supplied the nursing home with PPE from their warehouse.

Agenda Item	POC	Meeting Notes
		▪ There were good communications demonstrating timely notification, situational awareness and a quick response to a health care partners urgent need. • Paul Rabeuf, Region 5: o Hartford HealthCare and Children's Medical Center hosted an active assailant exercise with federal, state, and local partners. A PHEP partner from Region 3 joined. o All partners participated in today's EPPI. o Region 5 has kicked off their pan-flu tabletop planning committee. o The PHERP Planning revision process is underway. o Educational opportunities include a bombing incident training on November 14 and 15. o Medical missions are taking place at Nuvance on 11/4. • Brian Hunt, Region 2 o The region's pandemic influenza exercise will take place on 12/8. Registration closes on 11/17. o All members are welcome to attend regardless of region. o Jordan Swenson added that Region 2 has sent out messaging about flu campaigns as well as warming centers for the winter. Region 2 DEMHS will be hosting an Emergency Manager's Round Table on 11/21 from 1-4PM at the New Haven Fire Academy. • Region 4 is not currently represented. Paul provided an update for this region and mentioned that he would reach out to Joe Danao of Region 4 to discuss this further. • Makayla Andrews provided an update for MRC. o A quarterly MRC meeting will be conducted outlining the ASPR Core Competencies for MRC members, as well as the tiers associated with that training.

Commented [KC11]: link

Agenda Item	POC	Meeting Notes
		○ Makayla is still awaiting approval for the CT Responds training series. • Ralf Calciano provided an OEMS update ○ If applicable, Ralf will send some draft documents regarding Forward Movement of Patients to the coalition for comment. • Bill Gerrish provided a DPH update ○ Some DPH staff attended a forum in Massachusetts about the Strategic National Stockpile, and found it to be informative. More information will be coming in about a month. ○ The department began a series of PHEP informational series with local health departments. Contact Bill for more information about this series. ○ The department is about to update the CHEMPACK plan with associated exercises.
Next Steps	Kim Cerullo, All Clear	• Christian Lamoreux will provide the group with some times for NDMS office hours. • Kim will identify a process for members to write for the CT HCC newsletter. • Kim will provide the finalized MRSE AAR if available. • Members will join workgroups of their choice, including the planning workgroups and the bylaws workgroup. If possible, please join these workgroups by Wednesday, 10/25, so work can begin. • Members can register for the MRSE. • Members can complete the resource assessment for their facility.

NEXT MEETING: CT HCC Full Coalition Meeting
Wednesday, December 20, 2023, Noon-1pm
Join the Zoom Meeting:

https://zoom.us/j/93979283420?pwd=blhyNjhpeEpDcWpRVm56TzViVjNrUT09

Contact: Kim Cerullo, Coordinator@CTHCC.org, 860-480-1906
Mary Beth Skarote, Coordinator@CTHCC.org, 919-819-5369