

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								\$25,481.00	NCRSW-4		
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 December 2016- January 2017

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) <u>June 2016:</u> The North Central Region representative continues appointment from 2015 to the Regional QI as the liaison. Regional Council members regularly attend the Regional QI Committee meetings.</p>	<p>Completed June 2015 Completed 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) <u>September 2016:</u> Executive Director requested time on the September Regional QI agenda to review current min/max numbers for trauma designated services.</p>	<p>Completed July 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) <u>August/September 2016:</u> Regional QI Committee has not presented any trauma designation min/max recommendations to the Regional Council for discussion.</p>	<p>Completed September 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) <u>October/November 2016:</u> During this reporting period no recommended revisions to the min/max numbers have been brought forth to the Council for consideration.</p>	<p>Completed November 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><u>October/November 2016:</u> During this reporting period no recommended revisions to the min/max numbers have been brought forth to the Council for consideration.</p>	<p>Completed November 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 maximum numbers and levels of verified service types in each county and provide recommendations to the Department of Health.</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)</p> <p><u>August/September 2016:</u> During this reporting period all Local Councils were provided the Department of Health Standardized Methodology.</p>	<p>Completed September 2016</p>
		<p>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)</p> <p><u>October/November 2016:</u> During this reporting period no recommended revisions to the min/max numbers have been brought forth to the Council for consideration.</p>	<p>Completed November 2016</p>
		<p>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)</p> <p>December 2016/January 2017: During this reporting period no recommended changes have been brought forth to the Regional Council for approval</p>	
		<p>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)</p> <p>December 2016/January 2017: During this reporting period Executive Director updated draft strategic plan with current min/max numbers and no unserved or underserved areas have been identified or submitted to the Regional Council.</p>	

		<p>Strategy 5. By February 2017, Regional Council will forward any recommended Prehospital min/max revisions to Department of Health. (Work begins December 2016)</p> <p>December 2016/January 2017: During this reporting period no recommended changes have been brought forth to the Regional Council for approval</p>	
	<p>Objective 3. By March 2016, the Regional Council will develop, review, revise and implement Regional Patient Care Procedures</p>	<p>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)</p> <p><u>October/November 2015:</u> During this reporting period, no recommended changes to Regional PCPs were received from Local Council Chairs or MPDs.</p>	<p>Completed October 2015</p>
		<p>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)</p> <p><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.</p> <p>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 may be reported on at a later date.</p>	<p>Completed December 2015</p>
		<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><u>February/March 2016:</u> 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>	<p>Completed February 2016</p>

		<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) <u>December 2016/January 2017:</u> During this reporting period 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) <u>August 2016:</u> At this time all approved Regional PCP's are available for download on the NCECC.org website. The Regional Council and Executive Director will continue to work with the Process Improvement Workgroup, County MPDs, and Local Council's in future development and implementation. All PCP's will be utilized in the 2017-2019 Regional Plan Development.</p>	<p>Completed August 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) <u>July 2016:</u> During this reporting period, no revisions to the County Operating Procedures were provided to the North Central Region Council. SHB 1721 information was sent to all Regional Council members and Local Councils for review</p>	<p>Completed April 2016</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 Department of Health approval process algorithm. (Work begins February 2016) <u>July 2016:</u> During this reporting period, the Prehospital and Transportation workgroup received no revisions from Local EMS Councils to the County Operating Procedures.</p>	<p>Completed April 2016</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>Completed June 2016</p>

		<p><u>July 2016:</u> All Local EMS Councils have reviewed and revised all County Operating Procedures and submitted those that need approval to the Department of Health. Approval of Helicopter Response for Okanogan and Grant County has not yet been received from DOH personnel.</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) <u>December 2016/January 2017:</u> All updated COPs are on the NCECC.org website and have been distributed through the Regional Information Network.</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) <u>August 2016:</u> At this time all approved COP's are available for download on the NCECC.org website. The Regional Council and Executive Director will continue to work with the County MPDs, and Local Council's in future development and implementation. All COP's will be utilized in the 2017-2019 Regional Plan Development.</p>	<p>Completed August 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) <u>March 2016:</u> The Department of Health EMS Resource Count for 2015 was received.</p>	<p>Completed March 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>April/May/June 2016:</u> During this reporting period the County Councils utilized the Needs Assessment Survey to update agency contact information. The DOH 2015 EMS Resource Count was provided to the Local EMS Councils.</p>	<p>Completed May 2016</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>April/ May/June 2016:</u> During this reporting period the County Councils reviewed the agency information provided by rosters and requested agencies update their information with Department of Health.</p>	<p>Completed May 2016</p>

		<p>Strategy 4. By June 2016, the Regional Council will provide updated agency information to Department of Health. (Work begins May 2016) <u>April/May/June 2016:</u> During this reporting period the Executive Director received agency and provider updated contact information from Local EMS Councils. Updated information was reconciled with latest DOH report.</p>	<p>Completed June 2016</p>
	<p>Objective 6. By April 2017, the Regional Council will review the categorization levels for Cardiac and Stroke facilities.</p>	<p>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.</p>	<p>Completed September 2015</p>
		<p>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.</p>	<p>Completed December 2015</p>
		<p>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.</p>	<p>Completed December 2015</p>
		<p>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.</p>	<p>Completed March 2016</p>

		<p>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>	<p>Completed March 2016</p>
<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>December 2016/January 2017:</u> During this reporting period contract deliverable reports were provided to Region Council Members with the consent agenda.</p>	

	Objective 2. By February 2017 Regional Council will develop a 2017- 2019 Emergency Medical Services and Trauma Care Council Strategic Plan.	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) <u>August/September 2016:</u> At this time the Executive Director continues to provide an updated GANT chart and outline of remaining strategic plan work to the Regional Council for use in developing the 2017-2019 Strategic Plan.	Completed August 2016
		Strategy 2. By December 2016, Regional Council will review the draft 2017-2019 Regional Strategic Plan for approval. (Work begins August 2016) December 2016/January 2017: During this reporting period the strategic plan workgroup, Regional QI Chair, and workgroups reviewed current objectives and strategies and provided input to the draft strategic plan for approval to submit to DOH for review.	
		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) December 2016/January 2017: : During this reporting period the strategic plan workgroup, Regional QI Chair, workgroups, and Executive Director completed draft strategic plan for approval to submit to DOH for review.	
		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) December 2016/January 2017: During this reporting period the strategic plan workgroup, Regional QI Chair, workgroups, and Executive Director completed draft strategic plan for approval to submit to DOH for review.	
	Objective 3. During the Plan cycle the Regional Council will facilitate the exchange of information throughout the emergency care system.	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) December 2016/January 2017: 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.	
		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) December 2016/January 2017: 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.	
	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.	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) December 2016/January 2017: During this reporting period Executive Director and Council President attended the Regional Advisory, Steering Committee, and Licensing and Verification meetings.	
		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) <u>October/November 2016:</u> During this reporting period, Executive Director filed FY16 SAO Annual Report and financials.	
		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) <u>June 2016:</u> The North Central Region received the FY16 Annual Report compiled by the Executive Director that outlined deliverables accomplished, Training and Education updates and supported programs, and additional Council activities and operations.	Completed June 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) December 2016/January 2017: During this reporting period the Executive Committee reviewed and recommended approval of five Regional Policies. Executive Committee continues work on review and revisions of Regional Policy and Procedures.	Completed June 2016 Note: Executive Committee and Regional Council continue work on this strategy.
		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)	

		December 2016/January 2017: During this reporting period no assistance was requested from Local Councils regarding current business structure or RCW clarification.	
		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) December 2016/January 2017: During this reporting period, Executive Committee determined a method for funding of Board Development Training and collaboration with other Regions and DOH in the next Fiscal Year.	
		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) December 2016/January 2017: During this reporting period, scheduled Board training on 211 system was postponed due to meeting change and attendance.	
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. December 2016/January 2017: During this reporting period Local County Councils are in the process of system survey development.	Completed March 2016

		<p>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)</p> <p><u>February/March 2016:</u> 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.</p>	<p>Completed March 2016</p>
		<p>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)</p> <p><u>June 2016:</u> The FY17 budget was submitted to the North Central Region Council and approved at the June 8th Annual Meeting.</p>	<p>Completed June 2016</p>
		<p>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)</p> <p><u>July 2016:</u> During this reporting period the System Needs Survey was distributed to Training and Education Members for consideration in developing strategies for 2017-2019.</p>	<p>Completed April 2016</p>
	<p>Objective 2. Annually by June, the Training and Education Committee will provide Emergency Care Education for providers in the North Central Region.</p>	<p>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)</p> <p><u>April/May/June 2016:</u> During this reporting period the Training and Education Committee discussed FY16 Training fund utilization, accomplishments, and Agency survey to determine training needs and funding for FY17.</p>	<p>Completed June 2016</p>
		<p>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)</p> <p><u>August/September 2015:</u> During this reporting period the Training and Education Committee presented Contract proposals to Local Councils for training.</p> <p><u>July 2016:</u> During this reporting period Local Councils were notified of the</p>	<p>Completed August 2015</p>

		FY17 training funds available for each County Council area and requested their submission of fund utilization for the upcoming training year.	
		<p>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)</p> <p><u>October/November 2015:</u> During this reporting period, Greater Wenatchee, Grant County, and Okanogan N. Douglas County Council approved FY16 Training Contract.</p> <p><u>August/September 2016:</u> During this reporting period Local Councils were notified of the FY17 training funds available for each County Council area and requested their submission of fund utilization for the upcoming training year.</p>	<p>Completed October 2015 Completed September 2016</p>
		<p>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)</p> <p><u>August/September 2016:</u> During this reporting period no training calendar was required for publishing with the FY17 funding. Local Councils will update the Region on Education opportunities as they are scheduled and published on the NCECC.org website.</p>	<p>Completed September 2016</p>
		<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>December 2016/January 2017: During this reporting Training and Education updates were provided at the Local and Regional Council meetings by Regional Executive Director and Training and Education members.</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><u>October/November 2016:</u> During this reporting the Local Councils submitted training session feedback to the Regional Training and Education Committee for review.</p>	
		<p>Strategy 7. Annually by May, education Contracts will be reviewed for compliance and opportunities for renewal. (Work begins April 2016)</p> <p><u>April/May/June 2016:</u> During this reporting period the Training and</p>	<p>Completed May 2016</p>

		Education Committee and Executive Director reviewed FY16 education contracts for compliance.	
	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.	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) December 2016/January 2017: During this reporting Executive Director provided assistance to SEI on EMS Course Approval Process and Training Program Policy and Procedures.	
		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) December 2016/January 2017: During this reporting period Training and Education Committee assigned correlation data to a member and instructions for doing so were provided.	
		Strategy 3. On an ongoing basis, the Training and Education Committee will report correlated data for student completion of Initial EMS Courses to County MPDs. (Work begins October 2015) December 2016/January 2017: 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) December 2016/January 2017: During this reporting period DOH Process updates were provided to all SEI, EMS Evaluators, and agency Training Officers with links to DOH site for most current forms.	

		<p>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)</p> <p>December 2016/January 2017: During this reporting period the Training and Education Committee reviewed current methods for determining training fund allocations, program policies, and the role of the Training and Education Committee to determine objectives and strategies for the 2017-2019 Strategic Plan.</p>	
	<p>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.</p>	<p>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)</p> <p><u>February/March 2016:</u> 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.</p>	<p>Completed March 2016</p>
		<p>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)</p> <p><u>February/March 2016:</u> During this reporting period the Regional QI Plan with prehospital Key Performance Indicators for monitoring has been approved.</p>	<p>Completed March 2016</p>
		<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>December 2016/January 2017: During this reporting period no approved QI Plan has been distributed due to a delay in the approval process and a change in the Trauma Coordinator position at the lead facility.</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.</p>	

		<p>(Work begins December 2015) <u>December 2016/January 2017</u>: During this reporting period no Regional QI Committee meeting was held.</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 WEMIS forum to increase agency utilization. (Work begins August 2016) <u>February/March 2016</u>: 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>	<p>Completed October 2015</p>
	<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 and/or best- practice activities to support prevention efforts in North Central Region.</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) <u>August/September 2015</u>: 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. <u>August/September 2016</u>: Executive Director forwarded all current injury prevention data from Department of Health to Injury and Violence Prevention workgroup and Partners</p>	<p>Completed August 2015 Completed August 2016</p>
		<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) <u>August/September 2016</u>: During this reporting period Executive Director forwarded Regional IVP partners proposals for continued support of SAIL, SafeKids, SafeSitter, and Force is With You prevention programs to IVP Workgroup.</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) <u>October/November 2016</u>: During this reporting period all contracts were</p>	<p>Completed December 2015 Completed November 2016</p>

		secured with Injury Prevention Partners.	
		<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><u>July 2016:</u> During this reporting period Injury Prevention partners have submitted activity reports for programs supported in FY16.</p>	Completed July 2016
		<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><u>December 2016/January 2017:</u> During this reporting period no community activities were participated in.</p>	
Goal 4. Develop a comprehensive Public Education Program to promote and enhance public awareness and knowledge of the Emergency Care Systems of Washington.			
	Objective 1. During July 2015 - June 2017, the Regional Council will collaborate to educate the public and our partners on the Emergency Care System.	<p>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)</p> <p><u>August 2016:</u> During this reporting period the Regional Public Information Presentation was reviewed with no recommended changes to the Regional Council.</p>	Completed August 2015 Completed August 2016
		<p>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)</p> <p><u>October/November 2015:</u> During this reporting period, Executive Director provided updated Public Information brochure to the Regional Council.</p> <p><u>August/September 2016:</u> During this reporting period the Regional Public Information Presentation was reviewed with no recommended changes to the</p>	Completed November 2015 Completed September 2016

		Regional Council.	
		<p>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)</p> <p><u>November 2015:</u> During this reporting period the updated Public Information media and brochure was uploaded to the NCECC.org website.</p> <p><u>August/September 2016:</u> The Regional Public Information media and brochure uploaded on NCECC.org website is current.</p>	<p>Completed November 2015</p> <p>Completed September 2016</p>
		<p>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)</p> <p>December 2016/January 2017: During this reporting period no presentations were requested.</p>	
Goal 5. Work toward sustainable emergency care funding and enhancing workforce development to optimize patient outcomes.			
	<p>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.</p>	<p>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)</p> <p><u>April 2016:</u> The Administrative Services contract between the North Central and East Region has been reviewed with no recommended changes by both Regional Council Executive Committees.</p>	<p>Completed April 2016</p>
		<p>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)</p> <p><u>April 2016:</u> The Administrative Services contract between the North Central and East Region has been reviewed and approved by both Regional Council Boards.</p>	<p>Completed April 2016</p>
		<p>Strategy 3. Throughout the plan timeframe, the Executive Committee, Training and Education Committee, Injury and Violence Prevention</p>	

		<p>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)</p> <p><u>December 2016/January 2017: During this reporting period the sharing of NCECC Regional Training Program and Student /Instructor Liability Insurance for East Region SEI and students was discussed by the Executive Committee.</u></p>	
	<p>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.</p>	<p>Strategy 1. By July 2015, Mobile Integrated Healthcare Workgroup will establish a Regional Mission and Vision. (Work begins July 2015)</p> <p><i>Mission Statement: Mobile Integrated Health, improving lives and health outcomes through interagency collaboration.</i></p> <p><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></p>	<p>Completed July 2015</p>
		<p>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)</p> <p><u>October/November 2015:</u> 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.</p>	<p>Completed October 2015</p>
		<p>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)</p> <p><u>December 2016/January 2017: During this reporting period the Mobile Integrated Healthcare workgroup continued work with State and Regional Stakeholders. Members are actively participating in local ACH and identifying areas of EMS importance.</u></p>	
	<p>Objective 3. During July</p>	<p>Strategy 1. Throughout the plan timeframe, the Executive Director will</p>	

	<p>2015-June 2017 Strategic Plan cycle, the Regional Council will determine methods to increase funding sources compliant with State regulations.</p>	<p>collaborate with Regional Director's and the Department of Health to develop a fundraising template. (Work begins August 2015) <u>December 2016/January 2017: During this reporting period, the State Adhoc workgroup did not meet.</u></p>	
		<p>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) <u>December 2016/January 2017: During this reporting period the North Central Region requested scholarships for attendance at the Northwest Rural Health Conference.</u></p>	