

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

November 18, 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	Richard Benjamin	DOH
	Bob Berschauer	Central Region	MJ Westmoreland	SC Region
	Darrel Kirking	NC Region	Pennie Klein	DOH
	Scott Hogan	DOH	Kathy Williams	DOH
	Ron Di Re-Day	SW Region	Zita Wiltgen	NW Region
	Dane Kessler	DOH	Don Fernandes	DOH
	Jennifer Foster	DOH	Tami Schweppe	DOH

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

1. Review and adoption of September 16, 2003 minutes.

Craig Hutson made a motion to adopt the September 16, 2003 minutes with the following change: Section 10, change the word “received” to “awarded” in the “Central” section. Bonnie Robinson seconded the motion. The motion was unanimously approved with the aforementioned change.

FYI—Dick Benjamin received a memo from Rich Konrad and Barbara Clarke stating that John Schearer, the Emergency Manager from Franklin County, said that there would be no funding for the EMS regions because they have not aligned with the Homeland Security regions. Dick has no information on this and will look into it further. If the realignment takes place, a ninth region will be added but because there is no additional state funding, each region will lose \$27,000 to support the ninth region. Barbara Clarke provided a handout detailing how this change would affect the South Central Region. Each region should send a statement to Dick about how this change would impact their region.

2. RAED Grant Update (Pennie Klein)

Pennie handed out a map listing all of the agencies that received AEDs from the last RAED grant. All Regional Administrators will need to remind their agencies that received these AEDs that they must register with Michele Plorde even if they have no data to report yet;

this was specified in the contract that they signed prior to receiving the AEDs. Pennie noted that there will be no rollover of last years' training funds past this year.

Pennie handed out a working copy of this years' RAED contract; the Central Region has been added to this contract. You must use all attachments to this contract; they will be sent to you via email for better efficiency. An additional component has been added to this contract which is outlined on page one, paragraph five of the handout; this states that each region will verify that the AED recipients have registered with Michelle. Pennie also handed out a Contract work timeline sheet. Attachment F is a check off sheet that will be used at the end of this process as specified in the timeline. A payment of \$3,000 is included as part of this contract for assessment, not for general administration. The final contract will be completed soon.

There was discussion about creating the priority list for this years' AED grant. Assessments need to be done for EMS, law AND public access although there was difficulty in determining how to asses the public locations. Pennie said the assessments need to be consistent for all EMS, law and PAD. The final lists will need to be approved by DOH to ensure that they meet the grant guidelines.

Currently AEDs need to be "prescribed" by the MPD. The WAC may be amended to change this requirement.

3. RAED Vendor and RFP Process (Pennie and Anice)

Pennie gave Anice a list of AED vendors. Anice will mail the AED spec sheet which was handed out at this meeting to all vendors. Anice will specify that January 10th will be the cut-off day for vendor response so the information can be collated and brought to our next RAC meeting. It was determined that we will spend a maximum of \$1,483 per AED and Anice will ask the vendor to add tax and shipping to each invoice.

There was discussion about pediatric pads for the AEDs. Anice will gather information on this and we will discuss it at our next meeting. There were many negatives pointed out about pediatric pads including the fact that these AEDs go to very rural areas--even in metro areas, pediatric pads are rarely used. Some said the pads were expensive and there would have to be training on the use of these pads; also there would be a possibility of using the wrong pads in the field.

4. Contract Update

It was determined that the 'authority' section would not be added back into Attachment 2. There was discussion about using the narrative format but the new format in Attachment 2 is much easier to understand, it is more efficient and easier to follow for the reviewers.

All items should have some work reported in them, even if you just state that the item has been assigned to a committee. If an item has no action reported on it for a number of

months, you will be encourage to address the issue. If you are having difficulty with a goal, do not drop it from your plan. Contact Pennie or Scott and they will assist you. If you are not working on a goal because of lack of funding then you can try to work on at least a small part of your objective or strategies. Remember that at the end of this biennium, when writing your next plan, you can extend the goal but change the objectives and strategies to more closely match the work you are able to do on it.

For clarity and ease of review, Kathy suggested putting a footer on each page of your attachments with the name of your region. Also, identify the name of the contact with DOH since each region has more than one contract with the DOH.

5. Needs Grants Update (Tami Schweppe)

Ten Needs Grants workshops have been conducted around the state and approximately 70 people representing agencies from around the state attended. They may not hold workshops in every region during the next grant cycle since it is not cost effective, although they will continue to offer support via phone and email.

Needs Grants applications are due by November 30th to the Regions. Regions must turn in the applications to the DOH by December 12th. Remember that Needs Grants cover non-reimbursed funding for trauma care and not regional training.

6. SEI Requirements (Dane Kessler)

Dane handed out a packet of information about becoming an SEI. This information is also available on the DOH website. Currently approved SEIs can still conduct training even if they have not taken the DOT class although they must also go through the new process to become certified. SEIs are only required for instructing First Responder and EMT classes; all other CE classes do not need to be taught by SEIs. The DOH wants to see demonstrated need for someone to become an SEI.

Dick Benjamin announced that the Education Committee is now a Technical Advisory Committee to the Licensing and Certification Committee. Jim Dow is the chairman of this new committee. Each region can have two representatives on the Education Committee and are encouraged to send them to the next meeting on December 12th. The DOH will provide clerical support and the meeting room but no reimbursements for meals or travel. Bonnie requested that the agenda and minutes for each meeting be sent to all of the Regional EMS offices.

7. Data Summit (Don Fernandes)

The Conference in September went very well and provided a lot of general information. They want to collect all data instead of just trauma data and meet the national standard. It will also cost less for data collector software if we use the national standard. The

implementation process will probably not need to be mandated since some mandated collection is already standardized.

Don is researching data collection systems and is looking at two good web-based systems, one that is used in Minnesota and another that is used at Swedish Hospital. It is estimated that the implementation time from conception to roll out will be about nine months. Don has looked at the evaluation forms from the conference and noted that under the prioritized characteristics of data, accuracy was most important. It would be good to have the MPDs on board to push this and we will also want to bring this to our QI committees. Don has \$30,000 available for six grants and part of the work of the committee will be to decide whether to give the grants to agencies or vendors to further us in our goal. The first meeting of the Data Committee will be in January or February and then every other month thereafter. Don has twelve applications for committee members but wants to have 15 to 17 members in all. It is possible that some of these meetings could be held via Tele-health.

The RAC would like open access to the data collected to assist us with our stats and studies.

8. Hospital Communications

There was discussion about the various types of communications systems used in the hospitals around Washington state. This topic will be deferred to Duane Marriotti who will be at the Steering Committee meeting on November 19.

9. Tele-health Training and Education

Darrel described the benefits of using the Tele-health system for meetings and training. The use of this system saves both time and money because the training can be done at any local facility where the Tele-health system is available. It was recommended that all regions find out if their hospitals have this system available, if they would allow EMS to use their systems for training and meetings, and the cost for use of the system.

10. Communications Report (Kim Burke)

Kim was not in attendance so no report was given.

11. Hospital/All Hazards Planning Update

Mike Smith distributed the HRSA Priority Area 3 EMS Work Plan for FY04. A HRSA teleconference will be held on the first Monday of each month, beginning in December, from 9:30am to 10:30am. Darryl demonstrated an MCI kit.

12. Regional Reports

Southwest: They are developing a Falls program. They are also developing a calendar of drills for the next two years.

West: No report given.

North Central: The North Central region is now a CTC. The November Table Top drill went well. On February 26 there will be a Regional Table Top drill at the Wenatchee Convention Center.

North: The Safe Kids program is going well; their next meeting is in January. The Safe Kids webpage has also been updated. The IPPE mini-grant program is in the application phase for participants. The IRIS system was tested during the NDMS drill and was very successful.

East: No report given.

Central: Enumclaw is applying for a Level 5 Hospital Needs assessment.

South Central: They are continuing to work on their conference which will be held March 19 and 20. On March 18 they will have a Prevention Committee meeting which will feature Miss Washington as the key note speaker. On March 24 they will have a Hospital Preparedness/Bio-Terrorism Table Top drill.

Northwest: The protocol update is almost completed. All of their Council officers have been reelected for another term. Ruby received two awards from the Washington State Traffic Safety Commission. They are conducting a Hood Canal Bridge Closure assessment.

13. Good of the Order

Nothing to report.

The meeting was adjourned at 3:45pm.