

Gallatin County Unified Health Command

January 13, 2011

8:00 – 9:00 am

Sapphire Room

Bozeman Deaconess Hospital

Present: Mike Layton, Sean Grabbe, Matt Kelley, Vickie Groeneweg, Tim Roark, Pam Shrauger, Bob Flaherty, Betty Kalakay, Mark Winton, Sid Williamson, Angela Jennings, Art McKiernan, Jim Feist, Ita Killeen, Leslie Teachout

- **Review Prior Minutes – November 4, 2010**

- **Syndromic Surveillance – Dr. Flaherty**

Matt introduced Dr. Flaherty, from MSU Student Health Acute Care, to give a presentation on his idea of Sentinel Network Surveillance. Matt continued that a pilot project is expected later this year with Missoula City-County Health Department and DPHHS. This could expand to include GCCHD, MSU and BDH.

Dr. Flaherty explained his plan to use electronic medical records at MSU Student Health to collect diagnostic codes for diseases and to see the number of cases from day to day. If the numbers of cases show an increase, an epidemic could be identified. Software is under development that would mine the data, graph it and perform statistical analyses to see early trends. The graphs would be auto emailed to GCCHD and DPHHS.

An epidemic could be determined several days in advance resulting in early response!

MSU Student Health and UM have the same software that allows information to get to DPHHS.

Questions:

Any suggestions for providers regarding consistency in coding? Dr. Flaherty is looking at all potential codes that might be used for a disease and then creating a set of codes for the disease.

Why was the 3-day moving average selected? Would a longer moving average be better for disease types? Dr. Flaherty noted that this question will be answered by the project. The 3-day moving average is a standard trend statistic that also accounts for rapid changes (stock market uses this type of moving average). The network software can use 3-, 5- or 7-day averages. Which analysis shows trend information the earliest?

What is the timeline for the project? 6-8 weeks. At two months, Dr. Flaherty will run old data (5-years of diagnostic codes), trend analysis and Beta testing. Then he will run 2 months of real time data and work with GCCHD. So by mid-summer the project will be complete.

- **Influenza Update**

Stephanie Murphy reported on the information received from providers via rapid testing:

48 cases this week

54 cases last week

40 cases before that

Dr. Feist has seen the numbers drop off in mid-December when kids were off from school. Regarding morbidity, Dr. Feist added that he has seen nothing significant (i.e., pneumonia).

Sid noted that he has seen flu patients who had received the flu vaccine. Dr. Winton noted that nothing is 100% but maybe the vaccinated flu patients had a milder case and maybe being vaccinated prevented transmission of flu to others. But this fits in with what is being seen nationally.

GCCHD has no private multi-dose flu but has plenty of VFC and mist. Dr. Feist asked for some flu mist and Stephanie will work with him.

- **Pertussis Update**

Stephanie Murphy reported on the pertussis cases:

- 2 cases in November – fully immunized youth at 15 years and 7 years old
- 2 cases in December – 9month & 2 years old in an un-immunized family

- **Hep C**

Matt reported on the rise in total Hep C cases that were found while looking at HIV/AIDS data. CHP, Bridger Clinic and Connections are working together to get messaging out and create a health curriculum. Connections provide outreach to IV users during their transition from jail. Casey Rudd is a Hep C educator and provides screening services.

Could the rise in cases be related to the population increase? There is no evidence that this is the reason but will continue to look at the numbers tested and screened.

- **Surge Capacity Plan Update – Betty**

Betty reported on the plan updates needed. The plan organizes the response to a long-term event that overwhelms the care system. The Surge Capacity Plan coordinates the different agencies plans and brings together those entities. It is different from the MPI Plan that focuses on the pre-hospital/to hospital care segment.

Please email to Betty the names of agencies plans

i.e., BDH - Disaster plan; High-Census Plan; Evacuation Plan. . .

Once an agency calls up volunteers, the agency is responsible for them.

Roles & Responsibilities – this section will be completed.

NEXT STEPS

1. Pam & Betty will meet to have a starting document. Currently they are working on an outline of what to include in the Plan.
2. The Surge Capacity working group will meet next month.

Pam will be more involved in April to do some writing.

- **Agency Updates**

Bozeman Deaconess Hospital

Vickie reported that new construction of the Emergency Dept will be completed in March or April.

Joint Commission will visit this year in June, July or August for trauma re-verification and anti-microbial stewardship. Sid will be involved in looking at vendors for the new electronic medical records during the January. EMR will be in-place at the ER by

November. Compatibility issues are being worked on by IT. Sid does not know about how it will connect with Dr. Flaherty's software.

Angela added communications to the list of BDH updates. BDH has a radio system that is not being used so daily practice training for mass casualty readiness is in the works.

Community Health Partners - Bozeman

DES

Gallatin City-County Health Dept

Matt reported he is looking at vendors for the Community Health Assessment along with BDH and CHP. The vendor would be accessing information from the community via a public opinion survey regarding behaviors, attitudes, conditions, treatments and access to care towards health.

MSU

Belgrade Urgent Care