

EXHIBIT B

REGIONAL COUNCIL ACTIVITY REPORT ON REGIONAL EMS AND TRAUMA CARE SYSTEM PLAN IMPLEMENTATION

Regional Council: **Northwest Region**

Reporting for the Period: **April / May / June** Year: **2010-2011**

SYSTEM LEADERSHIP

GOALS	OBJECTIVE	STRATEGIES – Narrative on Activity	Strategy Completion Date
<p>Goal 1. There are viable, active local and regional EMS and trauma care councils comprised of multi-disciplinary, EMS and trauma system representation.</p>	<p>Objective 1: By June 2010 Region and Local Councils will review current membership categories to insure that active participation across multi-disciplinary lines within Region and Local councils is met.</p>	<p>Strategy 1. Region and Local Councils will review bylaws to assess current membership categories and appropriate WAC requirements to determine gaps and establish additional membership categories as needed and strategically important. (Work Begins: September 2009)</p> <p>During this reporting period, the election process portion of the recently approved Region's bylaws was deemed insufficient and will be readdressed and updated by council members at the May meeting. The existing bylaws were approved in January but the Executive Committee still feels the language regarding the whole election process is lacking so they are re-reviewing and will approve a draft in April and send out to council members for May approval. Action was taken at the May Council meeting and bylaws were approved. The bylaws are posted on the regional website and are available at the office.</p>	<p>5/2010 Completed</p>
		<p>Strategy 2. Bylaws reflecting new membership categories will be approved by Region and Local Council members. (Work Begins: January 2010)</p>	<p>5/2010 Completed</p>

		<p>During this reporting period bylaw membership categories were reviewed by Region Council members and no changes are applicable at this time; however, Naval Hospital representation has been changed to read Navy Region Northwest and Olympic National Parks was added as a member of the council the same as Navy Region Northwest. The bylaws were approved on May 13th.</p>	
		<p>Strategy 3. Region and Local Councils will submit copies of approved bylaws to the Region office. (Work Begins: January 2010)</p> <p>During this reporting period, local councils have submitted copies of the existing bylaws to the Region office.</p>	<p>6/2010 Completed</p>
	<p>Objective 2: By January 2011, have active representation of all membership categories.</p>	<p>Strategy 1. The Region will determine how to best utilize the website and newsletter to inform and engage Council members in regional activities. (Work Begins: November 2009)</p> <p>During this reporting period, staff posted the 4/15/11 Exhibit B on the Region's website. Regional and Local council members have been informed as to where to find Exhibit B. This tool is in place to allow our Council members track the progress of our deliverables, help with communication and the planning of our future meetings so that our Council members are engaged in the activity of this office.</p>	<p>On-going bi-monthly</p>
		<p>Strategy 2. Region and Local Councils will start actively recruiting to fill membership categories. (Work Begins: July 2010)</p> <p>During this reporting period, applications were distributed at the May 12, 2011 Regional Council Meeting. Each of the Local councils was asked to review their current representation and look to fill in the gaps of vacancies. The Appointment</p>	<p>On-going</p>

		<p>paperwork has either been submitted or will be submitted directly to DOH. All Local Councils will also be reviewing their membership for updating. Gaps in local councils were identified at the meeting. In addition a new updated list was distributed to the members showing the most updated membership.</p>	
	<p>Objective 3: By April 2011 new and existing members of the Region and Local Council will be invited to participate in a Region sponsored Planning Retreat.</p>	<p>Strategy 1. Region and Local Council will appoint members to assist with identifying topics for the Planning Day Retreat. (Work Begins: August 2010)</p> <p>At the November 11, 2010 Regional Council Meeting 2 Council members were appointed to help with the agenda for the Planning Day Retreat. At the December 1, 2010 Executive meeting the following was determined: The Planning Day Retreat will be held on January 4th from 9am to 4pm at our Regional office. Each county will be asked to send two representatives not counting Executive Board members. The following topics will be on the agenda: what does the region do, what should the region be doing, mission/vision/values, staffing needs/employment model.</p>	<p>11/2010 Completed</p>
		<p>Strategy 2. Region staff will distribute invitations to Region and Local council members to attend Planning Retreat. (Work Begins: November 2010)</p> <p>On December 8, 2010 an invitation was sent to each of the Local councils asking them to appoint 2 members from each council to represent them at the January 4th Planning Retreat.</p>	<p>12/2010 Completed</p>
		<p>Strategy 3. A Region and Local Council Planning Day Retreat will be held to discuss membership retention and leadership training. (Work Begins: April 2011)</p>	<p>Ongoing</p>

		<p>On January 4, 2011 the first Planning day meeting was held.</p> <p>Another meeting was held March 10, 2011.</p> <p>There was not a meeting held in May, 2011.</p> <p>The Planning group will meet again prior to our next region meeting in September 2011, and will continue to meet as a standing committee until the goals are met.</p>	
<p>Goal 2. Multi-disciplinary coalitions of private/public health care providers are fully engaged in regional and local EMS and trauma systems.</p>	<p>Objective 1: By January 2011 Region and Local councils will identify key groups in the Region and will maintain current relationships and continue to build new relationships to utilize in engaging new membership.</p>	<p>Strategy 1. The Region staff will identify through collaboration with the Regional Advisory Committee and literature research tools for regional and local councils to use in informing and engaging membership in regional activities. (Work Begins: November 2010)</p> <p>At this time the RAC has not generated or identified any appropriate tools for use by the Regions. We are awaiting future collaboration to begin. NWREMS will ask the RAC to begin work on this at the next meeting.</p>	
		<p>Strategy 2. The Region Council will continue collaborative activities, needed projects and planning efforts with regional stakeholders, to include, but not be limited to EMS agencies, DEM, hospitals, U.S. military, and public health. (Work Begins: March 2010)</p> <p>During this reporting period the Regional Director participated in Region 2 Strategic planning meeting (4-15-11 in Port Angeles & 6-14-11 in Port Hadlock) that include participation by Public Health, hospitals, emergency management and Naval Hospital representatives. This meeting was held to discuss the future planning and development of Region 2 Healthcare Coalition.</p>	<p>On-going</p>

		<u>Note: This is ASPR related work and funded by ASPR.</u>	
<p>Goal 3. Each of the services under the EMS and Trauma System has active, well trained and supported leadership.</p>	<p>Objective 1: By January 2011 Region and Local council members will participate in regionally sponsored training and leadership programs.</p>	<p>Strategy 1. Region Council members will review identified leadership resources and training programs that include specific EMS and Trauma components and review for regional use. (Work Begins: January 2010)</p> <p>No new topics were identified during this reporting period.</p> <p>During this reporting period at the May council meeting, a presentation was made by the Executive Director to Regional Council members on roles and responsibilities of Executive Committee members and job descriptions of regional staff. Since January 2010 leadership presentations have been made to council members to enhance their awareness as to what the council is about and what their roles and responsibilities as council members are. Leadership training will continue as new topics are identified.</p>	<p>5/2010 Completed ongoing</p>
		<p>Strategy 2. The Region Council will provide training schedules to ensure that all Region and Local Council members have the opportunity to receive training. (Work Begins: June 2010)</p> <p>During this reporting period a training schedule is now included on the NWREMS website. Additional training will be added as identified and at all council meetings members are encouraged to report upcoming training to the regional office for placement on the website and to use it also as a reference when looking for training. Requests have been sent to all County Training Coordinators asking for their training calendars for the year.</p>	<p>Ongoing</p>

		<p>This information will also be posted on our website as an additional resource for training. Currently all counties and their training coordinators are in constant contact with the Director and new, upcoming trainings are posted as the classes are made available.</p>	
	<p>Objective 2: By September 2010 the Region Council will make a forum available at Region Council meetings for local agency discussion of system planning and development to maximize region-wide consistency.</p>	<p>Strategy 1. The Region Council will encourage local agency discussion of system planning and development issues at Region Council meetings. (Work Begins: September 2009)</p> <p>During this Plan period Regional Council members will continue to be given the opportunity to discuss system planning issues at all Regional Council meetings.</p>	<p>1/2010 Completed</p>
		<p>Strategy 2. The Region Council will add specific local system planning and development issues to the Region Council meeting agenda on an as-needed basis. (Work Begins: March 2010)</p> <p>At all Council meetings local council members who are members of the Regional Council have a specific agenda placeholder so that they can give local council updates and address specific local system planning and development issues with Regional Council members when appropriate/needed. All Regional Council meetings are open public meetings and Local Council members are encouraged to attend when available. The Council members who attend do take full advantage of this time provided to them and are actively engaging with all members represented from each County, State and Region.</p> <p>All counties reported on their training progress and classes, Kitsap County announced that they will be hiring a new MPD and that they will be downsizing their EMS office staff.</p>	<p>Ongoing</p>

	<p>Objective 3: To provide Local Council members consistent Regional leadership throughout the life of this plan.</p>	<p>Strategy 1. Ongoing contact with Local Councils will be maintained by Region staff through regular attendance and participation at Local Council meetings. (Work Begins: July 2009)</p> <p>During this reporting period meetings were attended by the Executive Director, the NWREMS Chairman, or an Executive Committee Board member in Clallam (did not meet this reporting period), WOP (5-19-11), Jefferson (4-5-11, 5-3-11), Mason (5-19-11, 6-16-11) and Kitsap (4-22-11, 5-22-11, 6-22-11) County's EMS Council.</p>	<p>Ongoing</p>
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SYSTEM DEVELOPMENT

GOALS	OBJECTIVE	STRATEGIES – Narrative on Activity	Strategy Completion Date
<p>Goal 4. There is strong, efficient, well-coordinated region-wide EMS and Trauma System to reduce the incidence of inappropriate and inadequate trauma care and emergency medical services and to minimize the human suffering and costs associated with preventable mortality and morbidity.</p>	<p>Objective 1: The Region Council will work to strengthen the current comprehensive region-wide EMS & Trauma system by implementing the 2009 – 2012 Plan.</p>	<p>Strategy 1. The Region Council will communicate the details of the 2009 – 2012 Plan to the Local Councils and other relevant stakeholders in the region. (Work Begins: September 2009)</p> <p>All members of the regional council, as well as, members of all local councils have received a copy of the Exhibit B with current work highlighted and timelines of future objectives and strategies. This information, as needed will also be shared with Navy Region Northwest, Olympic National Park, Public Health, DEM and local/regional healthcare members as objectives and strategies include their participation and assistance in meeting a goal. This objective has been completed.</p>	<p>11/2009 Completed</p>

		<p>Strategy 2. The Region Council will monitor progress by a review of bimonthly progress reports and provide assistance as needed. (Work Begins: September 2009)</p> <p>The Exhibit B due April 15, 2011 is now posted on the Region's website and council members have been informed of the posting. This exhibit B for this reporting period will be posted when it has been accepted by DOH for payment.</p>	Ongoing
		<p>Strategy 3. The Region Council will monitor implementation progress by review of objectives and strategy progress at scheduled Local Council meetings. (Work Begins: September 2009)</p> <p>During this reporting period meetings were attended by the Executive Director, the NWREMS Chairman, or an Executive Committee Board member in Clallam (did not meet this reporting period), WOP (5-19-11), Jefferson (4-5-11, 5-3-11), Mason (5-19-11, 6-16-11) and Kitsap (4-22-11, 5-22-11, 6-22-11) County's EMS Council. A Regional report updating current activities; including appropriate goals and objectives updates was given. Future goals and objectives that may require assistance from the local council are also discussed at the meeting. Council members are reminded that the current approved Exhibit B is posted online for their review.</p>	Ongoing
		<p>Strategy 4. The Region Council will start review and approval process of the 2013-2017 Regional Trauma Plan prior to the September 2012 submission date. (Work Begins: February 2012)</p>	
	<p>Objective 2: By September 2011 the Regional EMS & Trauma System plan will be revised and updated to reflect the</p>	<p>Strategy 1. Throughout the time period of this Plan the Region Council will review the Objectives and Strategies to determine the need to make revisions to meet current need. (Work Begins:</p>	Ongoing

	current needs and status of the system.	<p>September 2009)</p> <p>Only changes made were to the dates to reflect extended current contract by 1 year, thus changing work dates to reflect the extension. (ie. 2012 changed to 2013)</p>	
		<p>Strategy 2. The Region and Local Councils and their sub-committees will participate in revising and updating the Regional Trauma Plan due for the next period (2013 – 2017). (Work Begins: March 2010)</p> <p>During this reporting period PCP's and protocol updates/review continues by the appropriate committee members (meeting dates were 5-20-11, 5-25-11, 6-24-11). Including the Planning Committee as well that will identify and make suggestions to our plan for the next planning period extended to 2013.</p>	Ongoing
		<p>Strategy 3. Region and Local Councils will review the updated Regional Trauma Plan and make needed changes. (Work Begins: February 2011)</p> <p>Plan changes are being reviewed and discussed with the executive board and plan change proposals will be submitted to the full council in September.</p>	
		<p>Strategy 4. Region Council members will start review and approval process of the 2013-2017 Regional Trauma Plan prior to submission to DOH. (Work Begins: February 2012)</p>	
		<p>Strategy 1. An analysis will be conducted by Region staff to determine what types of data are currently available for use in the Region and how the data can be accessed for patient outcomes and inclusion in the 2012-2017 Regional Trauma Plan. (Work Begins: August 2009)</p>	11/2009 Completed

		<p>The Committee has discussed the various types of data available for their use (i.e. DOH- Collector, WEMIS, hospital). The consensus of the group is that at this time the most accurate data collection is Collector and their own hospital data. DOH will be invited to future meetings to bring specific data relating to the Region and discussions will continue as to how this data can be used to increase patient outcomes.</p>	
		<p>Strategy 2. Additional data sources (such as WEMIS data collected by individual agencies, if possible) will be collected by Region staff and considered for use in the Regional Trauma Plan. (Work Begins: September 2009)</p> <p>During this reporting period data from the DOH data tables and data from the hospitals in the Region is being used by the IPPE Committee to determine injury prevention focuses in the Region. Additional data sources will be sought for inclusion in the IPPE data review process. WEMIS reporting topic for May 12, 2011 QI meeting was Falls data. This data was shared by EMS agencies statistics and Hospitals.</p>	
		<p>Strategy 3. All data collected by Region staff and committee members will be included in the Regional Trauma Plan as a way to support the recommendations suggested in the Plan and evaluate the effectiveness of the system. (Work Begins: December 2009)</p> <p>During this reporting period data reviewed by Region staff and committee members that appears to be pertinent and should be reviewed before writing the next plan, will be saved by the appropriate staff member for review by Region and Local council members during the next Plan writing cycle. All additional data that is pertinent will also be saved and used when writing the next Trauma Plan.</p>	<p>3/2010 Completed ongoing</p>

	<p>Objective 4: By December 2009 agencies within the Region will utilize available telehealth/telemedicine technologies for training and informational purposes.</p>	<p>Strategy 1. A region-wide survey will be conducted by the Region Council and provided to appropriate committee members for their assistance in determining how the telehealth/telemedicine system is currently being used in the Region. (Work Begins: September 2009)</p> <p>Staff completed A survey during the month of September of how telehealth/telemedicine is conducted in the Northwest Region to determine how these services are currently being used.</p>	<p>10/2009 Completed</p>
		<p>Strategy 2. Information on available telehealth/ telemedicine services and opportunities will be provided by Region staff to Regional and Local Council members for implementation at the local level for EMS agencies. (Work Begins: September 2009)</p> <p>During this reporting period, information on telehealth/telemedicine services was reviewed and was included in the December 2009 issue of the region’s What’s Happening newsletter; this newsletter will be disbursed to all members of the local and regional EMS councils.</p>	<p>12/09 Completed</p>
		<p>Strategy 3. Region staff will provide a link to available telehealth/telemedicine identified opportunities on the Northwest Region website to help further the training and information process. (Work Begins: October 2009)</p> <p>A link to telehealth/telemedicine services available in the region is on the NWREMS website.</p>	<p>11/2009 Completed</p>
<p>Goal 5. The Regional Plan is congruent with the statewide strategic plan and utilizes</p>	<p>Objective 1: By September 2012 the Region Council will have completed a new EMS & Trauma Strategic Plan for</p>	<p>Strategy 1. The new Region Plan format will be presented at Region and Local Council meetings so that all participants and committee members will be able to participate in the planning</p>	<p>ongoing</p>

standardized methods for identifying resource needs.	2012 – 2017 which is congruent with the Statewide Strategic Plan.	process. (Work Begins: September 2011) As our contracts have been extended it was voted on and approved by our Regional Committee to extend the dates in goal 5 by 1 year on January 13, 2011. This was a unanimous vote. The extension is for July 1, 2012 thru June 30, 2013.	
		Strategy 2. The Region Council will host a strategic Planning meeting for Region and Local Council members and other system partners and will include a SWOT analysis and long range population growth projections. (Work Begins: September 2011) We will be making a plan change and presenting to the Committee at the August Regional Council meeting.	
		Strategy 3. The current DOH Region Plan format will be used when revising and updating the Regional Trauma Plan for 2012-2017. (Work Begins: September 2011) We will be making a plan change and presenting to the Committee at the August Regional Council meeting.	
		Strategy 4. The Region and Local Councils will review and approve the 2013-2017 Trauma Plan draft for a timely submission to DOH. (Work Begins: March 2012) We will be making a plan change and presenting to the Committee at the August Regional Council meeting.	
Goal 6. The Regional EMS and trauma care system has multiple distribution channels (methods, routes etc.) for timely dissemination of information on emerging issues that have been identified by the Steering	Objective 1: By December 2009 Region and Local Councils will identify existing distribution channels for use in timely distribution of Steering Committee & TAC information to regional stakeholders on emerging issues and will develop and implement an information distribution process.	Strategy 1. Region and Local Council representatives will identify <i>or</i> form a group representing all counties within the Region to determine existing information distribution channels. (Work Begins: September 2009) During the reporting period the identification of an appropriate sub-committee to assist in this strategy began. Members will be solicited from current active committee members and Regional Council members. Tentative members will be approached by	9/09 Completed

Committee.		<p>staff to determine interest and appointed by the Chair at the November Council meeting.</p>	
		<p>Strategy 2. The identified group will develop a process for timely distribution of information on emerging issues. (Work Begins: September 2009)</p> <p>Currently, all information is distributed by email and posted on the Region's website. Council and Committee members feel that the current distribution process for information is appropriate and adequate. The Region will continue to post information on the website; and when applicable, email notification of the posting will be sent to all interested parties.</p>	<p>11/09 Completed</p>
		<p>Strategy 3. The identified group will ensure that the emerging issues information dissemination process is implemented within the regional system. (Work Begins: September 2009)</p> <p>A Sub-committee of TED and QI Committee members has been formed. A process has been identified (see Goal 6, Objective 2) and will be implemented in December 2009.</p>	<p>12/09 Completed</p>
<p>Goal 7. The Regional EMS and Trauma System interfaces with emergency preparedness/disaster planning, bioterrorism and public health.</p>	<p>Objective 1: By June 2010 the leadership in the EMS and trauma system will continue and strengthen the current collaboration activities with the regional leadership of emergency management, the public health emergency preparedness network, and the public health system to include joint meetings and mutual projects.</p>	<p>Strategy 1. The Region Council will collaborate with the local and regional Departments of Emergency Management to identify needed projects. (Work Begins: October 2009)</p> <p>Continued participation by staff at Region 2 Homeland Security Council meetings and local Department of Emergency Management meetings; as well as, inclusion as partners in Healthcare Coalition meetings will insure the continued collaboration to identify and complete need projects.</p>	<p>12/09 Completed</p>

		<p>Strategy 2. The Region Council will invite local and regional DEM personnel to participate at a Region Council. (Work Begins: November 2009)</p> <p>Discussions were held with Local and Regional DEM personnel regarding the Northwest Region EMS & Trauma Care Council meetings. They were extended an invitation by staff to attend Regional Council meetings. At this time, they will not be added as Council members.</p>	<p>12/09 Completed</p>
		<p>Strategy 3. Region Council staff will participate in a meeting with Public Health Emergency Preparedness Region 3 and Region 4 to discuss cross boundary planning, training and coordination for EMS agencies. (Work Begins: November 2010)</p> <p>No Activity this reporting period.</p>	<p>Ongoing</p>
		<p>Strategy 4. The Region Council will collaborate with regional and local public health offices to complete identified projects. (Work Begins: September 2009) During this reporting period the Executive Director attended the Region 2 Hospital Preparedness meetings (4-4-11 - Forks, 6-2-11- Harrison Silverdale) Clallam County Heath Care Coalition meeting (- Port Angeles), Kitsap County Heath Care Coalition meeting (5-26-1111 - Silverdale) In addition she attended the Reg. 2 Strategic planning meetings (4-15-11 in Port Angeles & 6-14-11 in Port Hadlock) <u>Note: This is ASPR related work and funded by ASPR.</u></p>	<p>Ongoing</p>
	<p>Objective 2: By November 2011 the Region Council will adopt a Regional All-Hazards Preparedness Plan.</p>	<p>Strategy 1. The Region Council will take the lead in development of a Regional All-Hazards Preparedness Plan which will include resource identification, management, and sharing throughout local and regional jurisdictions. (Work Begins: January 2010) During the reporting period, the committee has not met. The Regional Committee will discuss a date change or form a committee by next reporting period. No date change was</p>	

		<p>requested. The TED committee agreed to look at the County MCI plans and discuss variances and gaps at our next meeting.</p> <p><u>Note: This is ASPR related work and funded by ASPR.</u></p>	
		<p>Strategy 2. The Region Council will form a workgroup for the purpose of writing an All-Hazards Preparedness Plan. (Work Begins: January 2010)</p> <p>A TED committee member was elected to Chair this workgroup at the November 11, 2010 TED Committee meeting. During the reporting period, Mason County's Training Coordinator and Regional Council member started the process of updating their Preparedness Plan and will partner with other workgroup members within the Region to develop a regional MCI Plan. The committee has not yet reported on this.</p> <p><u>Note: This is ASPR related work and funded by ASPR.</u></p>	
		<p>Strategy 3. The Region Preparedness workgroup will collect copies of all local plans for inclusion in the Regional All-Hazards Preparedness Plan. (Work Begins: March 2010)</p> <p>During this reporting period the need for copies of the plans was discussed at Regional Council meeting and all counties will submit their county MCI plans to the Region. We have collected all of the County MCI plans to date.</p> <p><u>Note: This is ASPR related work and funded by ASPR.</u></p>	<p>10/10 completed</p>
		<p>Strategy 4. The Regional All-Hazards Preparedness Plan Workgroup will meet to start Plan compilation process. (Work Begins: November 2010)</p> <p>It was discussed at the Region TED Committee meeting on November 11, 2010 that we will elect a chair to head our Workgroup. A member was appointed at that time as well. During the reporting period, Mason County held a MCI drill on</p>	<p>11/2010 Completed</p>

		<p>November 3, 2010. The after action plan is being formulated and results of this will be shared with the Region and utilized in formulating an All-Hazards Preparedness Plan.</p> <p><u><i>Note: This is ASPR related work and funded by ASPR.</i></u></p>	
		<p>Strategy 5. The planning group will have completed the Regional All-Hazards Preparedness Plan. (Work Begins: February 2011) During the reporting period, the committee has not met. The Regional Committee will discuss a date change or form a committee by next reporting period. No date change was requested. The TED committee agreed to look at the County MCI plans and discuss variances and gaps at our next meeting.</p> <p><u><i>Note: This is ASPR related work and funded by ASPR.</i></u></p>	
		<p>Strategy 6. Region and Local Council members will participate in an Exercise/Drill to test the Regional All-Hazards Preparedness Plan. (Work Begins: November 2011)</p> <p><u><i>Note: This is ASPR related work and funded by ASPR.</i></u></p>	
<p>Goal 8. Region-wide interoperable communications are in place for emergency responders and hospitals.</p>	<p>Objective 1: By June 2010 interoperable communications gaps between emergency responders and hospitals will be identified and distributed to Region and Local Council members for inclusion in future funding and addressed as available resources allow.</p>	<p>Strategy 1. Region Staff and the Region’s Communication Committee will conduct an assessment to determine which types of interoperable communication systems are currently in place within the Region. (Work Begins: November 2009)</p> <p>During January 2010 a survey was conducted of all agencies in the region to determine which communications systems are in use in the region. This information has been shared and will be used in future planning and addressed as resources allow.</p>	<p>1/2010 Completed</p>
		<p>Strategy 2. The Region Council will distribute the list of communication systems gaps identified in the assessment. (Work</p>	<p>4/2010 Completed</p>

		<p>Begins: February 2010)</p> <p>During this reporting period results of the communications survey were received and discussed at the Training, Education and Development Committee and QI Committee meetings. These results have been placed in a working file to be reviewed and used by Council and committee members during the Plan process.</p>	
		<p>Strategy 3. Recommendations to address the identified needs and gaps will be formulated by the Region’s Communication Committee via the development of objectives and strategies for the Northwest Region’s 2012 – 2017 EMS and Trauma System Plan. (Work Begins: April 2010)</p> <p>During this reporting period the need for an active and viable Communications Committee was discussed. Currently, the Committee has only one active member. Additional membership will be actively recruited so that they can address the communication needs of the Region during the next planning process.</p>	<p>6/2010 Completed</p>

SYSTEM EDUCATION AND PUBLIC INFORMATION

GOALS	OBJECTIVE	STRATEGIES – Narrative on Activity	Strategy Completion Date
<p>Goal 9. There is a regional public information plan consistent with the state public information plan to</p>	<p>Objective 1: By May 2011 the Region will identify effective method(s) to disseminate information about the Northwest Region EMS and Trauma</p>	<p>Strategy 1. The Region Council will coordinate with Region and Local Council members to develop methods for disseminating information about the services provided by the Regional EMS and Trauma Care Council within the Region and implement. (Work</p>	<p>Ongoing</p>

<p>educate the public about the EMS and Trauma Care System. The purpose of this plan is to inform the general public, decision-makers and the health care community about the role and impact of the Regional EMS and Trauma Care System.</p>	<p>System as it relates to the Northwest Region and implement them.</p>	<p>Begins: September 2010)</p> <p>During this reporting time NWRegion staff has and continues to attend local council meetings.(Clallam (did not meet this reporting period), WOP (5-19-11), Jefferson (4-5-11, 5-3-11) , Mason (5-19-11, 6-16-11) and Kitsap (4-22-11, 5-22-11, 6-22-11) County’s EMS Council.) A report of current Region activity is given and in addition the website is utilized as a resource for all agencies within our Region.</p>	
		<p>Strategy 2. Region Council will work with the State Regional Advisory Committee (RAC) to develop methods for disseminating information regarding the services provided by the Regional EMS office within the state. Implement the methods when appropriate. (Work Begins: May 2010)</p> <p>The director is working with the Planning Committee to develop a brochure that highlights NWREMS services and partners within the Region. The director shared a rough draft with the Executive committee and the TED committee at the 5-12-11 meetings as the Planning committee did not meet this reporting period. (The RAC has not addressed this issue in 2010 so the Council has not had the opportunity to work with them on developing methods for disseminating information to the public.)</p>	
		<p>Strategy 3. A calendar will be created which will outline the various public information events (mailings, speaking engagements, meetings with public officials) that will take place throughout the Region. (Work Begins: February 2011)</p> <p>A Calendar is on our Website highlighting public events throughout our Region. This will be updated periodically as</p>	

		events unfold.	
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SYSTEM FINANCE

GOALS	OBJECTIVE	STRATEGIES – Narrative on Activity	Strategy Completion Date
<p>Goal 11. There is consistent and sustainable funding to ensure a financially viable regional EMS and Trauma Care System.</p>	<p>Objective 1: By February 2010 a Northwest Region stakeholder will participate in the DOH Cost & Reimbursement TAC and report regularly to the Regional Council.</p>	<p>Strategy 1. The Region council will recruit an individual from the Northwest Region to attend the DOH Cost & reimbursement TAC meetings. (Work Begins: November 2009)</p> <p>Staff and the Regional Chair have started the recruitment process for an individual from the Northwest Region to attend the DOH Cost and Reimbursement TAC. At this time, no one is able to commit to attendance at these meetings. Region staff will be attending and reporting until a member can be recruited. No meeting has been attended since this decision was made due to cancellation of meeting pending budget release.</p>	<p>2/2010 Completed</p>
		<p>Strategy 2. The person attending the Cost TAC will give reports back to the Region Council. (Work Begins: January 2010)</p> <p>During this reporting period no Council member has agreed to attend the Cost and Reimbursement TAC meeting. For the foreseeable future, staff will attend as available and report back to the Council. During this reporting period the Cost TAC has not met.</p>	

INJURY PREVENTION AND CONTROL

GOALS	OBJECTIVE	STRATEGIES – Narrative on Activity	Strategy Completion Date
<p>Goal 12. Preventable/premature death and disability due to injury is reduced through targeted injury prevention activities and programs.</p>	<p>Objective 1: By November 2009 the Region Council will have an active Regional Injury Prevention Committee.</p>	<p>Strategy 1. The Region Council will contact Region and Local Council membership to solicit members for the Northwest Region Injury Prevention Committee. (Work Begins: September 2009)</p> <p>The first IPPE meeting was held on 9/10/2009. Members were solicited for this committee via email, Region website, and monthly newsletter. Currently, five members have agreed to participate as committee members.</p>	<p>09/2009 completed</p>
		<p>Strategy 2. The Region Council will activate a Northwest Region Injury Prevention Committee. (Work Begins: September 2009)</p> <p>The Northwest Region EMS Council has an active IPPE Committee with membership increased to 12 participants and more members are currently being sought through announcements at local Council meetings.</p>	<p>11/2009 completed</p>
	<p>Objective 2: During the 09-12 Plan cycle the Injury Preventions Coordinator will work with stakeholder groups to utilize data and information to guide implementation and continuation of evidence based injury prevention in the Region.</p>	<p>Strategy 1. The Regional IPPE Coordinator and IPPE sub-committee will participate in local and regional injury prevention meetings and programs as a way to provide information to community partners, share resources and collaborate in injury prevention efforts. (Work Begins: July 2009)</p> <p>The Chair of NWREMS attended the Kitsap Child Death Review meetings held on 4-20-11, 5-18-11 & 6-15-11.</p>	<p>During the 09-12 Plan Cycle ongoing</p>
		<p>Strategy 2. Best practices will be researched by the Regional IPPE Coordinator and implemented as the basis for the injury prevention initiatives in the Region. (Work Begins: November</p>	<p>Ongoing</p>

		<p>2009)</p> <p>At the May 12, 2011 meeting the Director shared Fatal Injury & Non Fatal Injury Data for Northwest Region and Washington State as provided by Kathy Williams from DOH. There was discussion around the topic of generating a falls flyer for the local agencies to distribute when they leave a falls call as an information tool.</p>	
		<p>Strategy 3. Injury and death data will be used to guide Region and Local Council injury prevention programs and development of the 2012-2017 EMS and Trauma Plan. (Work Begins: January 2010)</p> <p>At the May 12, 2011 meeting the Director shared Fatal Injury & Non Fatal Injury Data for Northwest Region and Washington State as provided by Kathy Williams from DOH.</p> <p>Effective December 31, 2010 the Regional IPPE Coordinator resigned her position.</p>	<p>Ongoing</p>
	<p>Objective 3: By April 2010 through ongoing information sharing by Region staff, ensure that prehospital providers, designated trauma service staff and other prevention professionals will be up to date on injury prevention interventions that can be started or incorporated into ongoing programs.</p>	<p>Strategy 1. The Region Council’s IPPE sub-committee will work with Region and Local Council members to implement basic injury prevention strategies region-wide. (Work Begins: September 2009)</p> <p>At the May IPPE Committee meeting, the group discussed the Senior Falls Social Marketing Toolkit from the DOH</p>	<p>10/2009 Completed</p>
		<p>Strategy 2. The Region’s IPPE Coordinator, Training Coordinator, TED and QI Committee members will ensure that basic injury prevention interventions will be included in Regional and Local OTEP programs. (Work Begins: October 2010)</p> <p>During May of this reporting period, this topic was discussed at</p>	<p>1/2010 Completed</p>

		<p>the Region IPPE (Injury Prevention) and TED (Training and Education Development) committee meetings. Information will be forwarded by the Region's Training Coordinator to the developers of the King County EMS online OTEP program (which is used for OTEP throughout the Region) about our concern that injury prevention modules be included in the online OTEP program. King County EMS Online will be contacted and asked if their current content included a module for injury prevention.</p>	
		<p>Strategy 3. The Regional IPPE Coordinator and IPPE sub-committee will continue to participate in local and regional injury prevention meetings and programs as a way to provide information to community partners, share resources, and collaborate in injury prevention efforts. (Work Begins: January 2010)</p> <ul style="list-style-type: none"> • April 12 — Youth DUI Panel Bremerton (50 attendees/39 adult paid - 12 youth) • April 19 - Bangor DUI Panel (12 attendees) • April 26—Adult DUI Panel Bremerton (46 attendees/45 adult paid) • April – Spanish DUI Panel (1 attendee) • May 10 — Youth DUI Panel Bremerton (45 attendees/36 adult paid - 9 youth) • May 18 - Bangor DUI Panel (12 attendees) • May 24—Adult DUI Panel Bremerton (50 attendees/48 adult paid) • May – Spanish DUI Panel (1 attendee) • June 14 — Youth DUI Panel Bremerton (40 attendees/34 adult paid - 5 youth) • June 23 - Bangor DUI Panel (50 attendees) • June 28 —Adult DUI Panel Bremerton (44 attendees/43 adult paid) • June Spanish DUI Panel (1 attendee) 	<p>During the 09-12 Plan Cycle ongoing</p>

		<p>Strategy 4. The Regional IPPE Coordinator and IPPE sub-committee will work with the state IPPE TAC to coordinate region-wide injury prevention initiatives that overlap with state-wide injury prevention goals. (Work Begins: January 2010)</p> <p>On June 8 the Director participated in the IPPE Conference call. Highlights of that call were IPPE Newsletters, Media based technology, templates and flyers for public education, IPPE deliverables and plan changes.</p> <p>Effective December 31, 2010 the Regional IPPE Coordinator resigned her position.</p>	
	<p>Objective 4: By June 2012 the Region Council will work to decrease the incidence and severity of injuries by coordinating a multi-faceted injury prevention educational program.</p>	<p>Strategy 1. The IPPE Coordinator will identify the leading cause of preventable injury and death in the region and recommend evidence based best practices to fund or support injury reduction programs in the Region, to include DUI Panels, the bicycle helmet program, the falls prevention program, the Trauma Nurses Talk Tough program, the suicide prevention program, and the child safety seat program. (Work Begins: January 2010)</p> <p>At the May 12, 2011 meeting the Director shared Fatal Injury & Non Fatal Injury Data for Northwest Region and Washington State as provided by Kathy Williams from DOH.</p> <p>In addition at the May 12, 2011 meeting Zeyno Shorter from DOH gave a PowerPoint presentation on the topic of Senior Falls. The Hospital and EMS representatives also gave Falls data reports as well to fall in line with the State's topic.</p> <p>Effective December 31, 2010 the Regional IPPE Coordinator resigned her position.</p>	<p>ongoing</p>

		<p>Strategy 2. The IPPE Committee will measure the rate of change in the incidence of the region’s tracked injuries using DOH data to identify changes for reduction in severity of injury. (Work Begins: March 2010)</p> <p>During this reporting period at the May IPPE and QI Committee meetings, the group determined they would begin using the CAREs Program cardiac data to track cardiac survival rates with bystander intervention. At the May 12, 2011 meeting the Director shared Fatal Injury & Non Fatal Injury Data for Northwest Region and Washington State as provided by Kathy Williams from DOH.</p> <p>In addition at the May 12, 2011 meeting Zeyno Shorter from DOH gave a PowerPoint presentation on the topic of Senior Falls. The Hospital and EMS representatives also gave Falls data reports as well to fall in line with the State's topic.</p> <p>Effective December 31, 2010 the Regional IPPE Coordinator resigned her position.</p>	2010 - Annually
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PREHOSPITAL

GOALS	OBJECTIVE	STRATEGIES – Narrative on Activity	Strategy Completion Date
Goal 13. There is a sustainable region-wide prehospital EMS system	Objective 1: By November 2010 the Region Council will review the Regional Patient Care Procedures and County	Strategy 1. The Region Council will task the Training, Education and Development Committee (TED), the QI Committee and the MPD’s to review and update Regional Patient Care Procedures	3/2010 Completed

utilizing standardized, evidence- based procedures and performance measures that address both trauma and medical emergencies.	Operating Procedures for the most efficient and beneficial handling of patients.	(PCP's). (Work Begins: January 2010) During this reporting period, TED Committee members were tasked with reviewing regional PCP's and identifying and bringing copies of their county's County Operating Procedures to the next TED Committee meeting.	
		Strategy 2. The TED and QI Committees, MPD's and Region staff will develop a timeline to review and update Regional Patient Care Procedures. (Work Begins: March 2010) During this reporting period it was determined by QI, TED Committee members and county MPD's that the review of PCP's will be on the same schedule as the ongoing update of Regional Protocols. These are expected to be completed by November 2010.	5/2010 Completed
		Strategy 3. The Region will receive revised and updated County Operating Procedures for each county. (Work Begins: March 2010) During this reporting period it was determined by TED Committee members and county MPD's that the review of County Operating Procedures will be on the same schedule and a part of the process as the ongoing update of Regional Protocols. As of the May 12, 2011 meeting the Director is still awaiting individual COPS from 2 Counties still doing updates to their Procedures. 3 Counties have completed their COPS but have not yet received State approval.	ongoing
		Strategy 4. The Region Council will adopt the revised Regional Patient Care Procedures. (Work Begins: July 2010) The final draft will be presented to the TED committee for	

		approval and then recommendation to the full council as the Counties get approval from the state for their individual COPS. As of the May 12, 2011 meeting the Director is still awaiting individual COPS from 2 Counties still doing updates to their Procedures. 3 Counties have completed their COPS but have not yet received State approval.	
	<p>Objective 2: Bi-annually, Medical Program Directors will provide ongoing medical oversight of EMS & trauma system prehospital care delivery as defined in RCW and WAC.</p>	<p>Strategy 1. Northwest Region MPD's will participate in an annual Regional MPD meeting. (Work Begins: January 2010)</p> <p>During this reporting period, a MPD meeting was held at the Regional Office in conjunction with the review of protocols. All MPD's participated.</p>	5/2010 Completed
		<p>Strategy 2. The Regional Protocols will be reviewed and updated, if necessary, by the MPD's with the assistance of the Protocol Committee. (Work Begins: October 2010)</p> <p>During the reporting period The Regional Protocol committee met on May 20, 2011, May 24, 2011 and June 15, 2011. Past meetings include: February 28, 2010, December 13, 2010, September 27, 2010, September 8, 2010, June 21, 2010, May 24, 2010, & May 3, 2010. Changes and review are currently being made to the Regional Protocols.</p>	ongoing
	<p>Objective 3: Regional website will keep regional providers apprised of ongoing Regional and local training opportunities.</p>	<p>Strategy 1. Website training calendar will be updated by Region staff with information on all local, regional, and state training opportunities. (Work Begins: July 2009)</p> <p>During the reporting period the NWREMS website training calendar was updated weekly with local, regional, and state training opportunities</p>	Ongoing

	<p>Objective 4: By June 2010 the recommended min/max numbers of trauma verified services will be evaluated and updated by local county councils and approved by the Regional Council for recommendation to DOH.</p>	<p>Strategy 1. The Region Council’s TED and QI Committees will meet to start the evaluation of need and necessity for prehospital services based on population, demand and current resource availability. Utilizing historical field data, changing prehospital requirements and policy needs. (Work Begins: October 2009, October 2011)</p> <p>During this reporting period TED and QI Committee members started the evaluation of need and necessity for prehospital services based on population, etc.,.</p>	<p>1/2010 Completed</p>
		<p>Strategy 2. Region and Local Councils will review the findings of the need and necessity data for prehospital services and evaluate the findings to form a recommendation for changes to existing min/max numbers. (Work Begins: January 2010)</p> <p>During this reporting period at the appropriate Committee meetings no Min/Max number changes were identified. These will be reviewed and assessed again during the writing of the next Trauma Plan.</p>	<p>3/2010 Completed</p>
		<p>Strategy 3. Region Council will review local and Committee findings for approval and recommendation for changes to the Department of Health. (Work Begins: March 2010)</p> <p>During this reporting period no recommendations for min/max changes were identified.</p>	<p>6/2010 Completed</p>
	<p>Objective 5: By May of each year, the Region Council will identify the needs and allocate available funding to support prehospital training.</p>	<p>Strategy 1. The Region Council will conduct a survey of agencies to identify current training needs. (Work Begins: January 2010)</p> <p>At the March 10, 2011 TED committee meeting RFP forms were distributed to each of the counties and asked to fill out and return complete with County Chair approval by April 15, 2011.</p>	<p>3/2011 Completed Annually</p>

		The process and State guidelines were explained to each council for clarification.	
		<p>Strategy 2. Training needs will be reviewed by Region Council Executive and Funding Committee members and a draft training budget will be approved for recommendation to the Region Council. (Work Begins: April 2010)</p> <p>During this reporting period, after review of training needs as submitted by each county, a FY2012 budget was recommended by the Executive/Funding Committee.</p>	5/2011 Annually
		<p>Strategy 3. Region Council will vote on training budget recommendation approved by Executive and Funding Committee members. (Work Begins: May 2010)</p> <p>During this reporting period the Regional Council approved the FY2012 training budget as recommended by the Executive/Funding Committee.</p>	5/2011 Annually
		<p>Strategy 4. The Region Council will provide contracts to Local Council for approved training requests and a mechanism for requesting training payments. (Work Begins: September 2009)</p> <p>During the reporting period all local councils have signed their local council support and training funds contract with the Region.</p>	11/09 Annually

ACUTE HOSPITAL

GOALS	OBJECTIVE	STRATEGIES – Narrative on Activity	Strategy Completion Date
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<p>Goal 14. There is a sustainable region-wide system of designated trauma services that provides appropriate capacity and distribution of resources to support high-quality trauma patient care.</p>	<p>Objective 1: By June 2011, regional hospitals will use standardized methods based on volume of patients, available resources (hospital and physician), and geographic distribution to avoid gaps in coverage and unnecessary duplication of resources to recommend min/max numbers for trauma designated services.</p>	<p>Strategy 1. Hospital leadership will review current designation levels and make appropriate recommendations based on volume of patients, resources and geographic distribution. (Work Begins: September 2010)</p> <p>Min/Max numbers were discussed at our Regional QI meeting on November 11, 2010. A recommendation and vote was taken; no changes were made to the hospital min/max numbers.</p>	<p>Completed 11/2010</p>
		<p>Strategy 2. QI Committee members and Medical Program Directors will review and discuss appropriateness of recommendations from designated trauma services. (Work Begins: November 2010)</p> <p>Min/Max numbers were discussed at our Regional QI meeting on November 11, 2010. A recommendation and vote was taken; no changes were made to the hospital min/max numbers.</p>	<p>Completed 11/2010</p>
		<p>Strategy 3. Region and Local Councils will review recommendations for designated trauma services for approval and will forward to Washington State Department of Health. (Work Begins: November 2011)</p> <p>Min/Max numbers were discussed at our Regional QI meeting on November 11, 2010. A recommendation was made to the full regional council to make no changes to the hospital min/max numbers. The group voted unanimously to keep the numbers the same.</p>	<p>Completed 11/2010</p>
	<p>Objective 2: The Region will provide bi-monthly open communication with and</p>	<p>Strategy 1. The Region will provide a forum for hospital providers at a variety of region-sponsored meetings throughout</p>	<p>Completion Dates Ongoing</p>

	between designated trauma centers in the Northwest Region resulting in maximizing training and resource sharing.	<p>the year. (Work Begins: September 2009)</p> <p>During this reporting period the five trauma centers located within the Northwest Region met in a forum to openly communicate about training, issues and resource sharing. They will continue to meet bi-monthly.</p>	<p>Sept 2009 Nov 2009 Jan 2010 March 2010 April 2010 May 2010 September 2010 October 2010 November 2010</p>
		<p>Strategy 2. Region staff, TED and QI Committee members will organize a Regional Conference at which a portion of the conference will be dedicated to training for representatives from the designated trauma centers in the Region. (Work Begins: February 2011)</p> <p>At the March 10, 2011 TED & QI meeting it was discussed that we will hold a QI meeting. Dates are to be determined by availability of the venue. We will partner with Harrison Hospital on the Conference and a Stroke/Cardiac piece will be added. More discussion will take place at the May meetings. Potential dates were identified at the May 12, 2011 meeting the director will work with Harrison Medical Center to set up the details of the conference</p>	<p>Ongoing</p>
		<p>Strategy 3. The Region staff and QI Committee members will organize an annual QI Conference at which representatives from all of the trauma centers in the Region, EMS providers and MPD's will be able to receive training and share learning opportunities. (Work Begins: February 2010)</p> <p>During this reporting period, on April 30, 2010, the Region staff and QI Committee hosted the Annual NWREMS QI Conference which features speakers from the DOH, Harborview, and AirLift. Case reviews were provided by</p>	<p>4/2010 Annually</p>

		representatives from all counties in the region.	
		<p>Strategy 4. The Region will list professional training opportunities for hospital providers on the Region’s website. (Work Begins: August 2009)</p> <p>During the reporting period the NWREMS website training calendar was updated weekly with local, regional, and state training opportunities. Updating this information will continue on a bi-weekly basis throughout the period of this Plan.</p>	Complete/Ongoing

PEDIATRIC

GOALS	OBJECTIVE	STRATEGIES – Narrative on Activity	Strategy Completion Date
<p>Goal 15. There is a sustainable region-wide EMS and Trauma Care System that integrates pediatric care into the system continuum (prevention, prehospital, hospital, rehabilitation and system evaluation).</p>	<p>Objective 1: By November 2009 the Region Council will identify and list pediatric emergency medical and trauma education opportunities available for prehospital and hospital providers on the Region’s website.</p>	<p>Strategy 1. Region staff will identify training opportunities for pediatric emergency and trauma education for prehospital and hospital providers will be researched. (Work Begins: August 2009)</p> <p>NWREMS staff attended the bimonthly State Pediatric TAC on June 28, 2011 and passed on training opportunities to our Region taken from the TAC. Throughout the term of the Plan, additional pediatric training will be posted on the website when identified. The Director and the Chair of NWREMS participated in formatting the final document of Pediatric Washington State Guidelines, and this process was wrapped</p>	Ongoing

		<p>up at the June 28, 2011 meeting.</p>	
	<p>Objective 2: By January 2011, the Region Council will identify the need for pediatric related EMS training in the Region.</p>	<p>Strategy 2. A list of training opportunities for pediatric emergency and trauma education for prehospital and hospital providers will be included on the Region’s website by Council staff. (Work Begins: August 2009)</p> <p>During the reporting period the NWREMS website training calendar was updated weekly with local, regional, and state pediatric training opportunities including those for hospital providers. This will continue on a weekly basis throughout the period of this Plan.</p>	<p>10/2009 Completed/Ongoing</p>
		<p>Strategy 1. Region Council staff, TED and QI Committee members will write a survey to identify the need for pediatric related EMS training for the Region’s prehospital and hospital providers. (Work Begins: February 2010)</p> <p>During January the TED Committee and Training Coordinator surveyed identified topics and questions to develop and determine what type of pediatric training for EMS providers is needed.</p>	<p>3/2010 Completed</p>
		<p>Strategy 2. The Region staff will distribute the survey to prehospital and hospital providers located within the Region. (Work Begins: March 2010)</p> <p>During this reporting period TED and QI Committee members were surveyed on the need for pediatric, as well as, additional prehospital and hospital skills training. The group also reviewed post-conference comments and suggestions from those in attendance at the January 2010 conference</p>	<p>4/2010 Completed</p>

		<p>pertaining to future training needs.</p>	
		<p>Strategy 3. Regional staff will research existing funding opportunities. (Work Begins: February 2010)</p> <p>During this reporting period staff researched funding opportunities. At this time there are no funding opportunities available.</p>	4/2010 Completed
		<p>Strategy 4. The Region staff and TED and QI Committee members will analyze the results of the survey and report to Regional Council members. (Work Begins: April 2010)</p> <p>During this reporting period results of the training/pediatric survey were reviewed by TED and QI Committee members and reported to Council members.</p>	5/2010 Completed
		<p>Strategy 5. Regional TED, QI Committee members and staff will begin coordination of a Pediatric Conference. (Work Begins: May 2010)</p> <p>It was determined at the May TED and QI Committee meetings that pediatric topics, as well as, other identified training priorities will be included in the Regional Conference which will be held in January 2011. Topics for the Conference have been identified and commitment has been made by Speakers to participate.</p>	09/10 completed
		<p>Strategy 6. The Region Council will host a Pediatric Conference that will meet the needs for pediatric emergency and trauma education for prehospital and hospital providers. (Work Begins: January 2011)</p> <p>It was discussed and finalized that due to a tight budget and</p>	Ongoing

		a reduction in NWREMS staff that we will postpone our annual conference until 2012.	
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TRAUMA REHAB

GOALS	OBJECTIVE	STRATEGIES – Narrative on Activity	Strategy Completion Date
Goal 16. There is a sustainable region-wide system of designated trauma rehabilitation services that provides adequate capacity and distribution of resources to support high-quality trauma rehabilitation care.	Objective 1: By October 2010 Hospitals will make recommendations on updates to the min/max numbers and level of designated trauma rehab services in the Region for use in the 2012-17 planning process.	Strategy 1. A telephone/email survey will be conducted by the Region to determine which trauma rehabilitation services are available to our Region and to identify current needs. (Work Begins: September 2009) During this reporting period, results of the survey were shared with QI Committee members and discussed at the January 2010 meeting.	1/2010 Completed
		Strategy 2. Survey findings will be distributed by the Region through Local Council meetings to assist in local planning. (Work Begins: January 2010) During this reporting period, results of the survey were shared by staff to assist in planning purposes.	1/2010 Completed
		Strategy 3. QI Committee will review current min/max numbers and make recommendation for changes to the Region Council for planning purposes. (Work Begins: April 2010) The QI Committee reviewed min/max numbers at their May QI Committee meeting and determined that no changes were needed.	5/2010 Completed

SYSTEM EVALUATION

GOALS	OBJECTIVE	STRATEGIES – Narrative on Activity	Strategy Completion Date
<p>Goal 17. The Regional EMS and Trauma Care System has data management capabilities to support evaluation and improvement</p>	<p>Objective 1: By December 2010 the Region Council will develop, implement and begin monitoring system performance measures in conjunction with state performance measures.</p>	<p>Strategy 1. The Region Council’s QI Committee will develop an initial set of system performance measure for the Northwest Region. (Work Begins: May 2010)</p> <p>At the May QI Committee meeting, the group determined that they would use the CARES reporting system to track cardiac save data as a system performance measure.</p>	<p>6/2010 Completed</p>
		<p>Strategy 2. The Region Council’s QI Committee will implement the identified performance measures. (Work Begins: September 2010)</p> <p>The QI committee determined that the CARES program will be used to collect cardiac data for the region; the implementation of this program continues to be an agenda item at our committee meetings.</p>	<p>Ongoing</p>
		<p>Strategy 3. The Region Council’s QI Committee will develop and implement a system performance measure monitoring process. (Work Begins: November 2010)</p> <p>The QI committee determined that the CARES program will be used to collect cardiac data for the region; the implementation of this program continues to be an agenda item at our committee meetings.</p>	<p>Ongoing</p>

	<p>Objective 2: By November 2010 Region and Local councils will use data from WEMSIS for evaluation and management of patient care and planning for the region-wide EMS system.</p>	<p>Strategy 1. A process for retrieving data from the WEMSIS system at the Regional EMS office will be determined by staff. (Work Begins: March 2010)</p> <p>During this reporting period the inconsistencies of ERS reporting was tested within the Region. At this time only limited data is available for retrieval. An ERS “fix” for reporting has been developed; however, agencies within the Region have been notified. This is an item included in the regional report at each local council meeting and agencies are being advised to contact their ERS representative for more information and how to use the “fix”.</p>	
		<p>Strategy 2. Data from the WEMSIS system will be provided to the Region and Local councils on a quarterly basis by Region staff. (Work Begins: August 2010)</p> <p>The Executive Director presented current findings on what Agencies are / are not reporting in WEMSIS. As ERS continues to notify agencies of the “fix” the Region will monitor findings and share at all the sub sequential meetings.</p>	
		<p>Strategy 3. Data from the WEMSIS system will be regularly used by Region and Local councils for planning purposes. (Work Begins: (September 2010)</p> <p>In addition at the May 12, 2011 meeting Zeyno Shorter from DOH gave a PowerPoint presentation on the topic of Senior Falls. The Hospital and EMS representatives also gave Falls data reports as well to fall in line with the State's topic.</p>	
	<p>Objective 3: By January 2010 the Region Council will routinely request</p>	<p>Strategy 1. The Region QI Committee will start requesting data from DOH and the trauma registry for planning purposes at the</p>	<p>1/10 Completed</p>

	<p>data from the DOH Trauma Registry provided by the regional hospitals for management of patient care and planning purposes</p>	<p>Regional level. (Work Begins: November 2009)</p> <p>During this reporting period a process has been identified by QI Committee members to request data from the DOH's data department for presentation at bi-monthly committee meetings.</p>	
		<p>Strategy 2. Data from the trauma registry will be provided to Region and Local councils on a quarterly basis. (Work Begins: November 2009)</p> <p>At the May 12, 2011 QI Committee Meeting 4 Hospitals shared their Trauma data on "Falls". Also at the QI Meeting Zeyno Shorter from DOH gave a presentation on Pediatric Trauma for the NW Region.</p>	<p>Completed/Ongoing Dec 2010 April 2010</p> <p>May 2010 November 2010</p>
		<p>Strategy 3. Data from the Trauma Registry will be used for Region and Local council planning purposes. (Work Begins: November 2009)</p> <p>During this reporting period a TED, IPPE and QI Committee meeting was held. Members in each Committee agreed to use and request data from the Trauma Registry for Region and Local council planning purposes. Trauma Registry, local hospitals and other appropriate data are reviewed and discussed at each meeting. Findings from these discussions will be used for planning purposes.</p>	<p>Completed/Ongoing January 2010 March 2010 April 2010 May 2010 November 2010</p>
<p>Goal 18. The EMS and Trauma Care System has comprehensive, data-driven quality improvement (QI) processes at the local and</p>	<p>Objective 1: By June 2010 the Region QI Committee will implement an updated and functional Quality Improvement Plan based on current Region and Local data.</p>	<p>Strategy 1. Region QI Committee members will meet bi-monthly or on a regular basis prior to Region Council meetings to address comprehensive EMS system issues and will use available regional and local data in their discussions. (Work Begins: September 2009)</p>	<p>Ongoing</p>

regional levels.	<p>A QI Meeting was held May 12, 2011 . Agenda items included:</p> <p>Cares Program update, "Falls" Case Review presentations from the Hospitals, Field/EMS updates, QI Conference Planning, Fatal Injury Data, Cardiac and Stroke update</p>	
	<p>Strategy 2. The Region Council's QI and TED Committees will identify data sets to be included during the QI process. (Work Begins: September 2009)</p> <p>At the May 12, 2011 QI Meeting it was pre-identified that the Hospitals would share data relating to "Falls" - 4 Hospitals shared their data. Also the Pre-hospital representatives brought their agency cases relating to falls as well. In addition Zeyno Shorter from DOH gave a presentation on Falls for the NW Region.</p>	Ongoing
	<p>Strategy 3. Region Council's QI Committee members will request data from DOH to use and support the QI process at the regional and local levels. (Work Begins: September 2009)</p> <p>It was determined at the May 12, 2011 meeting that we would chose our Data subjects/QI Cases based on the State presentations given at our Meetings by Zeyno. Next months topic will be in line with data given for our Region by the state - " _____ " for September 2011 meeting. Zeyno will update us on the topic at a later date.</p>	Ongoing
	<p>Strategy 4. Data reports will be prepared and distributed by Region staff to Local Councils. (Work Begins: September 2009)</p> <p>At the May 12, 2011 meeting the Director shared Fatal Injury</p>	Ongoing

		<p>& Non Fatal Injury Data for Northwest Region and Washington State as provided by Kathy Williams from DOH.</p> <p>In addition at the May 12, 2011 meeting Zeyno Shorter from DOH gave a PowerPoint presentation on the topic of Senior Falls. The Hospital and EMS representatives also gave Falls data reports as well to fall in line with the State's topic.</p>	
		<p>Strategy 5. A QI Conference will be held to review DOH provided region-wide data and to discuss QI hospital and prehospital system issues and training needs. (Work Begins: April 2010)</p> <p>On April 30, 2010, the Region staff and QI Committee hosted the Annual NWREMS QI Conference which features speakers from the DOH, Harborview, and AirLift. Case reviews were provided by representatives from all counties in the region.</p>	<p>4/2010 Annually</p>