

Regional Advisory Committee Meeting Minutes

July 15, 2003
Red Lion SeaTac Hotel; SeaTac, WA

Attendees:	Bonnie Robinson	North Region	Anice Grant	NW Region
	Rich Konrad	SW Region	Jack Cvitanovic	DOH
	Barbara Clarke	SC Region	Craig Hutson	NC Region
	April Borbon	NW Region	Anne Benoist	West Region
	Merrili Owens	Central Region	Kim Burke	East Region
	Rich Kness	East Region	Bob Berschauer	Central Region
	Darrel Kirking	NC Region	Pennie Klein	DOH
	Richard Benjamin	DOH	Scott Hogan	DOH
	Ray Tansy	Guest E Region	Ron Di Re-Day	SW Region
	Denny Lordan	Guest/E Region	Rick Buell	DOH

Vice-Chairman Rich Konrad called the meeting to order at 9:00am.

1. Review and adoption of 5/5&6/03 minutes.

Darrel Kirking made a motion to adopt the 5/5&6/03 minutes with the following changes:
--the spelling of Darrel Kirking's name be corrected
--Section 6 'New RAED Grant Process' be changed by deleting the first two paragraphs then including "The letter of intent for the 2003-2006 grant cycle has already been sent. The department has requested funding for three years, approximately \$450,000 annually. This grant will have the same purpose and focus. We will use the same zip codes as last year and the current wording will still focus on EMS, law enforcement and then public sites (PADs) as priorities for the AEDs. The new changes to the grant this year include: a request for 10% of the grant funds for training instead of 20%-40%; the grantor is asking for evidence of in-kind and community support; the percentage that can be spent on administrative costs was raised from 5% to 8%; training funds can be used to train EMS dispatchers to provide AED pre-arrival instructions; and we can consider refurbished AEDs."
--Section 15 'Goal Setting' The first sentence be replaced with "The RAC conducted a brainstorming session and identified the following topics to work on during 2003-04:". Anice Grant seconded the motion. The motion was unanimously approved with the aforementioned changes.

2. FY'04 Budget Report (Richard Benjamin)

The budget has been completed and approved. \$20,000 was cut from the EMS budget for this year but that was less than anticipated. There will be no changes in the EMS office due to these cuts.

3. Plan Update (Pennie Klein)

All plans have been turned in and suggested changes have been sent back to the Regional EMS offices. The North Central Region's plan is the only one that has been formally approved at this time. When the plans are returned to the DOH after revisions have been made, Pennie and Scott will approve them; they will not have to go back to the Steering Committee. When all plans have been approved, Janet Griffith will send letters confirming their approval to the Regional offices. All reviews must be completed by the end of the month.

Darrel suggested that for the next biennial plan, the regions write their plans, send them to Pennie and Scott for review, make the suggested corrections and then send our plans to the Steering Committee for review. Although this will shorten the time line a bit, the group felt this would be a more efficient way to complete the plans.

The RAC members expressed their appreciation for Pennie and Scott's hard work on helping them get their plans completed.

4. RAED Grant (Pennie Klein)

The existing RAED grant: The current grant cycle ends on August 31, so all A19s and invoices for the AEDs and training must be submitted by that date. There was a mix up on the AED invoices; the company charged for shipping but not for tax and it was supposed to be the other way around. Each region should have been issued credit memos for the shipping costs and been charged for taxes. Anice has copies of the credit memos if you need one. If you have not completed your training by August 31, Pennie will ask that the remaining training funds be carried over to the next grant cycle so the regions should still be able to use these funds to complete their training. Additionally, Pennie needs a list of which agencies received the AEDs and all of your training rosters by October so she can make a report to the Feds by November.

New RAED grant: The grant was turned in on time. Pennie handed out an abstract and a project matrix that further explains this new grant. We will be told at the September RAC meeting if the grant was approved. A total of \$450,094 for each of the three years of the grant cycle was requested. This includes a request of \$3,000 per region per year for administrative costs which we can use for the data collection for the required evaluation. There is \$12.5 million in grant funding available nationwide for a total of approximately 50 grants. The amount that Pennie requested was based on need but we may not receive that much. The new grant allows for changing needs throughout the three year cycle meaning that new agencies can be added throughout the process although they must still fall within the zip code guidelines. Any new needs can be brought to the RAC meetings.

5. Contracts and Deliverables (Richard Benjamin)

All A19s for the previous fiscal year were due by July 14th. Remember that all allocations are budgeted and paid by month so all A19s must be in by the end of each month. This

years' contract specifies that all extensions must be made in writing at least 10 days prior to the due date in order to be considered. This years' contract also states that if deliverables are not billed on time, the amount of funding can be reduced by 10%.

Attachment 3 and 4 are similar to the ones used in the past. Dick handed out a copy of Attachment 2 which is new. The information in your plan regarding goals and objectives will easily fit into the Attachment 2 format and you can add additional boxes as needed.

6. Realignment of Regions

A map was handed out the shows the current bio-terrorism/homeland security (HS) regions. There was much discussion over whether or not we should change the EMS regions to align with the bio-terrorism regions. A letter was sent to the Steering Committee stating that the RAC's strong preference is to keep the regions as they are but that one way or the other "we need to align with them or they need to align with us".

During the discussion, a number of comments were made regarding this change. Comments included the following: Changing from 8 EMS regions to 9 HS regions would reduce the amount of funding per region. Rich suggested that we not switch and instead keep our counties and our mission in tact. Someone asked what would happen if HS funding went away after we switch to align with the HS regions. It was suggested that we make a side-by-side comparison of the EMS, fire, law enforcement, DEM and HS regions. Bob said that we might need to evolve to align with public health regions since public health issues have an impact on EMS providers. Kim said that EMS regions are required by law to have a trauma plan whereas other agencies are not. Jack said that we need to reinvent ourselves because everyone thinks we only deal with trauma; most people are not aware of the wide range of activities that our Regions handle.

The bottom line is that we need to be invited to the meetings where these issues are being discussed so we can add our opinions and ideas. Dick Benjamin requested that each region outlining how realignment would affect them and email this information to him.

7. Bio-Terrorism Update (Rick Buehl)

Rick provided two handouts, the 'Top Ten Needs as Identified by the Hospital Assessment' and 'Hospital Bio-terrorism Preparedness Program Regional Roles and Responsibilities'. The second handout outlined the work activities and responsibilities as they are currently divided between the regional health jurisdictions (RHJs) and the regional EMS Councils. Currently, funding is being provided for these projects by a HRSA grant (hospital funding) and a CDC grant (public health).

Rick is working on contract mechanisms for dividing up and paying for the work to be completed. Consolidated contracts will be provided to the RHJs for completion of their tasks and performance-based contracts will be given to the Regional EMS Councils to complete their portion of the work. Please send ideas and suggestions about how the "cross over" section of work should be divided to Rick.

A homeland security assessment funded by the Office of Domestic Preparedness is now ongoing. State Emergency Inter-operability Councils have been tasked with creating a statewide communication system.

8. Hospital Preparedness Plan Update

No new information to report.

9. Data Summit

No new information to report.

10. Prevention

The Prevention TAC will meet on July 18th.

11. RAMSES

A presentation on the RAMSES system which is used in the East Region was given by Denny Lorden. The RAMSES is similar to the Puget Sound Hospital Capacity website and details hospital capacity at the 12 hospitals in the area. Items such as ED bed status, a message board, and the ability to track patients are included. The only item needed to access the system is a computer; since the program is web-based, software is not needed. To check out the program go to www.inhs.org/ramses and login with RAMSES. The password is 911911. For further information on the program contact Ray Tansy at ems@aimcomm.com.

12. Licensing and Certification (Jack Cvitanovic)

Renewals and recertifications were down from 25,000 to 11,000 during the last semi-annual period. Skill maintenance requirements for sticks and tubes may go down after the next public hearing however constant CO2 monitoring will be added. Notices will go out to all agencies by the end of the month regarding relicensing and recertification. Names have been submitted to Dr. Marcus for the new Pre-hospital TAC. L&C is now looking into electronic testing for all levels and eventually will have A19s and applications available online.

13. Regional Reports

Southwest: They have been making an effort to get all federal grant funding mechanisms directed towards the “all hazards” Council. This Council meets every other month to discuss issues so that all agencies are on the same page.

West: Jody had her baby and will no longer be working at the West Region. Anne Benoit is now the director. \$15,000 in Injury Prevention funds was awarded to 11 agencies.

North Central: The plan is finished. Two new ALS providers have been approved in Grant County. The Region has been collaborating with public health.

North: They are moving forward with their plan.

East: The hospital plan is done and they are finishing work on the Trauma plan. Previously they had a hospital committee in place, now with funding for bio-terrorism the committee has been revitalized. Many of their meetings are done via TeleHealth which increases knowledge and participation. They are considering putting together a tech committee. They have a training contract with their training council but with increased need for OTEP and ALS training and no additional funding they will look towards using TeleHealth. They are down 1,000 providers this year. Their IP program is continuing to contract with the regional health district and is focusing on falls.

Central: The Trauma Plan and the Hospital Plan are both completed. The TOPOFF drill on May 14 was a success and a lot was learned from this exercise.

South Central: Their plan is done. The Prevention Committee has met and there are many Safe Kids activities on going. The Conference Committee is in the planning stages for their March 2004 conference which will include a SEI workshop and an IP segment.

Northwest: OTEP is finished and the MPDs have turned in their list of instructors. The protocols committee has begun working on an update which will be out in January 2004. On August 9-13, the Region will be hosting a DOT EMS Educators workshop which is one of the requirements for becoming an SEI.

14. Good of the Order

ALS OTEP will go to L&C in September then have a public hearing; it may be available for use by the end of November.

DSHS is presenting a report to the legislature about the baby-dumping bill.

Regarding a topic from the retreat, air medical is working out.

The meeting was adjourned at 3:00pm.