

MRC Statewide Meeting January 13th, 2010

Minutes

Michael Coughlin, DPH, opened the meeting at 10:10 AM. He invited attendees to introduce themselves (see attendance).

H1N1 Update

Mr. Coughlin began with an update on the H1N1 flu virus response. The H1N1 vaccine is now universally available. Due to a decrease in demand, the Department of Public Health now has a surplus of 3 million doses. The majority of these doses have been distributed to local public health and commercial pharmacies.

Mr. Coughlin announced that on January 15, DPH will be holding a public event at the Massachusetts State House with Governor Deval Patrick, Commissioner John Auerbach and Health and Human Services Assistant Secretary Howard Koh speaking. After some brief remarks, a public H1N1 vaccination clinic will be held.

DPH will be releasing new data that details health disparities across ethnic and economic lines. The data regarding H1N1 hospitalization and mortality disparities was scheduled for release shortly after the 1/15 event. DPH also plans to unveil a new initiative to reach out to underserved groups and address these health disparities. Local public health officials and MRC units will play an important role in this initiative. The DPH report on H1N1 health disparities will be distributed via the MRC email list.

Kathleen Conley Norbut, Region 1 Western Massachusetts MRC Coordinator, suggested that DPH work to integrate Mass 211 with other community based agencies, such as emergency management directors. Mr. Coughlin said DPH is working on Mass 211 integration.

Cheryl Bushnell, Bristol County Collaborative Coordinator, expressed concern that MRC units that are not affiliated local public health may not be receiving the same flow of information from DPH. Mr. Coughlin asked if any MRC unit leaders in attendance felt they were not receiving information about H1N1. There was consensus that units were receiving information. He noted that all MRC units in Massachusetts will continue to receive updates from DPH via Regina Villa Associates (RVA) email list. He suggested any MRC unit leader to contact him if they felt they were out of the loop.

Liability Update

Mr. Coughlin gave an update on the liability legislation currently in the state legislature. The bill is currently in conference committee, and DPH remains hopeful that the bill will be passed. The bill remains a priority for DPH.

Barbara Kellog, Berkshire MRC, asked Mr. Coughlin to describe the major differences between the House and Senate bill. Mr. Coughlin said due to some public pushback over false rumors of mandatory vaccinations, the House version was more cautious than the Senate Bill. Both bills carry the appropriate liability language; however the House Bill only provides liability protection when the Governor has declared a state of emergency.

MRC/MSAR Integration

Mr. Coughlin noted that at the August 2009 meeting, he had given a presentation on MRC/MSAR integration. Since that time, DPH has been working on an internal issue with their IT department to set up a database that is compatible with the state standards for their system known as the “Virtual Gateway.” DPH is developing an RFR to help manage this transition and provide the necessary software.

In order to ensure the database is meets the needs of MRC units, RVA and DPH will be carrying out a needs assessment process in the coming months. Regan Checchio, RVA, described the process. Each unit director will receive questionnaire that asked leaders to describe desirable features and potential barriers to a statewide integrated database system. After MRC unit leaders have a chance to look over the questionnaire, RVA will hold interviews (by phone or in person) with each MRC unit to discuss these issues in more detail. Ms. Checchio asked the units if there were any specific questions that should be included.

Ms. Norbut said MRC units could better advise the state if they knew what the state’s ultimate goals were. She said units should know what the new system would look like. Mr. Coughlin responded that the integrated system will, for the most part, resemble the input received from this needs assessment process. Ideally, MRC/MSAR integration would yield one system where there were previously two. There would be one database and one registration system for medical volunteers maintained by DPH but locally controlled by MRC unit leaders. Ms. Norbut responded that this information and a timeline would be helpful for MRC units trying to determine how to best spend their resources on websites and database management. Mr. Coughlin clarified that integration will have no effect on MRC units’ informational websites. Ms. Norbut noted that units could disband their current website and rely on the state website to post trainings and educational materials.

Margaret Whittaker, North Shore/Cape Ann MRC, asked how DPH would handle volunteers who did not want to join a statewide database. Ms. Checchio responded that MRC volunteers would not be signed up to be part of the MSAR database. Instead, MSAR volunteers would likely become affiliated with their local MRC units. Potentially volunteers would be able to opt-in and decide if they would like to be part of a statewide activation. As part of the integration process, DPH would not be activating local volunteers. Volunteers would still be activated by the unit leader. DPH expects that there will be a signed agreement statement to this effect between participating units and the state. The exact language of the agreement will be worked on through the needs assessment process.

Ms. Bushnell suggested that DPH identify the minimum dataset used by all MRC units. This would help set the foundation for a statewide database. Ms. Checchio noted that in a recent survey on data management, 95% of participants captured all of the required fields. She noted that the report from Minnesota said importing data from other databases was a difficult process, and that unit leaders would likely have to re-upload data. The interviews will help assess whether units have the capacity to re-upload their databases or if they would need additional funding or staffing from DPH.

Liisa Jackson, Region 4A MRC, said a statewide database will be a hard sell for local coordinators, who currently manage their own volunteers. She asked how a statewide database would help local coordinators. Mr. Coughlin said an integrated database will aid in deployments and provide easier data entry. He said this will be a gradual process and that the ultimate goal was to provide the database as an asset to MRC units.

Ms. Sibor asked Mr. Coughlin to review the MSAR program for new MRC unit leaders. The Massachusetts System for Advance Registration of Volunteer Health Professionals (MSAR) is a database that targets licensed physicians maintained on the state level with very little interaction on a local level. Originally, DPH planned on activating MSAR volunteers during statewide events; however, it is currently just a database that has yet to be deployed during any public health emergency. This database is part of a federal system known as the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP).

Jonathan Miller, Springfield MRC, asked that the new database system develop a reporting system that would be streamlined with the federal reporting system. Mr. Coughlin said DPH had already looked into this with the national program office and found that it wasn't possible. Federal reporting has to be done through the national program's website.

Teresa Wood Kett, Newton MRC, asked if CORI checking could be done through this system. Mr. Coughlin said they would look into it and that he recognized that CORI checking was not consistent across the state. Ms. Checchio added that some minimum standard of credentialing would be incorporated into the database. Ms. Bushnell said a CORI check should be part of the minimum data set. Ms. Checchio said she recognized that units have different credentialing methods. Hopefully, the new system would have an automated credentialing feature. Ms. Jackson noted that her unit's IT consultant said credentialing and CORI checks could be done on an automated, web-based system.

Trish Parent, Grafton MRC, asked why CERT was excluded from this project. Mr. Coughlin said DPH was looking at incorporating CERT down the road but not as part of the initial rollout.

Ms. Kaufman said her unit would need to run reverse 911 calls from the database system. This is a common means of activation for her unit. Ms. Checchio said the interviews will cover which features unit leaders would need.

Frank Morrisino, East Longmeadow MRC, said his volunteers would not want to be part of a database held by the state or deployed by the state. Mr. Coughlin said he did not foresee the state calling or deploying local volunteers.

Shawn Winsor, Worcester Regional MRC, asked if the state had a timeline for this process. Mr. Coughlin said they did not have an exact timeline. DPH plans on using PHER funding for the RFR and an initial investment in the system this spring.

Sandy Collins, Upper Merrimack Valley MRC, asked when PHER funding needed to be spent. Mr. Coughlin explained that 50 million was received from the federal government to help support the H1N1 response. The money is largely available to MRC units through local public health. This is a one-time funding source and should be spent no later than April. Ms. Collins asked if there was a process for MRC units who can not spend the money in time. Mr. Coughlin said will be settled through the units' host agencies.

Ms. Collins asked if the recent inoculation program for paramedics, dentists and pharmacists would continue and whether these groups would be able to participate in flu clinics. Mr. Coughlin responded that paramedics needed to be confirmed with their EMS unit. The rest of the groups would be free to help flu clinics. Mr. Coughlin said DPH will likely continue some programs started during the H1N1 response. These decisions won't be made until after DPH has reviewed the after-action reports.

Update on HHAN Drill

Ms. Checchio gave an update on the MRC group for the HHAN. Earlier this winter, Ms. Checchio asked MRC unit leaders to send in their primary and secondary contacts for the HHAN group. All but five or six units have responded. On December 10, DPH held a HHAN drill. Only six of the 38 units in the group did not respond within 24 hours. Ms. Whittaker suggested be incorporating the HHAN group into DPH's multi-year plan or listed as a deliverable.

Regional Update

Jennifer Frenette, Region 1 Coordinator, began her regional update. She welcomed the newcomers to the meeting and reviewed some basic MRC statistics. There are 45 units in Massachusetts with approximately 18,000 volunteers. She reviewed the requirements to be recognized the federal program office. All units must update their profiles on the website on a quarterly basis. If a unit changes its name, it must match its profile on the national website. Ms. Frenette asked that the profiles designate the unit's jurisdiction by town or county.

Units must also participate in technical assessment calls. They typically last 45 minutes to an hour. The purpose of the calls is to assess the general operations of the unit and to

troubleshoot any ongoing issues. The MA technical assessment calls likely won't happen until March or April.

The NACCHO Capacity Building Award announcements should have been received on the week of January 4. Scholarships to attend the NACCHO summit are still available.

Any new MRC unit leaders should contact Jennifer Frenette to join her mailing list.

The National Health Strategic Plan has been released and is available on the national website. Secretary Sebelious will continue to focus on smoking cessation and physical activity.

Shelter Communication Drill

After multiple meetings with a Shelter Working Group (consisting of representatives from MRC units, Massachusetts Emergency Management Agency, the American Red Cross, and the Mass Medical Society), DPH developed communication protocols for deploying MRC volunteers across unit jurisdictions via the State Emergency Operations Center. This information was presented at the August 2009 statewide meeting.

Mr. Coughlin suggested running a tabletop drill that tests these protocols. He asked when MRC units would be able to participate, suggesting that it be incorporated into the next statewide meeting. Ms. Bushnell said her region likely wouldn't be ready until the summer at the earliest. Mr. Coughlin said DPH will add it as an agenda item for the next Steering Committee call.

Overview of Emotional Resiliency Training

Lisa Gurland, DPH, and Ms. Kaufman outlined a new Train-the-Trainer series of modules available for MRC units titled, "Building Emotional Resilience for Massachusetts Disaster." The course focuses on developing emotional resilience techniques to cope with stress and catastrophe.¹ All three modules of the train the trainer course would provide CEU's for nurses, psychiatrists and physicians. Nursing CE's are issued through MARN (Massachusetts Association of Registered Nursing) who is an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

One participant asked if there was a minimum or maximum for registrations to run the course. Ms. Kaufman said a training would require more than 10 people registered. 25 registrations would be ideal.

Special Medical Needs Shelters

Ms. Collins announced that the "Guide to Medical Special Needs Shelters for Medical Reserve Corps Units" produced by the Office of the Civilian Volunteer Medical Reserve

¹ The course brochure is available at the state MRC website here: <http://tinyurl.com/yc6r25c>

Corps is now available. The National Program Office developed this document through a working group consisting of people with shelter experience.²

Mr. Coughlin introduced John Grieb, DPH, and Bryan Pillai, MA Taskforce to discuss the Cape Cod Medical Special Needs Shelter. Mr. Grieb and Mr. Pillai are developing plans for a Special Medical Needs Shelter on Cape Cod, in the event of a hurricane-related emergency. Given that the Cape Cod local board of health and MRC unit will likely be busy with local shelters, Mr. Grieb noted that a number of out-of-town guests may be on the Cape and unable to evacuate if the bridges are closed. Shelters set up for these individuals would most likely require outside MRC staffing help.³

Ms. Bushnell suggested Mr. Grieb connect with the new Cape Cod MRC coordinator. Mr. Grieb responded that they had been in touch and were coordinating the project accordingly.

Charles Cotnoir, Martha's Vineyard MRC, asked if his area could also receive assistance from the shelter. Mr. Grieb said he would like to talk with Mr. Cotnoir in more detail.

Ms. Sibor asked how this shelter would relate to Alternate Care Sites (ACS)? Mr. Grieb said ACS planning was predicated on funding and supplies from the Pandemic Flu bill. Because the bill has not yet passed the Legislature and also due to hospital resistance, planning for ACS has slowed. Ms. Sibor asked Mr. Grieb to send to MRC units a small write up on this shelter that outlined how MRC units could get involved.

One participant asked if the shelter would need non-medical volunteers. Mr. Grieb said non-medical volunteers would be needed for crowd control and other administrative tasks.

One participant asked if the state would have means of getting volunteers to Cape Cod when the bridges were out. Mr. Grieb said there would be some limited aviation but that the shelter would be set up before the hurricane hit.

Ms. Norbut suggested Mr. Grieb connect with Bob Haskett at MMRS. She said western Massachusetts units would be interested in participating in the shelter.

Ms. Gurland noted that the shelter would need to plan for residents arriving without medications. Planners should develop a memo of understanding with local pharmacies and prepare computer systems and medication stockpiles so that residents could receive their prescriptions. Mr. Grieb agreed and said they would look into potentially purchasing and storing medication. Ms. Jackson noted that Region 4A was developing a memo of understanding with local pharmacies.

Mr. Cotnoir asked if MRC units should expect to continue to receive funding from DPH's Emergency Preparedness Bureau. Mr. Coughlin confirmed that funding would continue to units as long as it was available.

² The document is available on the state website here: <http://tinyurl.com/yaraowp>

³ Their PowerPoint presentation is available on the state website here: <http://tinyurl.com/ydztmwe>

Unit Updates

Michael Nelson, Hilltown MRC, said his MRC unit helped staff the first mall-based clinics. Approximately 800 shots were administered and eleven MRC volunteers staffed the clinic in the area. The MRC booth at the Big E fair in September was a success. Approximately 60 people requested extra information.

Rick Reuss, Randolph MRC, said his unit was carrying out trainings for Shelter Operations, Mass Care, HAM radio operators as well as ICS and NIMS.

Ms. Whittaker said the North Shore/Cape Ann MRC unit was participating in flu clinics. She noted that clinics were also helpful for recruiting. About eight people have signed up since the unit began staffing flu clinics. The unit is currently looking for an instructor for a triage training. The unit also has an active HAM radio operator group.

Mr. Cotnoir said the Martha's Vineyard MRC was kept busy staffing H1N1 flu clinics.

Arthur Dutil, Berkshire MRC, said the 32 boards of health in Berkshire county were coordinating with the MRC unit to open H1N1 clinics. The unit is also developing an active Disaster Animal Response Team.

Ms. Norbut said her western Massachusetts MRC units will host a Conference on April 16 at the Westfield State College. The event will recognize MRC volunteers and provide a series of best practices workshops. Lunch will be served. The region continues to work on a strategic plan. She asked how other MRC units were tracking volunteer hours. Ms. Collins suggested using the points of light calculator. The link was distributed to the MRC email list shortly after the meeting. Ms. Norbut noted that the region had two new MRC coordinators, Terry Nelson for the Wilbraham MRC and Frank Morrissino for the East Longmeadow MRC.

Mr. Morrissino said he was happy to join the MRC network and noted that the flu clinics held in his area were bringing in new volunteers.

Mr. Miller said his unit continues to help staff flu clinics although there has been a dip in attendance.

Ms. Bushnell said the Bristol Norfolk region remained active with flu clinics. She said some coordinators in the region who double as local public health officers struggled to find time to register and credential new volunteers. She said some were turning to volunteers for leadership positions to help manage MRC unit administration. Units within the region continue to hold trainings in ICS, NIMS and Behavioral Health. She recommended that the state ask for progress reports on a quarterly basis to help ease the workload of unit coordinators.

Jeanne Spalding, Middleborough MRC, said her unit was staffing flu clinics. The unit will host a HAM radio workshop as well as an emergency communication training. Two, possibly three, towns are interested in joining the unit.

Mr. Winsor said his unit teamed with the Grafton MRC and the Wachusett MRC to place an ad in the local newspapers. The advertisement led to 90 new applications. He noted that his volunteers were starting to burn out after staffing many flu clinics and attending trainings. April is volunteer appreciation month for the Worcester Regional MRC. Mr. Winsor is working with the local hockey team, the Worcester Sharks, to provide tickets for volunteers.

Ms. Parent said her unit's volunteers staffed a booth at a farmer's market and helped run flu clinics at local schools. Over 500 residents were vaccinated at the last clinic with approximately 25 MRC volunteers staffing.

Ms. Collins said her unit was staffing multiple clinics and that volunteers have staffed over 400 positions. Her unit is currently finishing an after action report. Many volunteers took the DPH vaccination training and loved it.

Terry Nelson, Wilbraham MRC, said he became the Wilbraham MRC coordinator earlier in the week and that he planned to reconstitute the volunteer base and then improve outreach. Poppy Nelson, Wilbraham MRC, said the unit had recently staffed flu clinics. She said the clinics were good practice for EDS protocols. The unit helped administer 700 doses of vaccine in two clinics.

Stephanie Bozigian-Merrick, Holyoke MRC, said her unit staffed H1N1 flu clinics and developed strong partnerships with local school nurses. Mr. Coughlin said DPH hopes to maintain and build upon these new partnerships.

Steph Sharp, Boston MRC, said her unit created three flu teams of MRC volunteers to help staff two large flu clinics. The unit will continue to staff clinics through February.

Linda Shea, Region 4B Subregion 3 MRC, said her unit helped staff flu clinics. The unit held an EDS drill in September in Wellesley.

Alison Minkoff Burns, Region 4B MRC, said her unit staffed a clinic at the Galleria Mall in Somerville. The unit carried out lots of recruitment in the fall and gained approximately 300 members. Ms. Burns is planning a training schedule as well as the unit's second annual daylong training.

Ms. Sibor said her unit's leadership committee carried out an extensive recruitment campaign. The unit now has 50 new members. The unit has staffed six clinics thus far and recently held an EDS drill.

Paul Malone, Haverhill MRC, said his unit staffed the first H1N1 clinic open to everyone. The unit helped administer 700 doses of vaccine. Several more clinics are planned.

Judie O'Donnell, Wachusett MRC, said her unit was reaching out to elementary schools with a puppet show called "Wack the Flu." Her unit has helped the local board of health plan five flu clinics. She is currently updating her unit's volunteer database to engage non-participating volunteers.

Joanne Martel, Greater River Valley MRC, said her unit added 70 new members over the past year. The unit is helping plan regional flu clinics. She noted that the flu clinics have been an excellent opportunity to develop closer ties with her volunteers. Ms. Martel plans to set up an after-action/volunteer appreciation event in the near future.

Lisa Gurland, DPH, said she had attended a vaccination training and participated in two flu clinics. She described the vaccination training as one of her best experiences in public health in years.

Liisa Jackson, Region 4A MRC, said her unit developed a registration tool for H1N1 clinics on her website. She said if other units were interested, she could pass along her IT consultant's contact information. Her unit was preparing a hot wash for the H1N1 response. The unit continues to plan clinics and EDS drills. The unit is also running an animal preparedness campaign.

Ms. Frenette said MRC unit leaders should contact her to put their H1N1 information on the website. Mr. Coughlin closed the meeting and thanked everyone for their hard work over the past months. The meeting was closed 2:06.

Attendance

Gail Bienvenue-Mailhott	DPH
Michael Blanchard	Region 4B Subregion 3 MRC
Stephanie Bozigian-Merrick	Holyoke MRC
Alison Minkoff Burns	Region 4B MRC
Nancy Burns	Upper Merrimack Valley MRC
Cheryl Bushnell	Bristol County MRC Collaborative
Regan Checchio	Regina Villa Associates
Judith Chevarley	DPH
Sandy Collins	Upper Merrimack Valley MRC
Mike Coughlin	DPH
Charles Cotnoir	Martha's Vineyard MRC
John Coulon	Toppsfield MRC
Wendy Diotalevi	Region 4A MRC
Arthur Dutil	Berkshire MRC
Dawn Farmer	Grafton MRC
Jennifer Frenette	Region 1 Coordinator
John Grieb	DPH
Lisa Gurland	DPH
Liisa Jackson	Region 4A MRC
Lisa Kaufman	Duxbury Bay Area Regional MRC
Barbara Kellog	Berkshire MRC
Teresa Wood Kett	Newton MRC
Paul Malone	Haverhill MRC
Donna Manna	Brockton MRC
Joanne Martell	Greater River Valley MRC
Sharon Mastenbrook	Burlington MRC
Jonathan Miller	Springfield MRC
Frank Morrisino	East Longmeadow MRC
Judie O'Donnell	Wachusett MRC
Michael Nelson	Hilltown MRC
Poppy Nelson	Wilbraham MRC
Terry Nelson	Wilbraham MRC
Dave Nichols	Greater River Valley MRC
Kathleen Conley Norbut	Coordinator, Region 1 Western Massachusetts
Trish Parent	Grafton MRC
Charlie Patton	Regina Villa Associates
Bryan Pillai	Taskforce for Emergency Readiness
Rick Reuss	Randolph MRC
Kimberly Scanlon	Mystic Valley MRC
Stephanie Sharp	Boston MRC
Linda Shea	Region 4B Subregion 3 MRC

Dawn Sibor
Jeanne Spalding
David Trout
Beth Van Ness
Margaret Whittaker
Shawn Winsor

Brookline MRC
Middleborough MRC
DPH
Berkshire MRC
North Shore Cape Ann MRC
Worcester Regional MRC