Thursday, April 7, 2011
11:00am-2:00pm
Burlington Fire Department

PRESENT:

<table>
<thead>
<tr>
<th>Name</th>
<th>Agency</th>
<th>County</th>
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<tbody>
<tr>
<td>Dr. Don Slack</td>
<td>Skagit County MPD/Co-Chair QI Committee</td>
<td>Skagit</td>
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<tr>
<td>Tyler Dalton</td>
<td>Skagit Valley Hospital/Committee Chair</td>
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<tr>
<td>Linda Seger</td>
<td>Island Hospital</td>
<td>Skagit</td>
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<tr>
<td>Salena Anderson</td>
<td>United General Hospital</td>
<td>Skagit</td>
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<tr>
<td>Donna McCabe</td>
<td>Skagit Valley Hospital</td>
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<tr>
<td>Liz Martonick</td>
<td>Cascade Valley Hospital</td>
<td>Snohomish</td>
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<tr>
<td>Robin Stake</td>
<td>Valley General Hospital</td>
<td>Snohomish</td>
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<tr>
<td>Kristi Whiton</td>
<td>Swedish Edmonds</td>
<td>Snohomish</td>
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<tr>
<td>Danielle Alexander</td>
<td>Peace Health St. Joseph Medical Center</td>
<td>Whatcom</td>
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<tr>
<td>Doug Tuttle</td>
<td>Inter-Island Medical Center</td>
<td>San Juan</td>
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<td>Cynthia Marsh</td>
<td>Inter-Island Medical Center</td>
<td>San Juan</td>
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NOT PRESENT:

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<tr>
<th>Name</th>
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<tr>
<td>Marie Meyers</td>
<td>Whidbey General Hospital</td>
<td>Island</td>
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<tr>
<td>Adora Macklin</td>
<td>Cascade Valley Hospital</td>
<td>Snohomish</td>
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<tr>
<td>Kelly Allen</td>
<td>Providence Everett Medical Center</td>
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<td>Bill Findley</td>
<td>Providence Everett Medical Center</td>
<td>Snohomish</td>
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<tr>
<td>Shawneri Guzman</td>
<td>Providence Everett Medical Center</td>
<td>Snohomish</td>
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<tr>
<td>Lois Blough</td>
<td>Peace Health Bellingham St. Joseph Hospital</td>
<td>Whatcom</td>
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GUESTS: Zeyno Shorter, DOH
Jethro De Lise, DOH
Kathy Schmitt, DOH
Miklos Preysz, Orcas Fire

COUNCIL STAFF
Martina Nicolas, EMS & Trauma Coordinator
TJ Harmon, ASPR/WSHA Coordinator
Brittany Litaker, ASPR/WHSA Coordinator

CALL TO ORDER & INTRODUCTIONS
Dr. Slack called the meeting to order at 11:00am and introductions were made.

APPROVE MEETING MINUTES
The October 7, 2010 meeting minutes were approved with one change. Change “MPS to MPDs”
North Region EMS & Trauma Care Council  
325 Pine Street, Suite A, Mount Vernon, WA 98273  
(360) 428-0404 Office / (360) 336-9236 Fax

PEDIATRIC TRAUMA PRESENTATION, Zeyno Shorter, DOH

Notes from Presentation:
Review of Pediatric Trauma Designated Hospitals in WA State  
Level 1: Harbor View Medical Center  
Level 2: Sacred Heart and Mary Bridge Tacoma  
Level 3: Providence Everett  
-Northwest and Southwest Regions do not have any Pediatric Trauma Designated Hospitals.

Trauma Volume  
Pediatric Trauma throughout the state shows that children are more prone to trauma in their early years and then it levels out throughout their childhood and as they get into their adolescent years the number of cases goes up.

Volume by Gender  
The information shows that in early ages little girls are as prone to Trauma as little boys, but as they get older, Males are more prone to Trauma. Total per year the North Region had 97 trauma cases for girls and 200 cases for boys.

Pediatric Trauma per Hospital (Admitted at the Facilities)  
Providence Everett-23%  
Skagit Valley- 62%  
St. Joseph Hospital-77%

Dr. Slack asked is there any chance that we are seeing a capture bias as who gets entered into the trauma registry from facility to facility. Kathy Schmitt stated that the inclusion criteria includes all of them if they are admitted.

76% of the patients in the North Region are transferred out. Dr. Slack stated it might be interesting to see what the rest of the state looks like excluding Central Region. Once you have made it to the transfer out, where do they go, would also be interesting to know. Something to consider with Hypotension is do you get a high percentage of consults?

Helmet Injuries  
30% of injuries occur with helmets. It was suggested that maybe we could use the option of Unknown.

Further detailed information from the presentation can be requested from the North Region.

WEMSIS, Jethro De Lise  
Jethro explained the importance the WEMSIS program and how it can help bridge the gap of data when discussing issues throughout the State and North Region. This year WEMSIS has broken a milestone of 1 million records in WEMSIS. Compared to other systems collecting data, WEMSIS has a lot of data, but we still have pockets throughout the state such as Central Region; they provided between 60-70% of the million recorders collected. This shows the capacity for data and how WEMSIS can really house all of our data collection needs and hopefully provide answers to questions we may not have been able to answer before.

Of 477 agencies in the State we have 30% of the agencies participating in WEMSIS. There is a large 3rd party vendor to WEMSIS who had some issues, it took most of last year to finally resolve those issues.
There are no barriers for participation except for time and local resources. Part of the work for the future is a WEMSIS workgroup with stakeholders from local agencies and varies levels that have some participation or stake in WEMSIS. They are looking at the NIMSIS reporting system and taking a look at areas where we can refine the system and make it more user friendly.

**North Region Status with WEMSIS**
1. We have about 60,000 records
2. 23% (18 agencies) have participated in WEMSIS
3. 13% have participated in the last six months

**Questions to ask agencies to get better participation or get participation back are:**
1. What barriers existed then?
2. Why did you stop participating?
3. What can we do to assist you?

**Types of reports available on WEMSIS**
1. Call Summary by staff report
2. Procedure Competency Report
3. Cardiac Report
4. Staff Review Report
5. Runs Per Month Report
6. General QA/QI Reporting Report

Jethro also provided a list of the agencies in the Region with who is participating in WEMSIS submission, the date of their last submission, and those who are yet to participate.

**Identified Needs and Questions**
1. How are you going to track the multiple records in the system or duplicate entries?
   - We can specifically look at transport agencies and the other duplicates may be identified. Hopefully through probability linking we will be able to identify the correct records. WEMSIS allows you to put enter in a custom field who you transferred to or passed.
2. We need a patient racking method.
3. What is the process to move data into the System?
   - Most are WEMSIS compliant with a purchase. WEMSIS provides a free web interface.
4. The only way to look at trauma cases is to look at “traumatic injury,” it is hard to identify multi-system traumas or sick trauma.
   - There is a way to create custom reports, through specific trauma criteria.
5. The agency that was reporting from WEMSIS to NMSIS is no longer going to be reporting, is the Washington State Fire’s Association going to pick this up or where is this going?
   - There are two types of data in WEMSIS, one is EMS Run data, and the other is NFIRS or Fire related data. When they first started building WEMSIS with Image trend, they opted to integrate the fire module. NFIRS data would traditionally be submitted to the state fire Marshal’s Office and then they would submit it upward. We are involved in discussion with the Fire Chiefs Association for who will take on this role. Once the new Pre-hospital WAC is updated, DOH plans on sending a letter out with notification on the System.
HEAD INJURIES IN ANTI-COAGULATED PATIENTS, Sam Arbabi
Due to the North Regions “Green” policy, we have not included this presentation due to limited printing and paper. This can be requested from the North Region office and it will be emailed to you.

CARDIAC AND STROKE
DOH reported they have reviewed 124 applications that they have received 65 different hospitals applying for Cardiac or Stroke and Both. Each Region now has a Regional PCP. The Cardiac and Stroke tools will be posted on the DOH website. The State realized the July 1st go live date was a little over aching. They are no focused more on community to community. There will be a few other Regions to apply. The only hospitals in this Region that have not applied for Cardiac and Stroke are Cascade Valley and United General Hospitals. There will be a Cardiac and Stroke Conference on May 17th, this is available for MPDs hospitals and EMS. There will also be a Webinar available, the date is not set yet, to talk about starting a Cardiac and Stroke Committee in each Region.

NEXT MEETING DATE
TBA

GOOD OF THE ORDER
Having no further business, the meeting was adjourned at 3:00 p.m.

Respectfully submitted by Martina Nicolas