

# Regional Advisory Committee Meeting Minutes

September 17, 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

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

1. Review and adoption of 7/23/02 minutes.

Craig Hutson made a motion to adopt the 7/23/02 minutes with the following changes:  
Section #2, in the second paragraph, the phrase “money going to Harborview” will be replaced with the phrase “trauma fund”.  
Section #4, it was clarified that the Central region has the mutual aid agreement that is part of their contract with the state.  
Section #9, the first sentence will be removed since there was not a Trauma Plan Committee meeting on August 5<sup>th</sup>.  
Anice Grant seconded the motion. The motion was unanimously approved with the aforementioned changes.

2. Budget (Jack Cvitanovic)

There have been no budget changes at the state level as yet. It looks like the state will have a budget shortfall of \$1.5 billion during the next biennial cycle; this could result in more reduction of personnel and services.

3. FY’04-05 Regional Plan Format

Anice handed out copies of the final FY’04-05 Regional Plan Format. Barbara Clarke will email everyone a copy of the Table A format that she used last year.

4. AED Grant (Shane Sanderson)

There has been no word on the federal AED grant that Shane submitted however a response is due by September 30<sup>th</sup>. Shane distributed an outline that details the steps we will need to take once we are approved for the AED grant. Since this is a one year (September –August) grant process, and we will have to move quickly on this once we receive the grant approval. The DOH is receiving a very limited amount of

money for this program and it will only cover contracts, budgeting and the evaluation of the program, so the bulk of the work will fall on committee members.

To get the process started, Jack will notify all agencies that a one-year variance to the state law requiring AED's in all response vehicles is available. Jack will forward the information on variance requests to the appropriate regional council so that they will know which agencies have the greatest need for AEDs; this will allow the Regional Councils to better prioritize their AED needs.

The Equipment Selection committee will include Craig Hutson, Tim McKern and Jack Robinson. They will research the type and cost of AEDs through various manufacturers prior to the bid process. Please email any specific equipment needs to these committee members.

Anice Grant and Merrili Owen volunteered to be on the Training Committee and they will look into the training language requirements. Shane has already received bids for training from many Heart Association chapters. Anice will also request the checklist used by the Kitsap County AED program and forward it to all committee members.

A conference call has been arranged for October 24<sup>th</sup> at 9am to disseminate all of the information regarding this program and Shane will bring a draft of the contracts to the November meeting. Anice will also request the checklist used by the Kitsap County AED program and forward it to all committee members as a possible template for our AED program.

## 5. POLST

The new POLST program has been rolled out; it has taken the place of the former 'no CPR directive'. SEI's are currently being trained on the new POLST form. Information pamphlets and the forms are now available and there will also be information available on the DOH website. The POLST program is only available for adults 18 years and older.

## 6. Hospital Preparedness

Norm should send the Hospital Assessment contracts to the regions soon. The assessment tool is also due out within the next week. Norm encourages the regions to use some of the money from this contract for training and equipment for pre-hospital providers. Anice suggested bio-terrorism training, such as an OTEP module, could be funded with this money.

Jack said that Norm was also tasked with: identifying facilities that would be centers for small pox patients, identifying all categories of hospital personnel that would need small pox vaccines and identifying all personnel who would be *willing* to receive the vaccine. It was pointed out that some of these questions will be answered by the hospital assessment.

## 7. Volunteer Recruitment and Retention

Figures show that many areas have had a steep decline in EMS volunteers. In 1995 about 62% of EMS providers were volunteers but now that figure has dropped to around 40%. This may be because of more stringent guidelines for fire service and EMS training, among other factors.

Jack suggested that we may need some type of plan or document that looks into the issue of volunteer retention. He also noted that Jack Snook wrote a very good book on recruiting and retaining fire/EMS service volunteers.

As possible remedies to this problem, it was suggested that maybe money should go into an R&R project for volunteers; that a retirement fund be set up for volunteers; using cross-credentialed hospital personnel; or lobbying the legislature about the problem.

Jack will be sending out a Retrospective Study on this issue.

## 8. Critical Access Hospital Program (Shane Sanderson)

The DOH has allotted \$30,000 for the Critical Access Hospital Program. Shane handed out a list of 24 designated Critical Access Hospitals; four more hospitals are in the review process.

The program will focus on: hospital-based ambulance services (and the declining rate of reimbursement); EMS volunteer recruitment and retention programs (the RAC and Steering Committee may work together on this); Emergency Nursing education (a telemedicine program is in the works and they are looking into web-based CME); long distance critical care transport (who is doing the transporting, who pays and do the personnel have enough education in this area); use of EMS personnel in non-traditional settings (possibly cross-certifying EMS and hospital personnel); EMS community assessments (a needs assessment that Shane is currently working on); and training and equipment support.

## 9. Licensing and Certification Report (Jack Cvitanovic)

There has been more shuffling of personnel at the DOH. Norm's job has changed and Tom Kimzey is no longer working at the DOH.

Jack handed out copies of the minutes from the last DOH/EMS Licensing and Certification Advisory Committee meeting.

Random background checks will now be done on every one of five EMS provider applications. Eventually the DOH hopes to make this a 100% check. Some committee members asked if background checks could be done prior to the student attending training classes but currently the law does not allow it. It is the instructor's duty to advise the class that random checks will be done and also outline possible reasons for rejection of the application.

As an FYI, fire departments can not refuse to accept babies dropped off within 72 hours of birth due to the new “Safe Haven” law.

## 10. Trauma Data

A question was raised about the Trauma Data requirement in the Regional Plan (Section VII). It was clarified that the region need only describe their role in the trauma data collection process. The South Central Region, for example, notes that they encourage data collection but presently have no role in the collection or submission of data and this suffices for the purposes of the Regional Plan.

## 11. Regional Reports

**Southwest:** New officers were recently elected. Their new chairman is Ron Di Re-Day from AMR. The IPPE program is doing a new falls in the elderly pilot project.

**West:** The office will move to its new location later this week. They are now in the process of planning their February 2003 conference. The IPPE program has expanded to include an elderly falls prevention program.

**North Central:** They are currently working on their plan and the hospital assessment. Their annual meeting will be held in October.

**North:** Bonnie Robinson is the new Executive Director of the North Region. Her husband Jack has resigned as president of the board to avoid any conflict of interest.

**East:** A Council retreat was held a couple of weeks ago and was well attended. The retreat featured an “East Region EMS Jeopardy” game that went over well. The Greater Spokane Substance Abuse Council will take over the Youth DUI contract with the Spokane Health district. The IPPE coordinator will focus on falls, suicide awareness and child passenger seat safety; they also received a grant for their mock crashes. The Health Care Facilities committee leader has been reactivated. Their 2003 Conference is slated for March 14-16 at the Spokane Convention Center.

**Central:** The hospital committee is preparing for a 12 day scenario-based TOPOFF drill that will take place in May 2003. This drill will focus on government functioning during a disaster.

**South Central:** They are more than half way finished with the new plan. They are making changes to their PCPs and one council is revising its COPs. They are planning their first EMS Conference which will be held March 18-21 in Kennewick. They are winding down their life vest board which went over really well this summer—they even had life vests donated to their program. The WellFeet program which gives away reflective feet to youth is very successful; currently the correction center and people who must do community service are making the feet to save labor costs. An interactive video created in part by the IPPE program which focuses on Youth and DUI has been so successful that it will soon be used nationwide.

**Northwest:** Elections will take place at their next Regional Council meeting. Anice and Tim are currently working with the DOT which is in the planning stage of a two-month Hood Canal Bridge closure. A new Trauma Nurses Talk Tough program is available on power point. Ruby receive all of the grant money requested from the WTSC for her Sober Roadways and Youth DUI programs. Ruby also had a DUI

poster produced and bought calling cards for a 'phone home for a safe ride' promotion through the Youth DUI program.

FYI—Many regions noted that they make use of interns, work-study students and work first participants to get low-paid or even free help in their offices.

12. Good of the Order

Nothing to report.

The meeting was adjourned at 1:10pm. The next RAC meeting will be on November 19<sup>th</sup> at 9am.