

EXHIBIT B

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

Regional Council: **Northwest Region** Contract #: **N22656**

Reporting for the Period: **April 1, 2018 – June 30, 2018** Year: **2017-2019**

GOALS	OBJECTIVE	STRATEGIES – Narrative on Activity	Strategy Completion Date
<p>Goal 1. A sustainable regional system of emergency care services that provides appropriate capacity and distribution of resources to support high-quality trauma, cardiac, stroke and other patient emergency care needs.</p>	<p>Objective 1: By March 2019, the Regional Council will determine minimum and maximum numbers and levels of trauma designated services (including pediatric and rehabilitation services) in each county and provide recommendations to the Department of Health.</p>	<p>Strategy 1. By September 2018, The Staff will solicit input from stakeholders regarding Regional Designated Adult, Pediatric and Rehabilitation Trauma Service’s needs.</p>	
		<p>Strategy 2. By September 2018, The staff will request trauma registry data to help determine min/max numbers and present to Regional Council for review.</p>	
		<p>Strategy 3. By November 2018, The Staff will review input from stakeholders and review data for current designated Trauma Services and compile this information. The compiled data on min/max and levels of designation will be presented to the Regional Council by January 2019.</p>	
		<p>Strategy 4. By March 2019, The Regional Council will make recommendations regarding min/max and levels of designated Trauma Services to DOH.</p>	
	<p>Objective 2: By May 2019, the Regional Council will utilize the Washington State Department of Health standardized methodology to</p>	<p>Strategy 1. By September 2018, The Staff will request that local councils and MPDs review min/max numbers of verified Prehospital providers and make recommendations for any changes using the guidelines provided by DOH to determine</p>	

<p>determine minimum and maximum numbers and levels of verified service types in each county and provide recommendations to the Department of Health.</p>	<p>optimal Prehospital system recommendations to the Regional Council for approval.</p>	
	<p>Strategy 2. By November 2018, the Regional Council will compile data for the minimum and maximum numbers and levels of trauma verified agencies from each county utilizing the standardized methods provided by DOH.</p>	
	<p>Strategy 3. By March 2019, the Region will vote on the min/max numbers, and the Staff will submit any requested changes to DOH with the 2017 – 2019 plan.</p>	
	<p>Strategy 4. By May 2019, Any plan changes will be incorporated into the 2019-2021 Regional plan.</p>	
<p>Objective 3: By June 2019, the Regional Council will review the categorization levels for cardiac and stroke facilities to ensure consistency of PCPs, COPs, and Protocols.</p>	<p>Strategy 1. By May 2018, the Regional Council will review the list of currently categorized Cardiac & Stroke Centers.</p> <p><i>At the May 2018 a list of the current Cardiac & Stoke Centers was provided for review. The local Councils were then tasked to review each in their respective Counties and bring back any recommendations for change to the September meeting.</i></p>	<p>5/18</p>
	<p>Strategy 2. By September 2018, The Staff will request that local councils and MPDs review their local council Cardiac & Stroke COPs to assure they align with Regional PCPs / Protocols and current appropriate patient destinations and make any recommendations to the full council for changes.</p> <p><i>Currently all local councils are meeting to review and update the protocols.</i></p>	<p>5/18</p>
	<p>Strategy 3. By November 2018, the Regional Council will submit any changes to PCPs / Protocols to DOH for approval if necessary.</p>	

	<p>Objective 4: By June 2018, the Regional Council will review regional emergency care system performance.</p>	<p>Strategy 1. By March 2018, The Regional Council will utilize WEMESIS data and work with DOH Staff to identify areas within the region that need improvement.</p>	
		<p>Strategy 2. By June 2018 Regional Council will present data findings to the local councils, at the Regional Council meeting.</p>	
<p>Goal 2. A strong, efficient region-wide system of emergency care services coordinated by the Regional Councils, comprised of health and medical care providers, and other partners who are fully engaged in regional and local emergency care services system that supports the statewide system.</p>	<p>Objective 1: By July 2017, the Regional Council will implement the 2017-2019 Regional EMS & Trauma Strategic Plan</p>	<p>Strategy 1: By July 2017 or when the Plan is approved, The Regional Council will distribute the updated 2017-2019 Strategic EMS and Trauma System Plan to the local county EMS councils and county MPDs.</p> <p>During this reporting period the 2017-2019 Plan was approved and posted to the NWRegion Website where it is accessible to all.</p>	<p>7/17</p>
		<p>Strategy 2. By July 2017, or when the Plan is approved The Regional Council will make the 2017-2019 Strategic Plan available on our website for access.</p> <p>During this reporting period the 2017-2019 Plan was approved and posted to the NWRegion Website where it is accessible to all.</p>	<p>7/17</p>
		<p>Strategy 3. Beginning August 2017, the Northwest region will provide bi-monthly progress reports to the Washington State Department of Health.</p> <p>During this reporting period N22656 due 4.15.17 was sent in and approved by DOH.</p>	<p>10/17</p>
	<p>Objective 2: By May 2019, the Regional and Local Councils will review the Regional Plan and identify changes</p>	<p>Strategy 1. By September 2018, The Council will form a workgroup to participate in revising and updating the Trauma Plan for 2019-2021.</p>	

	to meet Regional System needs and be congruent with the state-wide system plan	Strategy 2. By January 2019 , The Workgroup will distribute the draft review of the Strategic EMS & Trauma Plan to Local Councils, MPDs and stakeholders for review and recommend changes to meet Regional system needs and make suggestions for updating the Regional Plan for 2019-2021.	
		Strategy 3. By March 2019 , The Regional Council will review input from the Local Councils, MPDs and stakeholders and make recommendations to DOH for plan changes.	
	Objective 3: Starting July 2017 and annually, the Region Council will conduct business in an effective and efficient manner.	Strategy 1. By November 2017 and annually, the Regional Council and Council staff will submit all required schedules to the SAO to remain compliant with Northwest Region internal controls. During this reporting period the required SAO reports were sent submitted and copies were distributed to the Executive Committee	11/17
		Strategy 2. By January 2018 and annually , The Regional Council will provide DOH a copy of the annual budget per the Contract requirements. No Longer required in our deliverables	1/18
		Strategy 3. By January 2018 and biannually , The Regional Council will review the office policies and procedures to ensure compliance with RCW.	
		Strategy 4. By January 2018 and biannually , The Regional Council will review council bylaws and revise as needed. 5/18 During this reporting period the final draft of the By-laws was submitted by the subcommittee, reviewed and approved by the full council. A copy of the updated version will be posted to	5/18 3/18

		<p>the website.</p> <p>3/18 During this reporting period a workgroup was formed to review the bylaws for updates and change recommendations.</p>	
<p>Objective 4: During the 2017-2019 plan cycle Northwest Region EMS will facilitate the exchange of information throughout the emergency care system.</p>		<p>Strategy 1. By August 2017, and throughout the plan cycle, the Northwest Region EMS Council will provide meeting rooms for the Regional Council, subcommittees, and workgroups.</p> <p>During this reporting period meeting times were secured for the May Regional meetings held in Sequim, WA.</p>	<p>5/18</p>
		<p>Strategy 2. By August 2017, and throughout the plan cycle, meeting agendas and minutes will be provided to Regional EMS stakeholders in advance of each meeting through email.</p> <p>During this reporting period prior meeting minutes, and agendas were emailed along with the meeting announcements for May meetings.</p>	<p>5/18</p>
		<p>Strategy 3. By August 2017, and throughout the plan cycle, Northwest Region EMS Council members and staff will participate in EMS stakeholder meetings including: EMS & Trauma Steering Committee, Region 2 Healthcare Preparedness Network Steering Committee Meetings and Local Healthcare Coalition Meetings, and various Technical Advisory Committees and share the information with Northwest Region EMS Council at regularly scheduled meetings.</p> <p>During this reporting period the Executive Director attended the DOH RAC/Contracts meeting in Kent on 5.15.18 and the Steering Committee Meeting to present a Region update on 5.16.18. Past - Chairman, Terry Anderson attended the Pre-Hospital TAC.</p>	<p>5/18</p>

		<p>Strategy 4. By July 2017, and throughout the plan cycle, ongoing contact with Local EMS Councils will be maintained by Region Staff through regular attendance and participation at Local Council Meetings.</p> <p>During this reporting period the following meetings were held and attend by either the *Executive Director or an Executive Committee Board Member:</p> <p>Mason County EMS 4/19/18, 5/17/18, 6/21/18* Clallam County EMS 4/19/18, 5/17/18, 6/21/18* Jefferson County EMS 4/3/18, 5/1/18, 6/5/18* Kitsap County EMS – 5/17/18*</p>	Ongoing 5/18
	<p>Objective 5: The Region Council will facilitate leadership training for the region and county councils as they become reasonably available.</p>	<p>Strategy 1. By July 2017, and throughout the plan cycle, the Staff will coordinate DOH and all other trainings as identified by the Regional Council to both the Regional Council and the Local Councils as needed.</p> <p>During this reporting period training opportunities were communicated both at our May meeting and on our website.</p>	Ongoing 5/18
		<p>Strategy 2: By November 2017, and throughout the plan cycle, The Region Council will share outside training opportunities and best practices with County Council, EMS agencies, and system partners as needed.</p> <p>During this reporting period training opportunities were communicated both at our May meeting and on our website.</p>	Ongoing 5/18
	<p>Objective 6: During this plan, the Region Council will collaborate with system partners on pre-hospital emergency preparedness planning</p>	<p>Strategy 1: By September 2017 and as needed, the Region Council will distribute pre-hospital Emergency Preparedness information on the Region website</p> <p>During this reporting period Northwest Healthcare Response Network reported at our May Region Meeting and training</p>	5/18

		information was sent out the Regional Council Members.	
		Strategy 2: By April 2018 , the Region Council members and staff will participate in various TAC's conducting Emergency Preparedness planning for pre-hospital providers as well as attend Region 2 Steering Committee Meetings.	
	Objective 7: By July 2019, the Region Staff will provide administrative support for the QI Committee	Strategy 1: Quarterly or as needed, Region staff will coordinate meeting times, take minutes, send meeting announcements and attend the QI Committee meetings During this reporting period staff coordinated the May meeting, emailed meeting announcements, took minutes, and handed out previous meeting minutes.	Ongoing 5/18
	Objective 8: By May 2019, Under the Regional accountable Care Organization (ACO) program, continue efforts to develop a Community Integrated Healthcare Program (Community Paramedic) by coordinating with local hospital(s) and other appropriate agencies/organizations.	Strategy1: By May 2019 , The Region Council members will work with local hospitals and other appropriate agencies/organizations to help develop a program with in the Region.	
Goal 3. A sustainable regional pre-hospital EMS system utilizing standardized, evidence-based procedures and	Objective 1: by July 2017 and annually, the Regional Council will conduct a needs assessment within each Local Council, review, approve and allocate available funding to support Prehospital training.	Strategy 1. By July annually , The Regional Council will establish grant contracts with each local council for EMS training and education and funds allocated once the budget is approved. 5/18 A Budget was approved at the May 2018 meeting which included the Training budget. Grant request forms will be mailed out to each of the local councils.	5/18 11/17

<p>performance measures that address out-of-hospital emergency trauma and medical care.</p>	<p>11/17 Budget was just approved at the end of July. Grant contracts have been submitted to N wrems they will be reviewed and approved at the January Council Meeting.</p>	
	<p>Strategy 2. By March annually, The Regional Council, with the Regional Training and Education Committee and Staff will update the Regional Training requests and send it out to all Local Council Chairs and Training Coordinators.</p>	
	<p>Strategy 3. By April annually, The Executive Funding Committee will review each Local County RFP for training Needs.</p>	
	<p>Strategy 4. By May annually, The Regional Training and Education Committee will review the submitted local county requests to ensure appropriate use of the funds and make recommendations to the Council for approval. After training is complete Council will distribute approved funds.</p>	
	<p>Strategy 5. By February 2018, Northwest Region EMS Council, and TED Committee members will identify training opportunities for Pediatric Emergency and Trauma education for prehospital and hospital providers.</p> <p>During this reporting period the staff asked the council to submit any training opportunities they'd like to see held in the Region.</p>	<p>3/18</p>
	<p>Objective 2: Biennially in July and as needed, the Regional Council will develop, review, revise and implement Regional Patient Care Procedures (PCPs).</p>	<p>Strategy 1. Biennially in March and as needed, The Staff will request that local councils, MPDs and Stakeholders review Regional PCPs and make any recommendations to the full council for changes.</p>
	<p>Strategy 2. Biennial in May and as needed, the Regional Council will submit any changes to PCPs to DOH for approval.</p>	

		Strategy 3. Biennially or as needed, The Staff will provide copies of the DOH approved Regional PCPs to Local Councils and Regional partners.	
	Objective 3: By March 2018 and as needed, the Regional Council will review local council COPS for congruency and alignment with the Regional PCPs and make recommendations to the local councils and the Department of Health.	<p>Strategy 1. By December 2017 and annually and as needed The Staff will request that local councils and MPDs review their local council COPS to assure congruency and alignment with the Regional PCPs / Protocols.</p> <p>During this reporting period the Protocol Committee has begun reviewing the Protocols for updates. Each local council will be reviewing different sections of the protocols with the direction of the MPD.</p>	3/1
		Strategy 2. By January 2018 and annually The Regional Council will review and approve the COPS that will be included in the Strategic Plan	
		Strategy 3. By March 2018 and annually, The Regional Council will request copies of DOH approved COPS to submit for inclusion in the 2017-2019 Regional Strategic Plan	
Goal 4: Reduced preventable/premature death and disability due to trauma, stroke and cardiac illness.	Objective 1: By November annually, the Regional Council will utilize a regional process to identify injury prevention needs and support evidence based and/or best practice activities.	<p>Strategy 1. By July annually, The Regional Council will obtain and review data from DOH plus other relevant and available injury data and information on the areas of highest mortality and morbidity in the Region.</p> <p>During this reporting period Mason General reported their falls numbers to NWREMS. This data was shared at the March meeting(s).</p>	Ongoing 5/18
		Strategy 2. By September annually, The Regional Council will identify evidence based injury prevention programs in the region and projects and provide funding as appropriate and available to	1/18

		<p>implement programs.</p> <p>During this reporting the IVP Committee met and reviewed grants for recommendation for approval. The entire grant line item in the budget was utilized and those who were awarded have been notified.</p>	
		<p>Strategy 3. By ongoing monthly, the Staff will post injury prevention related articles and success stories onto the Regions website.</p>	
	<p>Objective2: Ongoing – the Regional Council will collaborate to educate the public and our partners on the Emergency Care System.</p>	<p>Strategy 1. By September 2017 and throughout the plan, The Regional Council will have partner websites and legislative updates available on the Regional website to educate the public and our partners on the Emergency Care System.</p> <p>During this reporting period the website has been updated.</p>	<p>7/17</p>
		<p>Strategy 2. By September 2017 and annually, The Staff will provide administrative assistance for the Annual QI Conference as need for educational purposes.</p> <p>5/18 During this reporting period the QI Committee decided that they will host a conference in 2018.</p> <p>9/17 During this reporting period it was decided that we will not hold a QI Conference.</p>	<p>5/18 9/17</p>
		<p>Strategy 3. By July 2018, The Staff will coordinate with the Training and Education Committee and plan/hold a pediatric related conference utilizing the EMS for Children Grant if awarded to Northwest Region EMS.</p>	

	Objective 3: Promote the development of local and regional fall prevention programs.	<p>Strategy 1 By March 2018, have multiple counties in the region operating fall prevention programs.</p> <p>During this reporting period the staff surveyed the counties to ask what falls prevention program they were utilizing within their County. Currently all 4 counties have a falls prevention program in place ranging in levels of involvement.</p>	3/18
		<p>Strategy 2 Annually, facilitate work groups that share established fall prevention program data that will assist other counties in the region in establishing their own fall prevention program to include IVP grant.</p>	
		<p>Strategy 3. Bi-yearly, review/audit the established programs to determine if changes are required to ensure the program(s) are effective.</p> <p>During this reporting period Mason General reported their falls numbers to NWREMS. This data was shared at the January meeting(s).</p>	5/18
	Objective 4: Each June, the Region Council will utilize a process to identify needs and allocate available funding to support injury prevention projects.	<p>Strategy 1. By September annually, The Regional Council, with the Regional Injury Prevention Committee and staff, will update the Regional Injury Prevention Grant needs requests and send it out to all Local Council Chairs.</p> <p>During this reporting period the Injury Prevention Committee reviewed and approved the grant request form. Staff sent out Injury Prevention Grant request forms to interested parties.</p>	9/17
		<p>Strategy 2. By November annually, The Injury Prevention committee will review each submission and make recommendations to the Regional Council.</p>	11/17

		<p>During this reporting period the Injury Prevention Committee reviewed and approved the grant request that was submitted to NWREMS. The entire grant line item in the budget was utilized and those who were awarded have been notified.</p>	
		<p>Strategy 3. By January annually, The Regional Council will establish grant contracts with each recipient for Injury Prevention, and approved funds will be distributed.</p> <p>During this reporting period all Injury Prevention grants have been sent out, signed and returned for execution.</p>	3/18
	Objective 5: Proactively review the CDC Trauma Triage Tool, Stroke protocol and STEMI protocol.	<p>Strategy 1. By July annually, the regional council will review the input from stakeholders, DOH and any other relevant source identified. The regional council shall review the data to identify the areas of highest mortality and morbidity in the region.</p>	
		<p>Strategy 2. By September annually, staff shall present the data to the Q.I. committee for their review process and develop recommendations to revise existing protocols and/or create proposals for new protocols.</p>	
		<p>Strategy 3. Annually, submit the proposals from the Q.I. committee for consideration in the triennial emergency care protocol process.</p>	