



*Saving lives in Island, San Juan,
Skagit, Snohomish and
Whatcom Counties*

REGIONAL COUNCIL MEMBER INTRODUCTION

WELCOME! If you are considering accepting a position on the North Region Emergency Medical Services & Trauma Care Council (NREMS), this letter serves as a high level overview of what we do.

MEETING DATES

Bi-Monthly Meetings

NREMS convenes their Regional Council the 3rd Thursday every other month in Mount Vernon, Washington. Meetings are typically held either at the Burlington Fire Department or the Skagit 911 Center. Regional Council meetings typically last no more than two (2) hours.

Annual Meeting

NREMS operates on a fiscal year of July 1 through June 30 of each year. The Annual Meeting is usually the last regular bi-monthly meeting of the fiscal year.

Annual Retreat

NREMS sponsors an annual retreat to review the North Region EMS and Trauma System Plan. Each item from the previous year is reviewed and recommendations are made for the upcoming year. NREMS documents the Regional Council recommendations and forwards them to the Washington State Department of Health for approval.

BACKGROUND

NREMS was incorporated on June 12, 1979 as an IRS §501 (c) (3) non-profit corporation. The corporation's principal function was to advance and facilitate the delivery of emergency medical services in the counties we represent (Whatcom, Skagit, Snohomish, Island, and San Juan) by coordinating, advising and facilitating efforts by the Emergency Medical Services (EMS) providers, and any other functions approved by the Board of Directors consistent with this goal.

In 1990, the Washington State Legislature expanded RCW 70.168 and further defined NREMS responsibilities as:

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- (1) Trauma is a severe health problem in the state of Washington and a major cause of death;
- (2) Presently, trauma care is very limited in many parts of the state, and health care in rural areas is in transition with the danger that some communities will be without emergency medical care;
- (3) It is in the best interest of the citizens of Washington state to establish an efficient and well-coordinated statewide emergency medical services and trauma care system to reduce costs and incidence of inappropriate and inadequate trauma care and emergency medical service and minimize the human suffering and costs associated with preventable mortality and morbidity;
- (4) The goals and objectives of an emergency medical services and trauma care system are to: (a) Pursue trauma prevention activities to decrease the incidence of trauma; (b) provide optimal care for the trauma victim; (c) prevent unnecessary death and disability from trauma and emergency illness; and (d) contain costs of trauma care and trauma system implementation; and
- (5) In other parts of the United States where trauma care systems have failed and trauma care centers have closed, there is a direct relationship between such failures and closures and a lack of commitment to fair and equitable reimbursement for trauma care participating providers and system overhead costs.

WAC 246-976-960 provides additional details on the roles and responsibilities as follows:

- (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

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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) In areas where no local EMS/TC council exists, the regional EMS/TC council shall:

(a) Make recommendations to the department regarding appointing members to the regional EMS/TC council;

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

(8) 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.

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FUNDING

NREMS currently receives 98% of their funding from public sources. The Washington State Department of Health provides an operating grant and a grant to support regional hospital emergency response and preparedness. The Washington State Hospital Association provides a professional services agreement to support the Region One Health Care Coalition.

ORGANIZATION

NREMS consists of four positions when fully staffed:

Executive Director
Hospital Coordinator
Pre-hospital Coordinator
Office Coordinator

The Executive Director reports to the Executive Board Chair. The Executive Board consists of:

Chair	Secretary
1 st Vice Chair	Treasurer
2 nd Vice Chair	Committee Chairs (5)

The Executive Board reports to the Regional Council. The Executive Board Chair is also the Regional Council Chair. The Regional Council consists of the following 30 positions appointed by county:

Pre-Hospital Committee

Island County Representative
San Juan County Representative
Skagit County Representative
Snohomish County Representative
Whatcom County Representative

Healthcare Facility Committee

Island County Representative
San Juan County Representative
Skagit County Representative
Snohomish County Representative
Whatcom County Representative

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At-Large Committee

Island County Representative
San Juan County Representative
Skagit County Representative
Snohomish County Representative
Whatcom County Representative

Consumer Committee

Island County Representative
San Juan County Representative
Skagit County Representative
Snohomish County Representative
Whatcom County Representative

Elected Official Committee

Island County Representative
San Juan County Representative
Skagit County Representative
Snohomish County Representative
Whatcom County Representative

Medical Control Committee

Island County Medical Program Director
San Juan County Medical Program Director
Skagit County Medical Program Director
Snohomish County Medical Program Director
Whatcom County Medical Program Director

There are four additional independent positions elected by a majority vote within their organizations:

Washington Ambulance Association Representative
Aero Medical Representative
Washington State Hospital Association Representative
Law Enforcement Representative

The Regional Council's work for the DOH EMS & Trauma System is conducted through 8 different committees, including:

Executive Board	
Regional Council	
Hospital Quality Improvement	(standing committee)
Hospital and Trauma Facilities	(standing committee)
Education	(standing committee)
Pre-Hospital	(standing committee)
Injury Prevention and Public Education	
Medical Control Committee	

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In addition, our region has formed a strategic alliance with Snohomish County Public Health to administer a grant from the Office of the Assistant Secretary for Preparedness and Response (ASPR) and the Washington State Hospital Association Region 1 Health Care Coalition that works through an additional 9 committees, including:

- WSHA Region 1 Health Care Coalition Steering Committee
- WSHA Region 1 Health Care Coalition (R1HCC)
- R1HCC - Hospital Emergency Preparedness and Response
- R1HCC Focus Area – ACF & Medical Surge
- R1HCC Focus Area – Evacuation & Shelter in Place
- R1HCC Focus Area - Training & Exercises
- R1HCC Focus Area – Mass Fatality Management
- R1HCC Focus Area - Interoperable Communications
- R1HCC Focus Area – Patient Tracking & Bed Control

APPLICATION PROCESS

Please contact our office and we will walk you through the application process, including completing the forms required to be submitted to the Department of Health, who will ultimately approve your appointment. Each appointment is for two years, and will expire on September 30 of the outgoing year.

The current form is the DOH 530-112 (August 2010), is three pages long, and can be found using the following link: <http://www.doh.wa.gov/hsqa/emstrauma/download/regionalapp.pdf> The completed form is then sent to the NREMS office who obtains your local EMS Council approval, maintains a copy on file, and scans the originals to Mary Roberts, Regional Council Appointments Coordinator; Office of EMS and Trauma Systems; P.O. Box 47853; Olympia, WA 98504-7853. Her contact number is (360)236-2804.

Congratulations, and welcome aboard the North Region EMS & Trauma Care Council!

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