

EXHIBIT B

REGIONAL COUNCIL ACTIVITY REPORT ON REGIONAL EMS AND TRAUMA CARE SYSTEM PLAN IMPLEMENTATION

Regional Council: **Northwest Region**

Reporting for the Period: **December & January** Year: **2010**

SYSTEM LEADERSHIP

GOALS	OBJECTIVE	STRATEGIES – Narrative on Activity	Strategy Completion Date
<p>Goal 1. There are viable, active local and regional EMS and trauma care councils comprised of multi-disciplinary, EMS and trauma system representation.</p>	<p>Objective 1: By June 2010 Region and Local Councils will review current membership categories to insure that active participation across multi-disciplinary lines within Region and Local councils is met.</p>	<p>Strategy 1. Region and Local Councils will review bylaws to assess current membership categories and appropriate WAC requirements to determine gaps and establish additional membership categories as needed and strategically important. (Work Begins: September 2009)</p> <p>During this reporting period, the election process portion of the recently approved Region's bylaws was deemed insufficient and will be readdressed and updated by council members at the March meeting.</p>	
		<p>Strategy 2. Bylaws reflecting new membership categories will be approved by Region and Local Council members. (Work Begins: January 2010)</p> <p>During this reporting period membership categories were reviewed by Region Council members and no changes are applicable at this time; however, Naval Hospital representation has been changed to read Navy Region Northwest.</p>	
		<p>Strategy 3. Region and Local Councils will submit copies of approved bylaws to the Region office. (Work Begins: January</p>	

		<p>2010)</p> <p>During this reporting period, at their January meeting, Clallam EMS Council members started the review process of their current bylaws.</p> <p>At their January meeting, Jefferson EMS council members again stated that their bylaw review process will not begin until they receive their corporation and non-profit status from the IRS and Washington State. They have received their state corporate paperwork and are in the process of completing the necessary IRS paperwork.</p> <p>During January, Region staff contacted all other councils requesting a copy of their current bylaws.</p>	
	<p>Objective 2: By January 2011, have active representation of all membership categories.</p>	<p>Strategy 1. The Region will determine how to best utilize the website and newsletter to inform and engage Council members in regional activities. (Work Begins: November 2009)</p> <p>During this reporting period, staff announced to all members attending the January Region Council meeting that the 12/15/09 Exhibit B is posted on the Region's website</p>	
	<p>Objective 3: By April 2011 new and existing members of the Region and Local Council will be invited to participate in a Region sponsored Planning Retreat.</p>	<p>Strategy 1. Region and Local Council will appoint members to assist with identifying topics for the Planning Day Retreat. (Work Begins: August 2010)</p> <p>Strategy 2. Region staff will distribute invitations to Region and Local council members to attend Planning Retreat. (Work Begins: November 2010)</p>	

		<p>Strategy 3. A Region and Local Council Planning Day Retreat will be held to discuss membership retention and leadership training. (Work Begins: April 2011)</p>	
<p>Goal 2. Multi-disciplinary coalitions of private/public health care providers are fully engaged in regional and local EMS and trauma systems.</p>	<p>Objective 1: By January 2011 Region and Local councils will identify key groups in the Region and will maintain current relationships and continue to build new relationships to utilize in engaging new membership.</p>	<p>Strategy 1. The Region staff will identify through collaboration with the Regional Advisory Committee and literature research tools for regional and local councils to use in informing and engaging membership in regional activities. (Work Begins: November 2010)</p>	
		<p>Strategy 2. The Region Council will continue collaborative activities, needed projects and planning efforts with regional stakeholders, to include, but not be limited to EMS agencies, DEM, hospitals, U.S. military, and public health. (Work Begins: March 2010)</p>	
<p>Goal 3. Each of the services under the EMS and Trauma System has active, well trained and supported leadership.</p>	<p>Objective 1: By January 2011 Region and Local council members will participate in regionally sponsored training and leadership programs.</p>	<p>Strategy 1. Region Council members will review identified leadership resources and training programs that include specific EMS and Trauma components and review for regional use. (Work Begins: January 2010)</p> <p>Lessons learned at the Leadership training held in July and attended by the Region's Chair and Executive Director have been shared with Council and Committee members as appropriate and will continue to be shared throughout this fiscal year.</p> <p>During this reporting period information disseminated at a recent RAC meeting for regional use and member training (HRSA - Rural EMS Managers Awareness program and NEMS - National EMS Management Association) was reviewed by staff members and will be discussed at the next Executive Committee meeting to plan a course of action.</p>	

		Strategy 2. The Region Council will provide training schedules to ensure that all Region and Local Council members have the opportunity to receive training. (Work Begins: June 2010)	
	Objective 2: By September 2010 the Region Council will make a forum available at Region Council meetings for local agency discussion of system planning and development to maximize region-wide consistency.	Strategy 1. The Region Council will encourage local agency discussion of system planning and development issues at Region Council meetings. (Work Begins: September 2009) During this reporting period Regional Council members were given the opportunity to discuss system planning issues at the January Council meeting. No issues were brought forward.	
		Strategy 2. The Region Council will add specific local system planning and development issues to the Region Council meeting agenda on an as-needed basis. (Work Begins: March 2010)	
	Objective 3: To provide Local Council members consistent Regional leadership throughout the life of this plan.	Strategy 1. Ongoing contact with Local Councils will be maintained by Region staff through regular attendance and participation at Local Council meetings. (Work Begins: July 2009) During this reporting period, staff attended the following local council meetings: Jefferson - 12/1/09 & 1/5/10; Clallam - 12/17/09 & 1/21/10; Kitsap - 1/27/10; WOP - 12/17/09; and Mason - 12/17/09 & 1/21/10.	

SYSTEM DEVELOPMENT

GOALS	OBJECTIVE	STRATEGIES – Narrative on Activity	Strategy Completion Date
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<p>Goal 4. There is strong, efficient, well-coordinated region-wide EMS and Trauma System to reduce the incidence of inappropriate and inadequate trauma care and emergency medical services and to minimize the human suffering and costs associated with preventable mortality and morbidity.</p>	<p>Objective 1: The Region Council will work to strengthen the current comprehensive region-wide EMS & Trauma system by implementing the 2009 – 2012 Plan.</p>	<p>Strategy 1. The Region Council will communicate the details of the 2009 – 2012 Plan to the Local Councils and other relevant stakeholders in the region. (Work Begins: September 2009)</p> <p>All members of the regional council, as well as, members of all local councils have received a copy of the Exhibit B with current work highlighted and timelines of future objectives and strategies. This information, as needed will also be shared with Navy Region Northwest, Olympic National Park, Public Health, DEM and local/regional healthcare members as objectives and strategies include their participation and assistance in meeting a goal. This objective has been completed.</p>	<p>11/2009 Completed</p>
		<p>Strategy 2. The Region Council will monitor progress by a review of bimonthly progress reports and provide assistance as needed. (Work Begins: September 2009)</p> <p>The Exhibit B due on December 15th is now posted on the Region's website and council members have been informed of the posting. This exhibit B will be posted when it has been accepted by DOH for payment.</p>	
		<p>Strategy 3. The Region Council will monitor implementation progress by review of objectives and strategy progress at scheduled Local Council meetings. (Work Begins: September 2009)</p> <p>During this reporting period Clallam, Jefferson, Mason and West Olympic Peninsula EMS Council meetings were attended by either the Executive Director or the Regional Training Coordinator. A Regional report updating current activities; including appropriate goals and objectives updates was given. Future goals and objectives that may require assistance from the local council are also discussed at the meeting. Council</p>	

		members are reminded that the current approved Exhibit B is posted online for their review.	
		<p>Strategy 4. The Region Council will review and act on identified changes needed to the Plan during regular council meetings. (Work Begins: September 2009)</p> <p>During this reporting period no Plan changes were identified by council members at the Regional Council meeting.</p>	
	<p>Objective 2: By September 2011 the Regional EMS & Trauma System plan will be revised and updated to reflect the current needs and status of the system.</p>	<p>Strategy 1. Throughout the time period of this Plan the Region Council will review the Objectives and Strategies to determine the need to make revisions to meet current need. (Work Begins: September 2009)</p> <p>During this reporting period no Plan changes were identified by council members at the January Regional Council meeting.</p>	
		<p>Strategy 2. The Region and Local Councils and their sub-committees will participate in revising and updating the Regional Trauma Plan due for the next period (2012 – 2017). (Work Begins: March 2010)</p>	
		<p>Strategy 3. Region and Local Councils will review the updated Regional Trauma Plan and make needed changes. (Work Begins: February 2011)</p>	
		<p>Strategy 4. Region Council members will approve 2012-2017 Regional Trauma Plan prior to submission to DOH. (Work Begins: February 2011)</p>	
		<p>Objective 3: By June 2010 with participation by Region QI Committee members will implement a program</p>	<p>Strategy 1. An analysis will be conducted by Region staff to determine what types of data are currently available for use in the Region and how the data can be accessed for patient</p>

	<p>utilizing quality data, mortality rates, ISS, and patient outcomes to measure the effectiveness of the prehospital system.</p>	<p>outcomes and inclusion in the 2012-2017 Regional Trauma Plan. (Work Begins: August 2009)</p> <p>During this reporting period at January 14th IPPE Committee, the group discussed drowning/near drowning/water accidents using hospital generated data. The group also reviewed fatality and hospitalization injury data from the DOH website for the time period of 2002-2007; by county and by region.</p> <p>The Committee also discussed the various types of data available for their use (i.e. DOH- Collector, WEMISIS, hospital). The consensus of the group is that at this time the most accurate data collection is Collector and their own hospital data. The IPPE Coordinator supplied state data that shows the highest mortality rate for the Northwest Region. DOH will be invited to future meetings to bring specific data relating to the Region and discussions will continue as to how this data can be used to increase patient outcomes.</p>	
		<p>Strategy 2. Additional data sources (such as WEMISIS data collected by individual agencies, if possible) will be collected by Region staff and considered for use in the Regional Trauma Plan. (Work Begins: September 2009)</p> <p>During this reporting period data from the DOH data tables and data from the hospitals in the Region is being used by the IPPE Committee to determine injury prevention focuses in the Region. Additional data sources will be sought for inclusion in the IPPE data review process. WEMISIS reporting (or lack thereof) was discussed at all committee meetings; as well as, the Regional Council meeting. The quarterly WEMISIS report was distributed.</p>	

		<p>Strategy 3. All data collected by Region staff and committee members will be included in the Regional Trauma Plan as a way to support the recommendations suggested in the Plan and evaluate the effectiveness of the system. (Work Begins: December 2009)</p> <p>During this reporting period data reviewed by Region staff and committee members that appears to be pertinent and should be reviewed before writing the next plan, will be saved by the appropriate staff member for review by Region and Local council members during the next Plan writing cycle.</p>	
	<p>Objective 4: By December 2009 agencies within the Region will utilize available telehealth/telemedicine technologies for training and informational purposes.</p>	<p>Strategy 1. A region-wide survey will be conducted by the Region Council and provided to appropriate committee members for their assistance in determining how the telehealth/telemedicine system is currently being used in the Region. (Work Begins: September 2009)</p> <p>Staff completed A survey during the month of September of how telehealth/telemedicine is conducted in the Northwest Region to determine how these services are currently being used.</p>	<p>10/2009 Completed</p>
		<p>Strategy 2. Information on available telehealth/ telemedicine services and opportunities will be provided by Region staff to Regional and Local Council members for implementation at the local level for EMS agencies. (Work Begins: September 2009)</p> <p>During this reporting period, Information on telehealth/telemedicine services was reviewed and was included in the December 2009 issue of the region’s What’s Happening newsletter; this newsletter will be disbursed to all members of the local and regional EMS councils.</p>	<p>12/09 Completed</p>

		<p>Strategy 3. Region staff will provide a link to available telehealth/telemedicine identified opportunities on the Northwest Region website to help further the training and information process. (Work Begins: October 2009)</p> <p>A link to telehealth/telemedicine services available in the region is on the NWREMS website.</p>	11/2009 Completed
<p>Goal 5. The Regional Plan is congruent with the statewide strategic plan and utilizes standardized methods for identifying resource needs.</p>	<p>Objective 1: By September 2011 the Region Council will have completed a new EMS & Trauma Strategic Plan for 2012 – 2017 which is congruent with the Statewide Strategic Plan.</p>	<p>Strategy 1. The new Region Plan format will be presented at Region and Local Council meetings so that all participants and committee members will be able to participate in the planning process. (Work Begins: September 2010)</p>	
		<p>Strategy 2. The Region Council will host a strategic Planning meeting for Region and Local Council members and other system partners and will include a SWOT analysis and long range population growth projections. (Work Begins: September 2010)</p>	
		<p>Strategy 3. The current DOH Region Plan format will be used when revising and updating the Regional Trauma Plan for 2012-2017. (Work Begins: September 2010)</p>	
		<p>Strategy 4. The Region and Local Councils will review and approve the 2012-2017 Trauma Plan draft for a timely submission to DOH. (Work Begins: March 2011)</p>	
<p>Goal 6. The Regional EMS and trauma care system has multiple distribution channels (methods, routes etc.) for timely dissemination of information on emerging issues that have been</p>	<p>Objective 1: By December 2009 Region and Local Councils will identify existing distribution channels for use in timely distribution of Steering Committee & TAC information to regional stakeholders on emerging issues and will develop and implement an information</p>	<p>Strategy 1. Region and Local Council representatives will identify <i>or</i> form a group representing all counties within the Region to determine existing information distribution channels. (Work Begins: September 2009)</p> <p>During the reporting period the identification of an appropriate sub-committee to assist in this strategy began. Members will be solicited from current active committee members and Regional</p>	9/09 Completed

identified by the Steering Committee.	distribution process.	<p>Council members. Tentative members will be approached by staff to determine interest and appointed by the Chair at the November Council meeting.</p>	
		<p>Strategy 2. The identified group will develop a process for timely distribution of information on emerging issues. (Work Begins: September 2009)</p> <p>Currently, all information is distributed by email and posted on the Region's website. Council and Committee members feel that the current distribution process for information is appropriate and adequate. The Region will continue to post information on the website; and when applicable, email notification of the posting will be sent to all interested parties.</p>	11/09 Completed
		<p>Strategy 3. The identified group will ensure that the emerging issues information dissemination process is implemented within the regional system. (Work Begins: September 2009)</p> <p>A Sub-committee of TED and QI Committee members has been formed. A process has been identified (see Goal 6, Objective 2) and will be implemented in December 2009.</p>	12/09 Completed
Goal 7. The Regional EMS and Trauma System interfaces with emergency preparedness/disaster planning, bioterrorism and public health.	Objective 1: By June 2010 the leadership in the EMS and trauma system will continue and strengthen the current collaboration activities with the regional leadership of emergency management, the public health emergency preparedness network, and the public health system to include joint meetings and mutual projects.	<p>Strategy 1. The Region Council will collaborate with the local and regional Departments of Emergency Management to identify needed projects. (Work Begins: October 2009)</p> <p>During this reporting period the January 12th Homeland Security/DEM meeting was cancelled. The next meeting will be held on March 9th.</p>	
		<p>Strategy 2. The Region Council will invite local and regional DEM personnel to participate at a Region Council. (Work Begins: November 2009)</p>	12/09 Completed

		<p>Discussions were held with Local and Regional DEM personnel regarding the Northwest Region EMS & Trauma Care Council meetings. They were extended an invitation by staff to attend Regional Council meetings. At this time, they will not be added as Council members.</p>	
		<p>Strategy 3. Region Council staff will participate in a meeting with Public Health Emergency Preparedness Region 3 and Region 4 to discuss cross boundary planning, training and coordination for EMS agencies. (Work Begins: November 2010)</p>	
		<p>Strategy 4. The Region Council will collaborate with regional and local public health offices to complete identified projects. (Work Begins: September 2009)</p> <p>During this reporting period meetings were held in December and January with coordinators for the Region, Homeland Security/DEM and Public Health. Current and future projects were discussed and ways to combine requirements for each entity are implemented when possible. Meetings are currently focused on H1N1 distribution throughout the region.</p>	
	<p>Objective 2: By November 2011 the Region Council will adopt a Regional All-Hazards Preparedness Plan.</p>	<p>Strategy 1. The Region Council will take the lead in development of a Regional All-Hazards Preparedness Plan which will include resource identification, management, and sharing throughout local and regional jurisdictions. (Work Begins: January 2010)</p> <p>During the reporting period, Mason County started the process of updating their Preparedness Plan and will partner with the Region to develop a regional MCI Plan.</p> <p>Strategy 2. The Region Council will form a workgroup for the purpose of writing an All-Hazards Preparedness Plan. (Work</p>	

		<p>Begins: January 2010)</p> <p>During the reporting period, Mason County started the process of updating their Preparedness Plan and will partner with other counties within the Region to develop a regional MCI Plan.</p>	
		<p>Strategy 3. The Region Preparedness workgroup will collect copies of all local plans for inclusion in the Regional All-Hazards Preparedness Plan. (Work Begins: March 2010)</p>	
		<p>Strategy 4. The Regional All-Hazards Preparedness Plan Workgroup will meet to start Plan compilation process. (Work Begins: November 2010)</p>	
		<p>Strategy 5. The planning group will have completed the Regional All-Hazards Preparedness Plan. (Work Begins: February 2011)</p>	
		<p>Strategy 6. Region and Local Council members will participate in an Exercise/Drill to test the Regional All-Hazards Preparedness Plan. (Work Begins: November 2011)</p>	
<p>Goal 8. Region-wide interoperable communications are in place for emergency responders and hospitals.</p>	<p>Objective 1: By June 2010 interoperable communications gaps between emergency responders and hospitals will be identified and distributed to Region and Local Council members for inclusion in future funding and addressed as available resources allow.</p>	<p>Strategy 1. Region Staff and the Region’s Communication Committee will conduct an assessment to determine which types of interoperable communication systems are currently in place within the Region. (Work Begins: November 2009)</p> <p>During January 2010 a survey was conducted of all agencies in the region to determine which communications systems are in use in the region.</p>	
		<p>Strategy 2. The Region Council will distribute the list of communication systems gaps identified in the assessment. (Work Begins: February 2010)</p>	

		<p>Strategy 3. Recommendations to address the identified needs and gaps will be formulated by the Region’s Communication Committee via the development of objectives and strategies for the Northwest Region’s 2012 – 2017 EMS and Trauma System Plan. (Work Begins: April 2010)</p>	
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SYSTEM EDUCATION AND PUBLIC INFORMATION

GOALS	OBJECTIVE	STRATEGIES – Narrative on Activity	Strategy Completion Date
<p>Goal 9. There is a regional public information plan consistent with the state public information plan to educate the public about the EMS and Trauma Care System. The purpose of this plan is to inform the general public, decision-makers and the health care community about the role and impact of the Regional EMS and Trauma Care System.</p>	<p>Objective 1: By May 2011 the Region will identify effective method(s) to disseminate information about the Northwest Region EMS and Trauma System as it relates to the Northwest Region and implement them.</p>	<p>Strategy 1. The Region Council will coordinate with Region and Local Council members to develop methods for disseminating information about the services provided by the Regional EMS and Trauma Care Council within the Region and implement. (Work Begins: September 2010)</p>	
		<p>Strategy 2. Region Council will work with the State Regional Advisory Committee (RAC) to develop methods for disseminating information regarding the services provided by the Regional EMS office within the state. Implement the methods when appropriate. (Work Begins: May 2010)</p>	
		<p>Strategy 3. A calendar will be created which will outline the various public information events (mailings, speaking engagements, meetings with public officials) that will take place throughout the Region. (Work Begins: February 2011)</p>	

SYSTEM FINANCE

GOALS	OBJECTIVE	STRATEGIES – Narrative on Activity	Strategy Completion Date
<p>Goal 11. There is consistent and sustainable funding to ensure a financially viable regional EMS and Trauma Care System.</p>	<p>Objective 1: By February 2010 a Northwest Region stakeholder will participate in the DOH Cost & Reimbursement TAC and report regularly to the Regional Council.</p>	<p>Strategy 1. The Region council will recruit an individual from the Northwest Region to attend the DOH Cost & reimbursement TAC meetings. (Work Begins: November 2009)</p> <p>Staff and the Regional Chair have started the recruitment process for an individual from the Northwest Region to attend the DOH Cost and Reimbursement TAC. At this time, no one has committed to attendance at these meetings.</p>	
		<p>Strategy 2. The person attending the Cost TAC will give reports back to the Region Council. (Work Begins: January 2010)</p> <p>During this reporting period no Council member has agreed to attend the Cost and Reimbursement TAC meeting. For the foreseeable future, staff will attend as available and report back to the Council.</p>	

INJURY PREVENTION AND CONTROL

GOALS	OBJECTIVE	STRATEGIES – Narrative on Activity	Strategy Completion Date
<p>Goal 12. Preventable/premature death and disability due to injury is reduced through targeted injury prevention activities and programs.</p>	<p>Objective 1: By November 2009 the Region Council will have an active Regional Injury Prevention Committee.</p>	<p>Strategy 1. The Region Council will contact Region and Local Council membership to solicit members for the Northwest Region Injury Prevention Committee. (Work Begins: September 2009)</p> <p>The first IPPE meeting was held on 9/10/2009. Members were solicited for this committee via email, Region website, and monthly newsletter. Currently, five members have agreed to</p>	<p>09/2009 completed</p>

		<p>participate as committee members.</p>	
		<p>Strategy 2. The Region Council will activate a Northwest Region Injury Prevention Committee. (Work Begins: September 2009)</p> <p>The Northwest Region EMS Council has an active IPPE Committee with membership increased to 12 participants and more members are currently being sought through announcements at local Council meetings.</p>	<p>11/2009 completed</p>
	<p>Objective 2: During the 09-12 Plan cycle the Injury Preventions Coordinator will work with stakeholder groups to utilize data and information to guide implementation and continuation of evidence based injury prevention in the Region.</p>	<p>Strategy 1. The Regional IPPE Coordinator and IPPE sub-committee will participate in local and regional injury prevention meetings and programs as a way to provide information to community partners, share resources and collaborate in injury prevention efforts. (Work Begins: July 2009)</p> <p>December 9—Attended Mesa Redonda de Kitsap meeting December 14—Coordinated annual DUI Panel dinner December 21—Updated state DUI panel list January 13—Attended Mesa Redonda de Kitsap meeting January 20—Attended Kitsap Child Death Review meeting January 28—Had booth an annual Homeless Count in Bremerton</p>	<p>During the 09-12 Plan Cycle</p>
		<p>Strategy 2. Best practices will be researched by the Regional IPPE Coordinator and implemented as the basis for the injury prevention initiatives in the Region. (Work Begins: November 2009)</p> <p>December 2009-January 2010 Information on injury prevention best practices was requested of the State IPPE program coordinator. Information received was provided at the January</p>	

		<p>IPPE Committee meeting.</p>	
		<p>Strategy 3. Injury and death data will be used to guide Region and Local Council injury prevention programs and development of the 2012-2017 EMS and Trauma Plan. (Work Begins: January 2010)</p> <p>Injury and death data from the state DOH as well as from the WA Traffic Safety Commission was presented at the January IPPE Committee meeting. The group determined that suicide, falls, and DUI crashes were the leading cause of death and injury in the region. These will be topics of further study and be included in the 2012-2017 EMS and Trauma Plan.</p>	
	<p>Objective 3: By April 2010 through ongoing information sharing by Region staff, ensure that prehospital providers, designated trauma service staff and other prevention professionals will be up to date on injury prevention interventions that can be started or incorporated into ongoing programs.</p>	<p>Strategy 1. The Region Council’s IPPE sub-committee will work with Region and Local Council members to implement basic injury prevention strategies region-wide. (Work Begins: September 2009)</p> <p>During this reporting period at the IPPE Committee meeting, falls data and falls prevention was discussed by the group. DOH’s SAIL Falls prevention booklet was provided to all hospital reps in the region (200 booklets to each hospital). The group agreed that these booklets would be included in each falls patient’s discharge packet to provide additional information to the patient and their families about falls prevention.</p> <p>Information was provided to local council representatives at the IPPE Committee meeting in January; injury and fatality data was broken down by county so it could be shared at local council meetings.</p>	

		<p>Strategy 2. The Region’s IPPE Coordinator, Training Coordinator, TED and QI Committee members will ensure that basic injury prevention interventions will be included in Regional and Local OTEP programs. (Work Begins: October 2010)</p> <p>During January of this reporting period, this topic was discussed at the Region IPPE (Injury Prevention) and TED (Training and Education Development) committee meetings. Information will be forwarded by the Region's Training Coordinator to the developers of the King County EMS online OTEP program (which is used for OTEP throughout the Region) about our concern that injury prevention modules be included in the online OTEP program. King County EMS Online will be contacted and asked if their current content included a module for injury prevention.</p>	
		<p>Strategy 3. The Regional IPPE Coordinator and IPPE sub-committee will continue to participate in local and regional injury prevention meetings and programs as a way to provide information to community partners, share resources, and collaborate in injury prevention efforts. (Work Begins: January 2010)</p> <p>January 13—Attended Mesa Redonda de Kitsap meeting January 14—Held Regional IPPE Committee meeting January 20—Attended Kitsap Child Death Review meeting January 27—Attended Kitsap Suicide Prevention Task Force meeting January 28—Had booth an annual Homeless Count in Bremerton</p>	
		<p>Strategy 4. The Regional IPPE Coordinator and IPPE sub-committee will work with the state IPPE TAC to coordinate region-wide injury prevention initiatives that overlap with state-</p>	

		<p>wide injury prevention goals. (Work Begins: January 2010)</p> <p>Information on the leading causes of death and injury in the region was provided to local council representatives at the IPPE Committee meeting in January. The Region's IPPE Coordinator will attend the State IPPE Committee meeting in February to assure that the Region's goals and injury prevention initiatives remain aligned with the State.</p>	
	<p>Objective 4: By June 2012 the Region Council will work to decrease the incidence and severity of injuries by coordinating a multi-faceted injury prevention educational program.</p>	<p>Strategy 1. The IPPE Coordinator will identify the leading cause of preventable injury and death in the region and recommend evidence based best practices to fund or support injury reduction programs in the Region, to include DUI Panels, the bicycle helmet program, the falls prevention program, the Trauma Nurses Talk Tough program, the suicide prevention program, and the child safety seat program. (Work Begins: January 2010)</p> <p>Information on the leading causes of death and injury in the region was provided to local council representatives at the IPPE Committee meeting in January. Monthly updates on DUI Panels, bicycle helmets, falls prevention activities, suicide prevention and TNTT programs was provided to the group.</p> <p>Strategy 2. The IPPE Committee will measure the rate of change in the incidence of the region's tracked injuries using DOH data to identify changes for reduction in severity of injury. (Work Begins: March 2010)</p>	

<p>High Priority or Hot System Issues (Regional and Local County information)</p>	<p>Narrative on Activity</p>
	<p>Injury Prevention Activities in the Northwest Region: December 12—Pt Townsend DUI Panel (Jefferson County) 7 attendees</p>

	<p>December 8—Youth DUI Panel Bremerton (Kitsap County) 28 attendees/6 paid December 10—Pt Angeles DUI Panel (Clallam County) 25 attendees December 22—Adult DUI Panel Bremerton (Kitsap County) 57 paid December 23—Bangor DUI Panel (military) 11 attendees December 19—Provided 50 Falls Prevention brochures to Forks Senior Center December 19—Provided 50 Falls Prevention brochures to Skokomish Tribal Elder Center December 23—Provided 2 bicycle helmets to community members December 9—Attended Mesa Redonda de Kitsap meeting December 14—Coordinated annual DUI Panel dinner December 21—Updated state DUI panel list December 30—Wrote and distributed the ‘What’s Happening’ newsletter for January January 9—Pt Townsend DUI Panel (Jefferson County) 11 attendees January 12—Youth DUI Panel Bremerton (Kitsap County) 59 attendees/19 paid January 13—Shelton DUI Panel (Mason County) 9 attendees January 14—Pt Angeles DUI Panel (Clallam County) 32 attendees January 19—Spanish DUI Panel (Kitsap County) 5 attendees/4 paid January 20—Bangor DUI Panel (military) 10 attendees January 26—Adult DUI Panel Bremerton (Kitsap County) 96 paid January 25—Provided 50 Falls Prevention brochures to Quilcene Senior Center January 25—Provided 50 Falls Prevention brochures to Pt Gamble Tribal Elder Center January 27—Attended Kitsap Suicide Prevention Task Force meeting January 11—Shelton Jail Diversion Program (TNNT) 16 attendees January 13—Attended Mesa Redonda de Kitsap meeting January 14—Held Regional IPPE Committee meeting January 20—Attended Kitsap Child Death Review meeting January 28—Had booth an annual Homeless Count in Bremerton January 29—Wrote and distributed the ‘What’s Happening’ newsletter for February</p>

PREHOSPITAL

GOALS	OBJECTIVE	STRATEGIES – Narrative on Activity	Strategy Completion Date
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<p>Goal 13. There is a sustainable region-wide prehospital EMS system utilizing standardized, evidence-based procedures and performance measures that address both trauma and medical emergencies.</p>	<p>Objective 1: By November 2010 the Region Council will review the Regional Patient Care Procedures and County Operating Procedures for the most efficient and beneficial handling of patients.</p>	<p>Strategy 1. The Region Council will task the Training, Education and Development Committee (TED), the QI Committee and the MPD's to review and update Regional Patient Care Procedures (PCP's). (Work Begins: January 2010)</p> <p>During this reporting period, TED Committee members were tasked with identifying and bringing copies of their county's County Operating Procedures to the next TED Committee meeting.</p>	
		<p>Strategy 2. The TED and QI Committees, MPD's and Region staff will develop a timeline to review and update Regional Patient Care Procedures. (Work Begins: March 2010)</p>	
		<p>Strategy 3. The Region will receive revised and updated County Operating Procedures for each county. (Work Begins: March 2010)</p>	
		<p>Strategy 4. The Region Council will adopt the revised Regional Patient Care Procedures. (Work Begins: July 2010)</p>	
	<p>Objective 2: Bi-annually, Medical Program Directors will provide ongoing medical oversight of EMS & trauma system prehospital care delivery as defined in RCW and WAC.</p>	<p>Strategy 1. Northwest Region MPD's will participate in an annual Regional MPD meeting. (Work Begins: January 2010)</p> <p>During this reporting period, contact was made with all four MPD's regarding agenda topics for their next meeting. A date for the next MPD meeting has not be set.</p>	
		<p>Strategy 2. The Regional Protocols will be reviewed and updated, if necessary, by the MPD's with the assistance of the Protocol Committee. (Work Begins: October 2010)</p>	
	<p>Objective 3: Regional website will keep regional providers apprised of ongoing</p>	<p>Strategy 1. Website training calendar will be updated by Region staff with information on all local, regional, and state training</p>	

	Regional and local training opportunities.	opportunities. (Work Begins: July 2009) During the reporting period the NWREMS website training calendar was updated weekly with local, regional, and state training opportunities	
	Objective 4: By June 2010 the recommended min/max numbers of trauma verified services will be evaluated and updated by local county councils and approved by the Regional Council for recommendation to DOH.	Strategy 1. The Region Council’s TED and QI Committees will meet to start the evaluation of need and necessity for prehospital services based on population, demand and current resource availability. Utilizing historical field data, changing prehospital requirements and policy needs. (Work Begins: October 2009) During this reporting period discussions were held by TED and QI Committee members as to how an evaluation of need and necessity for prehospital services based on population, etc., can be best performed. This will be discussed further at the January meetings.	
		Strategy 2. Region and Local Councils will review the findings of the need and necessity data for prehospital services and evaluate the findings to form a recommendation for changes to existing min/max numbers. (Work Begins: January 2010) During this reporting period at the appropriate Committee meeting as well as the Regional meeting the need to review and asses Min/Max numbers was discussed and changes were asked to be submitted by March 2010.	
		Strategy 3. Region Council will review local and Committee findings for approval and recommendation for changes to the Department of Health. (Work Begins: March 2010)	
	Objective 5: By May of each year, the Region Council will identify the needs	Strategy 1. The Region Council will conduct a survey of agencies to identify current training needs. (Work Begins: January 2010)	

	and allocate available funding to support prehospital training.	During January of this reporting period, Training RFP's requesting a survey of training needs has been sent to each of the County EMS chairs and their training coordinator (if applicable). They will be assessing and prioritizing their training needs and will be submitting to the Region by March 31, 2010.	
		Strategy 2. Training needs will be reviewed by Region Council Executive and Funding Committee members and a draft training budget will be approved for recommendation to the Region Council. (Work Begins: April 2010)	
		Strategy 3. Region Council will vote on training budget recommendation approved by Executive and Funding Committee members. (Work Begins: May 2010)	
		Strategy 4. The Region Council will provide contracts to Local Council for approved training requests and a mechanism for requesting training payments. (Work Begins: September 2009) During the reporting period all local councils have signed their local council support and training funds contract with the Region.	11/09 Completed

ACUTE HOSPITAL

GOALS	OBJECTIVE	STRATEGIES – Narrative on Activity	Strategy Completion Date
Goal 14. There is a sustainable region-wide system of designated trauma services that provides appropriate capacity and	Objective 1: By June 2011, regional hospitals will use standardized methods based on volume of patients, available resources (hospital and physician), and	Strategy 1. Hospital leadership will review current designation levels and make appropriate recommendations based on volume of patients, resources and geographic distribution. (Work Begins: September 2010)	

distribution of resources to support high-quality trauma patient care.	geographic distribution to avoid gaps in coverage and unnecessary duplication of resources to recommend min/max numbers for trauma designated services.	Strategy 2. QI Committee members and Medical Program Directors will review and discuss appropriateness of recommendations from designated trauma services. (Work Begins: November 2010)	
		Strategy 3. Region and Local Councils will review recommendations for designated trauma services for approval and will forward to Washington State Department of Health. (Work Begins: November 2011)	
	Objective 2: The Region will provide bi-monthly open communication with and between designated trauma centers in the Northwest Region resulting in maximizing training and resource sharing.	Strategy 1. The Region will provide a forum for hospital providers at a variety of region-sponsored meetings throughout the year. (Work Begins: September 2009) During January of this reporting period the five trauma centers located within the Northwest Region met in a forum to openly communicate about training, issues and resource sharing. They will continue to meet bi-monthly.	
		Strategy 2. Region staff, TED and QI Committee members will organize a Regional Conference at which a portion of the conference will be dedicated to training for representatives from the designated trauma centers in the Region. (Work Begins: February 2011)	
		Strategy 3. The Region staff and QI Committee members will organize an annual QI Conference at which representatives from all of the trauma centers in the Region, EMS providers and MPD's will be able to receive training and share learning opportunities. (Work Begins: February 2010)	
		Strategy 4. The Region will list professional training opportunities for hospital providers on the Region's website. (Work Begins:	

		<p>August 2009)</p> <p>During the reporting period the NWREMS website training calendar was updated weekly with local, regional, and state training opportunities including those for hospital providers. Training listed includes Paramedic Refresher Course, Airlift Conference, local council EMT-B courses, Tele-health Stroke Center, Northwest Regional Tele-health Center and the Northwest Region's Geriatric Conference. Updating this information will continue on a weekly basis throughout the period of this Plan.</p>	
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PEDIATRIC

GOALS	OBJECTIVE	STRATEGIES – Narrative on Activity	Strategy Completion Date
<p>Goal 15. There is a sustainable region-wide EMS and Trauma Care System that integrates pediatric care into the system continuum (prevention, prehospital, hospital, rehabilitation and system evaluation).</p>	<p>Objective 1: By November 2009 the Region Council will identify and list pediatric emergency medical and trauma education opportunities available for prehospital and hospital providers on the Region’s website.</p>	<p>Strategy 1. Region staff will identify training opportunities for pediatric emergency and trauma education for prehospital and hospital providers will be researched. (Work Begins: August 2009)</p> <p>During September the NWREMS has posted the South Central Regions Pediatric conference on our website, allowing a training opportunity for our Regions providers. Also the NWREMS Training Coordinator attends the bimonthly State Pediatric TAC and passes on training opportunities to our Region taken from the TAC. Throughout the term of the Plan, additional pediatric training will be posted on the website when identified.</p>	<p>9/2009 Completed</p>

		<p>Strategy 2. A list of training opportunities for pediatric emergency and trauma education for prehospital and hospital providers will be included on the Region’s website by Council staff. (Work Begins: August 2009)</p> <p>During the reporting period the NWREMS website training calendar was updated weekly with local, regional, and state pediatric training opportunities including those for hospital providers. This will continue on a weekly basis throughout the period of this Plan.</p>	<p>10/2009 Completed</p>
	<p>Objective 2: By January 2011, the Region Council will identify the need for pediatric related EMS training in the Region.</p>	<p>Strategy 1. Region Council staff, TED and QI Committee members will write a survey to identify the need for pediatric related EMS training for the Region’s prehospital and hospital providers. (Work Begins: February 2010)</p>	
		<p>Strategy 2. The Region staff will distribute the survey to prehospital and hospital providers located within the Region. (Work Begins: March 2010)</p>	
		<p>Strategy 3. Regional staff will research existing funding opportunities. (Work Begins: February 2010)</p>	
		<p>Strategy 4. The Region staff and TED and QI Committee members will analyze the results of the survey and report to Regional Council members. (Work Begins: April 2010)</p>	
		<p>Strategy 5. Regional TED, QI Committee members and staff will begin coordination of a Pediatric Conference. (Work Begins: May 2010)</p>	
		<p>Strategy 6. The Region Council will host a Pediatric Conference that will meet the needs for pediatric emergency and trauma education for prehospital and hospital providers. (Work Begins:</p>	

		January 2011)	
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TRAUMA REHAB

GOALS	OBJECTIVE	STRATEGIES – Narrative on Activity	Strategy Completion Date
<p>Goal 16. There is a sustainable region-wide system of designated trauma rehabilitation services that provides adequate capacity and distribution of resources to support high-quality trauma rehabilitation care.</p>	<p>Objective 1: By October 2010 Hospitals will make recommendations on updates to the min/max numbers and level of designated trauma rehab services in the Region for use in the 2012-17 planning process.</p>	<p>Strategy 1. A telephone/email survey will be conducted by the Region to determine which trauma rehabilitation services are available to our Region and to identify current needs. (Work Begins: September 2009)</p> <p>During this reporting period, results of the survey were shared with QI Committee members and discussed at the January 2010 meeting.</p>	1/2010 Completed
		<p>Strategy 2. Survey findings will be distributed by the Region through Local Council meetings to assist in local planning. (Work Begins: January 2010)</p> <p>During this reporting period, results of the survey were shared by staff to assist in planning purposes.</p>	1/2010 Completed
		<p>Strategy 3. QI Committee will review current min/max numbers and make recommendation for changes to the Region Council for planning purposes. (Work Begins: April 2010)</p>	

SYSTEM EVALUATION

GOALS	OBJECTIVE	STRATEGIES – Narrative on Activity	Strategy Completion Date
<p>Goal 17. The Regional EMS and Trauma Care System has data management capabilities to support evaluation and improvement</p>	<p>Objective 1: By December 2010 the Region Council will develop, implement and begin monitoring system performance measures in conjunction with state performance measures.</p>	<p>Strategy 1. The Region Council’s QI Committee will develop an initial set of system performance measure for the Northwest Region. (Work Begins: May 2010)</p>	
		<p>Strategy 2. The Region Council’s QI Committee will implement the identified performance measures. (Work Begins: September 2010)</p>	
		<p>Strategy 3. The Region Council’s QI Committee will develop and implement a system performance measure monitoring process. (Work Begins: November 2010)</p>	
	<p>Objective 2: By November 2010 Region and Local councils will use data from WEMISIS for evaluation and management of patient care and planning for the region-wide EMS system.</p>	<p>Strategy 1. A process for retrieving data from the WEMISIS system at the Regional EMS office will be determined by staff. (Work Begins: March 2010)</p>	
		<p>Strategy 2. Data from the WEMISIS system will be provided to the Region and Local councils on a quarterly basis by Region staff. (Work Begins: August 2010)</p>	
		<p>Strategy 3. Data from the WEMISIS system will be regularly used by Region and Local councils for planning purposes. (Work Begins: September 2010)</p>	
	<p>Objective 3: By January 2010 the Region Council will routinely request data from the DOH Trauma Registry provided by the regional hospitals for management of patient care and planning purposes</p>	<p>Strategy 1. The Region QI Committee will start requesting data from DOH and the trauma registry for planning purposes at the Regional level. (Work Begins: November 2009)</p> <p>During this reporting period a process has been identified by QI Committee members to request data from the DOH’s data department for presentation at bi-monthly committee</p>	<p>1/10 Completed</p>

		<p>meetings.</p>	
		<p>Strategy 2. Data from the trauma registry will be provided to Region and Local councils on a quarterly basis. (Work Begins: November 2009)</p> <p>During this reporting period, QI Committee members decided to disseminate DOH fatality and injury hospitalization data sheets to regional and local council members on a quarterly basis. The first data dissemination was during December 2009.</p>	<p>12/09 Completed</p>
		<p>Strategy 3. Data from the Trauma Registry will be used for Region and Local council planning purposes. (Work Begins: November 2009)</p> <p>During this reporting period a TED, IPPE and QI Committee meeting was held. Members in each Committee agreed to use and request data from the Trauma Registry for Region and Local council planning purposes.</p>	<p>1/10 Completed</p>
<p>Goal 18. The EMS and Trauma Care System has comprehensive, data-driven quality improvement (QI) processes at the local and regional levels.</p>	<p>Objective 1: By June 2010 the Region QI Committee will implement an updated and functional Quality Improvement Plan based on current Region and Local data.</p>	<p>Strategy 1. Region QI Committee members will meet bi-monthly or on a regular basis prior to Region Council meetings to address comprehensive EMS system issues and will use available regional and local data in their discussions. (Work Begins: September 2009)</p> <p>During this reporting period a Region QI Committee meeting was held to discuss local issues and to review local data provided by committee members.</p>	
		<p>Strategy 2. The Region Council’s QI and TED Committees will identify data sets to be included during the QI process. (Work Begins: September 2009)</p>	

		<p>During January of this reporting period the TED and QI Committee reviewed falls data from hospitals within the Region. Data on falls, suicides and car crashed have been identified to be discussed during the QI process in March. This is based on prehospital trends or cases that occurred within the region.</p>	
		<p>Strategy 3. Region Council’s QI Committee members will request data from DOH to use and support the QI process at the regional and local levels. (Work Begins: September 2009)</p> <p>During this reporting period DOH data was reviewed at the January 14th meeting, The IPPE committee and QI committee reviewed fatality and hospitalization injury data from the DOH website for the time period of 2002-2007; by county and by region. The group will request from the DOH’s data department data on DUI injury and fatality data to be discussed at the March meetings.</p>	
		<p>Strategy 4. Data reports will be prepared and distributed by Region staff to Local Councils. (Work Begins: September 2009)</p> <p>During the reporting period, hospital QI Committee members shared DOH and their own fatality and injury hospitalization data sheets. Copies of that report has been distributed by Regional staff by email throughout the Region to Regional and Local council members.</p>	
		<p>Strategy 5. A QI Conference will be held to review DOH provided region-wide data and to discuss QI hospital and prehospital system issues and training needs. (Work Begins: April 2010)</p>	