

***EAST REGION
EMS & TRAUMA CARE SYSTEM
ANNUAL REPORT***

July 1, 2008 - June 2009

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Adams
Asotin
Ferry
Garfield
Whitman
Lincoln
Pend Oreille
Spokane
Stevens

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Acknowledgements

Activities Completed by the following
East Region Committees:

Chairs & Executive
Communications
Injury Prevention & Public Education
Training & Education
Prehospital & Transportation
Rehabilitation
Quality Improvement
WEMESIS

Special Recognition

County EMS/TC Councils
Deaconess Health Education Center
St. Luke's Rehabilitation Institute
Inland Northwest Health Services
Health Training Network
Region 9 Community Partners

I. REGIONAL OVERVIEW

About The East Region: The East Region is the largest geographical EMS and Trauma region in the State of Washington, consisting of the nine most eastern counties in the state: Adams, Asotin, Ferry, Garfield, Lincoln, Pend Oreille, Spokane, Stevens and Whitman Counties. For “all hazards planning” the region consists of the nine counties identified above, plus Columbia County. Nine of the ten counties in the region are rural with Spokane County being the only urban county in the region. The region covers 15,556 square miles (excluding Columbia County).

Regional Council: The Regional Council is an all-volunteer organization consisting of eight working committees that provide leadership for the Regional Council. They are: Chairs & Executive, Communications, Injury Prevention and Public Education, Rehabilitation, Training & Education, Prehospital & Transportation, WEMISIS and Quality Improvement. The Chairs & Executive Committee also provides additional leadership for the Regional Council. This committee has been empowered, through the regional bylaws, to provide the leadership necessary for the continued success of the East Region EMS/TC System.

During 2009 the Hospital Planning Committee merged with the Region 9 Healthcare Coalition to become a subcommittee of the coalition. The WEMIS Adhoc Committee became a stand alone committee and the Information Technology Committee is under reorganization. The Finance Committee reorganized under the Chairs & Executive Committee.

The System Quality Improvement Committee is responsible for trauma care quality assessment of trauma designated facilities but is identified under WAC 246-976-910 and does not come under the authority of the Regional Council Leadership.

Regional EMSTCC Mission Statement: The Regional Council’s mission is to establish and promote a system of emergency medical and trauma services, which provides for timely and appropriate delivery of emergency medical treatment for people with acute illness and traumatic injury. We recognize the changing methods and environment for providing optimal emergency care under the varied conditions throughout the State of Washington.

Regional Council Structure: The Regional Council structure is made up of the following representatives (each representative position has an alternate position as well):

- All nine county EMS/TC councils, including Idaho
- All levels of trauma designated facilities
- Elected Official
- Consumer
- Law Enforcement
- Government Agency
- Medical Resource
- Physician
- Private Ambulance
- Homeland Security
- Rehabilitation
- Helicopter Service
- Emergency Management
- Public Health

- Information Technology
- Fire & EMS
- Committee chairs representing: Communications, Hospital Planning, Injury Prevention & Public Education, Prehospital & Transportation and Training & Education. (Other committee chairs are council members.)

Regional Office Staff: The Regional Council has one full-time staff that provides administrative duties for the organization.

County Councils: Asotin, Ferry, Garfield, Lincoln, Pend Oreille, Spokane, Stevens and Whitman Counties have active county EMS/TC councils. These councils provide services within their communities that help the region to accomplish the goals and objectives identified in the East Region EMS & Trauma Strategic Plan. Adams County is in the process of restarting their EMS council.

This year Spokane, Lincoln and Asotin Counties have recommended changes to their prehospital minimum and maximum numbers of verified agencies. All recommendations were presented to the DOH and the Steering Committee with approval provided by both organizations.

Prehospital EMS Agencies: There are 71 licensed and verified prehospital EMS agencies located within the nine counties of the EMS region. Columbia County (active in the South Central Region) and Idaho add another 5 agencies to the region. Agencies in these areas participate in the regional EMS & Trauma System and/or all hazards planning.

Prehospital EMS Providers: Data provided by the DOH on the number EMS prehospital providers in the region included in the 2007-09 trauma plan indicate that there are a total of 2111 providers, 1317 of them are located in Spokane County. Data shows that 78 % of those providers are volunteer, a reduction of 2.9% from the 2006-07 data. Data for 2008 was not available from the DOH for 2008 to include in this 2009 Annual Report.

Trauma Designation: In 2008 Pullman Regional Hospital redesignated from a level III trauma center to a level IV trauma center. St. Joseph's Regional Medical Center in Lewiston, Idaho redesignated from a level II trauma center to a level III trauma center. Deer Park Hospital and Medical Center closed its doors on March 14, 2008.

In September of 2008 Deaconess Medical Center and Valley Hospital & Medical Center in Spokane were purchased by Community Health Services a for-profit corporation. In May of 2009 Deaconess Medical Center announced that it would not participate in the East Region EMS & Trauma System after the end of its trauma contract on August 31, 2009. Valley Hospital & Medical Center will continue to provide trauma services as a Level III Trauma Designated Facility within the system. Effective September 1, 2009 Sacred Heart Medical Center will be the only Level II Trauma Designated Trauma Center in the East Region.

As of June 2008 there are 18 trauma designated facilities in the East Region including 1 joint level II adult trauma designation of Sacred Heart Medical Center and Deaconess Medical Center. Sacred Heart Childrens Hospital in Spokane has a level II pediatric trauma designation and St. Joseph's Regional Medical Center in Lewiston has a level III pediatric designation. St. Luke's Rehabilitation Institute in Spokane is a level I adult rehabilitation trauma designated facility. On September 1, 2009 there will be 17 trauma designated facilities in the East Region.

Community Partners: The East Region has partnered with Inland Northwest Health Services, Public Health, Region 9 Healthcare Coalition, Emergency Management, Homeland Security, American Red Cross, and other organizations to enhance the regional system.

II. SYSTEM COMPONENTS

Accomplishments in the East Region EMS & Trauma Care System for the period of July 1, 2008 through June 30, 2009 are reported in this section although there may be some carryover from the previous year. They are organized by the six major elements of the system according to the East Region EMS/TC System Plan.

A. AUTHORITY:

Regional Council: The East Region EMS/TC Council is authorized under Washington State Statute **RCW 70.168** as the coordinating council for the East Region and tasked to plan, implement and maintain the East Region Emergency Medical Services and Trauma Care System. Other authority authorized by the legislature is outlined in RCW 70.168.100 to RCW 70.168.130 and WAC 246-976-960.

Regional Council Membership: Membership on the Regional Council has expanded in recent years to include community partners such as Homeland Security, Public Health and Emergency Management. Although membership decreased during 2006 and 2007 it began picking up again in 2008 and 2009. While positions such as law enforcement, government agency and elected official are still council positions which remain unfilled, there is a physician who has filled the medical resource position on the Regional Council along with local council and hospital positions.

Local Council: Authority is given to local emergency medical services and trauma care councils through RCW 70.168.120 and WAC 246-976-970.

The EMS & Trauma Systems Plan is authorized under RCW70.168.015.

The East Region committees, consisting of county representatives and community partners, work very hard to 1) identify county and/or regional needs; and 2) identify how those needs can be met and 3) make recommendations to the Regional EMSTCC on Plan goals and objectives and carry out the work to accomplish these goals and objectives.

As identified in the Regional Overview, there have been some changes to the committee structure of the Regional Council over the last year. The committees of the Regional Council continue to be the backbone of the council and continue to ensure that the goals, objectives and strategies of the plan are accomplished.

Once the plan has been adopted by the Regional Council it is then submitted to the Department of Health for review and feed back. Upon acceptance of the plan by the DOH, it is then sent to an EMS & Trauma Steering Committee Review Committee. If there are critical issues that still need to be addressed in the plan, the plan is returned to the Regional Council for updating and then is resubmitted to the DOH. The DOH recommends approval of the plan to the Steering Committee who then approves or disapproves the plan. Formal approval of the plan is provided to the region from the Department of Health. Once approved, the plan establishes the formal standards and

guidelines for the regional EMS and Trauma Care System. Updates are made to the plan as appropriate using this process.

During the period of September 15, 2008 – February 24, 2009 the Chairs & Executive Committee, and a number of working committees spent hundreds of hours developing the 2009-2012 East Region EMS & Trauma Strategic Plan which has gone through the process identified above and will be in effect on July 1, 2009. Look to the East Region website at www.eastregion-ems.org under *DOCUMENTS* sometime in September for a copy of the 2009-2012 Strategic Plan.

Regional System Coordination

Goal 1: Regional Council and Local EMS Councils have succession plans for council membership

There has been much discussion at the Regional Council and Regional Technical Advisory Committees this year on succession planning. Membership at the Regional Council level seems to be diminishing in all regions of the state of Washington. The Regional Council has included an objective in its 2009-2012 strategic plan so that more work can be done on this goal in the future with the inclusion of local EMS councils.

2008-2009: The Regional Council looked into providing a seminar on Succession Planning this year, however it was very expensive and funding was restrictive of the Regional Council hosting this type of training.

Goal 2: Regional System Assessment

A Regional System Assessment will be coordinated by the Regional Council using DOH documentation methods and processes by June 2009.

In June of 2008 the assessment of EMS prehospital vehicle placement was completed using DOH methodology and a copy was provided to the Department of Health for use in the GIS mapping project.

In January, March and May of 2009 the Spokane, Lincoln and Asotin County EMS/TC Councils submitted recommendations to the Prehospital & Transportation Committee for changes to their minimum and/or maximum numbers for verified aid or ambulance services. After going through the established DOH process the recommendations were approved by the Regional Council, Steering Committee and the Department of Health.

B. INJURY PREVENTION & PUBLIC INFORMATION / EDUCATION (IPPE)

The Regional Council contracts with the Spokane Regional Health District to provide an Injury Prevention Coordinator on an annual basis. Falls Prevention is the focus of the Regional Council and the Injury Prevention and Public Education Committee in the East Region

Goal 1: Prevention Education Is Available Region-wide

- The Regional Council's IPPE Coordinator has trained presenters conducting Seniors Up & Go classes for seniors 55+ across the nine counties of the East Region with classes occurring throughout the region. Reporting is bi-monthly according to the contract with the Regional Council.
- A presentation was provided to the Regional Council on Falls Prevention Evidence-Based best practices at the June 25, 2009 meeting using strategies identified in the Washington State Injury & Violence Prevention Guide and referenced how the East Region Seniors Up and Go Falls Program fits into the best practice recommendations
- The Injury Prevention Committee through its coordinator's leadership has continued to build a falls prevention infrastructure in partnership with Spokane Regional Health District through a Washington State grant which allowed for the development of the SAIL program in Spokane County and four rural counties (Whitman, Lincoln, Adams and Pend Oreille). Spokane Regional Health District obtained one of four grants provided by the State of Washington.
- A SAIL instructor class was held in Spokane in the fall where 25 people were trained in the program. This was the most well attended class in the state this year. Certified SAIL instructors were recruited for Spokane, Whitman, Lincoln and Adams County. Pend Oreille County is currently recruiting an instructor.
- The Regional Council provided grant funds in the amount of \$3,000 for exercise weights and advertising of the classes being held in the rural counties of the region.
- Each of the Emergency Rooms at all of the regional hospitals were assessed to determine whether or not they have a related falls prevention policy and if not, was provided with a draft policy which might be implemented if the hospital chose to do so. Bi-monthly reports have been provided on this project.
- A continuation of the falls prevention infrastructure has been built within the region by the distribution of *Senior Up and Go* brochures and informal materials across the region; through the *Active Options/Falls Prevention Media Campaign*; and by making initial contact for getting falls prevention brochures to *Meals on Wheels* volunteers for home bound seniors in Spokane; and by continually seeking new IPPE Committee members.
- A presentation was provided to the Regional Council on Falls Prevention Evidence-Based best practices at the June meeting using strategies identified in the Washington State Injury & Violence Prevention Guide and referenced how the East Region Seniors Up and Go Falls Program fits into the best practice recommendations.
- An updated list of IPPE Resources has been provided to the Regional Council from the IPPE Committee. The list was submitted to the DOH in the June 2009 bi-monthly

report and will be posted on the Regional Council website at www.eastregion-ems.org by August 2009.

- An updated list of East Region Hospital IPPE Resources was developed by the IPPE Committee and submitted to the Regional Council in June 2009. The resource list was submitted to the DOH in the June bi-monthly report and will be posted on the East Region website by August 2009 at www.eastregion-ems.org.

C. PREHOSPITAL

COMMUNICATIONS

Goal 1: All Dispatchers Will Be Nationally Certified In Emergency Medical Dispatch by December 2009

East Region dispatch centers nationally certify their new dispatchers and call takers as they come on board as part of their normal training. The Regional Council, through its Communications Committee, surveys each of the dispatch centers at least biennially to determine how many employees still need to be certified.

- The survey was taken in December of 2008 and of the 92 dispatchers/call takers from the 11 dispatch centers in the region only 5 needed Emergency Medical Dispatch training.

Goal 2: Communications in EMS incidents (hospital to hospital and prehospital to hospital) are reliable and well coordinated regardless of the number of patients or agencies involved

A grant in the amount of \$30,000 was awarded to the Regional Council's Communication Committee from the Spokane County Metropolitan Medical Response System (MMRS) for a study in Adams, Asotin, Garfield, Lincoln, Columbia and Ferry Counties to determine what equipment was needed in order for hospitals to be able to talk with Disaster Medical Hospital Control in Spokane. The study also provided some feedback on why there may be poor radio communications between prehospital and hospital transmissions. A copy of the results of that study is available upon request from the Regional Office.

Two repeaters will be installed by Washington State Patrol (WSP) later this year, one at Steptoe Butte and the other at Monumental Mountain in Ferry County. The repeaters are being supplied by the DOH and were originally a part of the old MedCom system.

A \$5,000 ASPR (Office of the Assistant Secretary for Preparedness & Response) grant will provide in-service education at all 19 hospitals in Region 9 on their HEAR and/or WHEERS radio systems. A contract was negotiated between the East Region EMS/TC Council and INHS d/b/a Northwest MedStar. The project will run from July 7 – 18, 2008.

An EMS Preparedness Survey was provided to all EMS agencies in the state of Washington by the DOH this year. Approximately 66% of East Region agencies participated. Data from the survey will provide information on where prehospital providers have problems communicating with their hospital and dispatch centers.

During 2008-2009 the Communications Committee in partnership with the Department of Health and the Region 9 Healthcare Coalition has made progress towards enhancing the hospital to hospital communications system.

In June, after the bi-monthly report to the Department of Health was submitted, notification was received that the following progress has been made on this project:

- Washington State Patrol has requested that the communications contractor representing the Region 9 hospitals (East Region hospitals and Columbia County) begin the leasing application and licensing application for the DNR site at Monumental Mountain in Stevens county. The leasing piece will be between the DNR and the DOH contract departments. No completion dates have been identified for this project as the FCC will be issuing the license and there are some issues regarding the frequency with Canada.
- The contractor is recommending that WHEER equipment be placed in Mt. Carmel Hospital in Colville and at St. Joseph's Hospital in Chewelah. The Region 9 Healthcare Coalition is recommending purchase of this equipment on their ASPR prioritization list for next year.
- There are two other possible sites for repeaters in the southern part of the region; however nothing definite has been determined at this point. Only 2-3 hospitals would benefit from WHEER equipment through recommendation from the Region 9 Healthcare Coalition ASPR Prioritization list for next year.
- The Department of Health completed an EMS survey which identified EMS prehospital communication needs and how they communicated with their dispatch centers. This information is available at the Regional office.
- Region 9 Emergency Managers have been asked and have agreed to provide information on the status of communications within each of the counties in the region to include enhancements over the last 3 years. They have also agreed to provide a representative to the Communications Committee.

Goal 3: The region will have a backup Disaster Medical Hospital Control (DMHC)

The Hospital Planning Committee in conjunction with the Communications Committee is working toward identifying a backup DMHC.

- In 2007 Region 9 stakeholders, the Regional Council and the Hospital Planning Committee and the Veterans Administration (VA) Hospital agreed that the VA Hospital would be the backup Disaster Medical Hospital Control. In 2008 the VA Hospital reported that it would be unable to provide this service to the community due to federal protocol. In September of 2008 the Region 9 Healthcare Coalition added this goal to their strategic plan and in March of 2009 the Regional Council and the Hospital Planning Committee determined that this goal was no longer a Regional Council project and no further work could be done.

Goal 4: Dispatch Centers are National Incident Management System (NIMS) Compliant

This survey was taken in February 2008.

County	Agency Adoption	Trained	Not Trained
Adams	Policy/Procedure	5	1 (new)
Asotin	Covered by Whitcom		
Ferry	No	9	0
Garfield	Policy through EM	8	0
Lincoln	Policy	8	2 (new)
Pend Oreille	Policy/Procedure	7	1 (new)
Spokane	Required Training	17	0
Stevens	Required Training	4	5
Whitman	No (under direction from EM)	16	2 (new)
Northwest MedStar	Yes	8 (55 Medical Crew)	

MEDICAL DIRECTION OF PREHOSPITAL PROVIDERS

Goal 1: MPDs Are Actively Involved In Local And Regional System Planning

In the last year there has been much discussion on how to involve Medical Program Directors (MPDs) in local and regional planning. In many cases MPDs are actively involved in local council business, however they are not involved at the regional level mainly because there would be no medical coverage if they left their communities to come to a meeting in Spokane (in person). The Regional Council does offer TeleHealth as an option for attending meetings. The DOH does not offer TeleHealth as an option for doctors to attend the semi-annual MPD conferences. This is an ongoing concern of both local councils and the Regional Council.

PREHOSPITAL EMS AND TRAUMA SERVICES

Goal 1: Prehospital EMS & Trauma Care Training Is Provided Region-wide.

The Regional Council funds OTEP (On-Going Training & Education Program) training for 38 rural volunteer agencies in the East Region. Those agencies received 2 in-service trainings and had access to a minimum of 2 trainings provided over TeleHealth. In addition to that, the Health Training Network, a subsidiary of Inland Northwest Health Services, offers *EMS Live @ Nite*, a training offered over TeleHealth to five states where either CME (Continuing Medical Education) or OTEP is also available. This year approximately 1400 contacts were trained.

The annual training survey was held in April and May which helps the Training & Education Committee prepare for the next fiscal years training needs. The committee is currently determining training needs for the September 2009 through June 2010.

Two people from the East Region Training & Education Committee are members of the Education TAC.

VERIFIED AID AND AMBULANCE SERVICES

Goal 1: County Specific Needs and Distribution of Services Documents is Current.

- Reviewing minimum and maximum numbers of verified services is an ongoing process for all local councils in this region. There are processes established by both the region and the DOH which must be followed before the recommendations can be presented to the Governors EMS & Trauma Steering Committee for final review and recommendation to the DOH. During this year three counties (Spokane, Lincoln and Asotin Counties) provided recommendation for change to

Additional Information

The Prehospital & Transportation Committee has been working with local councils in collecting Trauma Response Area Maps (TRA). It is the intention of the committee to have a regional TRA developed by September 2008 to submit to the DOH with the 2009-2012 strategic plan.

A vehicle assessment of agencies in each of the nine counties including Lewiston and Moscow Fire Departments in East Region was completed in June. The assessment identified the physical location of each licensed vehicle, the level of the license and how the vehicle was staffed. The Regional Council was able to submit 100% of the information requested in the assessment.

- By September of 2008, with the completion of the vehicle assessment in 2008 and a volunteer from Whitman County, the East Region was able to develop GIS Trauma Response Area Maps of all nine counties and submitted to the DOH. The maps were provided to each local council for review and comment prior to submitting to the DOH.
 - The maps identify all of the trauma response areas in each county and are used in each of the documents recommending changes to verified minimum and/or maximum numbers of verified services.

PATIENT CARE PROCEDURES (PCPs), COUNTY OPERATING PROCEDURES (COPs) AND MULTI-COUNTY/INTER-REGIONAL OPERATIONS:

Goal 1: Regional PCPs and COPs are up to date.

The Prehospital & Transportation Committee reviewed and revised its PCP #4 for Interfacility Transfer of Patients which was approved by the Regional Council and has been submitted to the DOH. It is scheduled for review by the Steering Committee in July of 2008. COPs are under review by the local EMS/TC councils.

- In May of 2009 the Prehospital & Transportation Committee reviewed its PCPs #3 for Triage and Transfer for appropriateness. No changes were made to any of the documents.
- All Regional PCPs have been approved and are posted on the East Region website at www.eastregion-ems.org

DESIGNATED TRAUMA CARE SERVICES

Goal 1: Designated Trauma Service resources are maintained at the level necessary to meet trauma patient care needs.

Deer Park Hospital & Medical Center closed its doors in March of 2008 and is no longer operational.

St. Joseph's Regional Medical Center in Lewiston, Idaho, formerly a level II designated adult facility in East Region, redesignated to a level III trauma designated facility. It retains its pediatric level III trauma designation.

Pullman Regional Hospital redesignated from a level III trauma designation facility to a level IV trauma designated facility.

Deaconess Medical Center & Valley Hospital & Medical Center is currently in the process of being purchased by Community Health Services a for-profit corporation.

Hospitals in East Region recommended no changes to the current approved DOH minimum/maximum numbers.

- In September of 2008 Deaconess Medical Center and Valley Hospital & Medical Center were purchased by Community Health Services a for-profit corporation.
- In May of 2009 Deaconess Medical Center announced that after August 31, 2009 it would not renew its trauma contract with the DOH and would be leaving the East Region EMS & Trauma System. The facility will not participate in trauma after August 31, 2009.
- There were no changes in the minimum and/or maximum recommendations for trauma facilities in the 2009-2012 strategic plan submitted to the DOH by the Regional Council in February of 2009.

Goal 2: Rehabilitation Resources are Available Region-wide.

The Rehab Committee is collecting information for a Rehab Resource Directory. The directory should be available in the fall.

A rehab case study has been chosen and is being prepared for presentation to the Steering Committee in September 2008. The committee provides this presentation every other year.

- The Rehab Resource Directory was not completed during 2009 as anticipated. A database has been developed, but the directory has not been published. The project is ongoing and once completed will be posted on the East Region website.
- The Rehab Committee did present a case study to the EMS & Trauma Steering Committee in November of 2008.

Goal 3: Compatible Radiology Equipment Is Available Region-wide

Last year the Regional Quality Improvement (QI) Committee recommended that all designated facilities in the region have compatible radiology equipment. The problem had been that the receiving hospital, generally in the urban area of the region, has had some difficulty reading the computer disk (CD) that is sent with the patient from a rural facility. The image printed off of the CD was not as readable as the physicians would like. There was also an additional cost involved in printing the image from the CD. VPN compatible software, included in Meditech, and education for all of the facilities on how to use the software for this function was the only requirement. This capability allows the facility sending the patient to push a button and the

image will be printed at the receiving facility. No funding was required for this project. It has been implemented regionwide except for Garfield and Columbia counties, who are not using Meditech patient admitting software.

EMS AND TRAUMA SYSTEM EVALUATION

Information Management

Goal 1: EMS and Trauma Data is available for system evaluation and planning

The Regional Council has secured two Washington EMS Information System (WEMSIS) grants this year. The first was in the amount of \$4400 for WEMSIS training. Training was held in September of 2007 at St. Luke's Rehabilitation Institute. Approximately 12 agencies participated in the training, which was provided by Image Trend via a webinar and was held over TeleHealth. We learned that both technologies used at the same time are not necessarily compatible; however it was the first WEMSIS training in this region and got agencies talking about WEMSIS.

The second grant is for \$4,999 and is a WEMSIS Mentor train-the trainer grant. The East Region has identified 5 mentors who will work with agencies throughout the region to education agencies on WEMSIS and assess any equipment needs they may have. The Regional Council has established a WEMSIS Adhoc Committee whose main responsibility will be to implement WEMSIS within the region. The committee will also represent the region on the state WEMSIS work group and will provide leadership in strategic planning and other regional activities as assigned by the Regional Council.

- During the period of July 2008 – June of 2009 the East Region participated in 4 DOH WEMSIS meetings.
- A WEMSIS survey was developed and distributed. Data has not yet been analyzed.
- May 2009 the DOH reported that there are 17 agencies currently reporting data on WEMSIS.
- The WEMSIS Adhoc Committee functioned under the Prehospital & Transportation Committee during this last year and in June of 2009 it was determined that a stand alone committee was needed. The committee was formed with a volunteer chairman and members. It was determined that the main focus would initially be training and the membership should consist of WEMSIS users. Goals, objectives and strategies will be developed over the summer.

QUALITY ASSURANCE

Goal 1: Regional Participation in Quality Improvement is Consistent

A regional system stakeholder group will be identified to work with the Regional Council and DOH to identify a DOH data report format that will allow for ongoing multilevel system review and evaluation of the Regional EMS & Trauma System at the Regional Council level by March 2009.

- In March of 2009 the QI Committee with Regional Council and staff input developed strategic plan objectives and strategies that will allow for ongoing multilevel system review, evaluation and data reporting of the EMS & Trauma System at the Regional Council level.
- June 2009 the QI Committee in accordance with its Plan has expanded its membership to include ALS membership during the biennium
- TeleHealth is available at all QI Committee meetings. This is the standard way for rural hospitals to participate in meetings. It has not proved to increase attendance.

ALL HAZARDS PREPAREDNESS

PREHOSPITAL

Goal 1: Region-wide disaster / all hazards response that provides triage and transport of the seriously ill, injured or burn adult and/or pediatric patient by EMS agencies and definitive care or transport by hospitals in mass casualty / all hazards events

- Prehospital agencies participated in the DOH EMS Preparedness Survey this year. Data has not yet been disseminated.
- Region 9 held a tabletop exercise on May 14, 2009. Hospitals, EMS agencies and community partners participated. Approximately 30 people were in attendance. East Region provided lunch and break refreshments.
- Region 9 hospitals and some EMS providers were involved in the SWINE H1N1 Flu outbreak here in this area. The real event counted as the functional exercise.

Hospital Preparedness (All Hazards)

Goal 1: Hospital All Hazards Preparedness Meets Requirements Of The HRSA Benchmarks by June 2009.

- The East Region is represented on the Region 9 Healthcare Coalition Executive Committee
- The Communication Committee has developed and exercised 3 quarterly hospital to hospital communication drills this year.
- The Region 9 Hospital Plan has been reformatted to a new template and is being updated.
- New equipment has been ordered for the two medical surge trailers which will be used as Tier II Alternate Care Facilities in a disaster situation.
- Region 9 hospitals participated in the tabletop exercise hosted by Region 9 in May of 2009. The exercise was included bombs going off at one of the Spokane hospitals and killing 8 people and injuring 40 people. Patients were moved to a number of facilities including rural hospitals in the region.