

**OCTOBER 2009 BI-MONTHLY REPORT – REVISED**

**SECTION 1. Regional activities related to the Goals, Objectives & Strategies in the Approved Plan**

**SYSTEM LEADERSHIP**

<b>Goal</b>	<b>Objective</b>	<b>Strategies - Narrative on Activity</b>	<b>Strategy Completion Date</b>
<p><b>GOAL 1: THERE IS A VIABLE, ACTIVE LOCAL AND REGIONAL EMS AND TRAUMA CARE COUNCILS COMPRISED OF MULTI-DISCIPLINARY, EMS AND TRAUMA SYSTEM REPRESENTATION.</b></p>	<p><b>Objective 1: By May of 2011, Regional and Local Councils will review and revise their respective memberships to ensure compliance with RCW 70.168.120 and current system representation needs.</b></p>	<p><b>Strategy 1:</b> By September 2009, the Regional Council will establish a Membership Committee to oversee membership.</p> <p>➤ <i>Work begins July 2009 and ends September 2009</i></p> <p><b>JULY 2009 COMPLETION STATEMENT: IN JULY THE REGIONAL COUNCIL ESTABLISHED A MEMBERSHIP COMMITTEE CONSISTING OF THE REGIONAL SECRETARY (AS IDENTIFIED IN THE BYLAWS) AND STAFF.</b></p>	<p><b>July 2009</b></p>
		<p><b>Strategy 2:</b> By January 2010 The Membership Committee will review Regional Council membership and will determine gaps in current and future membership positions and report the results to the Regional Council at the next meeting.</p> <p>➤ <i>Work begins September 2009 and ends January 2010.</i></p> <p><b>In September the committee reviewed the council structure and identified gaps. Positions with members who have resigned and/or left the council were identified along with positions that have not been filled. One member who had not attended 3 consecutive Regional Council meetings was sent a letter removing her from the council for non-participation as outlined in the bylaws. A copy of the letter was provided to the DOH as well as the council.</b></p>	
		<p><b>Strategy 3:</b> By March 2010 the Regional Council Membership Committee will send to local councils, a current copy of the Regional Council Structure which identifies vacant positions available for application.</p> <p>➤ <i>Work begins November 2009 and ends March 2010.</i></p>	<p><b>September 2009</b></p>

		<b>JULY 2009 COMPLETION STATEMENT: IN SEPTEMBER SPOKANE COUNTY EMS/TC COUNCIL REQUESTED A COPY OF THE REGIONAL COUNCIL MEMBERSHIP STRUCTURE, SO THE MEMBERSHIP COMMITTEE DISTRIBUTED IT TO ALL LOCAL COUNCILS EARLY.</b>	
		<p><b>Strategy 4:</b> By September 2009 the Regional Council’s Membership Committee will develop a form that will identify Local Council Structure Membership categories as identified in RCW 70.168.120</p> <p>➤ <i>Work begins July 2009 and ends September 2009.</i></p> <p><b>SEPTEMBER 2009 COMPLETION STATEMENT: DURING THE REPORTING PERIOD THE MEMBERSHIP COMMITTEE COMPLETED THE LOCAL COUNCIL STRUCTURE THAT IDENTIFIED MEMBERSHIP STRUCTURE IDENTIFIED IN RCW 70.168.120.</b></p>	September 2009
		<p><b>Strategy 5:</b> By September 2009 the Regional Council’s Membership Committee will distribute the Local Council Structure to each local council to identify current filled positions and gaps and return it to the regional office.</p> <p>➤ <i>Work begins July 2009 and ends September 2009</i></p> <p><b>SEPTEMBER 2009 COMPLETION STATEMENT: IN SEPTEMBER THE EACH LOCAL COUNCIL RECEIVED ITS MEMBERSHIP STRUCTURE AS AN ADDENDUM TO THE FY 10 LOCAL COUNCIL AGREEMENT WITH THE REGIONAL COUNCIL.</b></p>	September 2009
		<p><b>Strategy 6:</b> By February 2010 the Regional Council’s Membership Committee will review the Local Council Structures and report to the Regional Council.</p> <p>➤ <i>Work begins October 2009 and ends February 2010</i></p>	
		<p><b>Strategy 7:</b> By May 2011, each of the Local Councils will add new members to reflect a balance of membership as described in RCW 70.168.120. and current system representation needs.</p> <p>➤ <i>Work begins May 2010 and ends May 2011</i></p>	
		<p><b>Strategy 8.</b> By May 2011, each of the Local Councils will determine if current system representation needs are necessary to their council structure and will</p>	

		<p>report any additional positions they develop to the Regional Council</p> <p>➤ <i>Work begins May 2010 and ends May 2011</i></p>	
	<p><b>Objective 2: By April 2012 the Regional Council's Membership Committee will develop and educate Regional Council members on member responsibilities.</b></p>	<p><b>Strategy 1:</b> By January 2010 the Regional Council's Membership Committee will develop a List of Council Member Responsibilities.</p> <p>➤ <i>Work begins September 2009 and ends January 2010</i></p> <p>In September 2009 staff reviewed the regional &amp; local EMS &amp; Trauma Care Council Member Responsibilities &amp; Expectations approved by the DOH with the regional executive directors at the state meeting in Seattle and shared with the membership committee.</p>	<p><b>September 2009</b></p>
		<p><b>Strategy 2:</b> By February 2010 the Regional Council's Membership Committee will distribute the List of Council Member Responsibilities to the Regional Council for review, comment and approval.</p> <p>➤ <i>Work begins October 2009 and ends February 2010</i></p>	
		<p><b>Strategy 3:</b> By April 2010 the Regional Council's Membership Committee will distribute the approved List of Council Member Responsibilities to the Regional Council and provide education on responsibilities.</p> <p>➤ <i>Work begins January 2010 and ends April 2010</i></p>	
		<p><b>Strategy 4:</b> At the first meeting for new council members, the Regional Council's Membership Committee will provide education to all new council members on the Regional Council and its committees.</p> <p>➤ <i>Work begins April 2010 and ends May 2012</i></p>	
		<p><b>Strategy 5:</b> By April 2012 the Regional Council's Membership Committee will develop a Regional Council Membership Handbook, using the DOH tool as a guideline, which will be distributed to all Regional Council and committee</p>	

		<p>members.</p> <p>➤ Work begins January 2011 and ends April 2012</p>	
<p><b>GOAL 2: MULTI-DISCIPLINARY COALITIONS OF PRIVATE/PUBLIC HEALTH CARE PROVIDERS ARE FULLY ENGAGED IN REGIONAL AND LOCAL EMS AND TRAUMA SYSTEMS.</b></p>	<p><b>Objective 1. By October 2009, the Regional Council will implement information sharing processes.</b></p>	<p><b>Strategy 1:</b> By July 2009 a process will be implemented by the Regional Council staff to ensure that EMS stakeholders have access to Regional Council and sub-committee meeting dates through email alert and calendars on the Website.</p> <p>➤ <i>Work begins July 2009 and ends July 2009.</i></p> <p><b>JULY 2009 COMPLETION STATEMENT: IN JULY OF 2009 STAFF IMPLEMENTED A PROCESS THAT INCLUDES SENDING OUT ONE EMAIL TO STAKEHOLDERS AT THE BEGINNING OF EACH MONTH IDENTIFYING MEETING DATES, LISTING THEM ON THE WEB CALENDAR AT <a href="http://WWW.EASTREGION-EMS.ORG">WWW.EASTREGION-EMS.ORG</a>.</b></p>	<p><b>July 2009</b></p>
		<p><b>Strategy 2:</b> By July 2009 a process will be implemented by the Regional Council staff to email meeting notices in advance of each meeting date to membership and meeting attendees.</p> <p>➤ <i>Work begins July 2009 and ends July 2009.</i></p> <p><b>JULY 2009 COMPLETION STATEMENT: DURING THE REPORTING PERIOD STAFF IMPLEMENTED THE PROCESS OF SENDING ONE CONSOLIDATED EMAIL LISTING ALL MEETINGS TO BE HELD DURING THE MONTH. THE EMAIL IS TO BE SENT NO LATER THAN THE 3<sup>RD</sup> DAY OF THE MONTH.</b></p>	<p><b>July 2009</b></p>
		<p><b>Strategy 3:</b> By August 2009 a process will be implemented by Regional Council staff to post meeting agendas and approved minutes on the Regional website in advance of each meeting date.</p> <p>➤ <i>Work begins August 2009 and ends August 2009.</i></p> <p><b>AUGUST 2009 COMPLETION STATEMENT: DURING AUGUST 2009 THE PROCESS OF POSTING AGENDAS AND MINUTES IN ADVANCE OF THE MEETINGS ON THE REGIONAL WEBSITE WAS IMPLEMENTED. (THIS ONLY WORKS IF THE WEBMASTER IS AVAILABLE. OTHERWISE MINUTES AND AGENDAS ARE EMAILED.)</b></p>	<p><b>August 2009</b></p>
		<p><b>Strategy 4:</b> By October 2009, Regional Council and subcommittee members who</p>	

		<p>participate in related coalitions and meeting will provide relevant reports and presentations to Regional Council and subcommittees meetings.</p> <p>➤ <i>Work begins September 2009 and ends in October 2009.</i></p> <p><b>In September staff notified committee chairs and other stakeholders to be prepared to report on respective meetings at the Regional Council and subcommittee meetings.</b></p>	
		<p><b>Strategy 5:</b> By October 2009, the Regional Council staff will implement links to other agency websites on the Regional Council website.</p> <p>➤ <i>Work begins September 2009 and ends October 2009.</i></p> <p><b>In September staff worked on updating the Links page of the website.</b></p>	
<p><b>GOAL 3. GOAL 3: EACH OF THE SERVICES UNDER THE EMS AND TRAUMA SYSTEM HAS ACTIVE, WELL TRAINED AND SUPPORTED LEADERSHIP.</b></p>	<p><b>THE REGIONAL COUNCIL CHOSE TO DELETE THIS GOAL FROM THE PLAN</b></p>	<p><b>NO WORK IS BEING DONE ON THIS GOAL DUE TO LACK OF RESOURCES.</b></p>	

**SYSTEM DEVELOPMENT**

Goal	Objective	Strategies - Narrative on Activity	Strategy Completion Date
<p><b>GOAL 4: THERE IS A STRONG, EFFICIENT, WELL-COORDINATED REGION-WIDE EMS &amp; TRAUMA SYSTEM TO REDUCE THE INCIDENCE OF INAPPROPRIATE AND INADEQUATE TRAUMA CARE AND TO MINIMIZE HUMAN SUFFERING AND COSTS ASSOCIATED WITH PREVENTABLE MORTALITY AND MORBIDITY.</b></p>	<p><b>Objective 1: Throughout July 2009 to May 30, 2012 the Regional Council will implement the objectives and strategies within 2009 -2012 East Region EMS and Trauma System Plan and maintain an updated plan.</b></p>	<p><b>Strategy 1:</b> By August 2009 the Regional Council staff will provide copies of the plan and GANTT Chart to the Regional and Local Council members and stakeholders with assigned work identified in the plan.</p> <p>➤ <i>Work begins July 2009 and ends August 2009.</i></p> <p><b>OCTOBER 2009 COMPLETION STATEMENT: REGIONAL COUNCIL STAFF DISTRIBUTED THE REVISED PLAN AND GANTT CHART TO THE REGIONAL &amp; LOCAL COUNCILS IN OCTOBER RATHER THAN AUGUST DUE TO THE REVISIONS THAT WERE MADE TO THE PLAN DUE TO THE 10% REDUCTION IN CONTRACT FUNDING WHICH REQUIRED THE NEED FOR FURTHER PLAN REVIEW BY THE STEERING COMMITTEE AND DOH WHICH OCCURRED IN SEPTEMBER.</b></p>	<p><b>October 2009</b></p>
		<p><b>Strategy 2:</b> By October 2009 all committees with assigned work identified in the plan will receive their objectives and strategies for the fiscal year and instructions for reporting on work progress.</p> <p>➤ <i>Work begins July 2009 and ends October 2009</i></p> <p><b>During the reporting period all committees with assigned work identified in the plan were provided appropriate goals, objectives and strategies for the fiscal year and instructions for reporting on work progress.</b></p>	
		<p><b>Strategy 3:</b> At each bimonthly Regional Council meeting, stakeholders identified in plan objectives will submit a written report on the status of work due during that month.</p> <p>➤ <i>Work begins October 2009 and ends April 2012</i></p>	
		<p><b>Strategy 4:</b> Beginning October 2009 and utilizing the GANTT Chart, the Regional</p>	

		<p>Council will begin tracking the progress of the objectives and strategies.</p> <p>➤ <i>Work begins October 2009 and ends May 2012</i></p>	
<p><b>GOAL 5: THE REGIONAL PLAN IS CONGRUENT WITH THE STATEWIDE STRATEGIC PLAN AND UTILIZE STANDARDIZED METHODS FOR IDENTIFYING RESOURCE NEEDS</b></p>	<p><b>Objective 1. By May 2011 the Regional Council's Prehospital &amp; Transportation Committee will utilize Washington State DOH standardized methodologies to determine min/max numbers for verified service types in each county.</b></p>	<p><b>Strategy 1.</b> By January 2010, the Regional Council's Prehospital &amp; Transportation Committee will provide standardized methodologies to local councils for determining min/max numbers, levels and types of Prehospital verified services.</p> <p>➤ <i>Begins October 2009 and ends January 2010</i></p>	
		<p><b>Strategy 2.</b> By May 2011, the Regional Council's Prehospital &amp; Transportation Committee will survey Local Councils for recommended changes to min/max verified service numbers, levels and types for inclusion in the 2012-2017 Regional Plan.</p> <p>➤ Work begins January 2011 and ends May 2011</p>	
	<p><b>Objective 2. By April 2011 the Regional Council will update the EMS &amp; Trauma Care System Plan to address inconsistencies with the state strategic plan.</b></p>	<p>Strategy 1. By November of 2010 the Regional Council will conduct a gap analysis to determine inconsistencies with the WA State Strategic Plan</p> <p>➤ <i>Work begins May 2010 and ends November 2010</i></p>	
		<p><b>Strategy 2.</b> By February 2011 the Regional Council will revise the East Region EMS &amp; TC Strategic Plan based on the gap analysis.</p> <p>➤ <i>Work begins October 2010 and ends February 2011</i></p>	
		<p><b>Strategy 3:</b> By April 2011 the Regional Council will submit any revisions of the</p>	

		<p>regional plan to the DOH.</p> <p>➤ Work begins January 2011 and ends April 2011</p> <p>Note: <b>East Region facilities will be invited to apply for trauma designation on 9/25/11</b></p>	
	<p><b>Objective 3: By April 2011 the Regional Council will determine min/max numbers for trauma designated services in each county.</b></p>	<p><b>Strategy 1.</b> By February 2011 the Regional Council will contact all hospitals in the region to determine if they intend to reapply for trauma designation in the next designation cycle and will ask at what level they plan to redesignate.</p> <p>➤ Work begins November 2010 and ends February 2011</p>	
		<p><b>Strategy 2.</b> By April 2011 the Regional Council will submit any revisions to the DOH.</p> <p>➤ Work begins February 2011 and ends April 2011</p>	
	<p><b>Objective 4: By September 2011 the Regional Council will develop a 2012-2017 regional plan.</b></p>	<p><b>Strategy 1.</b> By July 2010 the Regional Council will identify a planning work group.</p> <p>➤ <i>Work begins April 2010 and ends July 2010</i></p>	
		<p><b>Strategy 2.</b> By September 2010 the Regional Council will conduct a work plan for completing the 2012-2017 strategic plan.</p> <p>➤ <i>Work begins May 2010 and goes to September 2010</i></p>	
		<p><b>Strategy 3.</b> By March 2011 the Regional Council will develop a draft plan.</p> <p>➤ Work begins October 2010 and ends March 2011</p>	
		<p><b>Strategy 4.</b> By September 2011 the Regional Council will have a finalized 2012-17 strategic plan for submission.</p> <p>➤ Work begins March 2011 and ends September 2011</p>	

<p><b>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.</b></p>	<p><b>Objective 1. By February 2010 Regional and Local Councils will identify existing distribution channels for use in timely distribution of Steering Committee &amp; TAC information to regional stakeholders on emerging issues and will develop and implement an information distribution process.</b></p>	<p><b>Strategy 1.</b> By November 2009 Regional and Local Council representatives will identify <i>or</i> form a group representing all counties within the region to determine existing information distribution channels.</p> <p>➤ <i>Work begins September 2009 and ends November 2009</i></p> <p><b>SEPTEMBER 2009 COMPLETION STATEMENT: DURING THE REPORTING PERIOD IT WAS DETERMINED THAT EACH OF THE FOLLOWING WILL IDENTIFY EXISTING INFORMATION DISTRIBUTION CHANNELS: REGIONAL COUNCIL, ADAMS, ASOTIN, FERRY, GARFIELD, LINCOLN, PEND OREILLE, SPOKANE, STEVENS AND WHITMAN COUNTY EMS/TC COUNCILS. THIS WAS ACCOMPLISHED BY THE INCLUSION OF A DELIVERABLE IN THE REGIONAL / LOCAL COUNCIL AGREEMENT FOR FY 10.</b></p>	<p><b>September 2009</b></p>
		<p><b>Strategy 2.</b> By January 2010 the identified group will develop a process for timely distribution of information on emerging issues.</p> <p>➤ <i>Work begins November 2009 and ends January 2010</i></p>	
		<p><b>Strategy 3.</b> By February 2010 the emerging issues information dissemination process will be implemented within the regional system.</p> <p>➤ <i>Work begins January 2010 and ends February 2010.</i></p>	
<p><b>GOAL 7: THE EMS AND TRAUMA SYSTEM INTERFACES WITH EMERGENCY PREPAREDNESS/DISASTER PLANNING, BIOTERRORISM AND PUBLIC HEALTH.</b></p>	<p><b>Objective 1: By October 2009, the Regional Council will maintain processes that ensure key stakeholders remain involved in regional emergency preparedness &amp; disaster planning activities.</b></p>	<p><b>Strategy 1:</b> By August 2009, the Regional Council will identify a process that ensures hospital presence at Region 9 Healthcare Coalition Executive Committee meetings.</p> <p>➤ <i>Work begins July 2009 and ends August 2009</i></p> <p><b>AUGUST 2009 COMPLETION STATEMENT: DURING THE REPORTING PERIOD THE CHAIRS AND EXECUTIVE COMMITTEE IDENTIFIED THE FOLLOWING PROCESS TO BE USED TO ENSURE THAT HOSPITALS IN BOTH THE RURAL AND URBAN AREAS ARE</b></p>	<p><b>August 2009</b></p>

		<p><b>REPRESENTED AT THE REGION 9 HEALTHCARE COALITION EXECUTIVE COMMITTEE:</b></p> <ul style="list-style-type: none"> <li>➤ <b>SANDY BUCHANAN FROM LINCOLN HOSPITAL IN DAVENPORT WILL REPRESENT RURAL HOSPITALS</b></li> <li>➤ <b>BEN HAWWORTH FROM PROVIDENCE SACRED HEART MEDICAL CENTER AND CHILDRENS HOSPITAL WILL REPRESENT URBAN HOSPITALS</b></li> </ul>	
		<p><b>Strategy 2:</b> By October 2009, a Region 9 Healthcare Coalition report will be added to the Regional Council Agenda.</p> <ul style="list-style-type: none"> <li>➤ <b>Work begins September 2009 and ends October 2009</b></li> </ul> <p><b>September 2009: Staff made preparations to have the Region 9 Healthcare Coalition Report added to the Regional Council meeting agendas.</b></p>	
	<p><b>Objective 2: By August 2010 and August 2011 regional hospitals will participate in a Region 9 preparedness event.</b></p>	<p><b>Strategy 1:</b> By August 2010 Region 9 hospitals will participate in a minimum of one disaster drill, tabletop or exercise.</p> <ul style="list-style-type: none"> <li>➤ <b>Work begins January 2010 and ends August 2010</b></li> </ul>	
		<p><b>Strategy 2:</b> By August 2011 Region 9 hospitals will participate in a minimum of one disaster drill, tabletop or exercise.</p> <ul style="list-style-type: none"> <li>➤ <b>Work begins January 2011 and ends August 2011</b></li> </ul>	
	<p><b>Objective 3: By August 2010 and August 2011, the Hospital Planning Committee will develop an After Action Report on preparedness drill, tabletop or exercise.</b></p>	<p><b>Strategy 1:</b> By August 2010 Regional Council staff will work with representatives from the Hospital Planning Committee to develop the After Action Report for the 2010 preparedness event.</p> <ul style="list-style-type: none"> <li>➤ <b>Work begins January 2010 and ends August 2010</b></li> </ul>	
		<p><b>Strategy 2:</b> By August 2011 Regional Council staff will work with representatives from the Hospital Planning Committee to develop the After Action Report for the 2011 preparedness event.</p> <ul style="list-style-type: none"> <li>➤ <b>Work begins January 2011 and ends August 2011</b></li> </ul>	

<p><b>GOAL 8: REGION-WIDE INTEROPERABLE COMMUNICATIONS ARE IN PLACE FOR EMERGENCY RESPONDERS AND HOSPITALS.</b></p>	<p><b>Objective 1: (Hospital to Hospital) By April 2012, the East Region EMS/TC Council's Communication Committee, in collaboration with the East Region EMS/TC Council's Hospital Planning Committee and Region 9 Hospitals will implement a functional regional Hospital to Hospital narrow-band radio communication system.</b></p>	<p><b>Strategy 1:</b> By December 2009, the East Region EMS/TC Council's Communication Committee will compile, consolidate and distribute to hospitals, existing survey information related to the hospital to hospital communications system.</p> <p>➤ <i>Work begins September 2009 and ends December 2009</i></p> <p><b>In September staff reviewed the existing survey.</b></p>	
		<p><b>Strategy 2:</b> By December 2010, Region 9 Hospitals will apply technical recommendations from existing survey information related to HEAR and WHEELS.</p> <p>➤ Work begins September 2010 and ends December 2010</p>	
		<p><b>Strategy 3:</b> By April 2011, Region 9 Hospitals, in collaboration with the East Region EMS/TC Council's Hospital Planning Committee, will test WHEELS connectivity through a regional communication exercise.</p> <p>➤ Work begins January 2011 and ends April 2011</p>	
		<p><b>Strategy 4.</b> By March 2011, the East Region EMS/TC Council's Communication Committee will identify possible funding sources that community/system partners needing connectivity can apply for.</p> <p>➤ Work begins September 2010 and ends March 2011</p>	
		<p><b>Strategy 5:</b> By September 2009, the East Region EMS/TC Council's Communication Committee will identify repeater sites that will extend WHEELS connectivity to Region 9 hospitals and make information available to community/system partners that would seek funding.</p> <p>➤ <i>Work begins July 2009 and ends September 2009.</i></p>	<p><b>July 2009</b></p>

		<p><b>JULY 2009 COMPLETION STATEMENT: DURING THE REPORTING PERIOD MARINA ZUETELL, DOH CONTRACTED COMMUNICATIONS CONSULTANT, IDENTIFIED THE FOLLOWING REPEATER SITES FOR WHEELS CONNECTIVITY:</b></p> <ul style="list-style-type: none"> <li>➤ <b>MONUMENTAL MOUNTAIN IN STEVENS COUNTY TO CONNECT MT. CARMEL HOSPITAL IN COLVILLE AND ST. JOSEPH'S HOSPITAL IN CHEWELAH</b></li> <li>➤ <b>STEPTOE BUTTE IN WHITMAN COUNTY TO CONNECT WHITMAN HOSPITAL IN COLFAX, AND POSSIBLY GARFIELD COUNTY MEMORIAL HOSPITAL IN POMEROY AND DAYTON MEMORIAL HOSPITAL IN DAYTON</b></li> <li>➤ <b>THE TWO REPEATERS ARE EXPECTED TO BE INSTALLED BEFORE THE SNOW FALLS IN 2009.</b></li> </ul>	
		<p><b>Strategy 6:</b> Annually in April, the East Region EMS/TC Council's Communication Committee will review, update and distribute WHEELS training resources to Region 9 Hospitals.</p> <p>➤ <i>Work begins annually in February of 2010, 2011 and 2012 and ends each year in April</i></p>	
	<p><b>Objective 2. (Prehospital to Hospital) By April 2011 the Communications Committee will develop and distribute a guideline to support the use of HEAR as the primary tool for prehospital to hospital communications regionwide</b></p>	<p><b>Strategy 1:</b> By April 2010, the East Region EMS/TC Council's Communication Committee will identify reasons for non-use of HEAR system through a regional survey of Prehospital EMS agencies and Region 9 Hospitals.</p> <p>➤ <i>Work begins January of 2010 and ends April of 2010</i></p>	
		<p><b>Strategy 2:</b> By September 2010, the East Region EMS/TC Council's Communication Committee members will meet with local councils and/or Medical Program Directors (MPDs), from any counties not currently using HEAR, to advocate for use of HEAR as the primary Prehospital to hospital communication method.</p>	

		➤ <i>Work begins January 2010 and ends September 2010</i>	
		<p><b>Strategy 3:</b> By April 2011, the Communication Committee will develop and distribute a guideline based on survey results and information from county councils and MPDs</p> <p>➤ Work begins October 2010 and ends April 2011</p>	
	<p><b>Objective 3: Annually by March the Regional Council will survey dispatch centers to determine the number of dispatchers / call certified in Emergency Medical Dispatch (EMD) for use in determine training needs</b></p>	<p><b>Strategy 1:</b> Annually in February the Regional Council’s Communication Committee will survey dispatchers and call takers.</p> <p>➤ <i>Work begins annually February and ends February</i></p>	
		<p><b>Strategy 2:</b> Annually by March, Regional Council Staff will prepared a report for the Communications Committee on the results of the EMS dispatch center survey taken in February of the previous year for determining EMD training needs.</p> <p>➤ <i>Work begins and ends in annually in March</i></p>	

**SYSTEM PUBLIC INFORMATION & EDUCATION**

<b>GOAL</b>	<b>Objective</b>	<b>Strategies - Narrative on Activity</b>	<b>Strategy Completion Date</b>
<p><b>GOAL 9: THERE IS A REGIONAL PUBLIC INFORMATION PLAN CONSISTENT WITH THE STATE PUBLIC INFORMATION PLAN TO EDUCATE THE PUBLIC ABOUT EMS AND TRAUMA SYSTEM. THE PURPOSE OF</b></p>	<p><b>Objective 1: By March 2011, the Regional Council and stakeholder Public Information Officers (PIOs) will develop and implement a 2-year (March 2010-July 2011) regional public information plan to educate</b></p>	<p><b>Strategy 1:</b> By January 2010, the Regional Council and stakeholder PIOs will review the State Public Information Plan and develop a regionalized public information plan which is consistent with State Public Information Plan.</p> <p>➤ <i>Work begins October 2009 and ends January 2010</i></p>	

<p><b>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 SYSTEM.</b></p>	<p><b>the public about the EMS and Trauma System.</b></p>		
		<p><b>Strategy 2:</b> By June 2010, the Regional Council and PIOs will identify topics, and talking points which the public should know about the EMS system.</p> <p>➤ <i>Work begins February 2010 and ends June 2010</i></p>	
		<p><b>Strategy 3:</b> By November 2010 and March 2011 The Regional Council &amp; PIOs will develop 1 pre-packaged public information message to send to media.</p> <p>➤ <b>Work begins July 2010 and ends March 2011</b></p>	

**SYSTEM FINANCE**

<p><b>GOAL</b></p>	<p><b>Objective</b></p>	<p><b>Strategies - Narrative on Activity</b></p>	<p><b>Strategy Completion Date</b></p>
<p><b>GOAL 10: THERE IS NO GOAL #10 IN THE REGIONAL PLAN.</b></p>			
<p><b>GOAL 11: THERE IS CONSISTENT AND SUSTAINABLE FUNDING TO ENSURE A FINANCIALLY VIABLE REGIONAL EMS AND TRAUMA SYSTEM.</b></p>	<p><b>Objective 1: By February 2010 the Regional Council's Finance Committee will develop a process by which the prehospital agencies, hospitals and other community partners receive</b></p>	<p><b>Strategy 1:</b> By November 2009 the Regional Council's Finance Committee will develop a process for notifying prehospital agencies, hospitals and other community partners on available funding resources.</p> <p>➤ <i>Work begins September 2009 and ends November 2009</i></p> <p><b>During the reporting period this strategy was discussed at the Chairs &amp;</b></p>	

	information on funding resources.	Executive Committee and staff was assigned the task of developing a process.	
		<p><b>Strategy 2:</b> By February 2010 the Regional Council's Finance Committee will present the proposed process to the Regional Council for approval.</p> <p>➤ <i>Work begins February 2010 and ends February 2010</i></p>	
		<p><b>Strategy 3:</b> By February 2010 the Regional Council will implement the Notification of Resource Funding Process.</p> <p>➤ <i>Work begins and ends in February 2010</i></p>	
	<b>Objective 2: Annually by July the Regional will develop and implement an operational budget</b>	<p><b>Strategy 1:</b> <b>Annually</b> in May the Regional Council's Finance Committee will prepare a draft operational budget for the following fiscal year.</p> <p>➤ <i>Work begins annually in March and ends annually in June</i></p>	
		<p><b>Strategy 2:</b> <b>Annually</b> in July the Regional Council will implement an operational budget for the next fiscal year.</p> <p>➤ <i>Work begins annually in July and ends July</i></p> <p><b>JULY 2009 COMPLETION STATEMENT: THE REGIONAL COUNCIL IMPLEMENTED AN OPERATIONAL BUDGET FOR FY 10.</b></p>	<b>July 2009</b>

**INJURY PREVENTION & CONTROL**

<b>GOAL</b>	<b>Objective</b>	<b>Strategies - Narrative on Activity</b>	<b>Strategy Completion Date</b>
<b>GOAL 12: PREVENTABLE/PREMATURE DEATH AND DISABILITY DUE TO INJURY IS REDUCED</b>	<b>Objective 1: By October of 2010, the IPPE Committee will provide information to all interested parties on</b>	<p><b>Strategy 1:</b> By March of 2010, the IPPE Committee will compile a list of known evidence based injury prevention programs/resources available to the region</p> <p>➤ <i>Work begins September 2009 and ends March 2010</i></p>	

<p><b>THROUGH TARGETED INJURY PREVENTION ACTIVITIES AND PROGRAMS</b></p>	<p><b>evidence based injury prevention programs and resources available through the East Region EMS/TC Council.</b></p>	<ul style="list-style-type: none"> <li>• At the September IPPE Committee meeting the committee discussed how to most accurately collect data identifying the top injury mechanisms of the region.</li> <li>• It was decided that an attempt will be made to collect data through the trauma coordinators at each regional facility to identify the top injury mechanisms.</li> </ul> <p><b>At the September IPPE Committee meeting the committee identified the following known <i>best practice programs/resources</i> currently available:</b></p> <ul style="list-style-type: none"> <li>• <b>Child Passenger Safety</b></li> <li>• <b>Falls Prevention &amp; Brief Intervention Screening</b></li> </ul> <p><b>Other possible best practices are:</b></p> <ul style="list-style-type: none"> <li>• <b>Minor TBI for high school sports (CDC program)</b></li> <li>• <b>Trauma Medics and Trauma Nurses Talk Tough</b></li> <li>• <b>Minors in Prevention</b></li> <li>• <b>Think Again</b></li> </ul>	
		<p><b>Strategy 2:</b> By April 2010 the IPPE Committee will develop a distribution list for prehospital, hospital, rehab and community partners and other interested parties.</p> <p>➤ <i>Work begins September 2009 and ends April 2010</i></p> <p><b>In September the IPPE Committee began a distribution list of East Region trauma coordinators.</b></p>	
		<p><b>Strategy 3:</b> Semi-annually in April and October of 2010, or as training opportunities arise, the IPPE Committee will make prehospital providers aware of evidence based injury prevention training opportunities and resources by providing information to local councils and prehospital agencies through email based flyers.</p> <p>➤ <i>Work begins in semi-annually in February and ends October</i></p>	
	<p><b>Objective 2: By May 2011 the Regional Council's IPPE related programs are active throughout the region and will provide this information to the Regional Council</b></p>	<p><b>Strategy 1:</b> By December 2010 the IPPE Committee will work with Spokane Regional Health District Assessment staff to create a Survey Monkey survey to send to all East Region agencies (prehospital, hospital, rehab and community organizations) to find out what programs they are aware of in their communities and gather details regarding contacts and program information.</p> <p>➤ <i>Work begins May 2010 and ends December 2010</i></p>	

		<p><b>Strategy 2:</b> By May 2011 the information gathered from the survey will be presented to the Regional council and posted to the IPPE portion of the EREMS website to reach appropriate agencies.</p> <p>➤ Work begins January 2011 and ends May 2011</p>	
	<p><b>Objective 3:</b> By May 2011 the information gathered from the survey will be presented to the Regional council and posted to the IPPE portion of the EREMS website to reach appropriate agencies.</p>	<p><b>Strategy 1:</b> By September 2010, presenters for all East Region EMS/TC Council funded presentations will utilize standard evaluation tools, developed by the SRHD Community Health Assessment Team and acceptable to the DOH.</p> <p>➤ <i>Work begins April 2010 and ends August 2010</i></p>	
		<p><b>Strategy 2:</b> By May 2011, the IPPE Committee will review evaluation summaries of East Region EMS/TC Council funded presentations, to evaluate effectiveness of presentations and presenters, develop a summary report and recommendations for improvement and submit to the Regional Council.</p> <p>➤ Work begins September 2010 and ends April 2011</p>	
	<p><b>Objective 4:</b> By April 2012, injury prevention programs funded by the East Region EMS/TC Council will be data driven.</p>	<p><b>Strategy 1:</b> Annually in December the IPPE Committee will identify the top 4 injury mechanisms using available data sources and provide information on those mechanisms for injury prevention professionals through the East Region EMS/TCC.</p> <p>➤ <i>Work begins annually in September and ends annually in December</i></p> <p><b>In September at the IPPE Committee meeting the committee discussed how to most accurately collect this data. It was agreed that an attempt would be made to collect it through the trauma coordinators in each facility of the region. A following process was identified and approved:</b></p> <ol style="list-style-type: none"> <li><b>1. The Regional office will send out a preliminary email to all trauma coordinators reminding them that the strategy was discussed at the September QI meeting.</b></li> <li><b>2. An email from the IPPE Committee Chair with instructions on how to run the Collector report will follow.</b></li> </ol>	

		<p><b>The second email and instructions on how to run the report will be followed up by a phone call from the IPPE coordinator.</b></p>	
		<p><b>Strategy 2:</b> Annually by March, the Injury Prevention Chair will formally present, or arrange a formal presentation, to the East Region EMS/TC Council’s IPPE Committee, to provide information on data-driven best practice methodology related to the top four injury mechanisms.</p> <p>➤ <i>Work begins in annually in January and ends annually in March</i></p>	
		<p><b>Strategy 3:</b> Annually by April, the IPPE Committee will review state, regional and local level injury data from the DOH Injury Tables, WEMSIS when available, and current and applicable Spokane Regional Health District (SRHD) assessments, to make funding recommendations to the Regional Council to target the top three injury mechanisms for injury prevention programs, with priority recommendations given to data driven prevention programs.</p> <p>➤ <i>Work begins and ends annually in April</i></p>	

**PREHOSPITAL**

<p><b>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.</b></p>	<p><b>Objective 1: By May 2012, the Regional Council will review and adopt the revised Regional Patient Care Procedures for inclusion in the 2012-2017 East Region EMS and Trauma Care System Plan</b></p>	<p><b>Strategy 1:</b> By January 2010 the Prehospital and Transportation committee will review Regional Patient Care Procedures (PCP) for appropriateness.</p> <p>➤ <i>Work begins July 2009 and ends January 2010</i></p> <p><b>In July the Regional Council discussed PCP #3 at a special meeting to determine its appropriateness due to Deaconess Medical Center leaving the East Region EMS &amp; Trauma Care System. It was determined that the Regional PCP is appropriate and not changes were made.</b></p> <p><b>In September review of PCPs was placed on the agenda of the Prehospital &amp; Transportation Committee and a brief discussion was held regarding when the official review of the PCPs would begin.</b></p>	
		<p><b>Strategy 2:</b> By September 2010, and as needed during the planning period, the Regional Council’s Prehospital &amp; Transportation Committee will review the Regional Patient Care Procedures, develop and submit recommended revisions to the Region Council for approval.</p> <p>➤ <i>Work begins January 2010 and ends September 2010</i></p>	
		<p><b>Strategy 3:</b> By May of 2012 or as appropriate, the Regional Council will submit any PCP approved recommendations to the DOH and the Steering Committee for approval.</p> <p>➤ <i>Work begins as appropriate and ends May 2012</i></p>	
	<p><b>Objective 2: Annually by June the Regional Council’s Training &amp; Education Committee will develop and implement a Training &amp; Education delivery plan.</b></p>	<p><b>Strategy 1:</b> By March <b>annually</b> the Regional Council’s Training and Education Committee will develop an EMS training survey to include DOH required information.</p> <p>➤ <i>Work begins annually in January and ends annually in March</i></p>	
		<p><b>Strategy 2:</b> By March <b>annually</b> the Regional Council’s Training &amp; Education Committee will distribute the survey to prehospital agencies.</p>	

		<p>➤ <i>Work begins annually in January and ends annually in April</i></p>	
		<p><b>Strategy 3:</b> <b>Annually</b> by May utilizing the training survey results the Regional Council’s Training &amp; Education Committee will assess the EMS training needs and develop a draft EMS Training Delivery Plan.</p> <p>➤ <i>Work begins annually in April and ends annually in May</i></p>	
		<p><b>Strategy 4:</b> Annually by June the Regional Council’s Training &amp; Education Committee will present the training delivery plan to the Regional Council for approval.</p> <p>➤ <i>Work begins annually in May and ends annually in June</i></p>	
	<p><b>Objective 3: By April in 2010 and 2011 the Regional Council will conduct an educational forum during its regular meeting on statutory requirements, council operational processes, data from regional and other assessments and/or other system issues through the East Region EMS/TC Council and other partners.</b></p>	<p><b>Strategy 1:</b> By January of 2010 and 2011 the Regional Council’s Prehospital &amp; Transportation Committee will identify the content of the educational forum and the speakers</p> <p>➤ <b>Work begins September 2009 and 2010 and ends January 2010 and 2011</b></p>	
		<p><b>Strategy 2:</b> In January of 2010 and 2011 the Regional Council’s Chairs &amp; Executive Committee will review the information in Strategy 1 for appropriateness.</p> <p>➤ <i>Work begins January 2010 and 2011 and ends January 2010 and 2011</i></p>	
		<p><b>Strategy 3:</b> By February 2010 and 2011 the Regional Council’s Prehospital &amp; Transportation Committee will confirm the content and speakers for the educational forum to be held in April.</p> <p>➤ <i>Work begins January 2010 and ends February 2011</i></p>	
		<p><b>Strategy 4:</b> By February of 2010 and 2011 the Regional Council staff will distribute the agenda and other documents to the appropriate audience being invited</p>	

		to the educational forum. ➤ <i>Work begins January 2010 and ends February 2011</i>	
		<b>Strategy 5:</b> In April of 2010 and 2011 the education will be conducted at the Regional Council meeting. ➤ <i>Work begins February 2010 and ends April 2011</i>	

**ACUTE HOSPITAL**

<b>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.</b>	<b>Objective 1: By January 2012, Sacred Heart Medical Center (SHMC) in conjunction with regional QI will coordinate the establishment of an efficient means of transferring radiology images through virtual private network (VPN).</b>	<b>Strategy 1:</b> By July 2010 SHMC in conjunction with regional QI will identify referring hospitals that do not have the infrastructure for VPN. ➤ <i>Work begins July 2009 and ends July 2010</i>  <b>Two facilities in Montana were identified during the reporting who do not have the VPN infrastructure. One facility was successful and the other was not interested. This is an ongoing process.</b>	
		<b>Strategy 2:</b> By July 2011 SHMC in conjunction with regional QI will identify the infrastructure needs for referring hospitals for VPN. ➤ <i>Work begins August 2010 and ends July 2011</i>	
		<b>Strategy 3:</b> By January of 2012 SHMC will work with the QI Committee and Inland Imaging to develop the infrastructure required for referring hospitals to have virtual private networks (VPN) established for interfacility transfers to provide an efficient means of transferring radiology images when indicated. ➤ <i>Work begins August 2011 and ends January 2012</i>	

	<p><b>Objective 2: Annually, by April the Spokane Regional Trauma Education Committee (SRTEC) will plan and hold a Trauma Conference for all trauma providers for the region.</b></p>	<p><b>Strategy 1: Annually by September</b> the SRTEC will identify date of the trauma conference</p> <p>➤ <i>Work begins annually in July and ends annually in September</i></p> <p><b>AUGUST 2009 COMPLETION STATEMENT: IN AUGUST OF 2009 THE SRTEC IDENTIFIED APRIL 26, 2010 AS THE DATE OF THE TRAUMA CONFERENCE.</b></p>	<p>AUGUST 2009</p>
		<p><b>Strategy 2: Annually by November</b> the SRTEC will compile a list of proposed subject matter and speakers for the conference.</p> <p>➤ <i>Work begins annually in September and ends annually in November</i></p> <p><b>During the reporting period the committee began the development of the subject matter and speakers for the conference.</b></p>	
		<p><b>Strategy 3: Annually by December</b> the SRETC will secure a venue for the conference</p> <p>➤ <i>Work begins annually in October and ends annually in December</i></p>	
		<p><b>Strategy 4: Annually by December</b> the SRETC will finalize the list of speakers and subject matter for the conference.</p> <p>➤ <i>Work begins annually in September and ends annually in December</i></p> <p><b>During the reporting period the committee began the development of the subject matter and speakers for the conference.</b></p>	
		<p><b>Strategy 5: Annually by February</b> the SRETC will develop the Save the Date conference postcard and distribute it to providers region-wide.</p> <p>➤ <i>Work begins annually in January and ends annually in February</i></p>	
		<p><b>Strategy 6: Annually by March</b> the SRETC will develop the brochure for the conference and send it out to providers region-wide.</p> <p>➤ <i>Work begins annually in January and ends annually March</i></p>	

		<p><b>Strategy 7:</b> Annually by April the Trauma Conference will be held.</p> <p>➤ <i>Work begins annually in April and ends annually in April</i></p>	
	<p><b>Objective 3:</b> Annually by April Sacred Heart Trauma Services (SHTS) will plan and hold a Rural Trauma Team Development Course (RTTDC) for all trauma providers to be held in Spokane.</p>	<p><b>Strategy 1:</b> Annually by September SHTS will identify the date of the RTTDC</p> <p>➤ <i>Work begins annually in July and ends annually in September</i></p> <p><b>AUGUST 2009 COMPLETION STATEMENT: IN JULY 2009 THE SHTS IDENTIFIED APRIL 27, 2010 AS THE DATE OF THE RTTDC.</b></p>	AUGUST 2009
		<p><b>Strategy 2:</b> Annually by November, the SHTS will determine the RTTDC venue.</p> <p>➤ <i>Work begins annually in September and ends annually in November</i></p> <p><b>During the reporting period a number of venues were identified but no contracts have been negotiated.</b></p>	
		<p><b>Strategy 3:</b> Annually by January the SHTS will coordinate a list of proposed RTTDC speakers.</p> <p>➤ <i>Work begins annually in October and ends annually in January</i></p>	
		<p><b>Strategy 4:</b> Annually by February the SHTS will distribute a RTTDC announcement to Eastern Washington providers.</p> <p>➤ <i>Work begins annually in January and ends annually in February</i></p>	
		<p><b>Strategy 5:</b> Annually by April the RTTDC will be held.</p> <p>➤ <i>Work begins annually in April and ends annually in April</i></p>	

**PEDIATRIC**

<p><b>GOAL 15: THERE IS A SUSTAINABLE REGION-WIDE EMS AND TRAUMA SYSTEM THAT INTEGRATES PEDIATRIC CARE INTO THE SYSTEM CONTINUUM (PREVENTION, PREHOSPITAL, HOSPITAL, REHABILITATION AND SYSTEM EVALUATION).</b></p>	<p><b>Objective 1: <u>Annually</u> by October of 2010 and 2011 the East Region EMS/TC Council will research and identify training opportunities for Prehospital EMS providers</b></p>	<p><b>Strategy 1:</b> By December 2009, The East Region EMS/TC Council will establish a Pediatric Committee that will consist of hospital and prehospital providers</p> <p><i>➤ Work begins September 2009 and ends December 2009</i></p> <p><b>In September the Pediatric Conference Committee membership of 2008 was reviewed to determine if the membership was appropriate to serve on the new Pediatric Committee.</b></p>	
		<p><b>Strategy 2:</b> <u>Semi-annually in April and October</u> in 2010 and 2011 the East Region EMS/TC Council's Pediatric Committee will research existing pediatric EMS training opportunities and will distribute at the Regional Council meeting and will post on the training page of the regional website.</p> <p><i>➤ Work begins semi-annually in January 2010 and ends October 2011</i></p>	
	<p><b>Objective 2: In October 2011, the East Region EMS/TC Council, in collaboration with the Sacred Heart Medical Center Children's Hospital, will host a Emergency Medical Services for Children (EMSC) Conference in the East Region for Prehospital EMS and hospital education.</b></p>	<p><b>Strategy 1:</b> By January 2010, the East Region EMS/TC Council and Sacred Heart Medical Center Children's Hospital will establish an EMSC Conference planning workgroup.</p> <p><i>➤ Work begins September 2009 and ends January 2010</i></p> <p><b>In September it was determined that the new Pediatric Committee will be assigned the task of serving as the EMSC Conference planning workgroup.</b></p>	
		<p><b>Strategy 2:</b> By July 2010, the East Region EMSC Conference planning workgroup will compile a list of proposed speakers and subject matter for the conference.</p> <p><i>➤ Work begins February 2010 and ends July 2010</i></p>	

		<p><b>Strategy 3:</b> By November 2010, the East Region EMSC Conference planning workgroup will secure a venue for the conference.</p> <ul style="list-style-type: none"> <li>➤ Work begins September 2010 and ends November 2010</li> </ul>	
		<p><b>Strategy 4:</b> By December 2010, the East Region EMSC Conference planning workgroup will secure funding for the conference.</p> <ul style="list-style-type: none"> <li>➤ Work begins September 2010 and ends December 2010</li> </ul>	
		<p><b>Strategy 5:</b> By February 2011 the EREMSC Conference Committee will finalize the list of speakers and subject matter.</p> <ul style="list-style-type: none"> <li>➤ Work begins September 2010 and ends February 2011</li> </ul>	
		<p><b>Strategy 6:</b> By July 2011 the Save the Date postcard will be distributed to EMS providers region-wide by the Conference Committee.</p> <ul style="list-style-type: none"> <li>➤ Work begins May 2011 and ends July 2011</li> </ul>	
		<p><b>Strategy 7:</b> By August 2011, the brochure for the October conference will be developed by the East Region EMSC Conference Planning workgroup and sent out to the identified EMS agencies.</p> <ul style="list-style-type: none"> <li>➤ Work begins June 2011 and ends August 2011</li> </ul>	
		<p><b>Strategy 8:</b> By October 2011 the EMSC Conference will be held.</p> <ul style="list-style-type: none"> <li>➤ Work begins September 2011 and ends October 2011</li> </ul>	

**TRAUMA REHABILITATION**

<p><b>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.</b></p>	<p><b>Objective 1: Beginning in September 2009 and ending May 2012 the East Region EMS/TC Council’s Rehab Committee, in conjunction with St. Luke’s Rehab Institute, will provide ongoing education opportunities on SCI, TBI and multi-trauma using a continuum of care from injury to discharge to community.</b></p>	<p><b>Strategy 1:</b> Beginning in September 2009, quarterly education programs, coordinated through St. Luke’s Rehab Institute (SLRI) will be publicized by the East Region EMS/TC Council’s Rehab Committee through the East Region website and email distribution.</p> <p>➤ <i>Work begins September 2009 and ends June 2012</i></p> <p><b>In September SLRI notified the Regional Office that the following educational program will be available on October 5, 2009 in Room 200 from 4 – 5:30 p.m. <u>Reaction Conversion Paralysis</u> - available over Telehealth. The class was posted on the Regional web calendar and emails were distributed to hospitals throughout the region as directed by SLRI.</b></p>	
		<p><b>Strategy 2:</b> Annually beginning May 2010, the East Region EMS/TC Council’s Rehab Committee, in conjunction with St. Luke’s Rehab Institute, will provide continuing education for caregivers, providers and patients.</p> <p>➤ <i>Work begins annually in April and ends in May</i></p>	
		<p><b>Strategy 3:</b> Semi-annually in August and February, the East Region EMS/TC Council’s Rehab Committee will coordinate case reviews for the East Region EMS/TC Council.</p> <p>➤ <i>Work begins August 2009 and ends February 2012</i></p> <p><b>In August the committee began researching the case review to be presented. to the Regional Council.</b></p>	
		<p><b>Strategy 4:</b> Annually in November, the East Region will provide a Case Review Presentation to the Governor’s Steering Committee on EMS &amp; Trauma.</p> <p>➤ <b>Work begins annually in September and ends November</b></p> <p><b>In September the case review was scheduled with the DOH for the November 18, 2009 Steering Committee meeting and research &amp; preparation on the on</b></p>	

		<b>the case review continues.</b>	
	<b>Objective 2: By December 2011, the East Region EMS/TC Council’s Rehab Committee will identify and recruit membership from each of the nine counties of the region</b>	<p><b>Strategy 1: Annually in November</b>, the East Region EMS/TC Council’s Rehab Committee will review and update the Regional Rehab Resource Directory which identifies hospitals, clinics and other organizations in the region that provide rehabilitation services.</p> <p>➤ <i>Work begins August and ends in November</i></p> <p><b>During the reporting period staff has completed the development of an Access database for the Rehab Directory and entered current available data. The old survey has been updated along with the old contact list.</b></p>	
		<p><b>Strategy 2:</b> By October 2010, the East Region EMS/TC Council’s Rehab Committee will develop a Recruitment/Retention Plan for Rehab Committee membership.</p> <p>➤ <i>Work begins February 2010 and ends October 2010</i></p>	
		<p><b>Strategy 3:</b> By December 2011, using the Regional Rehab Resource Directory, the East Region EMS/TC Council’s Rehab Committee members will identify and recruit rehabilitation stakeholders within the nine counties in the region to serve on the Rehab Committee.</p> <p>➤ Work begins January 2011 and ends December 2011</p>	
	<b>Objective 3: By June 2011, the East Region EMS/TC Council’s Rehab Committee will identify and disseminate a list of resources, including funding resources, to community organizations involved in providing rehabilitation services after hospital discharge.</b>	<p><b>Strategy 1:</b> By June 2010, the East Region EMS/TC Council’s Rehab Committee will identify gaps and barriers within rehabilitation care for which resources are needed in local communities.</p> <p>➤ <i>Work begins January 2010 and ends June 2010</i></p>	
		<p><b>Strategy 2:</b> By September 2010, the East Region EMS/TC Council’s Rehab Committee will prioritize the list of gaps and barriers based upon stakeholder’s market analysis, including DOH, Census Bureau, CDC and Medicare.</p>	

		<p>➤ <i>Work begins June 2010</i> and ends Sept 2010</p>	
		<p><b>Strategy 3:</b> By June 2011, the East Region EMS/TC Council’s Rehab Committee will develop a list of resources for the top three gaps/barriers and make available to community organizations and through the East Region website.</p> <p>➤ Work begins October 2010 and ends June 2011</p>	
	<p><b>Objective 4. Annually, beginning in 2009, the Regional Rehab Committee will provide a trauma case presentation to identified stakeholders to showcase the continuum of coordinated system care.</b></p>	<p><b>Strategy 1. Annually in October,</b> the Regional Rehab Committee will identify audience stake holders.</p> <p>➤ <i>Work begins annually in August and ends in October</i></p> <p>During the reporting period the Rehab Committee decided that Chris Clutter will present the Randy Helt Trauma Case presentation to the Regional Council on October 14, 2009. The presentation was scheduled with the Regional office.</p>	
		<p><b>Strategy 2.</b> Beginning November 2009 and <b>annually</b> thereafter, the Regional Rehab Committee will present a trauma case review(s) to the Governors Steering Committee, Regional Council or other community partners.</p> <p>➤ Work begins annually in August and ends in November and/or as presentations are requested.</p> <p>During the reporting period the presentation was scheduled with the DOH to present to the Steering Committee on November 18, 2009.</p>	

**SYSTEM EVALUATION**

<p><b>GOAL 17: THE REGIONAL EMS AND TRAUMA SYSTEM HAS DATA MANAGEMENT CAPABILITIES TO SUPPORT SYSTEM EVALUATION AND IMPROVEMENT.</b></p>	<p><b>Objective 1: By August 2010 WEMSIS resource barriers and solutions will be identified by the Regional Council.</b></p>	<p><b>Strategy 1:</b> By January 2010 the East Region WEMSIS Mentors will analyze the needs assessment from 2008 and develop a report for the Regional Council that will include 1) equipment needs of the small rural agencies; 2) education needs; 3) current software interface needs; 4) funding needs.</p> <p>➤ <i>Work begins September 2009 and ends January 2010</i></p> <p><b>In September the 2008 survey was reviewed and determined that it did not provide enough information to accurately assess the gaps in the WEMSIS program. .</b></p>	
		<p><b>Strategy 2:</b> By February 2010 the Regional Council’s WEMSIS Committee will provide a report to the Regional Council on their recommendation regarding prehospital needs required to bring agencies on board for the submission of data.</p> <p>➤ <i>Work begins January 2010 and ends February 2010</i></p>	
		<p><b>Strategy 3:</b> By March 2010 the Regional Council’s Finance Committee in conjunction with the WEMSIS Committee will identify appropriate stakeholders to work towards funding the equipment needs of the prehospital agencies so that they can submit data.</p> <p>➤ <i>Work begins January 2010 and ends March 2010</i></p>	
		<p><b>Strategy 4:</b> By August of 2010 the Regional Council will make available to prehospital agencies possible funding resources for WEMSIS equipment, education and software interfaces.</p> <p>➤ <i>Work begins April 2010 and ends August 2010</i></p>	
	<p><b>Objective 2: By March 2012 the East Region Hospital Trauma Program Coordinators will provide reports on the top four injury mechanisms from their particular trauma service to</b></p>	<p><b>Strategy 1:</b> Annually in January individual East Region trauma services will identify the top 4 injury mechanisms available at their particular facility for the previous 12 months using Washington Trauma Registry data.</p> <p>➤ <b>Work begins November 2009 and ends January 2012</b></p>	

	<b>the IPPE Committee for use in data-driven best practice methodology development</b>		
		<p><b>Strategy 2:</b> Annually in March the Injury Prevention Chair will formally present, or arrange a formal presentation, to the East Region EMS/TC Council's IPPE Committee, to provide information on data-driven best practice methodology related to the top four injury mechanisms.</p> <p>➤ <i>Work begins February 2010 and ends March 2012</i></p>	
<b>GOAL 18: THE EMS AND TRAUMA SYSTEM HAS COMPREHENSIVE, DATA-DRIVEN QUALITY IMPROVEMENT (QI) PROCESSES AT THE LOCAL AND REGIONAL LEVELS.</b>	<b>Objection 1: By March 2012, the East Region QI Committee will evaluate transfer data, provided by the state, to assess the appropriateness and timeliness of transfer.</b>	<p><b>Strategy 1:</b> By March 2010, the East Region QI Committee will evaluate the workup of selected transfers meeting EMS trauma activation criteria for the timeliness and appropriateness of the diagnostic studies initiated at the referring facility.</p> <p>➤ <i>Work begins September 2009 and ends March 2010</i></p> <p>During September transferring facilities were identified. This project has been identified as an agenda item for the December 3<sup>rd</sup> QI Meeting.</p>	
		<p><b>Strategy 2:</b> By September 2010, the East Region QI Committee will evaluate those air medical transfers requests declined by Northwest MedStar and its impact on the timeliness of transfers from a referring facility.</p> <p>➤ <i>Work begins April 2010 and ends September 2010</i></p>	
		<p><b>Strategy 3:</b> By March 2011, the East Region QI Committee will evaluate those out of region transfers for patient whose needs may have been able to be met within East Region resources.</p> <p>➤ Work begins October 2010 and ends March 2011</p>	
		<p><b>Strategy 4:</b> By March 2012, the East Region QI Committee will report their findings and make recommendations to East Region EMS Council.</p> <p>➤ Work begins January 2012 and ends March 2012</p>	
	<b>Objective 2: By September 2010, the East Region QI Committee will make recommendations for</b>	<p><b>Strategy 1:</b> By September 2009, the East Region QI Committee will evaluate the East Region Transfer Guidelines to determine needed changes.</p> <p>➤ <i>Work begins July 2009 and ends September 2009</i></p>	September 2009

	<p>changes to the East Region Transfer Guidelines to more accurately reflect regional needs and requirements.</p>	<p><b>SEPTEMBER 2009 COMPLETION STATEMENT: DURING THE REPORTING PERIOD TRANSFER GUIDELINES WERE REVIEWED. THE QI COMMITTEE EVALUATED THE EAST REGION TRANSFER GUIDELINES AT THE SEPTEMBER 3, 2009 MEETING AND DETERMINED THAT NO CHANGES WERE NEEDED AT THIS TIME.</b></p>	
		<p><b>Strategy 2:</b> By June 2010, the East Region QI Committee will complete proposed changes to the East Region Transfer Guidelines.</p> <p>➤ <i>Work begins October 2009 and ends June 2010</i></p>	
		<p><b>Strategy 3:</b> By September 2010, the East Region QI Committee will report their recommendations to East Region EMS Council.</p> <p>➤ Work begins August 2010 and ends September 2010</p>	
	<p><b>Objective 3: By September 2010, the East Region QI Committee will revise the East Region QI Plan to more accurately reflect regional needs and requirements.</b></p>	<p><b>Strategy 1:</b> By September 2009, the East Region QI Committee will evaluate the East Region QI plan to determine needed changes.</p> <p>➤ <i>Work begins July 2009 and ends September 2009</i></p> <p><b>SEPTEMBER 2009 COMPLETION STATEMENT: DURING THE REPORTING PERIOD NEEDED CHANGES WERE IDENTIFIED AND MADE TO THE QI PLAN. THE QI COMMITTEE EVALUATED THE REVISED QI PLAN AT THE SEPTEMBER 3, 2009 MEETING AND DETERMINED THAT NO ADDITIONAL CHANGES WERE NECESSARY. THE DOCUMENT PRESENTED AT THIS MEETING IS CONSIDERED A FINAL PLAN DRAFT.</b></p>	<p>September 2009</p>
		<p><b>Strategy 2:</b> By September 2010, the East Region QI Committee will report on the revised East Region QI Plan to East Region EMS Council.</p> <p>➤ Work begins September 2010 and ends September 2010</p>	