

**Washington State Department of Health/Office of EMS and Trauma  
Regional Advisory Committee  
Meeting Minutes**

March 16, 2004  
Red Lion SeaTac Hotel; SeaTac, WA

Attendees:	Anice Grant	NW Region	Kim Burke	East Region
	Rich Konrad	SW Region	Jack Cvitanovic	DOH
	Barbara Clarke	SC Region	Pennie Klein	DOH
	April Borbon	NW Region	Anne Benoist	West Region
	Merrili Owens	Central Region	Richard Benjamin	DOH
	Bob Berschauer	Central Region	Bonnie Robinson	North Region
	Darrel Kirking	NC Region	David Hammers	North Region
	Scott Hogan	DOH	Ron Di Re-Day	SW Region
	Richard Kness	East Region	Don Moody	West Region

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

1. Review and adoption of January 20, 2004 minutes.

Darrel Kirking made a motion to adopt the January 20, 2004 minutes with the following corrections: Add Anne Benoist and Don Moody to the list of attendees. In Section 2, include the West Region’s concern about the process for selection of the AEDs to be bought with grant funding; they are concerned the basic AEDs will not meet the needs of the EMS providers. Page 4, North Central Report, correct the name of Cindy Button. Page, 4, North Region Report, change the first sentence to read “Their Regional Plan is completed and will be presented to the Steering Committee tomorrow.” Page 4, South Central Region Report, change the last sentence to read “They are gathering letters from thoses opposed to reconfiguration of the region”. David Hammers seconded the motion. The motion was unanimously approved.

2. Zoll Basic AED Introduction (Annette Smith)

Annette Smith from Zoll gave a demonstration of an AED that is similar to what we will buy with the AED Grant funds. The AED that we will buy was built specifically for this contract and is now in production; the delivery date is May 1<sup>st</sup>. The contract price is good for one year and additional AED orders can be placed through Anice.

There was discussion about who else should be able to purchase AEDs at the price that was given to us for the grant purchase. We received a very good price on the AEDs and while it is important to make additional AEDs available for purchase to needy agencies, we don’t

want to take advantage of the discount price and undercut other AED manufacturers. Annette will confirm with Zoll who else can purchase AEDs at this price then give the information to Anice and Pennie. Pennie will then email the purchase parameters to all Regions.

Each region will receive \$20,924 for equipment; this will allow each region to purchase 22 AEDs each. Included in the price of \$869 per AED is a battery, set of pads and shipping. Each region will receive two trainers and software. The AEDs do not have cards, instead, information is downloaded via infrared port from the AED to a computer.

Annette provided a handout about technical and contact information for the Zoll AEDs. Dick provided a handout about Characteristics of AED training as an FYI.

### 3. AED Grant Project (Pennie Klein)

Pennie handed out an information sheet for the AED Grant project. Included on the sheet are four federal and state action items.

Action Item #1: The next grant cycle (September 2004-August 2005) will include a reduction in funds of approximately \$65,000 giving each state \$157,288 instead of the \$222,288 we received this year. Pennie wanted to know if, due to this reduction, each region should continue to keep the \$3,000 provided for Regional Support activities for this program. The consensus was that we should leave this fee in as a way to cover some of the overhead costs of administering the program.

Action Item #2: A description of how the “community partnership” will be sustained beyond federal funding will be required as part of the grant proposal for next year. Pennie provided a handout with questions on Community Partnership Sustainability which will need to be answered as part of the grant application. The group discussed various ideas for other sources of funding as outlined on the list.

Action Item #3: AED recipient registration for data submission and the need for process modifications were discussed. Pennie handed out Attachments A, C, E and F of the state AED project agreement. The attachments are fairly self-explanatory in regards to the necessity of data submission; this is also a deliverable for each region. Pennie requested that the Regions review these attachments, make any corrections then fax them back to her by next Wednesday. It was suggested that the regions email quarterly reminders to all agencies that received the AEDs from the grant requesting data collection information. It was also suggested that each region place a sticker on the AEDs with the Region’s name and phone number to make reporting AED use easier.

Action Item #4. Pennie handed out a 2003-2006 AED Project Implementation Matrix which is a general timeline for the AED grant project. There was discussion about changes that need to be made to the timeline and it was agreed that the Regions would like to change the due date for the AED Placement list from April 15<sup>th</sup> to May 15<sup>th</sup>. Pennie asked that

each Region email her with an extension request so that changes will not need to be made to the contract.

4. AED Grant Order (Anice Grant)

Please email or fax your AED order to Anice by Monday, March 22<sup>nd</sup>. You will need to include the following information: purchase order number or letter of request, delivery address, tax rate, name of region. If you are ordering additional AEDs, please put them on a separate order.

5. Annual Report Format For FY04 (Richard Benjamin)

Pennie will email the Annual Report Format for FY'04 next Monday.

6. Statement of Work for FY05 Contact (Richard Benjamin)

Richard handed out a draft of the Statement of Work for July 1, 2004 to June 30, 2005. The completed statement of work will be finished by April 15<sup>th</sup>. Contracts need to be signed and returned to the DOH by May 1<sup>st</sup>. The contracts will go into effect July 1<sup>st</sup>.

There was a lot of discussion about payment for deliverables. Richard stated that the invoices need to be *in the DOH office* by the due date, not postmarked by the due date. Many felt a 10% pay deduction for being one to ten days late when turning in your invoices was too much. Richard Kness suggested that the first time a region is late turning in an invoice during a contract period there be no penalty, the second time a 5% penalty and the third time a 10% penalty; he also suggested that previous performance should not affect the current contract. Richard Benjamin will talk to Julie about these suggested changes and noted that consideration of other circumstances will be made on a case by case basis.

In reviewing the statement of work, clarifications were made to the following: Objective 2, page 3—the Trauma Plan due date will be December 31<sup>st</sup>. Objective 3, page 3 the annual report is due by June 30<sup>th</sup>. All deliverables for the contract year must be turned in by June 15<sup>th</sup>. Richard also handed out copies of Attachment 2, the Monthly Activity Report, and Attachment 3, the Training Needs Report for review.

There was a great deal of discussion about the continually increasing workload that each region must complete even though funding has not been increased for years. The issue of increased responsibility and decreased funding, including the question of whether we should cut items from the next biennium's Statement of Work so that we can focus on our core mission, will be discussed at our Planning Day. Richard Kness even offered to provide documentation to show that his region is working on a deficit budget.

Richard Kness made a motion that no new deliverables be added to the contract unless an equal number of deliverables are removed or additional funds are provided to cover the cost of the additional workload. Bob Berschauer seconded the motion. The motion was unanimously approved.
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7. Addition of “All Hazards” to Trauma Plan (Kim Burke)

Currently the Regions are bound by law to create a Biennial Trauma Plan; there is no law stating they must create a Hospital Preparedness/All Hazards Plan although that has been a large part of their work over the last couple of years. It was requested that the ‘All Hazards Plan’ be added to the Region’s contracts so that they will get credit for doing the work.

Kim suggested that we add an ‘All Hazards’ section to each part of our Trauma Plan. It was also suggested that we list the ‘All Hazards’ topic under the hospital and pre-hospital sections of the Trauma Plan. Pennie pointed out that this topic can be put in the plan but will not be a contracted deliverable. Jack said that there could be an effort in the future to request funding for pre-hospital inter-operability however this may be far into the future. Further discussion pointed out that the ‘All Hazards’ topic could be a separate optional section, however it was noted that the EMS regions and the Bio-Terrorism regions were composed of different counties.

Darryl Kirking made a motion to put language into each part of the Trauma Plan that allows the Regions to document work done on the All Hazards topic. Ron Di Re Day seconded the motion. The motion was unanimously approved.

8. Needs Grants Report

The Needs Grants applications will be presented to the Steering Committee at tomorrow’s meeting. Pennie will email the results of the Needs Grants as soon as they are approved.

9. Data Software Survey (Richard Benjamin)

Please send the results of your data survey to Darrel who will then forward them to Don Fernandez. The information that needs to be documented in your survey of all of the agencies in your Region include: does the agency have an electronic data collection system, if yes, what is the name of the data collection system and who is the vendor for the system. This survey one of your deliverables.

10. Reapportioning of the \$800,000 MPD/Physicians Portion of the Trauma Care Fund’s Physician Reimbursement Program (Rich Konrad)

Rich Konrad from the Southwest Region provided a handout outlining their proposal to ask the RAC and the Steering Committee to support their request to the DOH to increase state MPD support by reallocating a portion of the Physician’s portion of the Trauma Fund. According to projections, the Trauma Care Fund for the 03-05 biennium will generate approximately \$800,000 for trauma-related payments. Of this amount, \$160,000 is actually being spent to pay the MPDs in the state. That leaves a total of \$640,000 unspent because there is no method for apportioning the funds.

The Southwest Region would like to increase the annual payments to the MPDs from \$4,000 to \$8,000 using unspent money from the physician payment portion of the Trauma Fund. They would then like the additional \$480,000—the amount remaining from the \$800,000 after the increase in MPD payments—to be put towards increasing funding for the pre-hospital Needs Grants.

There was discussion about this issue. Some felt that the Needs Grants were subjective so would not be a good place to put the additional funding. Bob Berschauer suggested putting the remaining funds into Participation Grants. Another suggestion was to put the additional funds into an MPD training program.

Darryl Kirking made a motion to recommend to the Steering Committee that a portion of the \$800,000 be used to increase stipends for the MPDs. For the first year, \$1,000 per MPD would be used to pay for MPD training. After successful completion of the training, the MPD would receive \$3,000 in addition to the \$4,000 they currently receive. Each year after that, each MPD would be paid \$8,000 out of the fund. Bonnie Robinson seconded the motion. The motion was unanimously approved.

Anice Grant made a motion to put the remaining funds—after increasing stipends for the MPDs to \$8,000 per year—into Participation Grants. Ron Di Re Day seconded the motion. The motion was unanimously approved.

#### 11. Planning Day Goal Review

This topic was tabled until the Planning Day which will be held Monday, May 17<sup>th</sup>, the day before our usual RAC meeting.

#### 12. Pre-hospital TAC Report

The Pre-Hospital TAC has not met recently.

#### 13. Prevention Report

Kathy Williams has left her position. A process will be started to fill this position.

#### 14. All Hazards Report

The equipment lists have been completed and sent to the DOH.

#### 15. Regional Reports

No reports were given. Bonnie provided a 'North Region Report to RAC—March 16, 2004' handout.

#### 16. Good of the Order

Nothing to report.

The meeting was adjourned at 2:50pm.