<u>AGENDA</u>

BAY ARENAC BEHAVIORAL HEALTH BOARD OF DIRECTORS FACILITIES & SAFETY COMMITTEE MEETING Monday, November 13, 2023 at 5:00 pm William B. Cammin Clinic, Bay Room, 1010 N. Madison Avenue, Bay City, MI 48708

Committee Members:	Present	Excused	Absent	Committee Members:	Present	Excused	Absent	Others Present:
Robert Luce, Ch				Sally Mrozinski				BABH: Chris Pinter, Marci Rozek,
Colleen Maillette, V Ch, Ex Off				Robert Pawlak				Eric Strode, and Sara McRae
Jerome Crete				Richard Byrne, Ex Off				
Chris Girard								Legend: M-Motion; S-Support;
								MA-Motion Adopted; AB-
								Abstained

	Agenda Item	Discussion	Motion/Action
1.	Call To Order & Roll Call		
2.	Public Input (Maximum of 3 Minutes)		
3.	Unfinished Business 3.1) None		
	New Business 4.1) Facilities Update		4.1) No action necessary
4.	4.2) Emergency Preparedness Tabletop Exercise Follow Up		4.2) No action necessary
	4.3) Safety Meeting Notes from August 2, 2023		4.3) No action necessary
5.	Adjournment	M - S -	pm MA

2023 Heatwave TTX

After-Action Report/Improvement Plan

September 11, 2023

Region 3 Healthcare Coalition and Regional Partners



EXERCISE OVERVIEW

Exercise/Event Name	2023 Summer Heat Wave TTX			
Exercise/Event Dates	September 5, 2023			
Scope	This exercise is a tabletop exercise planned for two hours which includes one hour or more of preparation homework. Exercise play is limited to participating agencies and information provided in the Situation Manual. One hour or more of group discussion in a virtual setting			
Type of Exercise	Virtual Tabletop Exercise			
Threat or Hazard	Natural Event: Temperature Extremes (Heat)			
Sponsor	Region 3 Healthcare Coalition			
Scenario	Heatwave affecting a large portion of Mid-Michigan			
Capabilities	Foundation for Healthcare and Medical Readiness			
Objectives	 Understand facility and community-based procedures in preparation for an extreme temperature heat related event. Understand facility and community-based activation and communication protocols during an extreme heat related event Understand secondary effects of an extreme heat event that spans multiple operational periods. 			
Participating Organizations	Dialysis, Home Healthcare and Hospice, P.A.C.E., Outpatient Physical Therapy, Behavioral Health. <i>Detailed list of participating agencies</i> , see Attachments A&B			
Point of Contact	Rob Kelly, Region 3 HCC, robkelly@region3hcc.org			

This training is supported 100% by the Michigan Department of Health and Human Services with funding from the U. S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program Cooperative Agreement Award 1U3REP190584-01. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of ASPR.

GAP IDENTIFICATION

Major Strengths of Exercise or Event

Strength: Education and preparation of patients and teammates on 3-day emergency diet, fluids, cooling locations etc. (Dialysis)

Strength: Emergency transportation policy put into place allowing for social worker and administration to arrange and pay for patient transportation. (Dialysis).

Strength: Comprehensive EPP in place, and readily available (Behavioral Health)

Strength: Each site has specific site plans in place (Behavioral Health)

Strength: Office could continue to function to perform patient services (dialysis etc.)

Strength: Staff able to continue to make notifications re: cancellations, reschedule etc., as systems were working properly (Dialysis, Home Health, Behavioral Health)

Strength: Effective system set up for working remotely (Behavioral Health)

Strength: Preventive measures taken to ensure patients remain safe during extreme heat.

Strength: Patient summaries, treatments and emergency contacts were up to date in emergency kit

Primary Areas for Improvement

Area for Improvement 1: Update command structure with new changes in leadership

Area for Improvement 2: Have more resources available during summer months (water, Gatorade etc.)

Area for Improvement 3: Establish routine schedule to check generator and fuel.

Area for Improvement 4: Periodic review of EPP and contents and include in new employee orientation.

Area for Improvement 5: Need better communication with affiliates during events like this.

Area for Improvement 6: Bottled water not on hand for extended periods if tap water is restricted/unavailable.

Area for Improvement 7: Evaluate risk level of all patients during event and continue to enter clients risk level on admission. Update as necessary

Area for Improvement 8: Overall improvement on education to patients for heat wave type incidents, how to prepare.

Area for Improvement 9: Update all patient demographic information on a quarterly basis (dialysis)

Are for Improvement 10: (Dialysis) Emergency hand-crank procedure to be reviewed quarterly with Patient Emergency Take-Off procedure education.

Area for Improvement 11: Create list of transportation resources and backups for patients (dialysis)

IMPROVEMENT ACTION PLAN

Issue/Area for Improvement	Corrective Action	Primary Responsible Organization	Organization POC	Start Date of Action	Completion Date of Action
Periodic Review of EPP/EOP	Include in new employee orientation and include in performance reviews	Site specific to Behavioral Health	Admin	September, 2023	TBD
Backup Generator Fuel	Identify backup plan if natural gas availability to generator is interrupted	Site specific to Dialysis	Admin/Maintenance	September, 2023	TBD
Proper education to caregivers and patients regarding emergency situations	Educate (Dialysis) patients and care givers on having 3 day emergency diet on hand	All sites	Administration	September, 2023	TBD
Ability to communicate with staff, patients and caregivers	Consider alert text, social media announcements, etc.to broadcast announcements during event.	All sites	Administration	September, 2023	TBD
Risk level of clients should be identified	Continue to enter clients risk level at admission and periodic review	Site Specific to Home Healthcare	Administration	September, 2023	TBD

ATTACHMENT A: PARTICIPATING AGENCIES (17)

A&D Home Health Care; Pigeon				
Bay-Arenac Behavioral Health				
Covenant Healthcare VNA Home Care, Hospice, Saginaw				
Covenant Healthcare, Professional Support Services				
Covenant Medical Center				
DaVita Kidney Care, Bad Axe				
DaVita Kidney Care, Great Lakes Division, Bay City				
DaVita Kidney Care, Colmare- Bridgeport				
DaVita Kidney Care, Gladwin				
First State Home Health and Hospice Care, Saginaw				
Fresenius Kidney Care, Northern MI (Saginaw)				
Great Lakes P.A.C.E.				
Heritage Dialysis, Fenton				
Michigan Physical Therapy, Mio				
Region 3 Healthcare Coalition				
Tuscola Behavioral Health System, Tuscola Co				
United Hospice, Marlette				

APPENDIX B: ATTENDANCE ROSTER

Attendees of Microsoft TEAMS Virtual Meeting

Amy Clarkson	A&D Homecare- Pigeon	
Eric Strode	Bay-Arenac Behavioral Health	
Andrew Degraaf	Covenant Healthcare	
Angela Thornton	Covenant Healthcare VNA Home Care	
Danielle Hassard	Covenant Healthcare VNA Home Care	
Madonna Messing	DaVita Bad Axe	
Coren Crane	DaVita Bay City	
Amy Montague	DaVita Colmare (Bridgeport)	
Stephanie Hull	DaVita Gladwin	
Rhonda Gendregske	DaVita Great Lakes Division	
Julie Ulery	DaVita Midland	
Paula Dennison	First State Home Health and Hospice	
Starr Turner	Fresenius Kidney Care Northern MI	
Gail Ryan	Heritage Dialysis Fenton	
Jamie Fritz	Marlette United Hospice	
Becky Parker	Michigan Physical Therapy, Mio	
Ashley Hurley	P.A.C.E.	
Jennifer Stefaniak	Region 3 Healthcare Coalition	
Rob Kelly	Region 3 Healthcare Coalition	
Mindy Ziminski	Tuscola Co Behavioral Health	
Shelli Greschaw	United Hospice Marlette	

ATTACHMENT C: LOCAL DOCUMENTATION

Facilities should add any documents that go with the exercise to the end of this AAR that are site specific. This might include your local gaps and improvements if not captured above and any evaluation sheets. Include your sign in sheets of those attending the virtual exercise from your location, as well as a sign in sheet of those not present who were later provided the information and where the exercise detail was thoroughly reviewed.

BAY-ARENAC BEHAVIORAL HEALTH SAFETY MEETING MINUTES Wednesday, November 1, 2023 - 9:00 am Via Microsoft Teams

- Attendees: Eric Strode (Chair), Vicki Atkinson (Recorder), Justeen Blair, Lynn Blohm, Susan Curtis, Misty Giesken, Jennifer Lasceski (ad hoc), Tammy Matuszewski, Bianca Parks, Donna Roznowski, Kristin Vanness, Sarah Van Paris, Tonia Wilczynski
- Excused: Amy Folsom, Heather Friebe, Joellen Hahn (opt), Maria Hewtty, Cheryl Kusmierz, Amy LaMere, Marci Rozek (opt), Joelle Sporman, Nicole Sweet (ad hoc), Karl White

To	pic	Key Discussion Points	Next Steps
1.	Call to Order Review Agenda Review of Meeting Minutes	The meeting was called to order at 9:00 am. Agenda was reviewed, no additions Meeting minutes from August 2, 2023 were approved as written.	
2.		Mice at North Bay: A different exterminator has been contacted (Superior Pest Solutions) and will going to North Bay today, Eric will update at the next meeting.	Update at next meeting
3.	Environmental Concerns related to Consumer incident reports	 Environmental Concerns related to Consumer incident reports: None at this time 	
4.	Safety Program Performance Measures	New Employee Training: Eric reported these are up to date and saved to the appropriate folders.	
		New Employee Checklist: Eric reported these are up to date and saved to the appropriate folders.	
		Accidents, Incidents and Illnesses Reports: There were two incidents reported:	
		 In August, a BABH employee was injured while engaged with a consumer, no medical attention was sought. In October, a BABH employee was bit on the arm while engaged with a consumer, no medical attention was sought. 	
		 Vehicle Accident/Reporting Protocol/Cell phone use: There were two accidents reported: 1. In September, a car from a BABH location was stopped at a stop sign, proceeded through intersection and hit a car already proceeding through intersection, no injuries reported. Car is being repaired. 	

	2. In September, a van rear-ended another car stopped at a light, no injuries reported, minor damage to the vehicle.	
	 Emergency Drills/Real Events/Fire Drill/Tornados: Arenac – no drills recorded on log since April 2023 Madison – up to date with drills Mulholland 2nd floor – up to date with drills minus panic button drill, which is scheduled to be done with the 3rd floor. Mulholland 3rd floor – Eric will assist with filling out logs (new Safety Rep) North Bay – up to date with drills Horizon – up to date with drills Wirt Bldg – no drills recorded on log since July 2023 	
	If you have completed your drills but have not recorded them, let Eric know. Eric has to complete a report at the end of the year for inspection. Update Occupancy Forms:	
	 North Bay and Mulholland – Only buildings up to date Please save your Occupancy List under "Safety Materials – Occupancy List & Floor Plans" folder. Eric reminded everyone that these need to be updated so you know who is in your building. 	
	Active Shooter Training: Eric is still working on getting this scheduled.	
5. Monthly Safety Inspections	Site Safety Rep Logs: See Item #4. If you need help completing your log, please contact Eric.	
	911 Check Problems/Time: The Emergency Phone on Mulholland 2 nd floor was not working correctly. McLaren Bay Region emailed Eric recently and said it was up and running again. There is also an Emergency Phone on Mulholland 3 rd floor. Both phones ring directly to the hospital switchboard.	
	 Vehicle Inspections/Maintenance Protocol/Insurance: Policy Approval for 5-6-2 Equipment & Vehicle Management - Fleet Management and Vehicle Safety. Eric reviewed the policy 	

	 with the Safety Committee. The document has been updated by including Horizon Home vehicles and checklist for Tie Down and Lift training. Jennifer Lasceski added that recently employees are not aware of what to do when driving an agency vehicle, if they are in an accident or pulled over. New staff are not given any instructions on this. There has been a lot of turnover with staff (administrative and supervisors). Eric reported that this will be a site specific training by supervisors that will be done in the future. Policy 5-6-2 was approved by the Safety Committee with no changes. 	Eric will send out an email to supervisors reminding them that training is needed on the agency vehicles.
6. Other	 Elevator Discussion: The #1 elevator at Mulholland will start to be installed the week of November 6 and should be completed by January 2024. The #2 elevator is to be installed and completed by April 2024. A shred bin has been placed at the bottom of the stairs on the first floor at Mulholland. Eric contacted Shred Experts and they will be coming every two weeks instead of monthly. Review Panic Button Protocols: Mulholland 2nd and 3rd floor - The Protocols have been completed and Procedures have been updated along with the laminated cards by the alarm panels. A drill is scheduled for the near future. 	
	North Bay-Alarm going off – Lynn Blohm reported that she is receiving calls during the night (midnight, 1:00 am, etc.) from Audio Central that the alarm is going off. The cleaning crew is going in later than usual and setting off the alarm. Eric will contact the cleaning crew and find out why they are going so late and contact Audio Central to adjust the time if need be.	Eric will contact the cleaning crew for North Bay and Audio Central regarding the alarm going off late at night.
7. Adjourn	Meeting adjourned at 9:25 am. Next Quarterly Meeting: February 2024 via Teams. Date/location to be determined.	