

Form A19-1A (Rev. 5/91)		State of Washington INVOICE VOUCHER
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	AGENCY USE ONLY	
AGENCY NO.	LOCATION CODE	P.O. OR AUTH. NO.
3030	GL4	N21185

AGENCY NAME
Kathy J. Williams; Eva Rooks OFFICE OF COMMUNITY HEALTH SYSTEMS WASHINGTON STATE DEPARTMENT OF HEALTH 20435 72nd Ave S Ste 20047853 Wenatchee WA 98801 Kathy.williams@doh.wa.gov 360-236-2862 360-236-2830 fax

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

VENDOR OR CLAIMANT (Warrant is to be payable to)
North Central Region EMS and Trauma Care Council Rinita Cook, Executive Director 123 Ohme Garden Road, Suite B Wenatchee WA 98801 rcook@ncecc.org 509-664-4032 Vendor Number: SWV0015869-00

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____
SIGN IN INK – Submit Original

TITLE **DATE**

Federal ID No. (For Reporting Personal Services Contract Payments to I.R.S.)				Received By		Date Received
91-1514746						
DUE DATE	DESCRIPTION	QTY	UNIT	UNIT PRICE	AMOUNT	FOR AGENCY USE
4-15-2016	NCRSW-5 (Exhibit B) Administrative				\$12,740.00	
	NCRSW-5 (Exhibit B) Program				\$12,740.00	
	NCRSW-5 (Exhibit B) Total				\$25,480.00	
	N21185 Period of Performance July 1, 2015-June 30, 2016					
Prepared by Emily wolfe	Telephone Number 360-236-2810	Date 5/8/2014	Agency Approval			Date

Doc. Date		Pmt. Due Date		Current Doc. No.		Ref. Doc. No. N1762700		Vendor Number SWV0015869-00		Vendor Message NCRSW		Use Tax		UBI Number 602174949	
						Work Class		County		City/Town					
Ref Doc Suf	Trans Code	M O D	MASTER INDEX	Sub Obj	Sub Sub Obj	Org Index	Alloc	Budget Unit	MOS	Project	Sub Proj	Proj Phas	Amount	Invoice Number	
			64312100	NZ	4543								\$25,480.00	NCRSW-5	
DOH Accounting Approval for Payment									Date			Warrant Total		Invoice No.	

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

PURPOSE: This report provides information to the Washington State Department of Health (DOH) on regional system progress related to implementing Goals, Objectives, and Strategies in the approved Regional EMS and Trauma Care System Plan.

INSTRUCTIONS FOR USING EXHIBIT B:

Section 1. *Regional activities* related to the Goals, Objectives and Strategies in the Approved Regional Plan

- Insert all goals, objectives and strategies from the approved Regional EMS and Trauma Care System Plan into a reporting table as defined below. Use landscape for page set up. For strategies, include in parenthesis at the end of the strategy, the date from the Gantt Chart that work begins on the strategy (Ex. ...**Strategy 3. By June 2016 the Regional Council will ... (work begins August 2015)**)
- For each reporting period:
 1. Provide a summary of regional activities that occur only during the reporting period that describe progress on work toward meeting Regional Plan goals, by carrying out objectives and strategies. Progress means conducting work or activities to accomplish the objectives and strategies during the timeframe indicated in the plan. Report activities only under strategies. Report on all strategies that have scheduled work during the reporting period. Use the Regional Plan to determine when work begins on each strategy. For Strategies with no activity during the reporting period, specify “No work scheduled or accomplished during the reporting period” and provide an explanation.
 2. Clearly identify and add any Plan changes (DOH approved modifications/additions to Goals, Objectives, Strategies that occur during the contract period) by using bold type and noting modification or addition and the date of DOH approval. (Ex. New objective: Obj. 5 By xxx the (DOH approved xxx date)). Changes to the Plan Goals, Objectives, and Strategies require DOH approval through the DOH Plan change process. Changes to Goals, Objectives, and Strategies should be added to the report in the reporting period in which the Regional Council receives DOH approval.
 3. When a strategy is complete, report the completion date in the column provided and provide a brief description of completed work in the narrative column. Keep this language in all future submissions to see the work progression. Leave the strategy completion date in the completion column and the description of completion in the narrative column. Report any additional work or action on the strategy as an update, with the reporting date.
 4. An objective is complete when all its strategies are complete.

Regional Council North Central Region Reporting for the period February - March 2016

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

Goal	Objective	Strategies - Narrative on Activity	Strategy Completion Date
Goal 1. A sustainable regional system of emergency care services that provides appropriate capacity and distribution of resources to support			

high-quality trauma, cardiac and stroke patient care.			
	<p>Objective 1. By November 2016, Regional Council will utilize Department of Health standardized methodology to determine minimum and maximum numbers and levels of trauma designated services in the North Central Region and forward any recommended revisions to the Department of Health.</p> <p><i>Open designation letter 1/2017</i></p>	<p>Strategy 1. By July 2016, Regional Council Chair will appoint a representative to be the Regional Council liaison at the Regional QI Committee meetings. (Work begins June 2016)</p>	
		<p>Strategy 2. By August 2016, Regional Council representative will request time on Regional QI agenda to present current trauma designated min/max numbers and request input from Regional QI committee for any suggested revisions. (Work begins June 2016)</p>	
		<p>Strategy 3. By October 2016, Regional Council representative will report Regional QI recommendations to Regional Council for discussion. (Work begins July 2016)</p>	
		<p>Strategy 4. By November 2016, Regional Council will consider recommended revisions of current min/max numbers to be included in the 2017-2019 Regional Strategic Plan. (Work begins October 2016)</p>	
		<p>Strategy 5. By November 2016, Regional Council will forward any recommended trauma designated min/max revisions to Department of Health. (Work begins October 2016)</p>	
	<p>Objective 2. By March 2017, the Regional Council will utilize the Washington State Department of Health standardized methodology to determine minimum and</p>	<p>Strategy 1. By October 2016, the Prehospital and Transportation Workgroup will provide the Department of Health Standardized Methodology to Local EMS Councils for determining min/max numbers, levels, and types of Prehospital verified services. (Work begins February 2016) February/March 2016: During this reporting period the Local Councils were provided the Department of Health Standardized Methodology</p>	

	maximum numbers and levels of verified service types in each county and provide recommendations to the Department of Health.	with assistance in Agency Amendment Applications. Greater Wenatchee Local Council has included agency verification of response areas utilizing the Regional Plan and the online DOH maps.	
		Strategy 2. By December 2016, Prehospital and Transportation Workgroup will request Local EMS Council submit recommended min/max changes for review. (Work begins June 2016)	
		Strategy 3. By February 2017, Prehospital and Transportation Workgroup will report any Local EMS Council min/max recommended changes to the Regional Council for approval. (Work begins December 2016)	
		Strategy 4. By February 2017, Regional Council will consider min/max recommendations to be included in the 2017-2019 Regional Strategic Plan. (Work begins December 2016)	
		Strategy 5. By February 2017, Regional Council will forward any recommended Prehospital min/max revisions to Department of Health. (Work begins December 2016)	
	Objective 3. By March 2016, the Regional Council will develop, review, revise and implement Regional Patient Care Procedures	Strategy 1. By October 2015, Prehospital and Transportation Workgroup will present current Regional Patient Care procedures to County MPDs with request for review and recommended revisions. (Work begins August 2015) <u>October/November 2015:</u> During this reporting period, no recommended changes to Regional PCPs were received from Local Council Chairs or MPDs.	Completed October 2015
		Strategy 2. By December 2015, Prehospital and Transportation Workgroup will review current approved Patient Care Procedures and recommended revisions from County MPDs and forward recommended changes to Regional Council. (Work begins August 2015) <u>December 2015/January 2016:</u> During this reporting period, Prehospital and Transportation reviewed regional PCPs, proposed changes to the Helicopter response with Air Medical were presented to the Prehospital and Transportation workgroup. Proposed changes have been distributed to Regional, Local Councils, and MPDs for review and comment. Note: Although this deliverable has an end date and may show completed; The Executive Director and Council President continues work with the Department of Health RAC TAC and Process Improvement Workgroup to standardize, update, and review current PCPs. Further work of the Council	Completed December 2015

		may be reported on at a later date.	
		<p>Strategy 3. By February 2016, Regional Council will forward recommended revisions of Patient Care Procedures to the Department of Health for approval. (Work begins December 2015)</p> <p>February/March 2016: During this reporting period Regional Council reviewed, revised, and approved the Regional Helicopter Utilization PCP. Executive Director is currently working with the DOH Process Improvement Workgroup on Regional PCP needs. DOH representative advised to submit all PCP revisions at one time for a plan change or include them in the 2017-2019 Strategic Plan approval. The NCECC will continue review and revisions to prepare for DOH submission.</p>	Completed February 2016
		<p>Strategy 4. On an ongoing basis, Regional Patient Care Procedures will be distributed through the Regional Information Distribution Network and placed on the NCECC.org website. (Work begins January 2016)</p> <p>February/March 2016: During this reporting period, no DOH approved updates were made to the current regional PCPs to distribute. Current PCPs are posted on the ncecc.org website under each Local Council tab.</p>	
		<p>Strategy 5. By August 2016, current approved Patient Care Procedures will be utilized by the Regional Plan Development Workgroup to develop strategies for the 2017-2019 Regional Strategic Plan. (Work begins June 2016)</p>	
	<p>Objective 4. By August 2016, the Regional Council will review Local Council County Operating Procedures for congruency and alignment with Regional Patient Care Procedures.</p>	<p>Strategy 1. By April bi-annually, Prehospital and Transportation Workgroup will review County Operating Procedures for congruency with Regional Patient Care Procedures. (Work begins February 2016)</p> <p>February/March 2016: During this reporting period, the Executive Director provided COPs to the Prehospital and Transportation workgroup with a request to review for congruency with Regional Patient Care Procedures.</p>	
		<p>Strategy 2. By April, biannually, Prehospital and Transportation Workgroup will request Local EMS Councils review and revise County Operating Procedures incongruent with Regional Patient Care Procedures utilizing the</p>	

		<p>Department of Health approval process algorithm. (Work begins February 2016) <u>February/March 2016:</u> During this reporting period, the Prehospital and Transportation workgroup emailed the County Council Chairs with a request to review COPs for congruency with Regional Patient Care Procedures.</p>	
		<p>Strategy 3. By June, biannually, Regional Council will assist Local EMS Councils in submitting updated County Operating Procedures to Department of Health for approval. (Work begins April 2016)</p>	
		<p>Strategy 4. On an ongoing basis, County Operating Procedures will be distributed through the Regional Information Distribution Network and placed on the NCECC.org website. (Work begins May 2016)</p>	
		<p>Strategy 5. By August 2016, current approved County Operating Procedures will be utilized to develop strategies for the 2017-2019 Regional Strategic Plan. (Work begins June 2016)</p>	
	<p>Objective 5. By June 2016, the Region Council will reconcile Prehospital agency contact information, personnel resources, and level of service.</p>	<p>Strategy 1. By February 2016, the Prehospital and Transportation workgroup will obtain from the Department of Health a detailed list of Prehospital agency information. (Work begins January 2016)</p>	
		<p>Strategy 2. By May 2016, the Prehospital and Transportation workgroup and Local EMS Councils will utilize the regional needs assessment to update agency contact information. (Work begins March 2016) <u>February/March 2016:</u> During this reporting period the County Councils prepared the Needs Assessment Survey for distribution to EMS Agencies and providers.</p>	
		<p>Strategy 3. By May 2016, the Prehospital and Transportation workgroup will reconcile the information to ensure it is correct and up to date. (Work begins March 2016) <u>February/March 2016:</u> During this reporting period the County Councils distributed the Needs Assessment Survey to EMS Agencies and providers.</p>	

		Strategy 4. By June 2016, the Regional Council will provide updated agency information to Department of Health. (Work begins May 2016)	
	Objective 6. By April 2017, the Regional Council will review the categorization levels for Cardiac and Stroke facilities.	Strategy 1. By September 2015, Regional Council Chair will appoint a regional representative to be a liaison on the Regional QI Committee for Emergency Cardiac and Stroke. (Work begins August 2015) <u>August/September 2015:</u> The Regional QI membership was reviewed by the Executive Director and all vacant voting positions were sent to appropriate parties with a request for participation. Currently the Regional QI Committee is attended by the Executive Director, Regional Council President, and other members of the Regional Council.	Completed September 2015
		Strategy 2. By December 2015, Regional Council representative will request time on Regional QI agenda to present current cardiac and stroke categorization numbers and request input from the QI Committee for any revisions. (Work begins October 2015) <u>December 2015/January 2016:</u> During this reporting period, no revisions were provided to the NCECC Executive Director from the Regional QI Committee regarding cardiac and stroke categorization.	Completed December 2015
		Strategy 3. By February 2016, Regional council representative will report regional Cardiac and Stroke QI recommendations to Regional Council for discussion and approval. (Work begins December 2015) <u>December 2015/January 2016:</u> During this reporting period, no revisions were provided to the Regional Council from the Regional QI Committee regarding cardiac and stroke categorization.	Completed December 2015
		Strategy 4. By April 2016, Regional Council will consider Cardiac and Stroke categorization level recommendations to be included in the 2017-2019 Regional Strategic Plan. (Work begins February 2016) <u>February/March 2016:</u> During this reporting period, no Cardiac and Stroke categorization level recommendations have been made to the Regional Council.	
		Strategy 5. By April 2016, Regional Council will forward any recommended Cardiac and Stroke categorization revisions to Department of Health. (Work begins February 2016) <u>February/March 2016:</u> During this reporting period, no Cardiac and Stroke categorization level recommendations have been made to the Department of Health.	

<p>Goal 2. A strong, efficient region-wide system of emergency care services that prepares for, responds to, and recovers from public health threats and is coordinated by the Regional Councils.</p>			
	<p>Objective 1. During July 2015 - 2017 the Regional Council will implement the Regional EMS and Trauma Strategic Plan.</p>	<p>Strategy 1. By August 2015, or when the Plan is approved by Department of Health, the Regional Council will distribute the updated 2015-2017 Plan to Local Councils, MPDs, and post the Plan on the NCECC.org website. (Work begins July 2015) <u>August/September 2015:</u> During this reporting period, a minor/technical strategic plan change was approved by NCECC Council, posted on NCECC website for public comment, and approved by Department of Health. Plan was updated and sent to DOH personnel for website upload and reposted on NCECC website.</p>	<p>Completed September 2015</p>
		<p>Strategy 2. Throughout the Plan timeframe, contract deliverable reports will be shared at Regional Council meetings identifying plan work progress and accomplishments. (Work begins July 2015) <u>February/March 2016:</u> During this reporting period contract deliverable reports were provided to Region Council Members with the December consent agenda.</p>	
	<p>Objective 2. By February 2017 Regional Council will develop a 2017- 2019 Emergency Medical Services and Trauma Care Council Strategic Plan.</p>	<p>Strategy 1. By August 2016, Plan Development Workgroup will use 2015-2017 Plan accomplishments to develop strategies for the 2017-2019 Strategic Plan. (Work begins April 2016)</p>	

		<p>Strategy 2. By December 2016, Regional Council will review the draft 2017-2019 Regional Strategic Plan for approval. (Work begins August 2016)</p>	
		<p>Strategy 3. By February 2017, Region approved 2017-2019 Strategic Plan will be submitted to Department of Health for review and approval. (Work begins August 2016)</p>	
		<p>Strategy 4. By April 2017, Department of Health reviewed and approved 2017-2019 Plan will go forward to Steering Committee for approval. (Work begins January 2017)</p>	
	<p>Objective 3. During the Plan cycle the Regional Council will facilitate the exchange of information throughout the emergency care system.</p>	<p>Strategy 1. On an on-going basis, office staff will distribute and share via email and Regional Council website, pertinent local, regional, state and national information with emergency care system partners. (Work begins July 2015) February/March 2016: During this reporting period R7 Healthcare Coalition updates, WA State DOH CR Rules filings, WA State Injury Prevention updates, and DOH System information were distributed to system partners and posted on the NCECC.org website.</p>	
		<p>Strategy 2. During 2015-2017 Strategic Plan cycle, office staff will share contract deliverable report information with Local EMS Councils and MPDs. (Work begins July 2015) February/March 2016: During this reporting period Local Councils and MPD's received deliverable report and strategic plan work from Executive Director at Local Council meetings and via email.</p>	
	<p>Objective 4. The Regional Council will work with the State Department of Health and the State Auditor's Office to ensure the Regional Council business structure and practices remain compliant with RCW.</p>	<p>Strategy 1. On an on-going basis, North Central Region representative will attend Department of Health meetings and trainings offered for Regional Councils to facilitate business practice compliance with RCW per State Auditor and Department of Health recommendations and guidance. (Work begins August 2015) February/March 2016: During this reporting period Executive Director attended Regional Advisory Committee held in Spokane prior to the Northwest Rural Health Conference.</p>	
		<p>Strategy 2. On an on-going basis, North Central Region Council will implement business practice recommendations from State Auditor's Office and Department of Health for compliance with RCW. (Work begins July 2015) February/March 2016: During this reporting period, Executive Director</p>	

		discussed with the SAO recommendations made on the FY14/FY15 audits.	
		Strategy 3. By June annually, the North Central Region Council will review a year-end report compiled by the Executive Director, Regional Training and Education Committee, and members of the Executive and Finance Committees, for effective and efficient management of Regional Council activities and operations. (Work begins April 2016)	
		Strategy 4. By June, bi-annually or as needed, Regional Council will review current Bylaws, Policies and Procedures, and facilitate Council elections as outlined as the business structure and RCW. (Work begins April 2016) February/March 2016: To facilitate a more efficient span of time the Executive Committee, Executive Director, and Administrative Assistant continue review of the Regional Policy and Procedures. The Small & Attractive Items and Office Security Policy were approved at the February 3, 2016 Regional Council Meeting. In March two additional Policies were reviewed to be presented for approval at the April 6, 2016 Regional Council meeting.	
		Strategy 5. On an on-going basis, Regional Council will offer assistance to Local EMS Councils to review their current business structure for compliance with RCW. (Work begins August 2015) February/March 2016: During this reporting period no assistance was requested from Local Councils regarding current business structure or RCW clarification. Executive Director attended Okanogan N. Douglas County Executive Committee meeting to advise on transition of EMT class to another instructor and provide RAC/Steering Committee updates.	
		Strategy 6. Annually, Region Council will work with Department of Health, state Regional Advisory Committee, and stakeholders to coordinate Board Development training opportunities that address business and Board best-practice education. (Work begins August 2015) February/March 2016: During this reporting period, Executive Director and Board Members attended the March Rural Health Conference EMS/Leadership Track.	
		Strategy 7. On an ongoing basis, Regional Council will provide Board education topics for training, based on the needs of the Council, at regular Council meetings. (Work begins August 2015)	

		February/March 2016: During this reporting period, no Board member training was provided or available to the Council.	
Goal 3. A sustainable regional emergency care system utilizing standardized, evidence-based procedures and performance measures that address emergency health care and identifies areas to reduce preventable premature death and disability.			
	Objective 1. By June annually, the Regional Council will allocate funding, as outlined in Department of Health contract, to support Emergency Care Education Programs.	Strategy 1. By February, annually, the Regional Council will conduct an Emergency Care System needs assessment by requesting input from agencies, Local EMS Councils, MPDs, and Regional QI Committee. (Work begins October 2015) February/March 2016: During this reporting period the Executive Director assisted Local Councils with distribution of the Emergency Care System Needs Assessment.	Completed March 2016
		Strategy 2. By March, annually, the Executive Committee and Executive Director will review available Department of Health contract funds to determine the Fiscal year allocations for Administrative and Regional Programs, to include training and education and injury and violence prevention programs and activities. (Work begins February 2016) February/March 2016: During this reporting period the financial statements with current expenditures and the budget status was approved at the February 3, 2016 Council meeting. The Council approved the FY17 Contract as presented from the Department of Health Contracts Department.	
		Strategy 3. By June annually, the Executive Committee and Executive Director will submit the Fiscal year budget that includes Administrative and Program Budget items, to the Regional Council for approval. (Work begins March 2016) March 2016: The Executive Director and Executive Committee reviewed	

		the current budget for costs associated to the PHEPR and East Region Administrative Contract to begin the FY17 budget planning cycle.	
		Strategy 4. By, March, annually, the Regional Council will utilize identified Emergency Care System needs to develop strategies for the 2017-2019 Regional Strategic Plan. (Work begins December 2015) February/March 2016: During this reporting period the Local Councils are collecting data from the Agency survey to identify needs.	
	Objective 2. Annually by June, the Training and Education Committee will provide Emergency Care Education for providers in the North Central Region.	Strategy 1. Annually by July, the Training and Education Committee will review Needs Assessment results and determine education to be funded. (Work begins February 2016) February/March 2016: During this reporting period the Training and Education Committee did not meet.	
		Strategy 2. Annually by August, the Training and Education Committee will elicit education Contract proposals from Local EMS Councils, Regional Instructors, and/or outside training providers. (Work begins July 2015) <u>August/September 2015:</u> During this reporting period the Training and Education Committee presented Contract proposals to Local Councils for training.	Completed August 2015
		Strategy 3. Annually by September, the Executive Director will work with the Training and Education Committee to secure Contracts outlining deliverables with Local EMS Councils, Regional Instructors, and/or outside training providers. (Work begins July 2015) <u>October/November 2015:</u> During this reporting period, Greater Wenatchee, Grant County, and Okanogan N. Douglas County Council approved FY16 Training Contract.	Completed October 2015
		Strategy 4. Annually by October, the Training and Education Committee will publish a training calendar for the North Central Region for distribution via email and the NCECC.org website. (Work begins September 2015) February/March 2016: During this reporting period Local Councils promoted the upcoming training opportunities to all agencies in their	

		county council areas.	
		<p>Strategy 5. On an on-going basis, Training and Education Committee Chair will provide training updates and reports to the Regional Council, Local EMS Council, and County MPDs. (Work begins September 2015)</p> <p>February/March 2016: During this reporting period a training report was provided to the Local and Regional Council from Okanogan N. Douglas County Provider Wellness event.</p>	
		<p>Strategy 6. On an ongoing basis the Training and Education Committee Chair will review provider participation feedback from training sessions and Key Performance Indicators from Regional QI and County MPDs. (Work begins October 2015)</p> <p>February/March 2016: During this reporting the Regional QI committee approved the QI Plan with KPIs for EMS. QI plan will be sent to Department of Health for approval.</p>	
		<p>Strategy 7. Annually by May, education Contracts will be reviewed for compliance and opportunities for renewal. (Work begins April 2016)</p>	
	<p>Objective 3. The Regional Training and Education Committee will work with Senior EMT Instructors, Department of Health, MPDs, and Local EMS Councils to maintain a quality Training Program for initial EMS courses.</p>	<p>Strategy 1. On an ongoing basis, the Training and Education Committee will assist Senior EMS Instructors with Initial EMS Course approval, commencement, and completion. (Work begins October 2015)</p> <p>February/March 2016: During this reporting period Regional Training Program Director provided assistance to SEI who were considering delivery of an EMT course to students who were enrolled in a Fire Science Degree Program through the Local Community College.</p>	
		<p>Strategy 2. On an ongoing basis, the Training and Education Committee will correlate student completion of initial courses, completion of National Registry testing, and Department of Health Credentialing. (Work begins October 2015)</p> <p>February/March 2016: During this reporting period Training Program Director and Training and Education Committee were unable to correlate data.</p>	
		<p>Strategy 3. On an ongoing basis, the Training and Education Committee will report correlated data for student completion of Initial EMS Courses to</p>	

		County MPDs. (Work begins October 2015) February/March 2016: During this reporting period Training Program Director and Training and Education Committee were unable to provide correlate data to the County MPDs.	
		Strategy 4. Annually, by March, Training and Education Committee will hold a Senior EMS Instructor workshop for Instructors aligned with Regional Training Program. (Work begins December 2015) December 2015/January 2016: During this reporting period, Executive Director provided update to Training and Education Chair regarding 2015 SEI workshop attendance and 2016 needs. At this time the North Central Region has determined there is no need for an SEI workshop in the 2016 fiscal year, but will be working with DOH to facilitate an SEI workshop annually beginning in the fall of 2016.	Completed January 2016
		Strategic 5. On an ongoing basis, Senior EMS Instructors aligned with Regional Training Program will participate in Quality Assurance and Improvement Program requirements. (Work begins December 2015) February/March 2016: During this reporting Regional Training Program Director advised SEI on curriculum for EMS Evaluator Curriculum and application process.	
		Strategy 6. By February 2017, the Regional Training and Education Committee will utilize Training Program data to develop strategies for the 2017-2019 Regional Strategic Plan. (Work begins December 2016)	
	Objective 4. By March 2017, the North Central Region Council will implement Department of Health approve Key Performance Indicators in the regional emergency care system.	Strategy 1. By August 2015, the Regional Training and Education Committee will review the Regional QI plan for current Prehospital Key Performance Indicators. (Work begins July 2015) February/March 2016: During this reporting period the Regional QI Committee approved the 2016-2018 Regional QI Plan and will forward the Plan to the Department of Health for approval.	
		Strategy 2. By October 2015, the Regional Training and Education Committee will provide County MPDs and Local EMS Councils with current Region QI Key Performance Indicators from the plan with request for review and input. (Work begins July 2015) February/March 2016: During this reporting period the Regional QI Plan with prehospital Key Performance Indicators for monitoring has been approved.	

		<p>Strategy 3. Throughout the Plan timeframe, the Regional Training and Education Committee will distribute Prehospital Key Performance Indicators currently being monitored to regional Prehospital system stakeholders. (MPDs, SEIs, EMS Evaluators, agency directors and providers.) (Work begins December 2015)</p> <p>February/March 2016: During this reporting period the Regional QI Plan with prehospital Key Performance Indicators for monitoring has been approved. DOH approved plan has not been distributed from QI Committee to date.</p>	
		<p>Strategy 4. Throughout the Plan timeframe, the Regional Training and Education Committee will provide quarterly Key Performance Indicator reports from the Regional QI Committee and County MPD's to Local EMS Councils, County MPD QI meetings and County Agencies. (Work begins December 2015)</p> <p>February/March 2016: During this reporting period no data is available for reporting.</p>	
		<p>Strategy 5. By February 2017, the Regional Training and Education Committee will utilize Regional QI Key Performance Indicators to develop strategies for the 2017-2019 Regional Strategic Plan. (Work begins December 2016)</p>	
		<p>Strategy 6. By December 2016, the Regional Council will work with Department of Health representative to provide a Regional WEMSIS forum to increase agency utilization. (Work begins August 2016)</p> <p>February/March 2016: This strategy was completed October 28, 2015 at the request of DOH representative. The Forum was held in Chelan, WA with Image Trend representatives and focused largely on the Version 3 status and transition time frame.</p>	Completed October 2015
	<p>Objective 5. Annually, the Regional Council will review relevant data from Department of Health and other data sources, and utilize regional injury and violence prevention partners to identify and recommend evidence-based</p>	<p>Strategy 1. By August annually, the Injury and Violence Prevention workgroup will review relevant regional/injury data, and identify regional partners that will provide best-practice prevention programs. (Work begins July 2015)</p> <p>August/September 2015: During this reporting period Regional IVP Workgroup reviewed injury prevention funding requests from regional partners with the WA State Injury Prevention data and outcomes for the North Central Region.</p>	Completed August 2015

	and/or best- practice activities to support prevention efforts in North Central Region.		
		<p>Strategy 2. By October annually, Regional Council will choose regionally funded prevention activities to support based upon presentations/recommendations provided by Injury and Violence Prevention workgroup. (Work begins July 2015)</p> <p><u>October 2015:</u> During this reporting period Regional IVP Workgroup presented injury prevention funding requests for SAIL, SafeKids, SafeSitter, and Force is With You prevention programs from regional partners to the Regional Council for approval. All requests were approved.</p>	<p>Completed October 2015</p>
		<p>Strategy 3. By December annually, Executive Director will secure deliverable contracts with selected injury prevention partners to provide injury prevention programs. (Work begins October 2015)</p> <p><u>December 2015:</u> During this reporting period, deliverable contracts have been executed with selected injury prevention partners.</p>	<p>Completed December 2015</p>
		<p>Strategy 4. Biannually, contracted injury prevention partners will provide Regional Council with program activity reports and accomplishments as outlined in the contract agreement; these reports will be posted on the NCECC.org website for viewing. (Work begins June 2016)</p>	
		<p>Strategy 5. By June 2017, as funding allows, Regional Council and staff will participate in community and agency injury prevention education. (Work begins January 2016)</p>	
	<p>Goal 4. Develop a comprehensive Public Education Program to promote and enhance public awareness and knowledge of the Emergency Care Systems of Washington.</p>		

	Objective 1. During July 2015 - June 2017, the Regional Council will collaborate to educate the public and our partners on the Emergency Care System.	Strategy 1. By August annually, current Regional and State Public Information presentations available will be reviewed and revised as needed by the regional Customer Service Committee, Executive Committee and Regional Council staff for education of the Emergency Care System. (Work begins July 2015) <u>August 2015:</u> Regional Council members reviewed the Public Information Presentation handout and provided comment on additions to be made to the presentation.	Completed August 2015
		Strategy 2. By September annually, Customer Service Workgroup will present updated Public Information brochures and media to the Regional Council for approval. (Work begins August 2015) <u>October/November 2015:</u> During this reporting period, Executive Director provided updated Public Information brochure to the Regional Council.	Completed November 2015
		Strategy 3. By October annually, updated approved Public Information brochures and media will be posted on the NCECC.org website and made available to regional and state partners. (Work begins September 2015) <u>November 2015:</u> During this reporting period the updated Public Information media and brochure was uploaded to the NCECC.org website.	Completed November 2015
		Strategy 4. On an on-going basis as requested, informational presentations on the regional and statewide Emergency Care System will be provided throughout the region utilizing Regional Council staff and representatives. (Work begins September 2015) February/March 2016: During this reporting period no presentations were requested.	
Goal 5. Work toward sustainable emergency care funding and enhancing workforce development to optimize patient outcomes.			
	Objective 1. During July 2015- June 2017 Strategic Plan cycle, East and North Central Region Councils will continue sharing of coordinated resources and determine areas of possible consolidation.	Strategy 1. Annually, by April, the Administrative Services contract will be reviewed by the East and North Central Region Council, Executive Board, and Executive Director to determine revisions as needed. (Work begins April 2016)	

		Strategy 2. Annually, by June, North Central Region Council will review and approve an Administrative Services Contract between the East and North Central Region Council. (Work begins April 2016)	
		Strategy 3. Throughout the plan timeframe, the Executive Committee, Training and Education Committee, Injury and Violence Prevention Workgroup, and the Executive Director will review current training and education processes, injury and violence prevention programs, and regional office administration components to determine areas of viable consolidation and/or sharing of resources. (Work begins August 2015) February/March 2016: During this reporting period no additional areas of viable consolidation and/or sharing of resources were identified between North Central and East Region Council.	
	Objective 2. During July 2015 – June 2017 Regional Mobile Integrated Healthcare Workgroup will establish collaborative multidisciplinary efforts to develop an affordable, efficient, and comprehensive community based system of care.	Strategy 1. By July 2015, Mobile Integrated Healthcare Workgroup will establish a Regional Mission and Vision. (Work begins July 2015) <i>Mission Statement: Mobile Integrated Health, improving lives and health outcomes through interagency collaboration.</i> <i>Vision Statement: To create a regional healthcare system that promotes a multi-disciplinary collaboration of healthcare providers by increasing knowledge and access to providers and available resources.</i>	Completed July 2015
		Strategy 2. By September 2015, Mobile Integrated Healthcare Workgroup will establish a work plan congruent with State and Regional Stakeholder input. (Work begins August 2015) October/November 2015: Mobile Integrated Healthcare workgroup has established their work plan to be congruent with the work of the MIH/CP Stakeholder Workgroup involving Local Agencies, Facilities, Service Agencies, and other like-minded Coalitions. Members continue to be involved with the Stakeholder workgroups and will develop templates and resources for Mobile Integrated Healthcare/Community Paramedicine implementation that can be adapted to fit each community’s needs. Further progress may be reported on at a later time.	Completed October 2015
		Strategy 3. Bi-annually, the Mobile Integrated Healthcare Workgroup will provide status reports, Department of Health updates, and stakeholder feedback to Regional Council. (Work begins August 2015)	

		February/March 2016: During this reporting period the Mobile Integrated Healthcare workgroups continues work with State and Regional Stakeholders. Workgroup members attended the Washington Rural Health Conference in Spokane WA.	
	Objective 3. During July 2015-June 2017 Strategic Plan cycle, the Regional Council will determine methods to increase funding sources compliant with State regulations.	Strategy 1. Throughout the plan timeframe, the Executive Director will collaborate with Regional Director's and the Department of Health to develop a fundraising template. (Work begins August 2015) February/March 2016: During this reporting period, the State Adhoc workgroup met prior to the Regional Advisory Committee meeting. Workgroup discussed the agency and provider survey responses and who our target audience is.	
		Strategy 2. Throughout the plan timeframe, the Executive Director, Executive Committee, and Finance Committee will review and consider opportunities for Regional Grant funding. (Work begins August 2015) February/March 2016: During this reporting period the Regional Training and Education Committee facilitated the distribution and training of Pediatric safe transport and spinal immobilization equipment within the four counties of the North Central Region as outlined in the EMSC grant.	