Connecticut Health Care Coalition

Connecticut Health Care Coalition
Bimonthly Meeting Agenda
Wednesday, April 17, 2024
12:00-2:00 PM ET
Recording HERE

Agenda Item	Meeting Notes
Welcome and Attendance	Kim C. welcomed everyone to the meeting, passed it off to Paul R., HCC Chair. Paul R. welcomed everyone to the meeting, asked online participants to put their name and organizations in the chat. **See full attendance details at the end of these meeting minutes.** Paul R. told the group that the meeting would be focused on reviewing and voting on potential spenddown projects to utilize the remaining Coalition funds for the fiscal year. These projects are an opportunity to move the HCC in the direction of operationalization, which is a priority moving forward. Paul R. noted that while spending down the money is the goal of this meeting and the remainder of the fiscal year, which ends June 30, maintaining transparency is more important.
Project Spenddown Discussion	**Overview:** • Ginny S. shared the budget breakdown slides. CT HCC has $212,054.07 to spend before June 30. If it is not spent, it will go back to our Federal Partners. • Pat S. asked if we have enough money to do all of these projects if they were all approved. Ginny S. said yes, we do. Paul R. noted that the amount dedicated to the last project that will be discussed, the decon supply cache, will change based on the total of the other projects that are approved. **Decontamination Program and Equipment Assessment of Hospitals** Summary: • Gap: Training and Resource Gap Analysis Report conducted on December 31, 2021 • Estimated Cost: $77,500 - $2500 per site for 4-6 hours of assessment and report x 31 hospitals (or as many as sign up) • Project: Contract with vendor to conduct in-person assessments of decontamination programs, equipment, setup, and supplies at CT hospitals. Hospitals would sign up for a 4-6 hour decontamination program assessment. Written report provided for each hospital and state for gaps in equipment, training, etc. Discussion: • Paul R. summarized the project and noted that this idea came out of a discussion about how we can support Acute Care Hospitals with decontamination capabilities.

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	• Brian H. asked if the estimate shared in the slide is exact from a vendor, or if it is an estimate of what a vendor might charge, and asked if there is already a vendor identified. Ginny S. answered that this is an estimate, and we do not have a vendor yet.
	• Jordan S. is excited about this and is all for it. She thinks this should be encouraged for all hospitals to participate and noted that we should ensure that all negative findings would not result in reprimanding for the organizations participating.
	• Ginny S. added that if there is a need for training following the assessment, we can budget for that next year. The goal is to build it out - start with the assessment, then training.
	• Corey V. asked if the written report would only go back to the hospital or if it would be shared with the whole Coalition/state. Ginny S. summarized that the full report would go back to the hospitals, and there would be a statewide combined report with themes/major gaps that would not call out the individual hospitals.
	Paul R. motioned to vote. Jess K. seconded.
	VOTING: 14 ayes, 0 nays, 0 abstentions – this has PASSED. Further details can be found on page 14.
	
	Patrick T. has concerns about the ability to complete the projects and wants to prioritize the Workplace Violence/De-Escalation Training project, and made a motion that we discuss it before moving onto other projects.
	
	Workplace Violence Training or De-Escalation Training
	Summary:
	• Gap: Training and Resource Gap Analysis Report December 2021
	• Estimated Cost:
	  ○ 4-hour AVADE De-escalation Training, In-Person: $1,997 course for up to 20 participants
	  ○ 1-Day AVADE De-escalation Training, In-Person: $2,997 course up to 20 participants
	  ○ 1-Day AVADE De-escalation Instructor Course, In-Person: $797 per person
	  ○ 1.5 Day Workplace Violence Instructor Course, In-Person: $1197 per person
	• Project: Virtual or In-Person AVADE Workplace Violence Prevention training could be offered to coalition members and guests. Link for more info: https://avadetraining.com/training-options/
	
	Discussion:
	• Patrick T. motioned to approve ten 1-Day AVADE De-escalation Trainings, In-Person: $2,997 course up to 20 participants, cost not to exceed $29,970. This would mean two courses per ESF-8 region. First-come, first-served.
	• Jess K. asked if this would be applicable for members beyond hospitals. Ginny S. answered yes.

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	• Brian H. asked if the current motion would mean that the three other proposed options (bullet points 1, 3 and 4) are excluded? Patrick T. said yes, but it ensures that a minimum of 200 people get to attend. • Jim H. added that train-the-trainer course would be more valuable. • John D. noted that a good portion of facilities use CPI and MOAB programs, and because of that, the AVADE Training would not benefit all members because they may conflict with existing systems. • Paul R. acknowledged that and emphasized that this gives us a good opportunity to educate non-hospital partners. • John P. asked if the vendor has enough time to do all of these classes by the end of June. Ginny S. answered that we do not know yet. • Jordan S requested that there is a cap for how many people can sign up from one organization rather than being first-come first served. • Patrick T. noted that although there are existing trainings and programs utilized, this problem still has not gone away. We need to think differently, and this provides the opportunity to think differently. • Corey V. agreed that train-the-trainer courses are a better value. • Ginny S. asked if there are existing AVADE instructors in this group. Jim H said that he is certified, but not an instructor. • Corey V. asked how we can realistically make this happen before the end of the grant year. Ginny S. explained that we will immediately get quotes and talk expectations with the vendor. Anything we cannot get done can be pushed to next year, or completed across both years. • **Patrick T. amended motion as follows: 5 one-day AVADE de-escalation trainings at $2,997 for up to 20 participants - a total of $14,985 - across all 5 regions open to all members or colleagues of the coalition on a first-come, first served basis AND 1 one-day AVADE instructor course for 20 people at the cost of $797 for person or $15,940. Total cost not to exceed $35,000.** • Jordan S. recommended that we amend the motion to specify that first-come, first served should be after coalition members have three days to sign up. Patrick T. agreed to amend this motion accordingly. Patrick T. motioned to vote. Jenn F. seconded. VOTING: 13 ayes, 1 nay, 0 abstentions – this has PASSED. Further details can be found on page 14. **Continuity of Operations Development Workshop** Summary: • Gap: Identified during the IPP/Budget Workshop August 2023 • Estimated Cost: $20,500

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	• Project: Delivery of four-hour virtual Continuity of Operations Development Workshop for healthcare entities – The CT HCC would gather three quotes for this work. Discussion: • Corey V. noted that the slide summary is different from the handout, specifically that the handout specified that All Clear Emergency Management Group would be the vendor. Ginny S. confirmed that the slide is accurate (not the handout), and that we will be getting three vendor quotes. • Jenn F. asked if there is a limit on the number of participants. Ginny S. answered that this is up to the vendor. Jenn F. thinks there will be a lot of interest so if there is a participant limit, that is a determining factor. If it's virtual, hopefully more people can participate. • Brian C. asked what the process is for selecting a vendor, as he is concerned about conflict of interest with All Clear being the fiscal agent and a potential vendor. Ginny S assured that All Clear does not grade the bid, the voting members do. • Brian H. suggested that in the interest of time, All Clear summarize their workshop right now for consideration. Ginny S. explained that to facilitate this COOP Workshop, All Clear would update an already existing program and it would just be a matter of executing the program from there. When this was facilitated as a virtual workshop in the past, All Clear was able to accommodate 40-50 participants. • Brian H. asked if someone has to be a voting member to make a motion. Kim noted that there is nothing in the bylaws that specifies this. • Brian H. encouraged a motion for All Clear to supply training. Kim C. asked if there any motions from voting members. • Jenn F. requested that we ensure that the 50 workshop participants represent diverse organizations. **John D. motioned for a vote on approving the COOP Workshop with All Clear as the vendor.** Pat S. seconded the motion. VOTING: 12 ayes, 1 nay, 1 abstention – this has PASSED. Further details can be found on page 14. **Virtual Tabletop Exercises (Topics to align with HVA)** Summary: • Gap: HVA December 2023 (Severe Winter Weather, Infectious Disease, Cyber, Hurricane/Tropical Storm, Mass Casualty) • Estimated Cost: $15,000 each • Project: Facilitation of virtual tabletop exercises for coalition members to discuss hazards identified in the coalition HVA. The CT HCC would gather three quotes for this work. Discussion: • Brian C. pointed out the discrepancy between the read ahead packet and the slides presented, and asked if All Clear would be a potential vendor. He wants to ensure that there is a clear

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	separation between All Clear as fiscal agent and vendor selection. Ginny S. assured the group that this will be open to other vendors and that the slide is correct.
	• Patrick T. suggested that we call upon DPH for checks-and-balances for circumstances like this. Bill G. will bring this back to DPH for discussion. Ginny S. explained that as part of the bylaws rewrite, we can plan to adopt a procurement process.
	• Pat S. asked if this exercise would be available to non-hospital coalition members. Ginny S. said yes, that is the goal; the hospital evac toolkit mentioned on the slide is just an idea, but that does not need to be the exercise scenario.
	• Brian H. asked if we would be looking to do all five exercises [Severe Winter Weather, Infectious Disease, Cyber, Hurricane/Tropical Storm, Mass Casualty]. Ginny S. explained that we would only coordinate the exercises as requested by the coalition. The quote shared is based on All Clear standard rates, and the budget would be whatever voting members determine it to be based on how many exercises are requested.
	• Kris M. suggested that MRC volunteers are included in these potential exercises, especially because the unspent MRC Projects allocation was combined into this budget line item we are currently trying to spend down. Ginny S. said yes, All Clear has done TTXs as large as 120 participants.
	• Kris M. asked how long a potential RFP process takes to determine a vendor. Ginny S. said that is a challenge; the RFP would be open for two weeks.
	• Kim C. asked if we have a motion to vote on a virtual tabletop exercise not to exceed $15,000.
	• **Paul R. motioned to not vote on this, and to prioritize money for equipment catch-all project.** Coordinating TTXs will take too long, and calendars are full through June. Jess K. seconded this motion.
	VOTING: 12 ayes, 0 nay, 0 abstention – the motion to table has PASSED. Further details can be found on page 14.
	
	Conference Reimbursement for Vermont Healthcare Coalition, EMS, & Preparedness Conference
	Summary:
	• Gap: Training and Resource Gap Analysis Report in December 2021
	• Estimated Cost: $1111.50 each
	  ○ Registration for 3-day Conference: $180.00
	  ○ Travel/Mileage/Meals: $350 Mileage, $206.50 Meals, $375 Hotel
	• Project: Reimbursement similar to NHCPC attendance for VT Conference in Jay Peak, VT June 14-16. Link for more info: https://www.vtemsconference.com/
	Discussion:
	• Ginny S. reviewed the details and explained that we do not need to vote on this, as it is already incorporated in the CT HCC budget. We will do an application process for up to 7 people to attend this conference. Voting members would approve applicants during the May Special Meeting.

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	• Brian H. asked if there would there be a stipulation that people would have to report out their lessons learned from the conference. Ginny said that we are open for feedback on that. Kim C. suggested that we include report-outs in the newsletter as an additional way to report lessons learned. • Ginny S. asked if anyone would potentially be interested. Paul R. mentioned that because it is EMS focused, he thinks we could get participants. Encouraged that we promote this opportunity at ESF-8 meetings. • Jordan S. explained that she was under the impression that this opportunity is only for coalition members. She suggested that because we would only be sponsoring 7 attendees, we should offer it to coalition members before guests. She likes the idea of reporting out in the newsletter and suggested that attendees also report out at coalition meetings, perhaps one presentation per meeting. • Jess K. likes the idea of a newsletter write-up and the idea of a report-out at meetings. Suggested that we leverage attendees in ESF-8 groups to present. • Kim C. noted that CT HCC staff will put a process in place that addressed eligibility, report-out requirements, etc. **(MRC) Integration of CT Train and CT Responds Volunteer Software** Summary: • Gap: MRC Gap Identified by DPH Staff • Estimated Cost: $12,500 Quote from Juvare • $2,000 annual cost for five years is $10,000 • $22,500 total for five years. • Project: To support the integration of CT Train (state's training website) and CT Responds (state's ESAR-VHP volunteer software). The integration of these two systems would promote statewide MRC training to volunteers and staff, while taking away the administrative burden of manual uploading completion proof to the volunteers' profile. The more volunteers that take the trainings, the more advanced our MRC units can be, and specialized mission sets can be created. Discussion: • Ginny S. explained that we have $79,000 left to spend based on the projects that have been approved thus far in the meeting. Jessica K. motioned to vote. Paul R. seconded. VOTING: 12 ayes, 0 nays, 1 abstention – this has PASSED. Further details can be found on page 14. *Meeting minute note: following the approval of this project, CT HCC Staff were notified that this project did not receive proper approval at DPH before voting, and was ultimately denied by DPH leadership on 4/18, so this project will not receive funding.*

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	Decontamination Equipment Supply Cache Replacement/Resupply Summary: • Gap: Training and Resource Gap Analysis Report conducted on December 31, 2021 • Estimated Cost: TBD – Could be a catchall category for any funds left based on gaps identified. • Project: Based on gaps identified by vendor site visits, CT HCC would provide reimbursement for facilities to purchase decon supplies/equipment. Reimbursement would be made through normal reimbursement channels for the coalition and supporting documentation. Discussion: • Ginny S. noted that with the current approved projects, we have $56,500 available. She explained that this is a reimbursement process. Hospitals would purchase the supplies and would be reimbursed. • Pat S. asked if hospitals have to participate in the assessment to purchase equipment. Ginny S. explained that this is how it was proposed; the assessment is to give hospitals a better idea of what they need to purchase based on gaps identified, and then the purchased happens. • Jordan S. mentioned that $56,500 is not a lot for this type of equipment - how do we ensure this is fair? Determine a cap per organization? Ginny S. said this is something we need to determine as a group, but the initial idea is that it will be divided by the number of facilities. • Patrick T. commented that this is hospital-centric as it is written. The group should keep in mind that our coalition is made up of other members that would benefit from supplies as well. If we think a little more expansively, we are closer to our mission. • Ginny S. explained that this year is our chemical focus year (planning and exercising), which is how we decided on this project. • Paul R. explained that regions received a lot of money in the past, and how they spent that was up to them. This opportunity was open to everyone. This money will be spent quickly. • Jordan S. confirmed that her facility appreciates any amount, and thinks that to receive funds, you should be required to do the assessment. • Brian H. asked if these funds could be used for the radiation detector project that has been brought to the coalition before and added that this would be a better value. • Corey V. suggested that the voting on this be put off until next month since it's contingent on the assessment. Ginny S. agrees that that makes sense and adds that it would mean that we would have better potential numbers. **Jess K. motioned to table this project.** John D. seconded. Motion was tabled. VOTING: 12 ayes, 0 nays, 0 abstentions – the motion to table has PASSED. Further details can be found on page 14.
Round Table Updates	**Q3 Updates** • Kim C. planned to present on this, but in the interest of time, decided that updates will be added to the website.

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	• Kim C. highlighted that All Clear created on-demand "Application of NIMS" Course that is available now.
	
	Roundtable Updates
	• A bylaws work group update was provided by John P., who is leading the work group.
	  ○ The group met last week to review and update the bylaws.
	  ○ Changes include outlining Chair and Vice Chair roles, and better defining who are voting members.
	  ○ The group is hoping to finalize review/additions in the next meeting, which is occurring next week.
	  ○ Brian C. would like to be added to the bylaws meeting.
	• MRC Awardee Update:
	  ○ Jess K. explained that MRC unit leaders are traveling to Chicago in May for a capacity building training.
	  ○ Ginny S. noted that all approved projects are in progress, and reimbursements are happening.
	• Region 3 – no updates
	• Region 5 – no updates
	• Region 4 – no updates
	• Region 1 – no updates
	• DPH update provided by Bill Gerrish
	  ○ There will be a CHEMPACK TTX on May 2nd. Contact him for more information.
	  ○ MEDSAT radio service for hospitals is occurring in late April/early May.
	• Nick Gabriele of Jensen Hughes said that they recently drilled ProtectAdvisr and 21/31 hospitals participated. Quarterly drills will start this month; these are scheduled out for the year and specifics are forthcoming.
	  ○ Corey V. asked for an update about the text feature that the Coalition sponsored last year. Nick G. affirmed that this feature is in place and needs to be socialized more.
	• Plans workgroup update provided by Kim C.
	  ○ All plans and annex updates are in process. Went out to general membership and suggestions are being incorporated.
	  ○ These will be brought for a vote in the May special meeting and in the June bimonthly meeting. Please designate proxies as needed.

NEXT MEETING: CT HCC Special Meeting
Wednesday, May 15, 2024, 12:00-1:00 PM ET
Join Virtually HERE

Contact: Kim Cerullo, Coordinator@CTHCC.org, 860-480-1906
Mary Beth Skarote, Coordinator@CTHCC.org, 919-819-5369
Paul Rabeuf, Chair Paul.Rabeuf@HCCHealth.org
Jim Brown, Vice-Chair James.Brown@UCHC.edu

Name	Organization/Function	7/20	8/16	9/20	10/18	12/20	1/22	2/21	3/20	4/17	5/15	6/19
Bob Mara	Aetna Ambulance Service					X						
Damian Rickard	American Ambulance Service					X				X		
Mary Grace Keating	Bristol-Burlington Health District	X	X	X		X	X	X	X	X		
Cheryl Assis	Capitol Region MRC							X				
Melissa Marquis	Capitol Region MRC									X		
Brian Cournoyer	CHA		X		X	X	x	X	X	X		
Aria Swan	Chesprocott Health District							x				
Lily Pawloski	Chesprocott Health District						X	X	X			
Amanda Gill	Community Health Center, Inc.				X	X	X		X			
Lynn Hayes	Clinical Advisor	X	X	X	X	X	X	X	X	X		
Nicholas Jossem	CRI Region 1 PHEP				X	X	X		X	X		
Brian Hunt	CRI Region 2 PHEP		X	X	X	X	X	X	X	X		
Bob Kenny	CT DEMHS			X								
Olivia Chetcuti	CT DEMHS									X		
Erin McDermott	CT DPH		X									
Raffaella Calciano	CT DPH OEMS	X	X		X		X	X	X			
Judith Reynolds	CT DPH OEMS				X			X				
Makayla Andrews	CT DPH OHPR MRC Coordinator			X	X				X	X		
Bill Gerrish	CT DPH OPHPR	X	X	X	X	X	X	X	X	X		
Maryanne Pappas	CT DPH OPHPR	X	X	X		X		X	X	X		
Michael Mozzer	CT DPH OPHPR	X		X				X	X	X		

Name	Organization/Function	7/20	8/16	9/20	10/18	12/20	1/22	2/21	3/20	4/17	5/15	6/19
Kimberly VanAelst	CT DPH OPHPR						X	X	X			
Megan Petrucelli	CT EMS For Children				X	X		X				
John D'Orazio	Eastern CT Health Network	X		X	X	X		X	X	X		
Michael Pascucilla	East Shore District Health Department							X				
Greg Allard	EMS PRO					X		X				
Angela Lola Murphy	Fresenius Medical Care									X		
Roger DeBaise	Gaylord Hospital			X	X							
Patrick Turek	Hartford Healthcare		X	X	X	X	X	X	X	X		
Anthony Pacella	Hartford Healthcare							X	X			
Beth Massey	Hospital for Special Care	X						X		X		
Jennifer Farley	Hospital for Special Care		X	X	X	X	X	X		X		
Randy Sultini	Hospital for Special Care								X			
Andy McGuire	Jensen Hughes	X										
Nick Gabriele	Jensen Hughes	X								X		
Brian Blondin	Lawrence and Memorial Hospital					X	X	X	X	X		
Mike Spellman	Lawrence and Memorial Hospital									X		
Katherine McCormack	Ledge Light Health Department								X			
Christian Lamoreux	NDMS				X		X					
Drew McBrearty	NDMS						X					
Corey Van Oostendorp	Nuvance Health Norwalk Hospital		X		X	X	X	X	X	X		

Name	Organization/Function	7/20	8/16	9/20	10/18	12/20	1/22	2/21	3/20	4/17	5/15	6/19
Jim Hutchinson	Nuvance Health- Sharon Hospital	X	X	X	X				X	X		
Blair Balmforth	Nuvance Health – Danbury/New Milford Hospital							X	X	X		
Judie Threatt	PHEP Coordinator, Glastonbury Health					X						
John Pelazza	Region 1 ESF-8	X	X		X	X	X		X	X		
Sue Jacozzi	Region 1 ESF-8							X				
Nicole Velardi	Region 2 ESF-8									X		
Pat Srenaski	Region 3 ESF-8	X	X		X	X		X	X	X		
Kris Magnussen	Region 4 ESF-8						X	X		X		
Megan McClintock	Region 5 ESF-8	X										
Paul Rabeuf	Region 5 ESF-8 and Hartford Healthcare		X	X	X	X	X		X	X		
Jessica Kristy	Region 5 ESF-8- CADH	X	X	X		X	X	X		X		
Elisabeth Matuska	Shoreline HD/Region 2 MRC							X				
Susan Lonczak	South Central Health District						X	X	X	X		
Geralyn Hoyt	Southbury Ambulance Association								X			
Andrea Boissevain	Stratford Health Department							X				
Veronica Cortes	Stratford Health Department							X		X		
Augie Holzmiller	St. Francis Hospital/ Mt Sinai Hospital			X	X	X		X	X	X		
Shivani Kaneria	Torrington Area Health District							X	X			
Brien LaForge	Torrington Area Health District								X			
Ivan Sarmiento Jr.	Trinity Health of New England	X										
Paul Wentworth	Trinity Health of New England	X			X		X	X	X			

Name	Organization/Function	7/20	8/16	9/20	10/18	12/20	1/22	2/21	3/20	4/17	5/15	6/19
Tony Armelin	Trinity Health of New England									X		
James Brown	UConn Health	X	X	X	X		X	X	X	X		
Sheena Pinnock	Waterbury DPH		X		X	X	X			X		
Nina Robertson	Wallingford Health						X	X				
Odali Rodriquez	Wallingford Health						X	X				
Sarah Gwinn	West Hartford-Bloomfield Health District									X		
James Paturas	Yale New Haven Health		X	X	X	X	X	X				
Joe Albanese	Yale New Haven Health	X	X						X			
Jordan Rose Swenson	Yale New Haven Hospital		X	X	X		X	X		X		
Ginny Schwartzer	All Clear, Fiscal Agent	X	X	X	X	X	X	X	X	X		
Mary Beth Skarote	All Clear, HCC Team Supervisor		X	X	X	X	X	X	X			
Kim Cerullo	All Clear, RRC	X	X	X	X	X	X	X	X	X		
Carmen Flores	All Clear							X	X	x		
Rachel Cruz	All Clear					X						
Emily Peterson	All Clear					X	X					

Scoring Documentation							
Organization	**Representative**	**Decon Assess.**	**WP Violence Training**	**COOP Workshop**	**Virtual TTX (move $ to decon cache)**	**CT Train / CT Resp.**	**Decon Supp. Cache (table)**
CADH	**Jess Kristy**	aye	aye	aye	aye	aye	aye
CT DEMHS	**Robert Kenny**	-	-	-	-	-	-
CT DPH	**Bill Gerrish**	aye	aye	aye	aye	aye	aye
CT Hospital Association	**Brian Cournoyer**	aye	aye	nay	aye	aye	aye
CT OEMS	**Raffaella Calciano**	-	-	-	-	-	-
Eastern CT Health Network	**John D'Orazio**	aye	nay	aye	aye	aye	aye
Hartford HealthCare	**Patrick Turek**	aye	aye	ab	aye	aye	-
Hospital for Special Care	**Jennifer Farley**	aye	aye	aye	aye	aye	aye
Nuvance Health	**Jim Hutchison**	aye	aye	aye	-	aye	aye
Region 1 ESF-8	**John Pelazza**	aye	aye	aye	aye	aye	aye
Region 2 ESF-8	**Jordan Swenson**	aye	aye	aye	aye	ab	aye
Region 3 ESF-8	**Pat Srenaski**	aye	aye	aye	aye	aye	aye
Region 4 ESF-8	**Kris Magnussen**	aye	aye	aye	aye	aye	aye
Region 5 ESF-8	**Paul Rabeuf**	aye	aye	aye	aye	aye	aye
Trinity Health of New England	**Paul Wentworth (proxy Tony Armelin)**	aye	aye	aye	-	-	-
UConn Health	**James Brown**	aye	aye	aye	aye	aye	aye
Yale New Haven Health	**Mark Sevilla**	-	-	-	-	-	-
Results							
Ayes		**14**	**13**	**12**	**12**	**12**	**12**
Nays		**0**	**1**	**1**	**0**	**0**	**0**
Abstain		**0**	**0**	**1**	**0**	**1**	**0**
Total # Voting Members Present *Jim H. stepped out of the meeting briefly and was not present for the virtual TTX meeting vote. *Tony A. was present for the first three motions and then left the meeting.		**14**	**14**	**14**	**12**	**13**	**12**

Result	PASSED	PASSED	PASSED	PASSED	PASSED	PASSED