

Regional Advisory Committee Retreat Meeting Minutes

May 5&6, 2003
Bellwether Hotel; Bellingham, WA

Attendees:	Bonnie Robinson	North Region	Anice Grant	NW Region
	Rich Konrad	SW Region	Melodie Westmoreland	SC Region
	Shane Sanderson	DOH	David Hammers	North Region
	Barbara Clarke	SC Region	Chris Williams	DOH
	April Borbon	NW Region	Jody Suhrbier	West Region
	Merrili Owens	Central Region	Kim Burke	East Region
	Tim McKern	NW Region	Bob Berschauer	Central Region
	Darrel Kirking	NC Region	Pennie Klein	DOH
	Richard Benjamin	DOH	Kathie Schmitt	DOH
	Pam Sheldon	East Region	Ron Di Re-Day	SW Region
	Kathy Williams	DOH	Don Fernandes	DOH

Chairman Tim McKern called the meeting to order at 8:30am.

1. Review and adoption of 3/18/03 minutes.

Darrel Kirking made a motion to adopt the 3/18/03 minutes as written. Kim Burke seconded the motion. The motion was unanimously approved.

2. Plan Update (Pennie Klein)

All plan changes are due to the DOH by June 15. Pennie will send out the plan review forms to all regions to help with making any corrections needed to the plans. Please email your plans to the DOH by the due date. Pennie and Scott are both available to assist you with your plans simply by calling or emailing them.

3. AED 2003 Update (Anice Grant)

Anice has already placed the order for the AEDs and they are due to be shipped to each Regional office by May 29. A handout of the order placed was given to each Region and Access Cardio Systems will send invoices to all regions for attachment to their A19s. The Regions will also need to have the packing slips from the shipment to attach to their A19s before they are reimbursed. Remember that the people trained with these grant funds must be from rural areas.

4. FY'04 Budget Report (Richard Benjamin)

The state may have their budget approved by next week although the exact date is unknown. The Licensing and Certification office is looking at a possible \$500,000

decrease in their budget. The bill to charge certification fees for paid EMS staff did not pass this year but it may come up again.

5. Contract Language (Richard Benjamin)

Drafts of the statement of work and attachment #1 were handed out. Drafts of attachments #2 and #3 were not handed out because there were no changes made to these documents.

Attachment #1 takes its format directly from the plan. This attachment may take a bit of work to complete initially because all goals and objectives from your plan need to be entered into it, however, after this is completed you will only need to change the information in the action taken boxes; this will be used as your monthly report.

On page three of the statement of work it asks for an annual report. This will follow your plan format. In the pre-hospital section of your statement of work, you will use attachments #2 and #3 for reporting. In sections V, VI, and VII there is only one mandated deliverable which is a forum for a day long trauma registry collector program. The DOH will possibly take out the travel restriction language on page 8 of the statement of work.

Remember that this is a performance-based contract so there are no hard and fast rules about exactly where the money you are given goes as long as you meet all of your deliverables.

6. New RAED Grant Process (Shane Sanderson)

The letter of intent for the 2003-2006 grant cycle has already been sent and Shane has applied for the same amount of funding as was requested for the last grant. This grant will have the same purpose and focus as the previous grant however the feds want this process to meld the DOH/Office of EMS and Trauma with the Office of Rural Health objectives. We will use the same zip codes as last year and the current wording still focuses on EMS as a priority for the AEDs.

The new changes to the grant this year include: we can explain why we don't need to use the 20%-40% of the grant funds for training; 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; we can consider refurbished AEDs; and we need to receive a minimum of three bids for the AEDs.

Pennie has CDC and Office of Rural Health Policy data available that the feds have used to evaluate rural health needs. The feds would like data-driven strategic placement of the AEDs and training. Pennie noted that we cannot commingle federal and other funds for the same project. Also, the evaluation process for the AED project is as yet undefined.

The application for this grant is due by June 18th. Pennie needs a letter of commitment from each region (she will email each region the information needed) and also a revised list

of AED needs by agency. The grant award will be announced on September 1. There is a list of certified AED trainers on the DOH website.

7. Prevention (Kathy Williams)

The IPPE Advisory Committee met on April 23. This organization provides 7500 mini grants to support prevention projects such as DUI or traffic safety related projects as well as training for drug and alcohol intervention programs within designated trauma services. The North region has used these grant funds to purchase clinical use breathalyzers and calling cards. They are also running a pilot project to train volunteers for DUI watch.

The Trauma Society will apply for funds to support the Prevention TAC which will cover the cost of mileage and meetings. Although the TAC will focus on DUI as part of its efforts, it was noted that state traffic funds also support these types of programs so care must be taken to assure that projects don't overlap or duplicate efforts.

There are questions about how to quantify the effect of the IPPE effort. It is difficult to prove the impact of the IPPE projects since there is no control group, however repetitive information seems to have a positive effect in these programs. Bonnie suggested that the IPPE people may want to use Harborview's video on changing behavior created by Dr. Fishbine when developing their programs. The Prevention TAC may also want to find university students who need a thesis to do prevention-related studies. The RAC would like to ask that if the Prevention TAC finds information that either validates or invalidates what we are currently doing, they let us know so we can tweak our programs to make them more effective. There was also discussion on establishing self-sustaining programs with the grant funds so that these funds can then go to fund other needy projects.

We may want to consider adding Prevention to our RAC meeting agendas in the future as well as adding them to our annual retreat agenda.

8. Hospital Preparedness/Bio-Terrorism Plan (Chris Williams)

The hospital plans are due May 30. The plans will then be reviewed by the LHJs and office of bio-terrorism staff then sent to HRSA in August. Remember to keep the plans as confidential as possible. There is a hospital MOU template available from WSHA if needed by your hospitals. Chris also sent out an email about who needs to sign off on the plan. The sign-off process for the various agencies is for recognition of the plan, not approval.

The comments from the various regions regarding the plan to date include: the plan format was a bit confusing; the multiple funding sources (there are 27 sources of bio-terrorism funding!) are confusing; a lot of time is taken away from our EMS duties to work on the plan; and problems with the alignment of regions—parts of our EMS regions are not included in our hospital regions—this left one EMS region responsible for two hospitals while another was responsible for 19. The consensus is that the hospital regions should be re-aligned to follow the EMS regions and be included in the funding loop.

9. Bio-Terrorism Future (Chris Williams)

Washington State will receive \$10 million in bio-terrorism funding next year from HRSA and \$17 million from the CDC. Of the HRSA money, \$8 million will be used for training and equipment and \$2 million will be used for administrative costs. The DOH is looking at four options for distributing the funding to the hospitals: directly to each hospital, funneled through WSHA, funneled through public health, or funneled through the EMS regions.

Darryl Kirking made a motion to have the RAC write a letter to the DOH requesting that the regional EMS offices have the greatest involvement possible with the bio-terrorism funding. Anice Grant seconded the motion. The motion was unanimously approved.

It was requested that the regions be provided direction for spending these funds as well as have expectations in writing.

It was noted that bio-terrorism funding of \$72 million will be provided through FEMA next year. There is also \$37 million in funding for pre-hospital through the DOJ for equipment available this year. Glen Woodbury at Camp Murray has information on the FEMA funding.

Another main point that was discussed on this topic was the two communications plans (Duanes and Ramses) that are in use. It was determined that we will seek out information on these two systems then make a recommendation as to which the RAC will support because it is best to have only one system in use instead of two separate systems. This item will be looked at in our RAC 2003-04 goals list and Kim will bring a person from her region to the September RAC meeting who can explain the Ramses system further.

10. EMS For Children Grant (Don Fernandes & Kathy Schmitt)

Don provided two handouts which outline the EMS for Children grant and the EMS care registry. The University of Washington is providing a \$100,000 per year grant for a period of three years to establish the feasibility of an EMS care registry. The Pre-Hospital Data TAC will use this funding to host a state-wide data summit, develop a model for collecting information and define reports for the use of this information. After this work is done in the first year, the TAC will pilot the program and refine it over the next two years. Each region is encourage to provide input and support to this TAC. Darryl will represent the RAC on the Pre-Hospital Data TAC.

11. Data Summit (Don Fernandes & Kathy Schmitt)

Don provided a mock-up brochure and a handout which explains the Data Summit. The summit will be held at the Coast Wenatchee Center Hotel in Wenatchee on September 18 and 19th. The purpose of the summit is to coordinate the EMS care registry. Various committees will be generated at the summit to look at legislation, identify the data set,

create error checking procedures, etc. The grant will cover all rooms and meals for attendees at this summit but not mileage.

All regions are encouraged to send representatives to this summit. Reps may include “go to” data people, decision makers, and potential data users. You may also want to conduct a verbal preliminary assessment of your data needs which can be used during the information gathering period at the summit. Please forward the names of your attendees to Don as soon as possible since all attendees will need to RSVP prior to attendance.

12. EMTALA

Kim Burke handed out a copy of an email she sent to all RAC members regarding EMTALA. She wanted to know if the inter-facility transfer list should be kept updated and attached to the PCPs. The state said that while the PCPs should state in advance the care procedures (regarding flight of the patient, etc.) that the hospitals will follow, the actually inter-facility transfer list is kept and updated by the hospitals. It was also specified that the medical control at the first hospital contacted by the EMS personnel is responsible for the patient unless and until the patient is turned over to another hospital.

13. Needs Grants

Tami handed out an overview of the Needs Grant process and a draft of the application for the needs grants. There is \$300,000 from the Trauma Fund available for needs grants for this biennium. All agencies have been reimbursed for the previous round of grants.

The draft application was reviewed and the only suggestion was that the mailing address and phone number for each region be added to the grant packet. As soon as the application has been finalized, it will be posted on the DOH website along with a completed sample application that agencies can use for reference when they are filling out the current application.

Please email Tami with possible dates during October or November for her to come to your region and present a needs grant workshop for all of your participating agencies. The workshops are optional but in past years have proven very beneficial to the applicants.

14. Annual Reports

Annual reports should follow the same format as the plan. You can use these reports to focus on the current state of the region including its success and accomplishments. You may also want to consider regional opportunities to use this report for the promotion of your region such as for grants or a marketing campaign. It was decided that we will request that the disaster/all hazards component be added back into the plan since that has become a fairly big component of our work load.

Darryl Kirking made a motion that the chair will write a letter to the DOH requesting that the disaster/all hazards component be added to our trauma plan. Kim Burke seconded the motion. The motion was unanimously approved.

15. Goal Setting

The RAC will work on the following goals for the 2003-04 year:

- Statewide communication planning efforts (Merrili and Kim will develop a position on this issue for the RAC outlining the outcome we would like to see on this issue and present it at the next RAC meeting)
- Statewide identification of pre-hospital needs, communications
- Regional balance between EMSTC and bio-terrorism responsibilities (each region will create a position paper on how their workloads are balanced between their EMSTC duties and their bio-terrorism duties; we will discuss this issue further at the next RAC meeting)
- Statewide air ambulance policy (Darryl and Barbara will work on this issue and report on it at our next RAC meeting)
- Be a key player in regional boundary re-definition debate (Anice, Tim and Jody will work on this and report on it at our next RAC meeting)
- Communication between all entities (Anice and Bonnie will work on this issue and report on it at our next RAC meeting)
- Plan format change only once every ten years
- Pre-hospital bio-terrorism response
- Legislative sub-committee reporting back to RAC
- Annual training on trauma care rotated around state
- Annual training at retreat
- Prevention/RAC interplay
- Training coordinator
- Develop purchasing process for future use (ease of use)
- Explore/develop position on N&D issues (ie agencies vs units)
- Adopt position on state-wide data collection and define role of RAC in developing plan

Tim will create a formal goal sheet and email it to all RAC members.

The meeting was adjourned at 10:45am.