

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

September 14, 2004
SeaTac Marriott Hotel; SeaTac, WA

Attendees:	Anice Grant	NW Region	Kim Burke	East Region
	Rich Konrad	SW Region	Craig Hutson	NC Region
	Barbara Clarke	SC Region	Pennie Klein	DOH
	April Borbon	NW Region	Anne Benoist	West Region
	Merrili Owens	Central Region	Michael Lopez	DOH
	Bonnie Robinson	North Region	Michael Smith	DOH
	Darrel Kirking	NC Region	Tami Schweppe	DOH
	Scott Hogan	DOH	Rebecca Pittman	DOH
	Mike Campbell	Homeland Security	Pete Savor	West Region
	Shane Sanderson	North Region	Jack Robinson	North Region
	Valeria Munn	HRSA/DOH	Chris Brown	WA Online
	Chris Martin	Central Region	Sabine Guenther	HRSA/DOH

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

1. Review and adoption of the May 17, 2004 and May 18, 2004 minutes.

Barbara Clarke made a motion to adopt the May 17, 2004 and May 18, 2004 minutes as written. Craig Hutson seconded the motion. The motion was unanimously approved.
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2. Rules Update (Tami Schweppe)

There will be one rules update this year which will be an amendment in the definitions section of the WAC to clarify a definition. This process will be expedited and there will be no public hearing. The rule will be amended in 45 days. They will also need to add ALS/ILS OTEP to the definitions.

3. Trauma Care Funds Update (Tami Schweppe)

The Trauma Care Fund work group is meeting to decide how to allocate an additional \$350,000 that had previously not been allocated. The work group suggested allocating \$84,000 to the pre-hospital participation grants and then dividing the remaining \$273,000. Tami provided a handout listing three options that the work group is considering for dividing the remaining \$273,000. The RAC will recommend to the Steering Committee that they choose Option 1 which would increase the amount the MPDs receive from \$3,500 a year to \$7,500 per year. During the first year that this money becomes available, the RAC

would like to see part of the funding tied to training all of the MPDs in MPD system management. After successful completion of the course, the RAC would like to see the full increase go to the MPDs. Rich Konrad will bring this suggestion to the Steering Committee

Another handout was provided that suggested that the Needs Grants Funds be used for Participation Grants. This suggestion would have all grant funds divided among all verified pre-hospital agencies. The RAC determined that the funds would be spread too thin this way and such a small amount of additional funding would not be beneficial, especially to many of the smaller agencies. The RAC is satisfied that the Needs Grants process is already refined, the process allows the Regions to work closely with their provider agencies to get their needs met, the funds are often used to meet the requirements to assist small agencies to become trauma verified, and the current process puts less burden on the DOH.

Anice Grant made a motion to oppose dissolution of the Needs Grants process. Darrel Kirking seconded the motion. The motion was unanimously approved.

4. Biennial Plan Format (Pennie Klein, Scott Hogan, Mike Lopez)

A handout of the final Biennial Plan Format was provided. There were some small changes from the last plan format which will allow us to focus more on planning what the needs of the region are instead of focusing on the ‘who’ aspect of the needs.

There was much discussion about the role of the min/max numbers for our needs and distributions section. These numbers are required by the WAC so they will not go away. The determination for the min/max numbers does allow for greater contact between the local and regional councils and even though they are sometimes difficult to determine, we will continue to work off of our approved min/max numbers and adjust as needed. Jack can provide a copy of each agency’s response area, which is included in their application for verification if requested for use in future planning.

A new section on all hazards preparedness was also added to the plan. There was much discussion on this issue. Instead of including a huge amount of information on the all hazards planning into the Trauma Plan, it was determined that we will only include short paragraphs about what work has been done and reference the full texts of any plans developed instead of including all of the information from the preparedness plans into our Trauma Plan; this will avoid redundancy.

Pennie provided a handout of directions for Table E. It was suggested that we start working on the plan process in January 2005. The group agreed that we should have a workshop/retreat to work specifically on this topic, possibly on January 20th, 2005, the day before the January 21st RAC meeting.

5. WAOL Online Demonstration (Chris Brown)

Mike Campbell from the Center of Excellence which is a training sub-committee of the Department of Homeland Security provided a demonstration of the Washington Online

Virtual Campus program. This committee will coordinate and facilitate all training via online “virtual classes”. These are ODP certified classes which will be available to police, fire and college students.

Currently they are developing five awareness-level online classes. These consist of a pre-test (if this pre-test is passed successfully the student does not need to continue through the online class and will receive a certificate), training modules and a post test. All testing information is kept in the provider database and all reports are available for download to supervisors. The cost is very inexpensive and this program allows for standardized training. There was a question about importing scores from previous online ODP/Texas training for credit into this database which Mike will follow up on.

The first class in the series, ‘Weapons of Mass Destruction’, will be available in September 2004 and all classes will be available by March 2005. For additional information please go to www.homelandtraining.org.

6. Trauma Plan Communications Guidelines (Mike Lopez)

No report was given.

7. Contract Clarifications (Pennie Klein)

The purpose of Attachment 2 is to summarize all work that is done in the Regional offices; please list all work completed under the most appropriate heading on this attachment. Attachment 4 should be used to list all training completed in the Regions.

Julie needs to have the Attachment 2 emailed to her and then a hardcopy of the attachments, and the A19s, mailed. Please remember that these deliverables need to be *in the DOH office* by the due date, not postmarked by the due date.

8. Training Deliverables

There was some confusion about the training deliverables. Apparently the dates for the training sections were out of sequence. The proper sequence is to complete the assessment, do the training then turning the A19s.

9. 18 Year Age Limit in the WAC for Initial Trauma Training

There was discussion about the 18 year old age limit in the WAC for initial trauma training. In the 1980s, 16 to 18 year olds were able to receive EMS training if they had a waiver, however, this has since been done away with due to liability issues. Issues such as working in hospitals, the inability of anyone under 18 to sign the HIPPA confidentiality agreement and driving liability issues were discussed. The Committee members agreed it would be a good idea to allow 16-18 year olds to receive EMS training if they are in an organized program or with the approval of the MPD however they would not be certified until they

were 18 years old. Mike Lopez will look into this issue and the changes that would be required to the WAC.

Ron Dire Day made a motion to support allowing 16-18 year olds receive EMS training in organized programs or with the approval of the MPD. Kim Burke seconded the motion. The motion was unanimously approved.

10. AED Grant Project Update (Pennie Klein)

Pennie provided handouts of an AED survey that highlighted AED purchases around the country. She also handed out a draft of Attachment 2 with all of the new AED deliverable requirements in red. This year's AED grant contract includes more training specifications. Also, the dates specified in the contract were provided as part of the grant however we can move up the dates if we like. Pennie will get the final AED contract out as soon as possible. The biggest change to this years' contract is that all training must be completed prior to the agencies receiving the AEDs.

Last year we received \$222,288 for the AED grant program; this year will receive \$357,961 which will be split among seven regions. There are also additional funds provided for administrative costs. Pennie will email a demo spreadsheet of the information needed for the initial assessment. Your final report will need to provide the specifics of which agencies received the AEDs.

This year there was \$4,000 in training funds that were left over after training was completed. These funds needed to be returned because they went unused and the grant does not allow for rolling over funds. This year the grant specifies that we must spend 10% of the funds on training. At a later meeting we will plan how to use these training funds. There was discussion about how to classify people who have already received training through the previous grant and how to provide funding for training to outside agencies such as schools or other places that provide AED training. As usual, all training must be done in qualified zip codes.

The grant guidelines this year state the AEDs should be used "to build more capacity". Although previously we stated that we will only give one AED per EMS agency, we may want to rethink this and provide additional AEDs in order to build capacity.

Anice will ask the new Zoll representative to attend our next meeting. We will also ask about getting EMS trainers in additions to Public Access trainers. Anice noted that for EMS use it is possible to remove the Public Access prompts.

11. Burn Patient Care (Merrili Owens)

Merrili provided copies of the Harborview Burn Stabilization Protocol to the group. On October 6th Harborview will have a mock activation drill of the burn protocol.

12. Mutual Aid Agreements (Mike Smith)

Mike Smith provided a handout of the definition of Mutual Aid agreements and a handout of the MOU Survey summary. Some of the information in the summary was redacted by the Attorney General prior to public disclosure. The MAA definition provides guidelines for the central elements of Mutual Aid Agreements; Mike will email this information to the Regions and the Regions will then be able to provide this information to their agencies.

13. QI Process (Bonnie Robinson)

Bonnie asked that each region bring information about their Regional QI process to the next RAC meeting. This way the group can compare notes about the structure of the QI process who participates and how the process works.

14. Data TAC Report

The Data TAC will meet on October 20th.

15. Pre-hospital TAC Report

The Pre-hospital TAC will meet on September 30th.

16. Prevention Report

The IPPE TAC will meet on September 21st.

17. Pre-hospital Preparedness Report

No report was given.

18. Regional Reports

Southwest: Rich went to a NEDARK conference which showed how to use data to evaluate IPPE programs. Rich will be leaving the Region by the end of the month to become the new RERK in Public Health Region 4. They will be hiring to fill Rich's position.

West: They are working on their conference which will happen in February. The conference will include a QI segment. There are four TNCC and four ENPC courses scheduled for the hospitals. They will award \$20,000 in mini grants. The Planning and Standards Committee has been reactivated.

North Central: Lynette, their IPPE Coordinator has left the regional office. They are working on their conference which will be held May 19-21, 2005. They have hired Extreme Business Development to coordinate the conference. They are using the CBT online training from King County at a cost of \$18 per provider for the first year.

North: A recent SEI workshop was successful and included sharing teaching styles; their next SEI workshop will be in June. They will have a workshop on December 4th which will feature a recruitment and retention presentation. Their hospital and pre-hospital sub-committees are now active. They will award their IPPE mini grants soon. There will be an EMS Conference in Everett on September 21st and an EMS Conference in Bellingham in October. The PCP Review sub-committee is now in place. The Skagit County MPD has resigned and application ae being accepted for this position.

East: They have hired a conference coordinator for their March 17 and 18, 2005 conference. On September 16th they will have a region-wide communications meeting. They have hired a new IPPR Coordinator and also finished their hospital plan.

Central: They have completed their QA Committee for child death review. A presentation from Harborview showed a 20%-30% improvement in rehabilitation outcomes with shorter term stays. Their Trauma Director is working on web-based training. Harborview will have a seminar on data at their April Trauma Conference. They are conducting a CBD study on dispatcher assisted CPR versus dispatcher instruction to perform chest compressions only; this study will involve 500 cases.

South Central: No report was given.

Northwest: Ruby has retired but she will still contract for the DUI Panels. April has taken over some of the IPPE work. They now share two part-time administrative assistants with Kitsap County EMS. The Protocol Review Committee has been reactivated to do a full rewrite of the Regional protocols; the protocols will be distributed in January 2006. Hospital equipment is arriving.

19. Good of the Order

No report was given.

The meeting was adjourned at 3:45pm.