

EXHIBIT B

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

Regional Council: **Northwest Region**

Reporting for the Period: **September 30 - November 30** Year: **2011-2012**

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>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>Strategy 3. Region and Local Councils will submit copies of approved bylaws to the Region office. (Work Begins: January 2010)</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 10/15/11 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</p>	<p>On-going bi-monthly</p>

		<p>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>Strategy 2. Region and Local Councils will start actively recruiting to fill membership categories. (Work Begins: July 2010)</p> <p>During this reporting period, the Director followed up on applications that have not, as of yet, been approved by DOH. 2 applications were resubmitted for approval.</p>	On-going
	<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>	11/2010 Completed
		<p>Strategy 2. Region staff will distribute invitations to Region and Local council members to attend Planning Retreat. (Work Begins: November 2010)</p>	12/2010 Completed
		<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>The Planning Committee did not meet during this reporting period. Past meeting dates included:</p> <p>January 4, 2011 the first Planning day meeting was held, March 10, 2011, there was not a meeting held in May, 2011.</p>	Ongoing
<p>Goal 2. Multi-disciplinary coalitions of private/public health care providers are fully engaged in regional and local</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</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:</p>	

<p>EMS and trauma systems.</p>	<p>build new relationships to utilize in engaging new membership.</p>	<p>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 did not attend any Coalition Meetings as none were held.</p> <p><u>Note: This is ASPR related work and funded by ASPR.</u></p>	<p>On-going</p>
<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>5/2010 Completed</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. Currently all counties and their training coordinators</p>	<p>Ongoing</p>

		<p>are in constant contact with the Director and new, upcoming trainings are posted as the classes are made available. Including but not limited to: <u>NW Region EMS - QI Conference</u> <u>West Region EMS - Save the date Conference</u> <u>Airlift NW - Conference</u></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>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 including but not limited to: <u>Clallam</u> - Working with CARES program and tracking Cardiac Arrests <u>Jefferson</u> - Working with hospital pharmacy's to dispose of meds. New CQI plan, just finished EMT classes, will hold a new EMT class in January, working on finding out details of online DOT class. <u>Kitsap</u> - QI conference scheduled in May <u>Mason</u> - EMS council has elections and nominations coming up, and finished all scheduled 2011 training.</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 (11-17-11), WOP (10-20-11), Jefferson (10-4-11 & 11-1-11) , Mason (10-20-11 & 11-17-11) and Kitsap (10-26-11) 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>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 October 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>	<p>Ongoing</p>
		<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</p>	<p>Ongoing</p>

		<p>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 (11-17-11), WOP (10-20-11), Jefferson (10-4-11 & 11-1-11) , Mason (10-20-11 & 11-17-11) and Kitsap (10-26-11) 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>	
		<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 current needs and status of the system.</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: September 2009)</p> <p>No work done during this reporting period.</p>	<p>Ongoing</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>No work done during this reporting period.</p>	<p>Ongoing</p>
		<p>Strategy 3. Region and Local Councils will review the updated Regional Trauma Plan and make needed changes. (Work Begins: February 2011)</p>	<p>Ongoing</p>

		No work done during this reporting period.	
		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)	Ongoing
		No work done during this reporting period.	
	Objective 3: By June 2010 with participation by Region QI Committee members will implement a program utilizing quality data, mortality rates, ISS, and patient outcomes to measure the effectiveness of the prehospital system.	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)	11/2009 Completed
		Strategy 2. Additional data sources (such as WEMESIS 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)	ongoing
		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)	3/2010 Completed ongoing
	Objective 4: By December 2009 agencies within the Region will utilize available telehealth/telemedicine technologies for training and informational purposes.	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)	10/2009 Completed

		<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>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>11/2009 Completed</p>
<p>Goal 5. The Regional Plan is congruent with the statewide strategic plan and utilizes standardized methods for identifying resource needs.</p>	<p>Objective 1: By September 2012 the Region Council will have completed a new EMS & Trauma Strategic Plan for 2013 – 2017 which is congruent with the Statewide Strategic Plan.</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 process. (Work Begins: September 2011)</p> <p>No work done during this reporting period.</p>	<p>ongoing</p>
		<p>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)</p> <p>We will be making a plan change and presenting to the Committee at the January Regional Council meeting.</p>	
		<p>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)</p> <p>We will be making a plan change and presenting to the Committee at the January Regional Council meeting.</p>	
		<p>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)</p> <p>We will be making a plan change and presenting to the</p>	

		Committee at the January 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 Committee.	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 or form a group representing all counties within the Region to determine existing information distribution channels. (Work Begins: September 2009)	9/09 Completed
		Strategy 2. The identified group will develop a process for timely distribution of information on emerging issues. (Work Begins: September 2009)	11/09 Completed
		Strategy 3. The identified group will ensure that the emerging issues information dissemination process is implemented within the regional system. (Work Begins: September 2009)	12/09 Completed
Goal 7. The Regional EMS and Trauma System interfaces with emergency preparedness/disaster planning, bioterrorism and public health.	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.	Strategy 1. The Region Council will collaborate with the local and regional Departments of Emergency Management to identify needed projects. (Work Begins: October 2009)	12/09 Completed
		Strategy 2. The Region Council will invite local and regional DEM personnel to participate at a Region Council. (Work Begins: November 2009)	12/09 Completed
		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) No Activity this reporting period. <u>Note: This is ASPR related work and funded by ASPR.</u>	Ongoing
		Strategy 4. The Region Council will collaborate with regional and local public health offices to complete identified projects. (Work Begins: September 2009)	Ongoing

		<p>During this reporting period the Regional Director did not attend or participate in any Healthcare Coalitions as they did not meet.</p> <p><u>Note: This is ASPR related work and funded by ASPR.</u></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)</p> <p>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 in January.</p> <p><u>Note: This is ASPR related work and funded by ASPR.</u></p>	<p>Ongoing</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>Ongoing</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) <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) <u>Note: This is ASPR related work and funded by ASPR.</u></p>	<p>11/2010 Completed</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 in January. <u>Note: This is ASPR related work and funded by ASPR.</u></p>	<p>Ongoing</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) <u>Note: This is ASPR related work and funded by ASPR.</u></p>	<p>Ongoing</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>1/2010 Completed</p>
		<p>Strategy 2. The Region Council will distribute the list of communication systems gaps identified in the assessment. (Work Begins: February 2010)</p>	<p>4/2010 Completed</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)	6/2010 Completed
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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 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>Objective 1: By May 2011 the Region will identify effective method(s) to disseminate information about the Northwest Region EMS and Trauma System as it relates to the Northwest Region and implement them.</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 Begins: September 2010)</p> <p>During this reporting period meetings were attended by the Executive Director, the NWREMS Chairman, or an Executive Committee Board member in Clallam (11-17-11), WOP (10-20-11), Jefferson (10-4-11 & 11-1-11) , Mason (10-20-11 & 11-17-11) and Kitsap (10-26-11) 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>	Ongoing
		<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 RAC has not addressed this issue so the Council has not had</p>	Ongoing

		<p>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 events unfold. Nothing was posted to the calendar during this reporting period.</p>	Ongoing

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>	2/2010 Completed
		<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 the Cost and Reimbursement TAC did not meet.</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>09/2009 completed</p>
		<p>Strategy 2. The Region Council will activate a Northwest Region Injury Prevention Committee. (Work Begins: September 2009)</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 Kitsap Child Death Review did not meet during this reporting period.</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 2009)</p> <p>The IPPE Committee did not meet this reporting period.</p>	<p>Ongoing</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>The IPPE Committee did not meet this reporting period.</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>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>1/2010 Completed</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"> • Oct 10 — Youth DUI Panel Bremerton (36 attendees/22 adult paid) • Oct 25 — Adult DUI Panel Bremerton (42 attendees) • October - 2 Spanish attendees • Nov. 17 - Bangor DUI Panel (12 attendees) • Nov 8 - Youth DUI Panel Bremerton (40 attendees/26 adult paid) • September 27 — Adult DUI Panel Bremerton (36 attendees) 	<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>No activity to report during this reporting period. IPPE Committee did not meet.</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>No activity to report during this reporting period. IPPE Committee did not meet.</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. No activity to report during this reporting period. IPPE Committee did not meet.</p> <p>Effective December 31, 2010 the Regional IPPE Coordinator resigned her position.</p>	<p>2010 - Annually</p>

PREHOSPITAL

GOALS	OBJECTIVE	STRATEGIES – Narrative on Activity	Strategy Completion Date
<p>Goal 13. There is a sustainable region-wide prehospital EMS system utilizing standardized, evidence-based procedures and performance measures that address both trauma and medical emergencies.</p>	<p>Objective 1: By November 2010 the Region Council will review the Regional Patient Care Procedures and County Operating Procedures for the most efficient and beneficial handling of patients.</p>	<p>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 (PCP's). (Work Begins: January 2010)</p>	<p>3/2010 Completed</p>
		<p>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)</p>	<p>5/2010 Completed</p>
		<p>Strategy 3. The Region will receive revised and updated County Operating Procedures for each county. (Work Begins: March 2010)</p> <p>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 November 30, 2011 5 Counties have completed their COPS but have not yet received State approval. This issue has been brought to the attention of the state and we hope to have a resolve soon.</p>	<p>ongoing</p>
		<p>Strategy 4. The Region Council will adopt the revised Regional Patient Care Procedures. (Work Begins: July 2010)</p> <p>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 November 30, 2011 5 Counties have completed their COPS</p>	

		but have not yet received State approval. This issue has been brought to the attention of the state and we hope to have a resolve soon.	
<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 the Director and the Chair of NWREMS attended the MPD conference held on November 14, 2011.</p>	<p>5/2010 11/2011 ongoing</p>	
	<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 director continues to work on formatting the Protocols. Past meetings include: February 28, 2010, December 13, 2010, September 27, 2010, September 8, 2010, June 21, 2010, May 24, 2010, May 3, 2010, May 20, 2011, May 24, 2011, June 15, 2011, June 24, 2011 and November 18, 2011. Changes and review are currently being made to the Regional Protocols and submission for State approval will take place in December.</p>	<p>ongoing</p>	
<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> <p>Including but not limited to: <u>NW Region EMS - QI Conference</u> <u>West Region EMS - Save the date Conference</u> <u>Airlift NW -</u></p>	<p>Ongoing</p>	

		<p>Conference.</p> <p>The Regional Director attended the 10/7/11 Airlift NW conference. Information gathered from this conference was shared with the Regional Committee at the 11/10/11 meeting.</p>	
<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>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>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>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>3/2011 Completed Annually</p>	
	<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>5/2011 Annually</p>	
	<p>Strategy 3. Region Council will vote on training budget recommendation approved by Executive and Funding Committee members. (Work Begins: May 2010)</p>	<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)	11/09 Annually
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ACUTE HOSPITAL

GOALS	OBJECTIVE	STRATEGIES – Narrative on Activity	Strategy Completion Date
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.	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.	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)	Completed 11/2010
		Strategy 2. QI Committee members and Medical Program Directors will review and discuss appropriateness of recommendations from designated trauma services. (Work Begins: November 2010)	Completed 11/2010
		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)	Completed 11/2010
	Objective 2: The Region will provide bi-monthly open communication with and between designated trauma centers in the Northwest Region resulting in maximizing training and resource sharing.	Strategy 1. The Region will provide a forum for hospital providers at a variety of region-sponsored meetings throughout the year. (Work Begins: September 2009) 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.	Completion Dates Ongoing

		<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>The planning of the QI conference continues to move forward. The date has been set for November 28, 2011. NWREMS will be partnering with Harrison Medical center to hold the annual conference. On September 27, 2011 the Director met with the representatives at Harrison Medical center to work out the details, pricing and agenda for the conference. On September 28, emails were sent out to Regional MPD's describing the agenda, goals and expectations for the presentations. Contact was also made with the 3 guest speakers for the Conference.</p>	<p>4/2010 9/2011 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>On November 28, 2011 the annual QI conference was held at Harrison Medical Center, Silverdale. The Conference had 49 attendees including Dr. Jurkovich from Harborview Medical Center, Jeff Richey, Airlift NW, Zeynep Shorter from DOH and 4 County Trauma Case presentations. The Presentations also included a STROKE/STEMI case from Harrison Medical Center. Each county partnered with prehospital EMS, the local hospitals, Airlift NW and Harborview to present each case from start to finish. The conference was well received and well attended. This year NWREMS, and the QI committee partnered with Harrison Medical center to get the facility</p>	<p>4/2010 9/2011 Annually</p>

		donated.	
		<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. (Did not meet during this reporting period) 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</p>	Ongoing

		wrapped up at the June 28, 2011 meeting.	
		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)	10/2009 Completed/Ongoing
	Objective 2: By January 2011, the Region Council will identify the need for pediatric related EMS training in the Region.	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)	3/2010 Completed
		Strategy 2. The Region staff will distribute the survey to prehospital and hospital providers located within the Region. (Work Begins: March 2010)	4/2010 Completed
		Strategy 3. Regional staff will research existing funding opportunities. (Work Begins: February 2010)	4/2010 Completed
		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)	5/2010 Completed
		Strategy 5. Regional TED, QI Committee members and staff will begin coordination of a Pediatric Conference. (Work Begins: May 2010)	09/10 completed
		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)	Ongoing
			At the October 20, 2010 Executive meeting. It was discussed

		and finalized that due to a tight budget and 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)	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)	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)	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>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>On November 28, 2011 the annual QI conference was held at Harrison Medical Center, Silverdale. The Conference had 49 attendees including Dr. Jurkovich from Harborview Medical Center, Jeff Richey, Airlift NW, Zeynep Shorter from DOH and 4 County Trauma Case presentations. The Presentations also included a STROKE/STEMI case from Harrison Medical Center. Each county partnered with prehospital EMS, the local hospitals, Airlift NW and Harborview to present each case from start to finish. The conference was well received and well attended. This year NwREMS, and the QI committee partnered with Harrison Medical center to get the facility donated.</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>On November 28, 2011 the annual QI conference was held at Harrison Medical Center, Silverdale.</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</p>	<p>Ongoing</p>

		<p>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 WEMSYS system will be provided to the Region and Local councils on a quarterly basis by Region staff. (Work Begins: August 2010)</p> <p>On November 28, 2011 the annual QI conference was held at Harrison Medical Center, Silverdale. Data was shared by Zeynep Shorter from DOH during the conference.</p>	Ongoing
		<p>Strategy 3. Data from the WEMSYS system will be regularly used by Region and Local councils for planning purposes. (Work Begins: (September 2010)</p> <p>On November 28, 2011 the annual QI conference was held at Harrison Medical Center, Silverdale. Data was shared by Zeynep Shorter from DOH during the conference.</p>	
	<p>Objective 3: By January 2010 the Region Council will routinely request data from the DOH Trauma Registry provided by the regional hospitals for management of patient care and planning purposes</p>	<p>Strategy 1. The Region QI Committee will start requesting data from DOH and the trauma registry for planning purposes at the Regional level. (Work Begins: November 2009)</p>	1/10 Completed
		<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>On November 28, 2011 the annual QI conference was held at Harrison Medical Center, Silverdale. Data was shared by Zeynep Shorter from DOH during the conference.</p>	Ongoing

		<p>Strategy 3. Data from the Trauma Registry will be used for Region and Local council planning purposes. (Work Begins: November 2009)</p> <p>On November 28, 2011 the annual QI conference was held at Harrison Medical Center, Silverdale. Data was shared by Zeynep Shorter from DOH during the conference.</p>	Ongoing
<p>Goal 18. The EMS and Trauma Care System has comprehensive, data-driven quality improvement (QI) processes at the local and regional levels.</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>On November 28, 2011 the annual QI conference was held at Harrison Medical Center, Silverdale. The Conference had 49 attendees including Dr. Jurkovich from Harborview Medical Center, Jeff Richey, Airlift NW, Zeynep Shorter from DOH and 4 County Trauma Case presentations. The Presentations also included a STROKE/STEMI case from Harrison Medical Center. Each county partnered with prehospital EMS, the local hospitals, Airlift NW and Harborview to present each case from start to finish. The conference was well received and well attended. This year NWREMS, and the QI committee partnered with Harrison Medical center to get the facility donated.</p>	Ongoing
		<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>On November 28, 2011 the annual QI conference was held at Harrison Medical Center, Silverdale. The Conference had 49 attendees including Dr. Jurkovich from Harborview Medical Center, Jeff Richey, Airlift NW, Zeynep Shorter from DOH and 4</p>	Ongoing

		<p>County Trauma Case presentations. The Presentations also included a STROKE/STEMI case from Harrison Medical Center. Each county partnered with prehospital EMS, the local hospitals, Airlift NW and Harborview to present each case from start to finish. The conference was well received and well attended. This year NCREMS, and the QI committee partnered with Harrison Medical center to get the facility donated.</p>	
		<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>On November 28, 2011 the annual QI conference was held at Harrison Medical Center, Silverdale. The Conference had 49 attendees including Dr. Jurkovich from Harborview Medical Center, Jeff Richey, Airlift NW, Zeynep Shorter from DOH and 4 County Trauma Case presentations. The Presentations also included a STROKE/STEMI case from Harrison Medical Center. Each county partnered with prehospital EMS, the local hospitals, Airlift NW and Harborview to present each case from start to finish. The conference was well received and well attended. This year NCREMS, and the QI committee partnered with Harrison Medical center to get the facility donated. Information will be shared with local councils and hospitals.</p>	Ongoing
		<p>Strategy 4. Data reports will be prepared and distributed by Region staff to Local Councils. (Work Begins: September 2009)</p> <p>On November 28, 2011 the annual QI conference was held at Harrison Medical Center, Silverdale. The Conference had 49 attendees including Dr. Jurkovich from Harborview Medical Center, Jeff Richey, Airlift NW, Zeynep Shorter from DOH and 4 County Trauma Case presentations. The Presentations also</p>	Ongoing

		<p>included a STROKE/STEMI case from Harrison Medical Center. Each county partnered with prehospital EMS, the local hospitals, Airlift NW and Harborview to present each case from start to finish. The conference was well received and well attended. This year NWREMS, and the QI committee partnered with Harrison Medical center to get the facility donated. Information will be shared with local councils and hospitals.</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 November 28, 2011 the annual QI conference was held at Harrison Medical Center, Silverdale. The Conference had 49 attendees including Dr. Jurkovich from Harborview Medical Center, Jeff Richey, Airlift NW, Zeynep Shorter from DOH and 4 County Trauma Case presentations. The Presentations also included a STROKE/STEMI case from Harrison Medical Center. Each county partnered with prehospital EMS, the local hospitals, Airlift NW and Harborview to present each case from start to finish. The conference was well received and well attended. This year NWREMS, and the QI committee partnered with Harrison Medical center to get the facility donated.</p>	<p>4/2010 11/2011 Annually</p>