

Regional Advisory Committee Meeting Minutes

November 19, 2002
West Coast SeaTac Hotel; SeaTac, WA

Attendees:	Bonnie Robinson	North Region	Anice Grant	NW Region
	Rich Konrad	SW Region	Jack Cvitanovic	DOH
	Jack Robinson	North Region	Shane Sanderson	DOH
	Barbara Clarke	SC Region	Craig Hutson	NC Region
	April Borbon	NW Region	Jody Brower	West Region
	Merrili Owens	Central Region	Kim Burke	East Region
	Tim McKern	NW Region	Bob Berschauer	Central Region
	Darrel Kirking	NC Region	Ron DiRe-Day	SW Region
	Melody Westmoreland	SC Region	Richard Benjamin	DOH
	Nancy Webster	East Region	Scott Hogan	DOH

Chairman Tim McKern called the meeting to order at 9am.

1. Review and adoption of 9/17/02 minutes.

Craig Hutson made a motion to adopt the 9/19/02 minutes with the following changes: Section #3, Kim Burke, not Barbara Clarke, emailed the table A format. Section #11, clarification that the South Central Regional Conference will be held in 2004. Merrili Owens seconded the motion. The motion was unanimously approved with the aforementioned changes.

2. RAED Grant (Shane Sanderson)

There was a verbal agreement during the last teleconference to have April Borbon be the project coordinator for the RAED grant. The DOH, however, has decided to keep the management of the project. Shane Sanderson will be the lead on this project. Shane is working with the grants management division of the DOH and the contracts management division to get this process ironed out.

The grant was for a total of \$218,267. After administration fees, the regions will receive a total of \$207,668 for AEDs and training.

Rich Konrad made a motion to have the state divide the \$207,354 among the seven participating regions, then each region will be responsible for the purchase and distribution of the AEDs as well as training. Darrel Kirking seconded the motion. The motion was unanimously approved.

The training committee consisting of Merrili, Anice and Barbara will still present the information they have gathered to the group. The technical committee consisting of Craig,

Tim and Jack Robinson will send an RFP to vendors to give us bids on AEDs. Dick Benjamin will write a statement of work for each region.

Some points to remember: Central region is not participating. AEDs can only go to agencies within the stated zip code list in the grant. Each region is responsible for making an assessment of who gets the AEDs and what the specs will be for each AED. Training must be consistent with AHA standards or equivalent. EMS agencies that receive the AEDs must participate in the information-gathering database.

3. FY'04 Budget Update (Richard Benjamin)

There is no information yet; the budget should be out on December 20th. It is possible that we could have a \$2.4 billion dollar deficit so of course all programs are being looked at. There will be more information on this at our next meeting.

4. FY '04-'05 Biennial Regional Plan (Richard Benjamin)

There was a bit of confusion over how the needs, goals and strategies should be formatted on the regional plan. Kim noted that her region will format their plan by listing the issue, need or weakness then below that identify the goal and strategy instead of listing all of the needs together. Dick said this makes sense so that the goals and strategies are clearly connected to each need. Some members asked for a later due date for their plans due to the fact that the regions have many projects going on at the same time.

Kim Burke made a motion that the RAC requests the DOH to move the due date of the Regional Trauma Plans to January 31, 2003. Darrel Kirking seconded the motion. The motion was unanimously approved.

5. Regional Support Assignments

A letter was emailed to all regions, which clarified the DOH's realignment of staff for regional support assignments. Scott Hogan and Dick Benjamin's section will do the regional and state plans. On Tuesday, they will be interviewing for an Eastside rep to fill Richard's old position.

6. MPD Meeting Report

The minutes from the last state MPD meeting are out.

The 90-day EMT blood glucose monitoring pilot is being implemented and the results will be sent to the L&C committee; they are expected to approve glucose monitoring by EMTs. Each county's MPD, however, will determine if their EMTs will be able to do this procedure.

Blood draws should be done in the hospital if at all possible. The possibility of contamination and therefore legal challenge is much greater if this is done in the field by medics. If the police insist, a draw can be done so as not to compromise patient care, but

the medic should attempt to have the officer speak to medical control first. Jack will write a letter to the AG on this issue to get specific direction in regards to the RCW.

The Brain Trauma Foundation made a presentation at the MPD meeting. The Foundation has developed pre-hospital guidelines and was offering a training course with materials provided on this topic. The MPDs recommended that this training not be implemented in Washington because personnel have already been trained to use the information being provided.

EMS personnel do not do C-Spine clearing. This should be done in the hospital. A new algorithm that will clarify when C-spine precautions should be taken is currently being written.

7. Licensing and Certification Meeting Report

The DOH will be changing to a monthly recertification process instead of bi-annually. This will create a more manageable flow of work for the DOH office. Initially, the providers recert date will be extended to the month of their next birthday. Jack still expects all EMS personnel to make a good faith effort to complete all of their annual requirements in a timely manner.

David Nice sent a letter to the RAC via Rich Konrad asking that the RAC support a change in the law that would allow for paramedics to be cross certified as health care assistants. Jack said this change would have to be brought by a broad-based group such as a volunteer association or a hospital district in order for it to succeed.

<p>Craig Hutson made a motion to support the concept of the higher level use of pre-hospital providers in a hospital setting. Ron DiRe-Day made an amendment to the motion to specify “clinical setting” not “hospital setting.” Darrel Kirking seconded the motion. The motion was called with six members voting to approve and one member dissenting.</p>
--

8. Hospital Preparedness Plan

Chris has emailed a hospital plan draft and will be emailing the final version soon.

Anice handed out notes from her region’s planning meeting as an FYI.

There was discussion about bringing the issue of Duane Mariotti’s communication plan and its coordination to Norm. There are some agencies in the regions such as the DEMs that are charged with creating a similar communication plan; they had no idea Duane was working on his plan. If Norm can facilitate better communication between all of the agencies regarding Duane’s project, there will less redundancy of work.

There was also discussion about the rumor that the state will realign EMS regions to coordinate with hospital bioterrorism regions, as well as talk about a possible statute that will require a representative of the local health jurisdiction and the local Department of Emergency Management on the regional councils.

9. Smallpox Planning Report

Norm is working on this and will report on it at a later meeting.

10. Cost of EMT/PM Training and Prehospital Resources

Kim Burke is concerned about the cost of EMT classes in the East Region. At Spokane Community College, the EMT class costs \$650 which seems very high; however it was noted that the college EMT classes are tied to the number of credits the class has and there is nothing we can do about it.

Kim also noted that many of our EMS providers are unaware of the pre-hospital resources available to them. She suggested that L&C put such information as the DOH website and the Regions' website addresses on the back of the providers cert cards.

11. Stretcher Vans

The legislature is looking at a bill that would allow for stretcher vans. DSHS and the DOT are the lead agencies on this. If this passes, insurance companies may pay only for stretcher vans and not BLS transport. This could affect not only patient care but it could also lead to a reduction in the number of BLS ambulances in the state which would have a negative impact on preparedness.

Bob Berschauer made a motion that the RAC go on record as being opposed to a change in legislation that would allow for stretcher vans due to the detrimental impact this would have on the Washington EMS system and homeland security preparedness. Craig Hutson seconded the motion. The motion was unanimously approved.

Tim will bring this information to the Steering Committee. Tim and Anice will also write a letter about this issue to Cynthia Marcus and cc it to Mary Selecky and Janet Griffith.

12. Regional Reports

Southwest: They are working on the trauma plan and the hospital plan. They are doing a pilot Falls Prevention program modeled after King County's program.

West: They will soon have their second hospital meeting. They are working on their February conference which is coming up in a few months. They are starting an IP falls program.

North Central: They are currently working on their plan and the hospital assessment. Their IP committee has been very active.

North: The region has hired two temps. They are considering forming an IP committee. Their first hospital meeting will be this Friday and they have 55 people signed up to attend. Bonnie thanked all of the RAC members for their generous help during her first few months of being director of the North Region.

East: Nothing to report.

Central: They are working on the trauma plan as well as the hospital plan which includes working with EMD's, EMS and EOC's.

South Central: They are busy working on their trauma plan and the hospital plan. They give grant money to four Safe Kids coalitions which are busy with a variety of programs including a falls and water safety program.

Northwest: They had their first hospital planning meeting yesterday. 25 people RSVPed and 37 showed up. They have revamped their OTEP program and it will now consist of 13 scenario-based modules. They should receive MPD approval on this by December 14th. They are in the process of revising their protocols. They received a \$25,000 grant from the Washington Health Foundation and are now buying lots of new training equipment. Anice and Tim are actively working with the DOT on preparations for the Hood Canal Bridge closure in 2006.

13. Good of the Order

The new POLST form and related information will be on the state website soon.

An EMSC grant has been submitted to develop an EMS data system.

The state will phase out the EMS No-CPR form after the POLST is in effect. Information about the POLST form has already been sent out to users such as doctors and nursing homes.

The meeting was adjourned at 3:45pm.