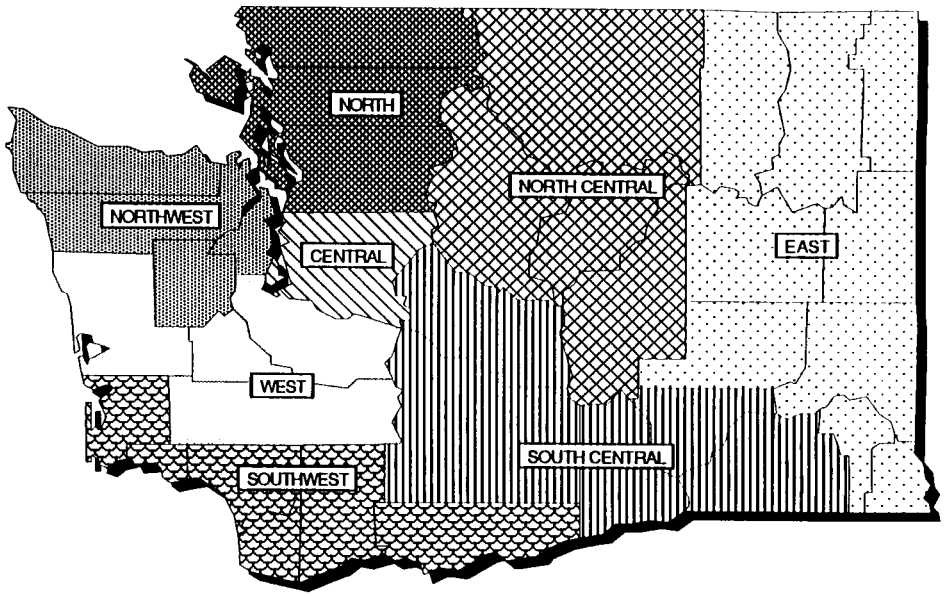
Regional EMS and Trauma Care Council Member Handbook

December 2000



Washington State Department of Health

Additional copies of this handbook are available from our WEB site at *http://www.doh.wa.gov/hsqa/emtp*

Or by request from:

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Dear Council Member:

Congratulations on your recent appointment!

This appointment is an opportunity for you to participate in a system designed to protect the public from premature death and disabling injury. The responsibilities of serving on a regional Emergency Medical Services and Trauma Care Council are considerable. We appreciate your willingness to serve the citizens of Washington State in this capacity.

As a council member, you are responsible both to your profession and to the consumers of the state. Your primary duty is to make decisions that help improve the quality of health, safety and life here. Another important aspect is to ensure that our government remains accessible and accountable to citizens.

To assist you in carrying out your duties we have designed a new Regional Council member Orientation Manual. This manual is intended to provide you with an overview of the EMS/Trauma care system, its components, and its people. It will also serve as an introduction to the functions of the Regional EMS and Trauma Care Councils. Each manual includes information specific to the Regional EMS/TC Council on which you serve.

The staff in the Office of Emergency Medical and Trauma Prevention is strongly committed to serving the public and building the most effective EMS/Trauma system in the nation. Please call on staff members to assist you with answering questions, gathering information, and protecting Washington's citizens.

Again, thank you for your willingness to serve in this important capacity. We hope that you find the appointment rewarding. You have our strong support, best wishes and highest expectations.

Sincerely,

Janet Griffith, Director

INTRODUCTION

Regional Emergency Medical Services and Trauma Care (EMS/TC) Council Mission:
To establish and promote a regional system of emergency medical and trauma care services within Washington State. This system provides timely and appropriate delivery of optimal emergency medical treatment for people with acute illness and traumatic injury, and recognizes the changing methods and environments for providing optimal emergency care throughout each region of the state.

Regional EMS/TC Council Roles and Responsibilities
Regional EMS/TC councils identify and analyze system trends to evaluate the EMS/TC system and its component subsystems, using trauma registry data provided by the department. Using this information, they develop and submit regional EMS/TC plans to the Department of Health, which identify the required regional EMS/TC system requirements regardless of current resources or political climate. The plan identifies the need for and recommends the distribution and level of care (basic, intermediate or advanced life support) of verified aid and ambulance services for each area in the region. These recommendations will be based on criteria established by the Department relating to agency response times, geography, topography, and population density. Regional Councils must also identify EMS/TC services and resources currently available within the region, describe how the roles and responsibilities of the MPD are coordinated with those of the regional EMS/TC council and the regional plan, and include a schedule for implementation of the regional plan.

In developing or modifying its plan, the regional council must seek and consider the recommendations of the local EMS/TC councils, and the EMS/TC systems established by ordinance, resolution, inter-local agreement or contract by counties, cities or other governmental bodies. In addition the regional council must use regional and state analyses provided by the Department based on trauma registry data and other appropriate sources. The regional council must adopt regional patient care procedures as part of the regional plans. Regional patient care procedures (PCPs) must address:

- care of all emergency patients and include guidelines for rendezvous with agencies offering higher levels of service, if appropriate and available, in accordance with the regional plan;
- type of facility to receive the patient, as described in regional patient destination and disposition guidelines;
- procedures to handle types and volumes of trauma that may exceed regional capabilities, taking into consideration resources available in other regions and adjacent states;
- for major trauma patients, regional patient care procedures must identify procedures to activate the trauma system.

Trauma and the Washington EMS System
Trauma is the leading cause of death for all people under age 44, and the leading cause of disability for all people under age 65. It is a disease of epidemic proportions. Thirty to forty percent of trauma deaths would not occur if an organized trauma system were in place. The *Washington Emergency Medical Services and Trauma Act of 1990* declared that a trauma care system, one which delivers the "right" patient to the "right" facility in the "right" amount of time, would be cost effective, assure appropriate and adequate care, prevent

human suffering and reduce the personal and societal burden that results from trauma. The Act requires that the full continuum of care from prevention through prehospital, hospital and rehabilitation be implemented within Washington State.

BRIEF HISTORY OF EMERGENCY MEDICAL AND TRAUMA SERVICES

In The United States

Until the late 1960s, few areas in the nation provided adequate prehospital emergency medical care. The prevailing thought was that care began in the hospital emergency department. Rescue techniques were crude, ambulance attendants poorly trained and equipment minimal. There was no radio communication and no physician involvement. Prior to 1966, a mortician, private ambulance service or fire department firefighters provided most emergency and transport services.

This situation began to change in 1966 when Highway Traffic Safety funds were made available to states in order to improve their EMS systems. Substantial improvement occurred in basic life support systems, especially in training and emergency medical communications. In November 1973, Congress passed Public Law 93-154, otherwise known as the Emergency Medical Services Systems Act. Federal funds were directed toward the further improvement of EMS services across the country through development of regional EMS systems.

In 1981, the passage of the Consolidated Omnibus Budget Reconciliation Act (COBRA) effectively eliminated all federal funding for EMS. The EMS categorical grant program funds, previously available through the federal Department of Health and Human Services (DHHS), were folded into the Preventive Health Block Grant jointly administered by Department of Transportation (DOT) and DHHS. Only a small portion of this money, however, is currently available for EMS activities. Today there are still major differences among regions of the country regarding the quality of prehospital emergency care.

In Washington State

In 1971, the Washington State legislature amended the Revised Code of Washington (RCW) 18.71 to include paramedic certification as part of the Physicians' Practice Act. This RCW was again revised in 1978 to include the Department of Social and Health Services (and later the Department of Health) and the University of Washington as certifying agencies of paramedic personnel. It also established three levels of advanced life support personnel: I.V. Technician, Airway Technician and Paramedic. Specific educational and skill maintenance requirements were set for each level.

In 1973, the legislature created RCW 18.73, entitled Emergency Medical Care and Health Services. This new legislation sought to establish minimum baseline standards for patient care. The law provided for inspection and licensing of prehospital emergency services.

In 1979, the state was fortunate to have emergency medical service leaders and a legislature with the foresight to further expand and improve this EMS system. They amended RCW 18.73 to provide guidelines for the continued development and improvement of emergency medical services systems. Regional EMS Councils were created and made a key component in the state EMS planning process. Approximately $2.5 million was provided biennially for the state program.

In 1983, the legislature again took action to revise and update EMS legislation. The law extended EMS personnel categories to include First Responders. This law also gave official recognition to Medical Program Directors and local EMS councils.

A major revision of Washington State EMS legislation occurred in 1988. This legislature recognized the need to address trauma care in the state and enacted a bill to study the need for a statewide trauma system. The 30-month study produced a seven-volume report that described the necessary components for a functional and effective trauma care system for the state.

The 1990 legislature responded to the report by enacting the Statewide Emergency Medical Services and Trauma Care System Act. This act substantially amended state law regarding verification of ambulance and aid services, included trauma training requirements for Basic Life Support (BLS) personnel, specified the designation of five levels of trauma care facilities (hospital and clinics), and established the basis for a well coordinated, integrated statewide emergency medical services and trauma care system that includes prevention, prehospital care, hospital care and rehabilitation. The Department of Health, Office of Emergency Medical and Trauma Prevention is responsible for the overall management, oversight, contracts and compliance of the statewide system.

WASHINGTON LAW AND THE STATE EMS/TRAUMA SYSTEM

Legislation affecting EMS and trauma is comprised of five separate statutes:

1. RCW 18.71 sets standards and regulates certification of advanced life support (ALS) and intermediate life support (ILS) personnel, and defines the duties and responsibilities of the county Medical Program Directors (MPD);
2. RCW 18.73 sets standards to regulate basic life support (BLS) personnel, and to license prehospital services and vehicles;
3. RCW 18.76 establishes poison information centers;
4. RCW 70.168 is the Washington EMS and Trauma Act of 1990, which created the trauma system; and
5. RCW 70.122 is the Natural Death Act which included a requirement for establishing guidelines for EMS personnel when responding to patients who have requested to not be resuscitated.

Appendix A is the Washington Administrative Code (WAC) Chapter 246-976: "The EMS and Trauma Care System" that governs the scope and work of Regional EMS/TC Councils and Local EMS/TC Councils.

Appendix B cites specific DOH EMTP responsibilities that are mandated by statute.

TRAUMA CARE REIMBURSEMENT FUND

In 1997, the Washington State Legislature established dedicated funding through the Trauma Care Services Fund Act. RCW 70.168.040 establishes the emergency medical services and trauma care system trust account. This fund is intended to compensate trauma care providers for the unreimbursed care of trauma patients. The source of funding is by way of a $5.00 fee on all moving violations and $4.00 of a $6.50 fee on the sale or lease of a new or used vehicle (the other $2.50 is an administrative fee for auto dealers). Fund collection began January 1, 1998. Recipients of these funds include (1) verified prehospital agencies, (2) designated trauma care services, (3) physicians providing trauma care at a designated trauma service and (4) designated trauma rehabilitation services.

A summary of the performance of the fund in the initial (partial) biennium can be found in Trauma Care Reimbursement, The 1998 Report on Funding Trauma Care Services. Copies are available by contacting the Office of Emergency Medical and Trauma Prevention.

REGIONAL EMS & TRAUMA CARE COUNCILS

The EMS and Trauma Care Act required DOH to designate at least eight EMS/Trauma Care Planning and Services Regions in the state. Regional borders are delineated so that all parts of the state are within a region. The eight regions are shown on the map in Appendix C. The EMS/Trauma Care Act also created an EMS/Trauma Care Regional Council for each region, defined the membership of each council and specified their primary functions. Regional EMS/TC Council's proposed structure must be approved by DOH. Once that structure is approved, the local EMS/TC councils within the region forward recommendations for membership on the Regional EMS/TC Council to DOH. Appointments for members of Regional EMS/TC Councils are for three years, and are made by the Secretary of the DOH.

As a Regional EMS/TC Council member, you will be involved in many interesting, challenging and diverse activities. As a council member of a nonprofit organization you have fiduciary and legal responsibilities to the council. You are essentially a member of the Board of Directors of a Regional EMS/TC Council, which is in the business of providing oversight and direction for a Regional EMS/Trauma Care System. While you may represent a specific entity or organization, your role on the council means that you need to look at EMS/Trauma Care as a system (from prevention to prehospital, hospital and rehabilitation) that needs to work effectively throughout the whole region. Always remember that each region contributes toward a statewide EMS/Trauma Care system.

SPECIFICALLY, YOUR INDIVIDUAL RESPONSIBILITIES AS A REGIONAL EMS/TC COUNCIL MEMBER ARE AS FOLLOWS:

Your responsibility to the general public is to make the best decisions to ensure that the EMS trauma system functions in a timely, safe and appropriate manner. In addition, the public also needs to know about the activities of the Regional EMS/TC Council, and needs an avenue for resolving issues that may arise within the system.

Your responsibility to your agency or organization is to be a liaison between the Regional EMS/TC Council and the agency or organization you represent, and share information and challenges with each in order to improve the regional system.

Your responsibility to the Department of Health is to provide unbiased recommendations for maintaining and improving a high quality, statewide EMS/Trauma care system.

Your responsibility to other council members is to attend meetings regularly, listen to other council members, consider their views and contributions, and work with them to make decisions and solve problems that are in the best interests of an effective and efficient regional system.

ETHICAL AND CONFIDENTIALTY CONSIDERATIONS

RCW 42.52, *Ethics in Public Service,* identifies situations and activities that are considered not in the public interest. The provisions of this act apply to state employees, agencies, committees, boards and commissions, and to Regional EMS/TC Council members as DOH appointees.

Most literature on non-profit organizations recommends that such organizations have policies and procedures on “conflict of interest”. All members should be aware of what policies their Regional EMS/TC Council has in place to address this issue. There are other policies, such as duty of loyalty, that are also important to consider for non-profit organization members.

The Washington State *Open Public Meeting Act* (RCW 42.30) is another law that members should be aware of. The following are specifics that are applicable to public agency meetings under the Open Public Meetings Act. Except where noted otherwise, the phrase "public agency meetings" includes regular, executive committee, standing committee and ad hoc committee meetings. The phrase "governing body" refers to the elected or appointed members and officers who are responsible for the operations of a public agency.

(1) A member of the public cannot be required to register his name or to fulfill any other condition in order to attend public agency meetings. No one can be required to put their name to a sign-in sheet in order to attend public agency meetings.

(2) Governing bodies of public agencies cannot pass any motion, resolution or directive or take any other action except in a meeting open to the public, and then only at a meeting of which notice has been given according to the Open Public Meetings Act. Any action taken by a public agency that does not comply with this provision is null and void, under the law.

(3) Governing bodies may not vote by secret ballot at any meeting open to the public. Since public agencies need to plan on conducting all their business in meetings open to the public, secret ballots would not be taken at any governing body meetings for any reasons, including election of officers. Any action taken by a public agency that does not comply with this provision is null and void, under the law.

(4) Regular meeting dates for public agency governing body meetings must be specified in the public agency bylaws. Special meetings, that is, meetings at any time other than the time specified in the bylaws, may be called by delivering notice of the meeting to each governing body member and to the media at least twenty-four hours prior to the meeting. These meeting notices must specify the business to be conducted at the meeting, and no other business or final disposition of any business may be taken at that meeting.

(5) Governing bodies may hold executive sessions to consider the matters specifically listed in RCW 42.30.110, the Open Public Meetings Act (see Appendix E). Before beginning an executive session for one of these limited purposes however, the Chair must specify the purpose for excluding the public from the meeting, and the time the executive session will be concluded. The session must then conclude at that time. No final action or vote may be taken during an executive session. Final actions and votes may only be taken at a regular or special governing body meetings, as defined in the

Act. The Act specifies that it should be interpreted "liberally", meaning that it should always be interpreted in a manner, which allows for the broadest possible public input under any and every circumstance.

(6) Any governing body member who attends a meeting where any action is taken in violation of RCW 42.30.120, that is, in violation of any of the above, is subject to personal liability in the form of civil penalties. An action to enforce this penalty in Washington State Superior Court may be brought by anyone.

How does all this relate to Regional EMS and Trauma Care Councils and their members? The Secretary of the Department of Health under RCW 70.168.100 appoints Regional EMS/TC Council members. When performing their duties as defined in statute, Regional EMS/TC Councils are public agencies as defined in RCW 42.30.020 (1)(c), and are subject to Open Public Meetings Act.

As a member of an EMS/TC Regional EMS/TC Council, you need to strive to maintain a professional, businesslike manner in all your dealings with health care personnel, elected officials, business leaders and members of the public. The appendices of this handbook are designed to help you achieve this end. Appendix D contains the Consumer Bill of rights, which pertains to Regional EMS/TC Council functions.

The Office of Emergency Medical and Trauma Prevention contracts with each Regional EMS/TC Council in order to fulfill the mandates of the law and to develop the trauma system at the regional level. These performance-based contracts include funding for prevention, training, planning, medical program director support, quality improvement and administration.

LOCAL EMS/TC COUNCILS

If a county or group of counties creates a local EMS/TC council, it must be composed of representatives of hospital and prehospital trauma care and EMS providers, local elected officials, consumers, local law enforcement officials, local government agencies, physicians and prevention specialists involved in the delivery of EMS/TC. Local EMS/TC councils are the base on which the Washington state and regional EMS and trauma care systems are built.

Local EMS/TC councils make formal recommendations to DOH for individual appointments to Regional EMS/TC Council membership. Council recommendations for Regional EMS/TC Council appointments must reflect a balance of hospital and prehospital trauma care and emergency medical service providers, local elected officials, consumers, local law enforcement representatives and local government agencies, as specified in the Regional EMS/TC Council by-laws, who are involved in the delivery of emergency medical services and trauma care, administration, prevention, rehabilitation or other components of the system. (Please see the Regional Support Handbook, Appendix F, for schematics and descriptions of the processes used to recommend and appoint individuals to Regional EMS/TC Council membership.) In areas where no Local EMS/TC council exists, membership applications should be submitted directly to the department.

Local EMS/TC councils review, evaluate and provide recommendations to the regional EMS/TC council regarding provision of emergency medical services and trauma care in the

region. Local EMS/TC councils also make recommendations to their Regional EMS/TC Council on the plan for delivery of services and care in the region.

Local EMS/TC councils must participate with the MPD and emergency communication centers in making recommendations to the regional EMS/TC council about the development of regional patient care procedures, review of senior EMS instructor (SEI) applications and make recommendations for SEIs to the department.

In addition, they must review applications for initial training classes and Ongoing Training and Evaluation Programs (OTEP), and make recommendations concerning these classes and programs to the department. They also may make recommendations to the department regarding certification and termination of County MPDs, as provided in RCW 18.71.205(4).

In areas where no local EMS/TC council exists, the regional council shall perform the required duties with assistance from local providers.

APPENDICES

Appendix A: Washington Administrative Code (WAC) for Regional and Local EMS/Trauma Care Councils

Appendix B: State Authority and Responsibilities in EMS and Trauma Care

Appendix C: Map of Washington State EMS and Trauma Care Regions

Appendix D: Consumer Bill of Rights

Appendix E: Open Public Meetings Act

Appendix F: Regional Support Process Handbook

Appendix G: Regional and Local EMS and Trauma Care Council Office Information

APPENDIX A

WAC 246-976-960 Regional Emergency Medical Services and Trauma Care Councils

(1) In addition to meeting the requirements of chapter 70.168 RCW and elsewhere in this chapter, regional EMS/TC councils must:

- (a) Identify and analyze system trends to evaluate the EMS/TC system and its component subsystems, using trauma registry data provided by the department;
- (b) Develop and submit to the department regional EMS/TC plans to:
  - (i) Identify the need for and recommend distribution and level of care (basic, intermediate or advanced life support) for verified aid and ambulance services for each response area. The recommendations will be based on criteria established by the department relating to agency response times, geography, topography, and population density;
  - (ii) Identify EMS/TC services and resources currently available within the region;
  - (iii) Describe how the roles and responsibilities of the MPD are coordinated with those of the regional EMS/TC council and the regional plan;
  - (iv) Describe and recommend improvements in medical control communications and EMS/TC dispatch, with at least the elements of the state communication plan described in RCW 70.168.060 (1)(h);
  - (v) Include a schedule for implementation.

(2) In developing or modifying its plan, the regional council must seek and consider the recommendations of:

- (a) Local EMS/TC councils;
- (b) EMS/TC systems established by ordinance, resolution, interlocal agreement or contract by counties, cities, or other governmental bodies.

(3) In developing or modifying its plan, the regional council must use regional and state analyses provided by the department based on trauma registry data and other appropriate sources;

(4) Approved regional plans may include standards, including response times for verified services, which exceed the requirements of this chapter.

(5) An EMS/TC provider who disagrees with the regional plan may bring its concerns to the steering committee before the department approves the plan.

(6) The regional council must adopt regional patient care procedures as part of the regional plans. In addition to meeting the requirements of RCW 18.73.030(14) and 70.168.015(23):

(a) For all emergency patients, regional patient care procedures must identify:

- (i) Guidelines for rendezvous with agencies offering higher levels of service if appropriate and available, in accordance with the regional plan.
- (ii) The type of facility to receive the patient, as described in regional patient destination and disposition guidelines.

(iii) Procedures to handle types and volumes of trauma that may exceed regional capabilities, taking into consideration resources available in other regions and adjacent states.

(b) For major trauma patients, regional patient care procedures must identify procedures to activate the trauma system.

(7) Matching grants made under the provisions of chapter 70.168 RCW may include funding to:

(a) Develop, implement, and evaluate prevention programs; or

(b) Accomplish other purposes as approved by the department.

[Statutory Authority: Chapters 18.71, 18.73 and 70.168 RCW, 00-08-102, § 246-976-960, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW 43.70.040 and Chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-960, filed 12/23/92, effective 1/23/93.]

WAC 246-976-970 Local Emergency Medical Services and Trauma Care Councils

(1) If a county or group of counties creates a local EMS/TC council, it must be composed of representatives of hospital and prehospital trauma care and EMS providers, local elected officials, consumers, local law enforcement officials, local government agencies, physicians, and prevention specialists involved in the delivery of EMS/TC.

(2) In addition to meeting the requirements of chapter 70.168 RCW and this chapter, local EMS/TC councils must:

(a) Participate with the MPD and emergency communication centers in making recommendations to the regional council about the development of regional patient care procedures; and

(b) Review senior EMS instructor applications and make recommendations to the department.

(c) Review applications for initial training classes and OTEP programs, and make recommendations to the department.

(3) Local EMS/TC councils may make recommendations to the department regarding certification and termination of MPDs, as provided in RCW 18.71.205(4).

[Statutory Authority: Chapters 18.71, 18.73 and 70.168 RCW. 00-08-102, § 246-976-970, filed 4/5/00, effective 5/6/00. Statutory Authority: RCW 43.70.040 and Chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-970, filed 12/23/92, effective 1/23/93.]

APPENDIX B

STATE AUTHORITY & RESPONSIBILITIES

The Department of Health established the Emergency Medical Services & Trauma Care Office in 1990. The name was changed to the Office of Emergency Medical and Trauma Prevention in 1995. The office consists of four sections:

- Education, Training and Regional Support;
- Licensing and Certification;
- Prevention, Policy and Planning; and
- Trauma Designation, Registry and Quality Assurance

These sections' responsibilities include the following:

Education, Training & Regional Support - Provides leadership and direction to meet the medical education needs of EMS caregivers. The section works actively with the state EMS Education Committee, eight regional EMS and Trauma Care (EMS/TC) Councils, and many other health care organizations to bring quality training to EMS responders, and EMS and trauma system development assistance to each region. Specifically, this section:

- Establishes standards for conducting all EMS education and training programs;
- Provides technical assistance to and provides DOH policy interpretation for eight regional EMS/TC Councils on system development and implementation issues, including the development of regional EMS plans including integrating internal and external policy, program, and administrative issues;
- Provides technical assistance to 39 local EMS/Trauma Care Councils and 15 County EMS offices, EMS provider agencies, emergency dispatch and communications centers, and others, as required;
- Reviews and evaluates current EMS education and training programs;
- Approves Senior EMS Instructors and BLS Evaluators;
- Develops training manuals, curricula and other educational materials;
- Provides technical assistance in regional system development and implementation activities;
- Distributes funds for continuing medical education (CME) of physicians and nurses in techniques of Advanced Life Support;
- Distributes funds for initial EMS training and the Ongoing Training and Evaluation Program at the basic life support level;
- Develops and monitors contracts for EMS education and training programs for the eight regions;
- Monitors DOH contracts with eight regional EMS/TC Councils and approves payments to the regional councils under those contracts;
- Monitors regional contract implementation activities;
- In conjunction with the L&C Section, presents state and regional Medical Program Director Workshops;

- Provides technical assistance to appointed and elected local, regional and state officials regarding state/regional EMS/TC systems;
- Provides technical assistance in the development of Washington State EMS/TC Plan;
- Conducts biennial regional EMS/TC Council plan review process as well as reviewing updates to the biennial plans as adopted by the regions;
- Provides technical assistance to the regions, MPDs and licensed/ verified services in the development of, and monitors the revision of, Regional Patient Care Procedures;
- Provides in-depth technical assistance to EMS/TC provider agencies in the implementation of the Washington State Trauma Triage Tool at the county and local levels;
- Provides staff support and technical assistance to the Education Committee.
- Provides staff support and technical assistance to the Disaster TAC of the Steering Committee.
- Coordinates statewide "EMS-No CPR" program for EMS personnel and the citizens of Washington State; and,
- Develops innovative educational programs to meet the needs of prehospital providers in unique settings.
- Represents EMS and trauma system issues to local elected and appointed government officials regarding the state EMS/TC system;
- Integrate emergency/disaster preparedness activities at federal and state levels into regional and local EMS and trauma system planning, implementation and operational activities.

Provide staff support for the Steering Committee Disaster TAC and advise the TAC regarding the formulation and implementation of emergency/disaster preparedness policies concerning the state and regional EMS and Trauma Systems.

Licensing & Certification - Develops and enforces rules, regulations and standards for licensing, verification and inspection of prehospital EMS/TC services; and the certification of personnel providing emergency medical and trauma care. Specifically:

- Staffs and consults with the EMS/TC Licensing and Certification Committee (L&C);
- Develops and administers examination standards for certification and re-certification of EMS/TC personnel;
- Certifies EMS/Trauma personnel who meet code requirements;
- Re-certifies EMS/Trauma personnel upon proof of continuing satisfactory performance, education and testing;
- Investigates complaints against licensed agencies or certified individuals;
- Administers discipline for certified EMS/Trauma personnel and licensed services;
- Issues ambulance, aid service and vehicle licenses to services who meet state standards;
- Periodically conducts inspections of licensed services;
- Verifies capabilities of licensed agencies to provide trauma care services;

- In conjunction with the state EMS/Trauma Steering Committee and L&C Committee, prescribes standards defining the duties and responsibilities of County Medical Program Directors (MPDs);
- Assists in the development and presentation of MPD Workshops;
- In conjunction with the state L&C Committee, approves and appoints County MPDs and their physician delegates;
- Provides technical assistance to agencies, applicants and the public in matters relative to L&C; and,
- Provides technical assistance in the development of Emergency Medical Dispatch (EMD).

Prevention, Policy & Planning – Develops prevention programs and training; monitors EMS/Trauma rules and rule changes; provides legal/policy consultation; manages the office legislative process during legislative session, manages the planning functions of the office, provides support to other sections and regions. Specifically:

Prevention

- Identifies, develops and promotes injury prevention activities and training;
- Coordinates statewide Injury Prevention programs;
- Provides technical assistance, training and support to Regional EMS/TC Councils in developing community injury prevention and public education programs;
- Provides staff support to the Injury Prevention/Public Education Technical Advisory Committee
- Functions as a clearinghouse for injury prevention materials, events and activities
- Represents the OEMTP in DOH, state and regional advisory functions.

Policy

- Manages the process of review of EMS/Trauma rules using public and professional input;
- Functions as a clearinghouse and resource for legislation, rules and policies;
- Assists OEMTP Sections with the development of statewide policy for implementing systems that assure accessible and timely treatment for victims of motor vehicle crashes, suspected coronary illnesses, poisonings and trauma;
- Coordinates the development and implementation of department- proposed legislation and regulations and makes recommendations to the Director of OEMTP, and
- Coordinates the annual EMS and Trauma Legislative Day.

Planning

- Provides consultation and technical assistance to Regional EMS/TC Councils for the regional/state plan development;
- Plans and implements the annual statewide EMS and Trauma Care Conference;
- Manages the state Trauma Fund Reimbursement Program;
- Develops Office annual report;
- Maintains current State EMS/Trauma System Plan; and,
- Provides staff support to the cost reimbursement technical advisory committee.

Trauma Designation, Registry & Quality Assurance -
This section facilitates the development of a statewide system for efficient and effective delivery of trauma services. In addition, this section:

Designation

- Manages the process for designating health care facilities, to provide trauma services to people involved in major trauma incidents;
- Provides technical assistance and consultation to all health care facilities on the process of applying for designation to provide trauma services;
- Manages the competitive process by which health care facilities, including hospitals are evaluated to provide one or more specified levels of trauma care service;
- Coordinates on-site reviews of hospitals who apply for designation as a Level I, II, III, and/or Pediatric Level I, II or III Trauma Care Service(s);
- Monitors designated trauma services for compliance with state standards to assure optimal provision of care for the major trauma patient. Provides leadership and technical assistance in the development, management and coordination of regional trauma quality assurance and improvement activities.

Registry

- Provides technical assistance in the development, implementation and maintenance of a statewide trauma care data collection system (trauma registry), thus functioning as an information clearinghouse and resource center for trauma data;
- Provides leadership and technical assistance in establishing information systems which allow designated trauma services, verified prehospital providers, and regional quality assurance programs to assess their quality of trauma care and trauma patient outcomes.

Quality Assurance and Improvement

- Monitors and analyzes the trends, patterns, efficiency, effectiveness, costs and needs of the Emergency Medical and Trauma Care System;
- Provides information to monitor compliance with state and regional trauma system standards;
- Provides technical support to Regional EMS and Trauma Care Councils for quality management, planning and need identification, and
- Administers the state Poison Control Certification Program.

The Office also provides staff support to the Governor-appointed EMS/Trauma Care Steering Committee and the Technical Advisory Committees (TACs). There are also additional documents available for your use from the OEMTP. Many of these documents are available on our web page at: www.doh.wa.gov/hsqa/emtp

Some examples of available materials from the Office are:

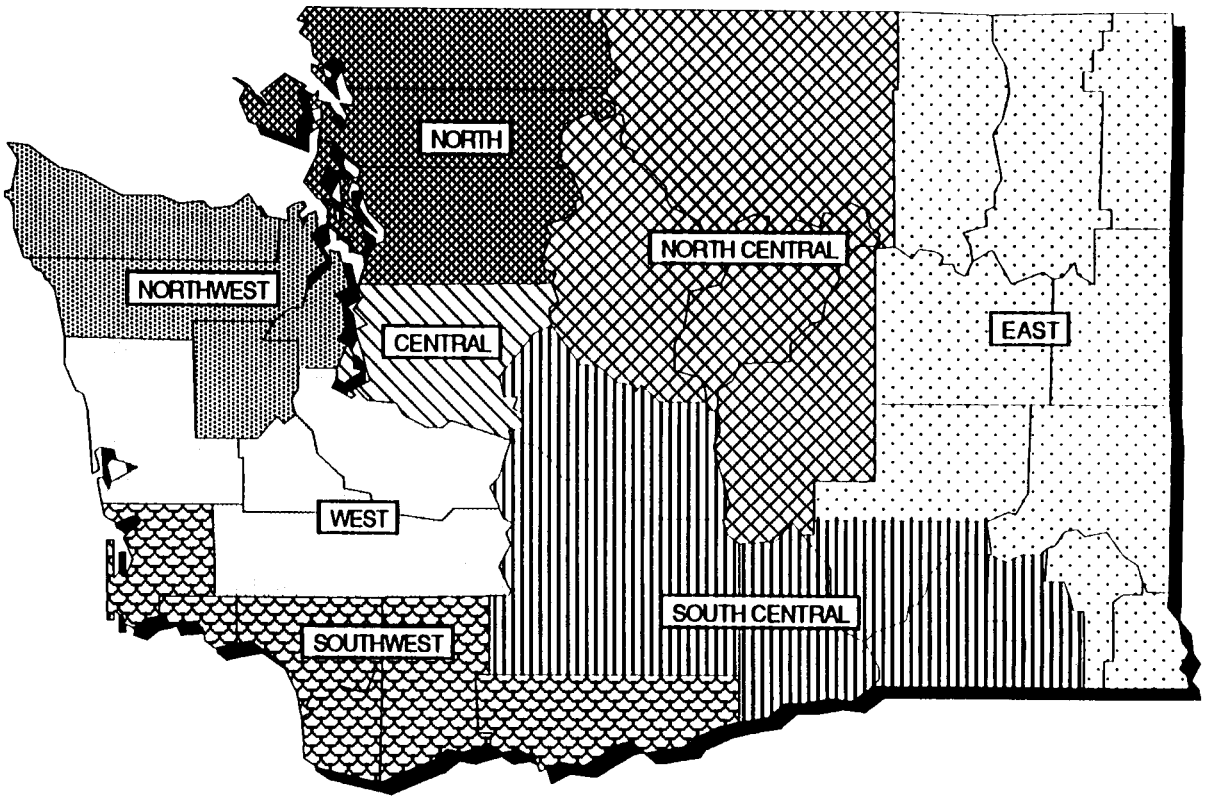
- Current membership lists for:
  - EMS/Trauma Steering Committee
  - Licensing and Certification Committee
  - Education Committee

- Technical Advisory Committees (TACs):

Cardiac	Hospital	Resource Allocation
Communications	Pediatrics	Rehabilitation
Cost/Reimbursement	Prehospital	Public Policy
Data	Disaster	Injury Prevention/Public Education

- Training manuals and EMS provider course curricula
- Injury Prevention materials
- List of designated trauma facilities, both general and pediatric
- List of designated rehabilitation facilities

APPENDIX C


NORTH
NORTH CENTRAL
NORTH-WEST
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SOUTH CENTRAL
SOUTH-WEST

APPENDIX D

Consumer Bill of Rights

- The right to safety – to be protected against the marketing or products and services that are hazardous to health or life;

- The right to be informed – to be protected against fraudulent, deceitful, or grossly misleading information, advertising, labeling, or other practices, and to be given the facts needed to make informed choices;

- The right to choose – to have available a variety of products and services at competitive prices; and

- The right to be heard – to be assured that other consumer interests will receive full and sympathetic consideration in making government policy, both through regulations passed by administrative agencies and through laws passed by legislatures.

President John F. Kennedy, Special Message on Protecting the Consumer Interest, 1962 Congressional Quarterly 458.

Two additional rights have been recognized since 1962:

- The right to education – to programs and information that help consumers make better market place decisions

- The right to redress – to work with established mechanisms to have problems corrected and to receive compensation for poor service or for products that do not function properly.

Council members should keep these consumer rights in mind when making council decisions. Working in the public interest means looking at the issues brought before the council from the point of view of the impact on the consumers of the service, rather than the providers of the service.

This means examining the council's procedures and decision to ensure that they encourage openness and accountability, increase the public's safety, and do not restrict choices available to consumers. Useful consumer information about the system and how consumers can access it, lodge complaints, and seek information should be published in brochures and in other publications, as appropriate.

APPENDIX E

OPEN PUBLIC MEETINGS ACT

October 15, 1993

TO: All Regional E.M.S. and Trauma Care Council members

FROM: Norman Fjosee/Dick Benjamin, DOH EMS & TS

SUBJECT: Regional Councils and the Open Public Meetings Act of 1971

As we are all aware, we live in an era of the close scrutiny of public operations, and the expectation that public agencies will be open and accountable in the conduct of all their public business. Both the Department of Health and Regional E.M.S. and Trauma Care Councils need to be exacting in fulfilling their responsibilities, and in meeting the legal requirements to conduct their business openly and with full public participation. While the responsibilities of the Department of Health as a state agency may be obvious and generally understood, the responsibilities of Regional Councils regarding openness and public accountability may not be as well understood. We wanted to take this opportunity to remind Regional Council members of the responsibilities of public agencies in regard to openness and public accountability, as these responsibilities are defined in Washington State law.

In general, the expectation of the Legislature, the Department of Health, and the citizens of Washington is that public agencies will conduct their business openly and with a maximum of public participation. This expectation of the open and public conduct of business by public agencies is a specific requirement of Washington State law (RCW 42.30).

The following are specifics, which are applicable to public agency meetings under the Open Public Meetings Act. Except where noted otherwise, the phrase "public agency meetings" includes regular, executive committee, standing committee, and ad hoc committee meetings. The phrase "governing body" refers to the elected or appointed members and officers who are responsible for the operations of a public agency.

(1) A member of the public cannot be required to register his name or to fulfill any other condition in order to attend public agency meetings. No one can be required to put their name to a sign-in sheet in order to attend public agency meetings.

(2) Governing bodies of public agencies cannot pass any motion, resolution, or directive or take any other action except in a meeting open to the public, and then only at a meeting of which notice has been given according to the Open Public Meetings Act. Any action taken by a public agency that does not comply with this provision is null and void, under the law.

(3) Governing bodies may not vote by secret ballot at any meeting open to the public. Since public agencies need to plan on conducting all their business in meetings open to the public, secret ballots would not be taken at any governing body meetings for any reasons, including election of officers. Any action taken by a public agency that does not comply with this provision is null and void, under the law.

(4) Regular meeting dates for public agency governing body meetings must be specified in the public agency bylaws. Special meetings, that is, meetings at any time other than the time specified in the bylaws, may be called by delivering notice of the meeting to each governing body member and to the media at least twenty-four hours prior to the meeting. These meeting notices must specify the business to be conducted at the meeting, and no other business or final disposition of any business may be taken at that meeting.

(5) Governing bodies may hold executive sessions to consider the matters specifically listed in RCW 42.30.110. Before beginning an executive session for one of these limited purposes, however, the Chair must specify the purpose for excluding the public from the meeting, and the time the executive session will be concluded. The session must then conclude at that time. No final action or vote may be taken during an executive session. Final actions and votes may only be taken at a regular or special governing body meetings, as defined in the Act.

(6) Any governing body member who attends a meeting where any action is taken in violation of RCW 42.30.120, that is, in violation of any of the above, is subject to personal liability in the form of civil penalties. An action to enforce this penalty in Washington State Superior Court may be brought by anyone.

(7) The Open Public Meetings Act says (RCW 42.30.910) that "the purposes of this chapter are hereby declared remedial and shall be liberally construed." This means that the Act is meant to be construed as broadly as possible, and public agencies should in effect anticipate and plan that any meetings they will hold will be public meetings. The purpose of the law is to insure that all public business is conducted in public, and not to list "loopholes" or "excuses" for public agencies to use to conduct public business in secret. The purpose of the exceptions listed for executive sessions in RCW 42.30.110 must be strictly adhered to under the law. These exceptions were meant to cover very narrow situations where the public need, as defined specifically by the Legislature, may possibly be best served through public exclusion. It should be extremely rare, if ever, that public agency business will fit into one of these exception categories.

In general, the exceptions to the Open Public Meetings Act, as they may relate to public agencies, deal with specific types of personnel and legal issues. Not all personnel or legal issues who may confront a public agency will fall into these excepted categories. If there is any question whether a particular matter falls into one of these categories, public agencies must remember that the Act is meant to be construed as broadly as possible, and in order to meet the intent of the law public agencies must initially and automatically weigh any question regarding possible public exclusion towards public participation.

How does all this relate to Regional E.M.S. and Trauma Care Councils, and their members? Regional Council members are appointed by the Secretary of the Department of Health under RCW 70.168.100. When performing their duties as defined in statute, Regional Councils are public agencies as defined in RCW 42.30.020 (1)(c), and are subject to Open Public Meetings Act. When Regional Councils meet to conduct business they are governing bodies as defined in RCW 42.30.020 (2). Any "action" taken by a "governing body" of a "public agency" must be at a meeting open to the public. Any discussions, reviews, considerations, deliberations, or final actions which a Regional Council conducts or votes on is an "action" or "final action" as defined in RCW 42.30.020 (3), and must be conducted in meetings open to the public. In short, Regional Councils and their members are required to comply with the Open Public Meetings Act, and with all of the provisions of that Act.

Conducting the public's business appropriately and in full view of the public is both an obligation and a responsibility of every public agency and public agency governing body, including the Department of Health and Regional E.M.S. and Trauma Care Councils. Regional Councils, like all public agencies, must fully support and actively work towards maximizing public participation in all their organization's meetings, business, and ongoing activities.

It is never easy to conduct the public's business under the open eye of the public. It can sometimes be a frustrating and time-consuming process. It would sometimes be much easier and quicker to exchange views and arrive at decisions in private. However, conducting the public's business in private is unacceptable in a free society, and unlawful in the state of Washington. The decisions Regional Councils make and the activities they decide to undertake will best serve the public's needs when those decisions are made and those activities undertaken with a maximum of public participation, as required by law.

Attached please find a copy of RCW 42.30, the Open Public Meetings Act of 1971. We urge you to discuss this law and what it means to your Regional Council with other Regional Council members. Please call either of us (Norm Fjosee at 206/705-6716, or Dick Benjamin at 509/826-7309) if you need further information or would like further clarification of your responsibilities, and your Regional Council's responsibilities, under the Open Public Meetings Act.

cc: Local E.M.S. and Trauma Care Council Chairs
Regional Council staff
DOH E.M.S. & Trauma Systems staff

APPENDIX F

REGIONAL SUPPORT PROCESS HANDBOOK

APPENDIX G

REGIONAL AND LOCAL EMS/TC COUNCIL OFFICE INFORMATION

To confirm current accuracy, visit the DOH EMTP Website: *http://www.doh.wa.gov/hsqa/emtp*