



Health Care Coalition of Orange County

Advisory Committee – Outpatient Clinics – Dialysis – Surgery Centers

Tuesday, March 26, 2019 – 2:30 p.m. to 3:30 p.m.

Location:

Health Care Agency Operations Center
2228 Ritchey St. Santa Ana CA

Agenda

- I. CALL TO ORDER
- II. INTRODUCTIONS/ANNOUNCEMENTS
- III. APPROVAL OF MINUTES
 - None
- IV. EMS/HEM REPORT
 - Health Emergency Management (HEM) Program
- V. SURVEYS
- VI. NEW BUSINESS
 - Top three goals
 - **Clinics**
 - Making drills more relatable to clinics – injects that are more clinic specific and involve more staff.
 - Clinic specific forms such as EEG/SitStat; or more education on filling them out as it pertains to objectives.
 - Hands-on C/E and ICS training;
 - Something like a clinic only TTX before the drill to help C/E's learn how to do it with each, bounce ideas off each other, and establish evaluation criteria.
 - Clinic C/E doing a TTX and learning how ICS is implemented and used, this will also help evaluators train/evaluate their own staff.
 - **Dialysis**
 - Mass Communications
 - Education
 - Transportation

- **Surgery Centers**

- Communications
- Drill Participation
- Education and Training

- Gap Analysis Tool
- Facility/MHOAC Situation Report

(Attachment 1)

VII. **OTHER BUSINESS**

- Roundtable

VIII. **NEXT MEETING** June 12, 2019 – Health Care Agency Operations Center (AOC) - 2:30pm to 3:30pm

IX. **ADJOURNMENT**

Facility/MHOAC Situation Report

REPORT STATUS (Choose Only One)	DATE / TIME OF REPORT	CONTACT INFORMATION									
<input type="radio"/> Advisory: No Action Required <input type="radio"/> Alert: Action Required	MM/DD/YYYY	NAME OF REPORT CREATOR									
	HH:MM	POSITION / TITLE									
FACILITY NAME		PHONE NUMBER									
FACILITY STREET ADDRESS		REPORT CREATOR EMAIL ADDRESS									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #d9e1f2;"> <th style="width: 25%;">FACILITY TYPE (Select from drop-down options)</th> <th style="width: 20%;">FOR FACILITIES ONLY:</th> <th style="width: 20%;">Prognosis:</th> <th style="width: 35%;">24 HOUR FACILITY EMAIL ADDRESS</th> </tr> <tr> <td rowspan="2"></td> <td>Number of Impacted Beds:</td> <td rowspan="2"> <input type="radio"/> Improving <input type="radio"/> Worsening <input type="radio"/> No Change </td> <td rowspan="2"></td> </tr> <tr> <td>Number of Total Beds:</td> </tr> </table>		FACILITY TYPE (Select from drop-down options)	FOR FACILITIES ONLY:	Prognosis:	24 HOUR FACILITY EMAIL ADDRESS		Number of Impacted Beds:	<input type="radio"/> Improving <input type="radio"/> Worsening <input type="radio"/> No Change		Number of Total Beds:	Have you activated any internal plans in response to this incident? <input type="radio"/> YES <input type="radio"/> NO
FACILITY TYPE (Select from drop-down options)	FOR FACILITIES ONLY:	Prognosis:	24 HOUR FACILITY EMAIL ADDRESS								
	Number of Impacted Beds:	<input type="radio"/> Improving <input type="radio"/> Worsening <input type="radio"/> No Change									
	Number of Total Beds:										
CURRENT FACILITY STATUS (Choose only one):											
<input type="radio"/> GREEN: Normal Operations											
<input type="radio"/> YELLOW: Modified operations; using internal/corporate resources											
<input type="radio"/> RED: Modified operations; need assistance											
<input type="radio"/> BLACK: Significantly impaired or non functional; need MAJOR assistance											
CURRENT SITUATION:		COMMENTS									
		Have you evacuated any portion of your facility? <input type="radio"/> YES <input type="radio"/> NO									
		If Yes, Enter Number of Beds Evacuated:									
		Have you called 9-1-1 for any Type of Emergency Response / Assistance? <input type="radio"/> YES <input type="radio"/> NO									
		IF YES TO ABOVE, EXPLAIN NATURE OF REQUEST/RESPONSE:									
IF ASSISTANCE IS NEEDED, PLEASE DESCRIBE:											
<input type="radio"/> INITIAL REPORT <input type="radio"/> UPDATE <input type="radio"/> FINAL REPORT		PLEASE SUBMIT TO EMSDUTYOFFICER@OCHCA.COM WHEN COMPLETED									