



Wisconsin Department of Health Services
State Disaster Medical Advisory Committee (SDMAC)
Notes and Action Items

Date: April 2, 2020
Time: 7:00 AM to 8:30 AM

Meeting Invitees:

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|---|---|---|---|---|---|---|---|
| x | Jeanne Ayers, RN, MPH Department of Health Services | x | Elizabeth Bade, MD, PhD Scenic Bluffs Community Health Centers | x | Arthur Derse, MD, JD, FACEP MCW/Froedert | x | Michael Lohmeier, MD UW Health |
| x | Joe Cordova WI Department of Health Services | x | Allen Bateman, PhD, MPH Wisconsin State Lab and Hygiene | x | John Fangman, MD MCW/Froedert | | Silvia Munoz-Price, MD, PhD MCW/Froedert |
| x | Doug Hill Consultant, WI Department of Health Services | x | Mario (Riccardo) Collela, DO, MPH, FACEP Medical College of Wisconsin (MCW) | x | Michael Gutzeit, MD MCW/Children's | x | Nasia Safdar, MD, PhD UW Health |
| x | Jon Meiman, MD WI Department of Health Services | x | Chris Crnich, MD, PhD UW Health | x | Azita Hamedani, MD, MPH, MBA SDMAC Chair, University of Wisconsin-Madison | x | Jon Temte, MD, PhD, MS UW Health |
| x | Ryan Westergaard, MD, PhD, MPH Department of Health Services | x | Gina Dennik-Champion, MSN, RN, MSHA Wisconsin Nursing Association | x | Mark Kaufman, MD Wisconsin Hospital Association | x | Robert Wenberg, DO Lakeshore Community Health Care |

Agenda:

| Time: | Topic: | Lead: | Follow-up Items: |
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| 7:00 to 7:05 AM | Introduction of SDMAC chair and roll call <ul style="list-style-type: none"> Introduction of chair – Dr. Azita G. Hamedani Roll call – All | Jon Meiman | <ul style="list-style-type: none"> Would like people to identify what hat they are speaking from on BaseCamp (e.g. committee member or from their organization) Some items will require more timely feedback – Chair will let people know when everyone is expected to respond. |
| 7:05 to 7:30 AM | Open meetings and public records law training by DHS Office of Legal Counsel <ul style="list-style-type: none"> Open meetings laws training – Mark Thompson, Attorney Public records law training – Sandra Rowe, Chief Legal Counsel | Sandy Rowe Chief Legal Counsel | <p>Open Meetings</p> <ul style="list-style-type: none"> Governmental body – what matters is manner the body was created, versus the nature of its authority. Meeting – Showers test; requirements: <ul style="list-style-type: none"> Purpose of conducting governmental business; interaction among members not required Number of members present; quorum/negative quorum Convening – not limited to face to face, and likely not written due to one way communication Walking quorums – not allowed to prevent circumventing Open Meetings law Electronic Communication <ul style="list-style-type: none"> Reply All emails or serial messages that amount to collective action – possible violation to Open Meetings law |



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| | | | <ul style="list-style-type: none">▪ What about Basecampe software? Questions can be posted and people can reply.<ul style="list-style-type: none">• Office of Legal Counsel (OLC): would constitute as a meeting – should not be doing business outside of meeting. Limit communication to one way transmission and not related to policy the group will be involved in.▪ If we want items added to the agenda?<ul style="list-style-type: none">• Should ask for item placement via Kathleen. If something is informal or question, should email Chair.○ Notice requirements – at least 24 hours if not more; subject needs to be clear to public, should not use vague terms○ Public attendance – public comment must be included in the notice. Can discuss but cannot make formal actions during this time.<ul style="list-style-type: none">▪ Can we limit comment to 2-3 minutes or by written comments only?<ul style="list-style-type: none">• OLC: Yes, you can put that in the notice so public knows what they are limited to.▪ Public can chat and we can save but we do not have to acknowledge. Is that true?<ul style="list-style-type: none">• OLC: Legal needs to do more research. “public comment via chat”, or is it considered public comment if it is in chat feature? <p><i>Note: OLC will assist with agendas and notices and will help us with legal efficiencies, just need to know the path.</i></p> <p>Public Records</p> <ul style="list-style-type: none">• Overarching issue – presumption of access• Must Reply to Open Records Requests• Drafts are not records, however we cannot be disingenuous. Putting draft on everything does not protect it. Once used for purpose intended, loses draft status. |
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| | | | <ul style="list-style-type: none">○ Notes for personal use are not subject to open records law. Needs to be personal use.○ Requests don't have to be in writing, no purpose, anonymous, no magic words○ Response is mandatory; don't need to create records, just already existing records. <p><i>Note: OLC is here for assistance for records as well.</i></p> <ul style="list-style-type: none">▪ Do laws require a vice chair or secretary? Is more structure needed? Under this governmental body?<ul style="list-style-type: none">• Sandy-OLC can research that – it depends on how formal this should be. Chair can be the records custodian. <p><i>Sandy will be on all calls Thursday mornings.</i></p> |
| 7:30 to 7:40 AM | Review SDMAC charter Action: Questions and concerns about the charter | Doug Hill | <ul style="list-style-type: none">• Many SDMACs focus on prep, planning, and preventing things from moving into crisis standards of care (CSC).• Three recommendations after research: establishment of SDMAC; establishment of statewide disaster and mutual aid agreement (in prep for Democratic National Convention (DNC), would allow to share staff and resources); looking at statutes to ease burden on medical personnel in emergency situations.• WI is a little behind. 36 states have done plans. Some of them are very NV, AZ, MN involved; some are a 6 page plan.• Please read the charter but Doug Hill touching on main components• Objectives and goals: 5 and 6 are key.• There is hope this group stays active and continues working outside of this to be proactive and developing more guidance.<ul style="list-style-type: none">▪ Can a region, county, or city declare Crisis Standards of Care?<ul style="list-style-type: none">• Not examined yet, but yes. SDMAC doesn't need to be activated by state level authority, could be county health officer making request to Sec for assistance from SDMAC. |



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| 7:40 to 8:25 AM | <p>Update on COVID-19</p> <ul style="list-style-type: none">• Situational overview – Dr. Ryan Westergaard• Review and discuss Nevada crisis standard of care – Dr. Jon Meiman• Discussion of issues requiring guidance from SDMAC - All <p>Action: Update to the team and input</p> | Ryan Westergaard | <p>Situational Overview</p> <ul style="list-style-type: none">• Where are we at the curve? Not as bad as projections from 3/25. Projected doubling in 2 to 3 days, but has been about 5 days. Reason to be optimistic that Safer at Home order is helping, as well as testing.• Testing front – things are going better than week ago; capacity is well over 3000 tests a day, 12-1500 results a day. Not testing at capacity we can/need. Medical professions – critical or preserve. Messaging needs to be clearer. Providers updated tomorrow on what can be done.• Data – data surveillance. Being more transparent. We don't have a good up the structure for it, but trying to track available beds, resource learning, estimating vents, trying to capture parameters for general preparedness.• Clinical care side – couple of issues to develop and share guidance<ul style="list-style-type: none">○ Post-acute care – exposed or recovering need to be discharged but not able to be on own at home. Nursing homes issues. Need to examine both and have gotten input from stakeholders on how to navigate this.○ PPE conservation and access○ HCW screening and workforce issuesWill be addressing both and might make provider webinar series more interactive to share information – ex. How rural and MKE are handling these things. Provide resources. <p>Nevada</p> <ul style="list-style-type: none">• Put on agenda as a flag and encourage people to look at. Guidelines. How to utilize SDMAC where you have scarce resources. Response PPE found early on, forced to address this early.<ul style="list-style-type: none">○ How can group play a role○ Health care delivery system – how each should be approached?• Pages 19-21, CSC, resource limitations• Dr. Meiman wrote high level overview for hospitals. Finalizing today and hoping to send it to hospitals and members of group. Hoping to get it to three pages. |
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| | | | <p>Issues Requiring Guidance</p> <ul style="list-style-type: none">• Vaccine – will be available in about a year and will be limited. Distribution: How are they ethically distributed? Seen with H1N1. Hopefully this group can take on and develop guidance for when vaccine becomes available, transparent way. Can discuss in the future but wanted to flag it.• More pressing issue – scarce vents. People are very concerned (what happened in Italy). CSC stark example. How to allocate scarce vents – researched for H1N1. Need to be consistent and to get messaging to everyone.• Norman Foster working with group for vent allocations. UW Health has also been doing this work and nearing end of their work product which will be available to their usage and local consumption. Concerned with discrepancies between our work and theirs. Hopefully with two overlapping people, can try to harmonize before recommendation is provided to us.<ul style="list-style-type: none">○ As soon as UW is available to share, Chair will send.<ul style="list-style-type: none">▪ Art Durse – if guidelines are accepted from committee, what are legal implications of health facilitates?<ul style="list-style-type: none">• Best Practice, not legal or directive.○ Larger systems in Wisconsin have completed theirs, MCW/Froedert, Aurora, and Gundersen – not just UW<ul style="list-style-type: none">▪ Are these shared? What are the differences?<ul style="list-style-type: none">• Have not been shared publically. Group of leaders meeting across state finding identifying differences.• PPE<ul style="list-style-type: none">○ DPH addressing as a guidance process, welcomes input. Resource we try to prepare – guidelines and how people use them.<ul style="list-style-type: none">▪ Do we have enough PPE? Is it regional?<ul style="list-style-type: none">• State Emergency Operations Center (SEOC) is trying to get a better picture of every hospital throughout the state. Once we |
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| | | | <p>have this we will be able to see shortages and where is the supply.</p> <ul style="list-style-type: none">• Burn rate - based on use versus wastefulness.• DHS has been inundated with those questions looking for guidance. We need to preserve facemasks for health care settings are those who are ill. Not a lot of science – CDC does not recommend these for public. People are hoarding masks. Other countries are using non-traditional face coverings. |
| 8:25 to 8:30 AM | Wrap-up, next steps, and adjourn Next Meeting: Thursday, April 9, 2020 | Jon Meiman | |

Future Discussion Items (Parking Lot):