

Butte-Glenn Emergency Preparedness Healthcare Coalition (HCC)

Meeting Minutes

March 17th, 2021, 2:00PM-3:30PM

Attendees: Jessica Driskill, Matt Washburn (Butte County Public Health), Amy Stoltz (NVIH), Patti Arena (Enloe Medical Center), Joanne Gilchrist (CDPH), Mary Thomas (Glenn County Public Health), Cori Miller (Peg Taylor Center), Devyn Vondracek (Home & Healthcare Management), Michelle Wetmore (Far North Regional Center)

1) Welcome/Introductions: Jessica Driskill, Emergency Preparedness Coordinator announced her resignation from Butte County Public Health.

2) HPP Updates

HCC MOU and Statement of Participation

- Signed by Public Health & Area Hospitals; enables us to streamline the process.
- This form may be utilized share resources or to provide funding to those part of HCC.
- If you are interested in officially becoming a member, please review the attached Statement of Participation, and sign two original copies in blue ink & mail originals to:
Public Health Emergency Preparedness
202 Mira Loma Dr.
Oroville, CA 95965

HPP COVID Funding

- Butte County has received COVID funding specific to PPE supplies, NOT vaccine planning. Complete an HCC Wish list (attached). Please be specific on item needs, including vendors.
- Glenn County also has funding available and is offering to their partners. Email them directly to inquire.

3) COVID-19 Updates

Crisis Care Orders

- <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-91.aspx>
- Includes checklist and Hospitals to send their plans to BCPH (publichealthdoc@buttecounty.net). Please review and contact BCPH with information or technical assistance you may need to process.

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- Send what you have to publichealthdoc@buttecounty.net

Situational Overview

Butte County: Currently has 10,937 total cases, 47 probable deaths, 171 deaths, Red Tier. Dashboard please go to www.buttecounty.net/ph/COVID19 for more statistics and information about hospital surge, hospitalizations, testing percentages and more.

Current priorities include monitoring surge in hospital settings, congregate living outbreaks, and vaccinating the community within tiered approach system. BCPH is ALL HANDS ON DECK – some programs are either on HOLD, or on pause for response and vaccination.

Glenn County: Currently has 2,757 total cases, 24 deaths, Purple Tier.

Resource Requests/Staffing Request MOU Templates

- Please send Resource Requests and inquiries to publichealthdoc@buttecounty.net
- Avoid sending directly to individuals in case of missed emails.
- Fill out the forms completely and reach out with questions.
- Be very specific with your request; make sure you can't get resource somewhere else, explain what avenues you have taken to obtain resource; need for additional staffing, etc. It lessens back and forth of information gathering; avenues taken to get resources.
- Staffing Resources: Require supplemental questionnaire & MOU with State. These resources take time, please do not wait until last minute Be PREPARED to pay State Pay Rates; each resource has different pricing points.
- Staffing requests must pertain to staff being out due to having positive cases amongst staff.
- Staffing Agency: Contracted Prices; CAL MAT Team (Free for 1st 72 hours); National Guard, and other Health Care Volunteers. It is a mixed bag; State prioritizes entity dispatched; please ensure you can pay these expenses. Lower priority assigned to those who have previously requested staffing and cancelled it after submitting to the state.

Hospital Bed Polling

- Daily Bed Polls are mandatory. This helps determine in which reopening tier we are placed.
- ER Holds submitted to state on Mondays, Wednesdays and Fridays, factors in to where we stand statewide.
- SSV is asked by the state to pull data more often due to the rise in Southern CA cases. Information about available ICU beds is extremely important.

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Vaccine Planning

Butte County - My Turn Updates

- Website: <https://myturn.ca.gov/>
- Currently hosting Community Clinics with Enloe & Oroville Hospitals.
- Full Transition to MyTurn for all vaccine clinics as of April 13th 2021.
- Issues: Allows out-of-county individuals to sign up for clinics requiring us to run reports to remove and notify those who do not meet Butte County vaccine requirements.
- Available slots at both clinics at this time.
- Volunteer Process using DHV system and Friends & Family Program.

Glenn County - My Turn Updates

- Optum Serve Vaccine Clinic - utilizing Optum Serve test site on non-testing days (Thurs, Fri, & Sat)
- Currently over 5,000 vaccines administered to date. A CalMat (consisting of EMTs and paramedics) are helping with Vaccination efforts.
 - 3,000- First doses; 2,000- Second doses.
- Optum Serve Test Site still running M-W, and adding vaccine clinic side Thurs. – Sat.
 - 210 appointments per day; vaccine allocated by Glenn County
 - Running MyTurn signup system; unable to police unqualified signups.
- Outreach planned for local Glenn County healthcare partners for Wish Lists regarding COVID grant funds.

4) Healthcare Partner Roundtable - All in attendance

Discussing day to day operations/Current planning activities & best practices/Lessons learned/challenges encountered

Enloe Hospital (Patti)

- Decrease in numbers (8) admits today; holding pattern this past week.
- ED Visits for COVID related complaints are down
- ED activity 20% below Pre-COVID
- Planning for Quality Summit for the Month of May
 - To be posted on Facebook Page: <https://www.facebook.com/enloe.medical/>

Orchard Hospital (Beth)

- Coming out of an Outbreak in the Main Hospital
- Starting to repopulate in-patient census

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- Hovlid Hospital is doing well at this time.

Northern Valley Indian Health (Amy)

- Application pending approval for IRT Program (Innovative Readiness Training)
- <https://irt.defense.gov/>
- The program partners NVIH with Military Branches to facilitate 2-weeks of community care; in this case it is for Pfizer Vaccine Clinics offered to anyone within the NVIH service areas, including Oroville residents. Clinics will be held at various sites in Chico, Willows, Woodland, as well as Glenn and Tehama counties. Launch is planned for mid-April once the application is approved. The goal to vaccinate 4,200 people within 2-week period.
- Discussed partnering with Public Health and other partners to fill clinics as it is taking several days to fill current clinics

Peg Taylor Center (Cori)

- Discussed the possibility of getting together a vaccine Plan for those with mobility issues.
- Continuing to have participants doing well in terms of working remotely with them regarding fall prevention and maintaining functional levels and preventing depression.
- Vaccinations have increased the way we can with clients in home, enabling closer in-person services.
- Have begun taking referrals for regular program and alternative services.
- Unite Us Effort (Liz Cali) with Blue Shield CA, First Five Butte, and Butte-Glenn 211
 - Platform to better connect Butte County residents with health & social services
 - Tool is a Bi-directional electronic referral platform that will better connect out community members to the care that they need.
 - All organizations that deliver health care and/or social services are invited to join.
 - Free for community based health centers and FQHC's, and most community health centers.
 - HIPPA Compliant facet.
 - Launching in April.
- 75% of clients vaccinated; working with others in under 64 age group to use MyTurn and other Community Clinics.
- Making efforts to educate those who have not been vaccinated to vaccinate. Majority of these individuals may still be fearful of, or lack updated information regarding the vaccine.
- Webinars provided by Disability Thrive Initiative for vaccine planning Developmental Disabilities & Other conditions.
 - Including Spanish Speaking Physicians Webinars.

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- Disability Thrive Webinar (attached)

Upcoming Training Opportunities:

- ICS-300/400 Hosted by Plumas County Public Health (attached)
- CalOES COVID-19 Guidance: Purchasing Under FEMA Awards During Periods of Emergency or Exigency (attached)

5) Next Meeting – May 19th, 2021 2:00PM - 3:30PM

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State Public Health Officer Order

1/5/2021

California is experiencing an unprecedented and exponential surge in COVID-19 cases, and staffing and other resources are becoming strained. COVID-19 hospitalizations have increased sevenfold over the last two months, while COVID-19 Intensive Care Unit (ICU) hospitalizations have increased **by over sixfold** over the last two months, and large proportions of California hospitals have reached significant strain on their ability to provide adequate medical care to their communities. Over half of California hospitals have requested waivers for conventional staffing ratios per patient, and more anticipate ongoing staffing shortages. There is a shortage of ICU bed availability and many hospitals have added surge ICU beds but still need additional staffing to meet the ongoing demand. The distribution of COVID-19 hospitalizations is focused in some areas and hospitals, and the burden of care needs to be shared across our statewide healthcare resources. If this increase of COVID-19 patients continues, hospitals may be unable to provide necessary emergency and critical care to Californians.

Immediate action is necessary to preserve resources, to help prevent the need to adopt crisis standards of care, and to ensure that hospitals can continue to care for critically ill Californians suffering from COVID-19 as well as other life-threatening conditions.¹ Crisis care occurs when resources are scarce and the focus changes from delivering individual patient care to delivering the best care for the patient population. When intensive care unit capacity is limited by staffing, supplies, or space due to the surge of COVID-19 hospitalizations and ICU admissions, immediate measures must be taken to ensure there is system-wide capacity to provide safe and appropriate medical care. When hospitals are overwhelmed, they are unable to provide care meeting appropriate medical standards or to implement appropriate infection control measures needed to prevent further spread of COVID-19 disease in the healthcare setting. If hospitals lose the capacity to care for seriously ill COVID-19 cases, those highly infectious COVID-19 patients will be pushed into the general community which will further increase community transmission.

NOW, THEREFORE, I, as State Public Health Officer of the State of California, order:

1. In order to prioritize services to those who are sickest and prioritize resources for providers directly caring for them, when a county is in a region under the [Regional Stay at Home Order](#) that has zero

¹ In June 2020 the California Department of Public Health published and circulated [California Sars-CoV-2 Pandemic Crisis Care Guidelines](#).

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percent ICU availability (0%) and the CDPH calculation of the ICU availability for that county is ten percent (10%) or less:

- a. All hospitals and ambulatory surgery centers shall categorize all elective procedures by Tier using the [Elective Surgery Acuity Scale](#) (ESAS) from St. Louis University and suggested by the American College of Surgeons.
- b. All hospitals and ambulatory surgery centers operating under the hospital license or hospital based clinic in the county shall delay ESAS Tier 1 and 2 surgical procedures for at least as long as this order remains effective in the county.
- c. All ambulatory surgery centers still performing surgical procedures shall coordinate with local hospitals to ensure the hospitals where post-surgery admissions are usually referred to have capacity to accept any possible post-surgery admissions prior to performing any surgery or other invasive procedure.
- d. A hospital in the county that has reached crisis care and does not have the ability to examine and treat patients shall notify their [Medical and Health Operational Area Coordinator](#) (MHOAC)², Local Health Officer, and CDPH Licensing & Certification District Office³ that the hospital has reached crisis care.
- e. When capable, a hospital in the county that has reached crisis care shall, when clinically appropriate:
 - i. Transfer patients as directed by the:
 1. Medical Health and Operational Area Coordinator (MHOAC), when transfers are coordinated within the affected patient's operational area or county
 2. Regional Disaster Medical Health Specialist (RDMHS), when transfers require coordination out of the affected patient's local operational area, but within the same Office of Emergency Services (OES) region

² Medical Health Operational Area Coordination (MHOAC) Program: A comprehensive program under the direction of the Medical Health Operational Area Coordinator (MHOAC). The MHOAC Program coordinates the 17 public health and medical functions within the operational area as specified in [Health and Safety Code §1797.153](#). In each operational area the county health officer and the local EMS agency administrator may act jointly as the medical health operational area coordinator (MHOAC). If the county health officer and the local EMS agency administrator are unable to fulfill the duties of the MHOAC they may jointly appoint another individual to fulfill these responsibilities.

³ See [AFL 20-91](#) "California Crisis Care Continuum Guidelines: Implementing During the Surge of Coronavirus Disease 2019 (COVID-19) Cases"

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3. EMSA Director or designee, when transfers require coordination outside of the affected patient's OES region.
 - ii. Utilize the California Emergency Command and Transfer Center (855) 301-2337, when the RDMHS or EMSA Director levels of transfer above are invoked.
 - iii. Comply with all non-waived and otherwise sections of the federal Emergency Medical Treatment and Active Labor Act (EMTALA), 42 U.S.C. § 1395dd, including the requirements to provide stabilizing treatment within the hospital's capabilities and capacity prior to the admission of the individual to the facility or the initiation of a transfer to another hospital, and to provide a medical screening examination to any individual who comes to the emergency department and requests examination or treatment.
 - iv. Not consider a patient's insurance status or ability to pay when making transfer decisions pursuant to this Public Health Order.
2. When they are capable and when such transfers are clinically appropriate, all hospitals in the State of California must accept patients from hospitals in crisis care transferred pursuant paragraph 1.f.i. as directed by the:
 - a. Medical Health and Operational Area Coordinator (MHOAC), when transfers are coordinated within the affected patient's operational area or county
 - b. Regional Disaster Medical Health Specialist (RDMHS), when transfers require coordination out of the affected patient's local operational area, but within the same OES region.
 - c. EMSA Director or designee, when transfers require coordination outside of the affected patient's OES region.
3. When transferring patients pursuant to this order, the MHOAC, RDMHS and EMSA Director or designee should take all measures to ensure balanced distribution of patients across the hospital system and shall immediately notify the MHOAC and RDMHS in the receiving county if it is different than the sending county or OES region.
4. Hospitals directed and capable of accepting patients under this order must acknowledge their acceptance of the patient within 60 minutes of the request.
5. This Order shall take effect **immediately**.
6. The provisions in Section 1 of this Order shall remain in effect for at least three weeks, and until the order is rescinded. All other provisions of this Order shall remain in effect as long as any county is subject to Section 1.

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7. The State Public Health Officer will continue to monitor the epidemiological data and will modify these terms as required by the evolving public health conditions. If the State Public Health Officer deems it to be in the interest of public health and safety to change the terms herein, these modifications will be posted at _____.

8. This order is issued pursuant to Health and Safety Code sections 120125, 120140, 120175, 120195 and 131080; EO N-60-20, N-25-20, N-27-20, N-39-20, and other authority provided for under the Emergency Services Act; and other applicable law.

Tomás J. Aragón, M.D., Dr.P.H.

Director & State Public Health Officer

California Department of Public Health