MEETING MINUTES

PRESENT:

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<tr>
<th>Name</th>
<th>Agency</th>
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<tbody>
<tr>
<td>Peggi Shapiro</td>
<td>WSHA</td>
<td>Washington State</td>
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<tr>
<td>Nancy Furness</td>
<td>Snohomish Health District</td>
<td>Snohomish</td>
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<tr>
<td>Linda Seger</td>
<td>Island Hospital</td>
<td>Skagit</td>
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<tr>
<td>Donna Smith</td>
<td>Skagit Public Health /MRC</td>
<td>Skagit</td>
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<td>Mark Nunes, Chair</td>
<td>Swedish Edmonds/Stevens Hospital</td>
<td>Snohomish</td>
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<tr>
<td>Carolyn Jordan</td>
<td>Valley General Hospital</td>
<td>Snohomish County</td>
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NOT PRESENT:

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<tr>
<th>Name</th>
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<tr>
<td>Daniel Dempsey</td>
<td>Skagit County Coroner</td>
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COUNCIL STAFF PRESENT- Brittany Litaker, NREMS ASPR/WSHA Coordinator

Call to Order – Mark Nunes called the meeting to order at 11:15 a.m.

 Approval of Meeting Minutes, Action Items, and Handouts- Brittany Litaker

The Meeting minutes from June 22, 2011 were reviewed and passed with a motion from Mark Nunes, Second from Linda Seger.

Full Scale Exercise/ AAR Discussion- Mark Nunes/ Group

The Executive Steering Committee discussed the regional AAR. The document is over 200 pages and not easy to read. The training and exercise committee needs to look at the document and make it a more workable copy that the hospitals can use. Mark compiled all AAR’s together and found four common issues. The Committee discussed that maybe next year instead of doing a full scale exercise next year maybe we just focus on the four main issue. They are:

1. DMCC- Need a plan. DOH is working on patient movement and is having DMCC at the table. They are working on DMCC function as well which could be help to our region.
2. Command and Control for both ACF and Hospitals- ERTI class would be helpful
3. Patient Tracking- No one was trained on the forms and they didn’t work. Possibly MediTech. Also Salamander
4. Communications-Digital Repeater, We need to confirm that all of our armature radios are operational.
The committee also mentioned the need for an ACF plan. Mark said that the number 4 of communications might not be a focus point but more something to just look into. We could then move ACF to number 4. We will lay these issues out in a work time line based on our current Healthcare Coalition structure and the work groups at every meeting. We will not be focusing on doing a full scale exercise next year, but instead on these 4 issues. The ASPR requirements for the next grant cycle exercise will allow us to do it this way.

Nancy reported that she talked to Dee from BCFS and is intending to hire her for Snohomish County. One thing we get out of this would be an ACF plan that can be a regional asset. Another idea would be to add money to Nancy’s grant and partnering so we can extend the region she covers. Nancy also mentioned that the Puget Sound region is doing a lot of work in patient tracking and we may be able to use some of what they have been doing.

Mark brought up the Evergreen Quake exercise and possibly participating in a limited way. We could use this exercise to test our MOU with Russell Phillips. The committee agreed but in a very limited way.

**Action Item 1:** Brittany Send Mark and Linda current Sub-Committee List

**Action Item 2:** Mark will create a power point for the HCC to explain how this will work.

### Conference call with Russell Phillips & Associates-Group

Russell Phillips went over the Regional Plan on the conference call this morning. Most of the conference call was in regards to their portal that they have developed for our region. The Committee discussed the need to make sure they know we will be using WATRac and not their system. If it does not interface with WATRac we do not want to waste our time inputting our things into their portal. We have invested a lot of time as a region in WATRac and need to continue with them. Linda also mentioned that we need to have a conversation with Barbara Andrews in what we want to see with WATRac moving forward.

The Committee discussed if we are really getting what we are paying for with Russell Phillips. Have they met the deliverables that would be functional for the hospitals? There has been a lot of confusion as to where we are in our plan and what we still have left to do. The final product that should come out of this is a regional surge and evacuation plan to be completed by the end of grant 2012. It was discussed to ask that this deadline be moved up to May 1st so we can understand it and exercise it in the grant cycle.

**Action Item 3:** Mark will contact Russell Phillips and make sure they know WATRac is what Region 1 will be using.

**Action Item 4:** Linda will contact Barbara Andrews about WATRac

### FY 11 List Priorities- Group

The Committee discussed the following:

- **Based on $383,000 (10 percent reduction)**
- **Russell Phillips Part 2 $55K (Already Committed)**
- **$328,000 Balance**

### In Order of Priority:

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Page 2 of 3
• NREMS $40
• Full Scale Exercise $50 WITH THE 4 TOPIC
• Regional Training- $45,000
  o ABLS There are two scheduled one at Providence, one at St. Joes. DOH is also sponsoring two in the state. $15,000
  o ADLS
  o Active Shooter
  o C/C ERTI- DOH is doing- PAID-
  o COOP
  o Critical Incident Stress Management?
  o BCFS- Dee ACF training? Need to go to HCC

Nancy asked that with the training we do to have us make it multidisciplinary.

  • Regional Cache “Continued” $75k?
  • Evacuation Equipment
  • Mass Fatality
  • Pharmaceuticals
  • CHC -$15,000

Hospital Training allocations: The Committee discussed the allocations per hospital. Linda expressed her concern that it was not done fairly. By just basing the allocation on bed and not the trauma designations it does not come out to be beneficial. Linda suggested that rather than just looking at the licensed beds we need to look at how many they could actually use at one time. Linda asked the committee to give her some time to play with the numbers a little bit just on trauma designation and staffed beds.

Everbridge- 9,000 was for Providence, 6,000 for United. Linda wanted to know how much of their total fee is the 9,000. Linda wants to know how many people are allocated based on the number of people in his hospital versus the region. Mark said the regional aspect isn’t costing him anything. If there is no cost involved then we should not be funding it. The same idea would serve for United.

*Action Item 5: Linda will have the formula to reallocate money and have it by the August HCC meeting*

*Action Item 6: Linda will talk to her Everbridge contact and see what the cost actually is.*

Regional Plan- Nancy Furness
Plan has been submitted. Will not hear anything for couple months.

From The Floor-
Donna asked if she can use someone’s storage because she might not be able to get one.

Mark brought HERM manual for hospitals and recommended the training.

There being no further business, the meeting was adjourned at 1:04 p.m.

*Next Meeting – July 8, 11:00 a.m. to 1:00 p.m. at the NREMS Conference Room*