

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

March 14, 2006
SeaTac Red Lion Hotel; SeaTac, WA

Attendees:	Zita Wiltgen	SW Region	Tim McKern	NW Region
	Barbara Clarke	SC Region	Pennie Klein	DOH
	April Borbon	NW Region	Anne Benoist	West Region
	Merrili Owens	Central Region	Peg Trimble	DOH
	Darrel Kirking	NC Region	Mike Lopez	DOH
	Scott Hogan	DOH	Dave McCarthy	NW Region
	Bonnie Robinson	North Region	Kathy Williams	DOH
	Mike Smith	DOH	Richard Kness	East Region
	Marianne Dulton	East Region		

1. Introductions

Chairman Tim McKern called the meeting to order at 9:05am. Introductions were made by all in attendance.

2. Approval of Minutes

Darrel Kirking moved to approve the January 17, 2006 minutes with the following corrections: Section VI. A, in the second sentence change the last half to read “the information *may be* used.....” and remove the second part of the fifth sentence. In the North Region report, the region will fund the online OTEP program for *volunteer* providers. In the West Region report, change WEIRS to WHEELERS. In the South Central Region report change the last sentence to *Yakima Memorial Hospital's* bioterrorism trailer was stolen. In the North Region report, they are *looking at implementing* an online OTEP program, the Pre-hospital and Hospital Committees *meet jointly to discuss preparedness issues*, they are reviewing their burn care training program, a burn care specialist will *provide input* for their program, and they will use EMS providers in their influenza planning process. Merrili Owens seconded the motion. The motion was unanimously approved.

3. Prevention/IPPE Report (Kathy Williams)

The IPPE TAC met yesterday; they had a very good turnout. Dr Charlie Mott from the Harborview Injury Prevention Center was the guest speaker. He gave a very good presentation on using proxy measures in the evaluation process. His

presentation showed how, in the hierarchy of outcomes in an evaluation process, lower level evaluations (attitude changes and behavior changes) are more achievable than influencing mortality statistics. It took Harborview eight years to show the effectiveness of their helmet program. Kathy will forward a copy of his presentation to all of the Regions. The group discussed focusing on one or two prevention projects state-wide in addition to the other projects each region conducts.

There was discussion about having the IPPE TAC, TAC and Steering Committee meetings held three days in a row. They were organized in this way to save the regions travel time and money. There was discussion about the value of the Regional Administrators attending the Steering Committee meetings. The administrators felt the Steering Committee meetings were important but they requested that they receive the minutes and the agenda to the meetings ahead of time so they could decide if they need to attend. Pennie will email a survey to all attendees to determine if all three meetings should continue to be held as they are now.

There was discussion about recent legislative changes. Five DUIs in seven years will now be a felony. There was no information on the teak surfing legislation. A survey was sent by the parks to determine how many hyperbaric chambers there are in the state. Kathy is continuing to collect injury prevention success stories. There was discussion about alcohol screenings at level one and two hospitals; this may become a standard and it was started in Washington State.

4. Pre-hospital Preparedness Report (Mike Smith)

Mike provided all in attendance with a PHEPR News Update from March 3, 2006. The updated included information on pandemic flu planning, assistance to Firefighters grants, and NIMS courses. Mike also provided each region with current contact information for all of the agencies in their region. He noted that the burn care course is part of the MCI plan. It was added that burn care should be addressed by the state Education Committee.

In other discussion, it was noted that the Washington State Fire Chiefs directory is an excellent resource for contact information. There was also a great deal of discussion about the MPDs and how they can work more effectively with the regions. It was suggested that this be a topic at the annual MPD meeting. Pennie suggested possibly having a lead MPD for each region. There was discussion about MPD accessibility issues. It was suggested that the MPD contract more fully spell out the duties of the MPDs as well as address MPD training requirements. There was a suggestion to have two MPD conferences per year.

5. Zoll AHA Update (Mike Borkowski)

Since the recent AHA CPR guidelines have changed, all of the AEDs that have been provided through the RAED grant will need to be updated to provide for unstacking

the shocks, changing to a one joule setting and accommodating the two minute CPR requirement. The changes will be available on disc from Zoll in October. The disc will be loaded on a computer then transferred via infrared to the AEDs. Even though the changes are now in affect, the AEDs are still safe to use even if they have not been updated. There was discussion about how the updating will be done. The regions may hold an “update day” where all of the agencies bring their AEDs to a central location for the updates to be performed. Zoll offered to have each agency make contact with Zoll which would then send out the disc to the agency; this would also allow them to purchase additional pads and batteries if needed. There was discussion about liability, getting MPD buy-in for the update process and bringing the AED topic up at the annual MPD meeting. It was noted that as part of the sustainability plan, the regions may want to have each agency with an AED from the grant make contact with Zoll. Each region will handle the update process in the way that will best meet their needs. Mike Borkowski will email a 2006 statement and letter to all regions and health districts about the update. Bonnie said that her region will send a letter to each agency that received an AED outlining their responsibilities and providing the Zoll contact number. It was noted that to receive the special low price for the AEDs, the AEDs must be purchased through the regions. The price is not available through the distributors. Currently there is a program through Zoll that provides free pads and batteries to EMS agencies that provide data directly to Zoll; it is unknown if this program will continue.

6. AED Grant Update (Pennie Klein)

Pennie reported that the funds for this years’ AED grant have been dramatically reduced. There is approximately \$7,000 left over from last years AED grant; attendees were urged to email Pennie with ideas on how to use these funds (ie: supplies, trainers, etc). Pennie added that agencies that received the AEDs will need to budget for their own supplies (batteries and pads) instead of relying on the grant. She noted that if the regions did not spend all of their training funds on training, these funds could be used to buy additional AEDs.

7. HRSA Trauma System Benchmarks (Pennie Klein)

Pennie presented an outline of HRSA’s Model Trauma system Planning and Evaluation document to the group. The model is based on the Public Health System model which has many of the same components as the trauma system. The trauma model includes benchmarks such as those used by the Public Health model, which include indicators that provide for a “scoring mechanism” that show how near or far the state or regional system is to a particular goal or benchmark. This tool allows for an assessment component for our systems. There was discussion about where EMS fits into this model. A sub-committee of the Steering Committee will look at the state planning process. The new Chairman of the Steering Committee has planned a strategic planning retreat to look at the mission of the trauma system and see how the HRSA model would fit into our planning process.

8. Regional Plan Format (Mike Lopez)

A recommendation will be brought to the Steering Committee that the Regions do not rewrite their biennial plans this year. The regions were asked to look at their goals and objectives to see if they would carry through for another two years. Items could be adjusted as needed and hospital designation and min/max numbers for verification would need to be addressed but no major changes would be made during this planning process. It is hoped that a plan based on the Public Health model benchmark system will be devised for EMS over the next two years after which the regions would make major revisions to their plans. The only change that will be newly added to the plan will be in the authority section. Each region will need to add an assessment component to this section. The assessment goal or process will not be elaborated on until information comes back from the Steering Committee strategic planning retreat. Plan guidance will be emailed to all regions a week from Friday. Among other items the group wanted to see addressed in the plans were affordable healthcare issues and hospital diversion issues.

9. Statement of Work (SOW) for 2006/07 Contract (Scott Hogan)

Scott handed out a draft Statement of Work which the group reviewed. Suggestions and comments were made about the SOW components and Scott will email the revised document to all regions. A min/max methodology will also be sent to the regions soon. It was noted that the diversion issue could be addressed in the assessment section of the plan.

10. Pre-hospital TAC Report (Peg Trimble)

The Education Committee met last week. The Examination Committee will be reactivated and the paramedic recertification exam will be looked at. Currently there is a 100% pass rate on the exam. It was noted that if there is no ILS OTEP the providers will need to take the recertification exam. The DOH supports the OTEP program and noted it is much better for ongoing training rather than the providers taking a recertification exam every couple of years. On May 22 there will be an Annual MPD meeting in Yakima. On April 12 the Licensing and Certification Committee will meet. There was discussion about a pilot ambulance inspection program; a letter about this will be sent to all agencies. There is a need for education about the merger process. Guidance on the merger process will be sent out when it is completed and will also be put on the DOH website. It is important that when districts merge they make sure the merger is congruent with the Regional Plan, that they are within the min/max numbers and that if they meet the definition of a new agency, they apply for a new license. Zita requested that the DOH provide a current list of verified agencies to each region.

11. WEMISIS/Data TAC Report

The RFP will be out soon. Changes have been made to the contract.

12. Regional Reports

East Region: Their first ever East Region Conference will be held March 16-18 in Spokane. An East Region communications drill will be held on April 25th and will include participation by dispatch, EMS, public health, DEM, fire and law enforcement. Satellite phones, cell phones and landlines will be tested.

North Central Region: They are funding the online OTEP program for all of the volunteers in their region. Their Executive Committee met recently to discuss the long-term viability of the Region. They determined that they are working with \$130,000 if you take into account inflation. There will be a RAK in Spokane on April 3 and 4 where regional administrators and chairs will discuss the state of their regions. Training is going well. The QI Committee developed a QI for EMS Evaluators for skills stations which will evaluate equipment and instructor development. On March 22 they will hold an instructor training workshop with Mike Helbach on how to do skills evaluations. Their conference will be held September 29-October 1 and will feature five tracks. Darrel brought up the validity and enforceability of PCPs.

Southwest Region: Their training Committee is active. They are putting together an IPPE Committee. The Council may set up an MPD day which will include information for the MPDs on legal counsel and resource information. They may hold a pediatric conference.

Northwest Region: Their All Hazards/Burns Procedure will be presented to the Steering Committee tomorrow. The TED Committee met. They will hold a Hood Canal Bridge Closure meeting soon. They will hold their Annual QI Conference on June 9th. Their regional protocols revision is almost completed. They will begin revising their regional OTEP programs when the protocols are completed.

South Central Region: Their SEI Workshop will be held April 20th. They are piloting a train the trainer EMS evaluator class. On February 15th they held a big bio-terrorism table top drill; approximately 150 to 200 people participated. The drill showed that one of their major weaknesses is that EMS is not involved in this planning process. At their All Hazards meeting they drafted a PCP for EMS reporting of illness trends to the ED; a draft copy of the PCP was handed out.

North Region: They will have a regional retreat for strategic planning on April 20 and 21. Their IPPE Symposium will be held on March 31 with both a youth and adult track. They will hold a pilot evaluator program.

West Region: No report.

Central Region: Hospital ED diversion has become a major issue in the region. There have been four meetings in the Region over the past month to develop a

workable ED “Saturation” policy to be used by all hospital in the Region. One of the meetings was held in Everett with Ron Brown (Snohomish MPD) and Jack Robinson, Chief Everett FD to help meld Snohomish’s “Saturation” policy with Central Region’s “Saturation” policy. As a result a new Central Region ED Saturation Policy will go into place on April 3, 2006 with applicable updating of the Washington Hospital Capacity Website.

13. Good of the Order

Mike Smith noted that the presentation on Hurricane Katrina by Pete Suvir and Cyndi Hambley is excellent.

Copies of the revised, signed bylaws were provided to all in attendance.

14. Adjourn

The meeting was adjourned at 4:45pm.