

Kitsap County Emergency Medical Services and Trauma Care Council



Kitsap County
EMS & TCC

2010 Annual Report

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This document is the 2010, Kitsap County Emergency Medical Services and Trauma Care Council (KCEMS&TCC) annual report. The purpose of the KCEMS&TCC was and is to provide centralized, needed services for the Emergency Medical Service providers and their affiliated agencies in Kitsap County. The mission statement reads, "To support the continuing development of high quality prehospital, Emergency Medical and Trauma Care Services in Kitsap County." This report will summarize the accomplishments of the KCEMS&TCC, the committee membership and the employees of the Council during 2010.

Program Manager Overview – Barbara Lovato

During 2010, the Kitsap County Emergency Medical Services and Trauma Care Council Office made great strides to improve our patient care protocols and procedures as well as working towards a more comprehensive approach to Quality Improvement. We continued working with CENCOM to improve our ability to receive and process data from their system and we used the County Medical Officers to provide needed data to help us work towards our goal of providing data based medicine to our citizens. Training was monitored closely and we had great success in our EMT program as well as paramedic courses, Base Station lectures, skills and lab training.

Throughout 2010 Dr Bennett and I worked on a Regional Protocol committee where there was representation from all of the counties in the North West Region as well as all of the Medical Program Directors. The committee is nearing completion on a comprehensive set of protocols which will represent the newest information and procedures used in prehospital medicine.

Clinical and Administrative policies continued to be reviewed and updated as needed.

Our working relationship with Central Communications (CENCOM) continues to grow. We have been working with their IT department and the Assistant Director, Maria Jameson-Owens, to get access to their data in a useable format for our purposes. We are currently testing a system to collate the information CENCOM sends us in a raw data sheet so we can identify specific IDC's for evaluation.

In April of 2010, the EMS Office was contacted by the Washington State Department of Revenue. We were advised of back taxes owed for Business and Occupation (B&O) excise tax. The statement showed we owed an average of \$6000.00 for the past four years from 2006-2009. After many hours of research, a petition for exemption filled, and a conference call with a judge for our case, we were advised (in late January 2011) that the judge was recommending our petition be upheld.

The MOU with Olympic College was revised and the process for receiving students from the College was changed allowing more accessibility to students from both provider agencies and college students.

Medical Program Director (MPD) – Dr. Marty Bennett

The Medical Program Director, Dr. Martin Bennett, oversees and authorizes all training and quality improvement activities. He is responsible for all certification and recertification of EMS providers.

Dr. Bennett spent many hours in 2010 working on the new Regional Patient Care Protocols. He helped teach several Base Station Meetings and was available for questions and consulting with county paramedics after the meetings. Dr. Bennett interviewed and monitored the progress of all paramedics who were new to Kitsap County and final written documentation was provided upon completion of all Kitsap County requirements.

The Medical Program Director approved and directed all follow-up on individual cases or system issues regarding Quality Improvement. He responded immediately to urgent QI questions to direct the QI Coordinator on the preferred direction for resolution. Dr. Bennett identified specific areas of patient care where he would like to begin tracking data sets.

Through the Washington State Board of Pharmacy and his license with the Drug Enforcement Agency (DEA), Dr Bennett ordered medications as needed and managed any unusual occurrences specific to controlled substances per policy and regulations. During 2010 there was a Nationwide shortage on several medications needed for field patient management. Dr Bennett worked to keep medications approved that were available as substitutions for use in field treatment.

Administrative Assistant – Rhonda Roberts

Throughout 2010 Rhonda processed payroll and accounts payable and receivable. She maintained Quick Books and provided all information needed for tax preparation. The Kitsap County EMS website and all office computers were maintained and backed-up on a regular basis. Rhonda handled the preparation for all EMS Office meetings and took and prepared all minutes from those meetings. All meeting reminders, records and correspondences for the Kitsap County EMS Office were processed through the Administrative position. The office mail and all office and training supplies/equipment were managed through Rhonda.

Rhonda administered the paramedic exam for new paramedics and helped coordinate the applicant through all Kitsap County EMS paramedic entrance and Washington State certification requirements. Rhonda also assisted the Training Coordinator in maintaining records for student testing and course completion requirements for EMT certification. Records like Base Station and Skills Lab attendance, PALS and ACLS were also tracked through Rhonda.

Training – Joe Schweiger

Kitsap County Emergency Medical Services and Trauma Care Council helped to provide training for nearly 600 EMS providers in the county. This includes the 91 Paramedics currently serving the system.

The Kitsap County Emergency Medical Services Training Coordinator in collaboration with the Kitsap County Medical Program Director, the Kitsap County Medical Officers, the Kitsap County Training Officers, and the Quality Improvement Coordinator established training needs and provided coordination and oversight to the following educational courses:

Base Stations: Twelve Base Station meetings were complete during 2010. This was the second year of a three (3) year Ongoing Training and Evaluation Process (OTEP) approved by Washington State Department of Education. Case reviews and/or specific topic reviews were apart of all BSM. There were four (4) laboratory sessions (hands on clinical) in February, April, July and December with multiple stations and instructors at each session.

Advanced Cardiac Life Support (ACLS) and Pediatric Life Support (PALS): Two (2) classes of ACLS and one (1) PALS class provided local opportunities for paramedics to receive training in areas required to maintain their EMS certifications.

EMT- IV Technician Course: This course was held in October and is designed to give an EMT with one year of experience in the field, the didactic knowledge and practical skills to perform intravenous catheterization in the pre-hospital setting. Fourteen (14) EMT's participated and all passed the Washington State EMT – IV Technician exam and were prepared for certification.

EMT – IV Monitor Course: In February of 2010, an EMT-IV Monitor Course was held and there were sixteen (16) participants. This course is design to help the EMT, who does inter-facility transports, manage an IV infusion of simple crystalloid fluids. After the Medical Program Director, Dr. Bennett's approval, this class is recorded onto the EMT's certificate as an additional "endorsement" rather than a separate certification level.

Emergency Medical Service Evaluator Course: This course is for certified EMS Providers to evaluate practical skill performances in our EMT classes and in the Ongoing Training and Evaluation Process (OTEP). The EMS provider must be certified on at least the EMT level and had completed one full certification period (three years). Once this course is completed and the MPD has given his approval, the EMS providers name is sent to the State for certification. This certification lasts as long as the evaluator maintains her/his EMS provider certification. Two (2) courses were held in 2010 and five (5) paramedics and ten (10) EMT's completed the course.

Emergency Medical Technician-Basic (EMT-B) Course: The EMT – Basic course is the 110 hours Department of Transportation course with an additional 20 hours of Washington State Specific training. Last year Kitsap County EMS and Trauma Care Council, in cooperation with Olympic College and the Kitsap County Training Officers Consortium, put on two (2) separate EMT – Basic courses in Kitsap County.

In 2010 Washington State ended the testing for EMS certifications. It was decided by the Washington State Department of EMS and Trauma that the testing would be done through the National Registry of EMT's in Columbus, Ohio. The testing is computer based and performed at a contracted test center (Pearson Vue).

Kitsap County EMS EMT courses had 49 students eligible to test. Of those 48 attempted the National Registry EMT-Basic exam. 44 students successfully passed the National Registry for a pass rate of 91.6%. (The "National Pass Rate" for 2010 was 77%).

Course	Senior Instructor	Number of Students	Number Passed Nat. Reg.	Pass Percentage
2010-1: Readiness Center	Schweiger	21	17 of 20	85%
2009-2: Poulsbo Fire	Schweiger	28	27 of 28	96%

EMT Skills Review Seminar: In May 2010 the KCEMS Office put on an EMT-Skills review day. This was partially funded by a grant from Northwest Region EMS. The curriculum was based on information gathered from QI reviews over the previous six months. The attendees were both newly certified EMT's and experienced full – time EMT's.

Assessment and Treatment of Trauma: The “Assessment and Treatment of Trauma” (ATT) course is a new course that we are using to replace the Pre-Hospital Trauma Life Support. The “ATT” course is a hybrid course that allows the student to take the didactic portion of the class on-line. This format has decreased the in classroom time for the Paramedics and EMT's participating in the course.

ACLS for EMT's: This course was funded by grants from Northwest Region EMS. We put on two (2) ACLS for EMT's courses. Both courses (scheduled in May and December 2010) were well attended.

Emergency Pediatric Care Course: The EPC course is another hybrid course that allows the Paramedic to do an on-line didactic portion. This is followed by a one day practical session in the classroom. This course was being looked at as an alternative to the PALS course. The EPC course is more geared to a wider arrange of EMS emergencies involving pediatrics.

Paramedic Difficult Airway Class: This class is a one day concentrate review of airway management skills for the field paramedic. The goal is to use this course as a tool to allow paramedics who do not perform the requisite number of field intubations to recertify with an alternate method of training. The June 2010 course was funded by a grant from Northwest Region EMS. We are putting together a local format to be sent to the State in Spring 2011 for approval under the new WAC 246-976. We are confident that our paramedics will find this a practical and useful course in the future.

Quality Improvement – Lori Bisping

During 2010 the Quality Improvement Department focused on evaluating the capabilities of the Kitsap County EMS system to meet the challenge of a continued shift toward a more data driven and evidence based philosophy. The results of the Kitsap County EMS QI pilot project were reviewed; system strengths and opportunities for improvement were identified.

The revised Continuous Quality Improvement Plan is nearing completion. Following final review, proofing, and clarifications it will be submitted to the Washington State DOH for approval.

System trial studies were completed to identify strengths and challenges at the agency and county levels. These studies evaluated documentation, data collection capabilities, and technological efficiencies. The lessons learned from these trials proved extremely valuable toward building an effective plan to meet the county's immediate needs and to allow operational planning and development to meet future goals.

A data base was developed to identify commonalities of quality improvement review cases and for archival. A preliminary report was generated by utilizing the compiled data. This report identified key areas where positive improvements can be made in the care of our patients. The identified areas were respiratory, sepsis, abdominal (GI Bleed), and trauma patients meeting Washington State and Kitsap County Protocol step 3 criteria. Respiratory, sepsis, and GI bleed patient care was forwarded to the KCEMS Training Coordinator. It was immediately addressed and has been emphasized in continuing education segments, presented as base station topics and continues to be presented in case reviews. **Recommendation:** The Excel data base tool continues to be developed for the interim. Alternative data collection programs should continue to be explored.

The Multi-Agency QI Committee, with ALS, BLS, Harrison Hospital Trauma coordinator and Dr. Bennett attending, evaluated the identified step 3 trauma cases vs. the updated CDC suggested trauma triage tool. The committee recommended that utilization of the updated tool would have more properly identified the trauma cases in question. The tool was recommended to the protocol committee and will be in the updated protocol.

Overall 102, specific QI cases were reviewed by the ALS, BLS, Multi Agency Committees and MPD. With FYI, Education Topic, Protocol, Kudos or Operational feedback assigned. Numerous (well over 1000), selected charts and cardiac arrests were also reviewed by the BLS and ALS Committees for system status, trends, data collection and feedback. **Recommendation:** Streamline meeting attendance by tasking agencies to perform audits, case review, and data compilation at the agency. This would be coordinated by the Agency Representative and QI with MPD direction. Meetings would be quarterly, Multi Agency, and topic specific.

The Washington State administrative code revision process was closely monitored. The quality improvement changes have been incorporated in the revised QI plan. A new section of administrative code addresses the development of an educational QI review process for initial EMS education courses. An educational review plan and tracking tools were developed by the KCEMS Training and QI divisions to evaluate both initial and continuing education programs, provide meaningful feedback to the instructors, and to incorporate evidence based improvements on an annual basis.

The CBD protocol update process was evaluated by a temporary sub- committee. A revision process was identified to manage recommended protocol improvements and presented to the CBD Committee. The CBD QI process was evaluated and incorporated in the proposed QI plan. **Recommendation:** Written roles and responsibilities for KCEMS, MPD and CENCOM should be developed in 2011 to aid in quality improvement initiatives, and review processes.

The Quality Improvement Coordinator and MPD attended the King County Medic 1 Resuscitation Academy. The academy presented the results of many years of research in the area cardiac arrest treatment. As a result, best practice initiatives are being incorporated in education, CPR skill, and treatment (protocol) improvements. The County will also participate in the Washington State Cardiac Arrest Registry. The data provided from this registry will quantifiably track outcomes and identify improvement opportunities for at least 5 years, starting in 2011. **Recommendation:** Study participation will continue to move quality improvement to a data based system. To that end, the QI Committee and Dr. Bennett recommend Cardiac Arrest, STEMI, and CVA data

analysis as manageable goals for 2011. This would be keeping with local system, regional, and state patient care initiatives. We should also continue to improve data submission to WEMSYS and the trauma data base as we implement the improved evaluation tools and protocols. These initiatives will encourage partnership and maximize shared data collection resources while KCEMS continues to improve internal operational processes and tools.

The Quality Improvement Coordinator monitored 5 newly hired paramedics in the field in 2010. Protocol, system knowledge, medical incident reports, and agency mentor evaluations were reviewed prior to a recommendation by the QI Coordinator and/or the MPD for approval. Suggestions for system improvement were encouraged from the newly hired paramedic and the crews. They were conveyed to the MPD and committees when appropriate. **Recommendation:** Not all agencies participate in this program and Medical Incident Reports with evaluations are frequently not provided for MPD review prior to field observation and /or approval. The process should be reviewed to improve a clear and consistent evaluation process.

Committees

EMS Operations

Medical Operations Committee Report for 2010
Submitted by Mike Wernet, Chair

I believe the scope of our committee is to bring the counties EMS agencies together to work as one group along with our MPD. Dr Bennett sets policies that will assist and give the field care providers direction to improve the pre-hospital care that they provide. With that in mind the Medical Operations Committee had a very productive year. During our ten (10) meetings we reviewed policies to assist our field care providers. We also had many roundtable discussions on other topics such as providing taxi service transports, base station requirements and redemption, a county wide MCI plan, code of conduct, vending machines for medications, new product reviews and partnering with the Olympic College EMT program just to name a few.

Another role of our committee is to work with the Kitsap County EMS & TCC Staff in their areas of expertise, and use them to assist our organizations in fulfilling our mission statements. A good portion of each meeting was spent discussing ongoing plans, concerns and improvements in each of the following areas: Medical Program Director, Training, Quality Improvement and Office/Program Management. Details for each of these areas will be addressed in their individual reports.

In closing I would like to thank Dr Bennett, the Office Staff, and all the committee members for all their dedicated time, energy and commitment to improving our program and making it a role model in the states EMS community.

Health Care Facilities

The Health Care Facilities Committee was inactive during 2010.

By-Laws

The By-Laws committee has not had any regular meetings in the past year; we have been able to take care of all of our action items per email or phone. We have had several changes made to the By-Laws the past year which were approved and are now part of the By-Laws. Les

Planning

The Planning Committee met three times during 2010 and created an Annual EMS Plan for 2011. The plan was submitted and accepted by the EMS Council. Please see the Attachment to this report.

Testing and Standards

The Testing and Standards Committee met several times in 2010. The committee began work on rewriting the Kitsap County Paramedic Exam to be used for new paramedics beginning work in our county. It is proposed to have separate sections on the test to evaluate candidate's skills in specific areas like 12 Lead, STEMI and RSI as well as general knowledge questions.

This committee has developed a skills verification sheet and a test evaluation tool to find weak areas in a candidate's knowledge base. These tools can be used for recertification purposes as well as identification of training needs.

Several policies were reviewed and suggestions were made. These policies have been forwarded to the Medical Operations Committee for their consideration.

Some options are currently being researched for online paramedic OTEP. The current OTEP plan is a joint ALS/BLS program and needs to be renewed in January 2012. The committee is looking for the best options available to provide a more challenging ALS track.

Nominating

The Nominating Committee completed elections in the Fall of 2010.

Human Resources

The Human Resources Committee made recommendations to the EMS Council for changes to the Employment Policy and they continued the reviewed process on employee contracts and job descriptions.

CBD

In 2010 we elected officers and added BIFD Chief Hank Teran as Vice Chair of the committee. We met monthly for the year. The focus for this year based on direction from the Fire Chiefs was to review the CBD system and provide a comprehensive report. The committee split up to work on four focus areas:

- Historical perspective
- Intent – Why are we doing CBD?
- Current Status
- Recommendations

The findings were collected and in August we completed the report that was provided to all the Fire Chiefs and to the committee.

During the summer we received revision information from King County EMS office and identified the need to review Kitsap County's process for adopting change within the CBD protocols. A subcommittee was created to review process and prioritization of the information which will be presented to the committee in 2011. We have identified that this is an extensive process but one that has been necessary for us to do.

Budget

The Budget Committee met and established the budget for 2011 and it was approved by the EMS Council at the December 8, 2010 Council Meeting. The final numbers from the 2010 Budget are attached.

The first page shows the revenue for 2010. The total income \$---, details all of the Council income from agency contributions, training course fees, Regional Grant monies and T-shirt sales. The second page attached details the expenditures for 2010 (\$304,625.55.) The following explains items over budget or where the actual expenditure was significantly less than the budgeted amounts:

- 202 Bank Charges – The office was charged \$36.00 per month for use of a credit card machine plus fees per usage. We have cancelled that service
- 211 Major Purchases – We were budgeted for an additional new computer which did not get purchased.
- 215 Rent – We anticipated a rent increase which we did not receive due to the state of the economy.
- 218 Clothing – This item is for T-shirts used in the EMT class. The students buy the T-shirts reimbursing this amount.
- 220 Confidential Shredding – We purchased the shredding bin to greatly reduce our future costs.
- 221 Legal Fees – Costs incurred because of the Business and Occupation tax liability.
- 223 Business and Occupation Taxes – The amounts paid to the Department of Revenue.

- 301 Base Station Meeting Training – This is Regional Grant money that is disbursed on a July to June cycle.
- 302 Staff Training and 303 MPD Training – Due to scheduling conflicts and work schedules, much of the training monies were not spent in 2010. This amount has been cut for the 2011 budget.
- 402 CBD Training – CENCOM only needed one initial training course in 2010.
- Payroll Taxes – Less than anticipated by the Budget Committee.
- Retirement – This reflects the changes made in the employee retirement plan with the costs greatly reduced for the employer.

The differential between income and expenditures is \$4577.03.

					Income 2010					
							Anticipated Income		Actual Income	
Income										
Council Support										
				Bainbridge Island Ambulance		1,897.00		1,897.00		
				Central Kitsap Fire and Rescue		43,100.00		43,100.00		
				Harrison Memorial Hospital		31,631.00		31,631.00		
				South Kitsap Fire & Rescue		40,752.00		40,752.00		
				North Kitsap Fire and Rescue		13,726.00		13,726.00		
				Navy Hospital - Bremerton		3,674.00		3,674.00		
				Bainbridge Island Fire Department		25,329.00		25,329.00		
				Poulsbo Fire Department		17,682.00		17,682.00		
				Olympic Ambulance		8,937.00		8,937.00		
				Bremerton Ambulance		8,343.00		8,343.00		
				Bremerton Fire Department		30,857.00		30,857.00		
Total Council Support						225,928.00		225,928.00		
Educational Classes										
				IV Technician		1,500.00		1,200.00		
				12-Lead		500.00		325.00		
				ACLS Class		7,600.00		7,600.00		
				ACLS for EMTs		2,000.00		2,850.00		
				Assessment and Treatment of Trauma		675.00		675.00		
				EPC		1,800.00		1,800.00		
				Intensive Airway Course		600.00		600.00		
				BLS Skills Day		385.00		385.00		
				EMT Class						
				EMT Books		3,500.00		3,340.55		
				EMT Class - Other		30,140.00		27,341.27		
				PALS Class		1,800.00		1,800.00		
				EMS Evaluator's Class		300.00		120.00		
Total Educational Classes						50,800.00		48,036.82		
Reserves						20,000.00				
Grants						11,250.00		1,125.02		
Misc						500.00		2,507.19		
T-Shirt Sales						0.00		493.48		
Total Income						308,478.00		277,597.03		

Expenses 2010	January	February	March	April	May	June	July	August	September	October	November	December	2010 Budget	Actual	Remaining
200 Administrative	407.24	119.15	115.28	104.64	62.32	162.22	110.79	106.60	162.28	127.42	123.92	121.78	2,000.00	1,723.64	276.36
201 Accounting	0.00	0.00	0.00	0.00	958.00	0.00	0.00	65.00	0.00	0.00	0.00	0.00	1,330.00	1,023.00	307.00
202 Bank Charges	5.00	5.00	5.00	5.00	44.00	5.00	104.00	5.00	5.00	5.00	5.00	5.00	1,000.00	198.00	802.00
206 Insurance	2,488.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,000.00	2,488.00	512.00
207 Internet Service	0.00	0.00	0.00	29.97	0.00	0.00	29.97	59.75	0.00	29.97	0.00	29.97	200.00	179.63	20.37
209 Mileage	75.12	0.00	116.40	0.00	54.00	40.70	0.00	0.00	197.10	0.00	54.00	0.00	600.00	537.32	62.68
210 Misc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
211 Major Purchases	453.92	0.00	0.00	0.00	728.75	(150.00)	0.00	0.00	1,529.12	97.69	0.00	0.00	4,100.00	2,659.48	1,440.52
204 Copy Machine	372.39	332.28	333.05	370.45	391.43	397.98	348.30	325.48	388.18	324.48	313.71	403.73	4,800.00	4,301.46	498.54
212 Office Supplies	380.40	502.45	11.41	133.25	413.10	119.91	499.04	8.59	465.97	231.22	109.50	103.09	3,000.00	2,977.93	22.07
213 Phone	0.00	0.00	0.00	110.17	0.00	0.00	112.87	0.00	0.00	117.55	0.00	104.98	500.00	445.57	54.43
214 Printing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
215 Rent	854.12	854.12	854.12	854.12	854.12	854.12	854.12	854.12	854.12	854.12	854.12	854.12	12,300.00	10,249.44	2,050.56
216 Subscriptions	0.00	76.01	(76.01)	0.00	0.00	0.00	0.00	0.00	19.99	85.00	0.00	0.00	300.00	104.99	195.01
217 Contractual Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
218 Clothing	0.00	596.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	596.76	(596.76)
219 Postage	9.78	51.76	46.10	20.93	46.38	47.38	79.93	0.00	4.75	117.85	63.26	56.29	550.00	544.41	5.59
220 Confidential Shredding	0.00	0.00	110.00	0.00	0.00	0.00	0.00	0.00	25.00	25.00	0.00	0.00	100.00	160.00	(60.00)
221 Legal Fees	0.00	0.00	0.00	0.00	0.00	0.00	0.00	525.00	0.00	0.00	0.00	1,650.00	0.00	2,175.00	(2,175.00)
223 B&O Tax	0.00	0.00	0.00	0.00	0.00	0.00	0.00	24,136.35	0.00	166.78	0.00	786.32	0.00	25,089.45	(25,089.45)
301 Provider Training	632.96	3,032.27	4,058.33	2,025.68	4,033.35	1,443.81	662.44	3,306.29	579.00	2,285.65	1,026.44	1,845.21	30,000.00	24,931.43	3,186.52
301 Provider Payroll Tax/L	0.00	258.44	341.78	47.21	105.48	0.00	36.80	0.00	25.85	386.78	372.94	306.77		1,882.05	included above
301e BSM Training	450.00	225.00	450.00	768.15	225.00	460.00	235.00	235.00	235.00	235.00	235.00	235.00	6,240.00	3,538.15	2,701.85
302 Staff Training	0.00	0.00	277.96	404.00	134.00	0.00	0.00	139.00	40.00	0.00	0.00	0.00	3,000.00	994.96	2,005.04
303 MPD Training	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,000.00	0.00	3,000.00
304 Training Supplies	13.87	13.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	414.62	85.49	487.48	1,000.00	1,015.33	(15.33)
401 Protocols	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
402 CBD Training	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	297.03	376.25	66.10	50.91	6,160.00	790.29	5,369.71
Total	6,550.04	6,186.26	6,758.70	4,978.21	8,102.25	3,381.12	3,073.26	29,766.18	4,828.39	5,880.38	3,309.48	7,040.65	83,180.00	88,606.29	(5,426.29)
Medical Insurance	582.24	582.24	582.24	582.24	582.24	582.24	637.95	637.95	637.95	637.95	637.95	637.95	7,760.00	7,321.14	438.86
Payroll Taxes/ L&I	1,249.34	1,260.07	1,213.03	2,229.66	1,262.94	1,266.25	1,586.50	1,224.68	1,820.63	1,212.09	1,207.06	1,786.03	21,501.00	17,318.28	4,182.72
Retirement	281.32	281.32	281.32	421.98	281.32	281.32	281.32	281.32	476.08	281.32	281.32	281.32	9,093.00	3,711.26	5,381.74
Program Mgr	4,788.28	4,788.28	4,788.28	7,182.47	4,788.28	4,788.28	4,788.28	4,788.28	7,182.47	4,788.28	4,788.28	4,788.28	62,247.74	62,247.74	0.00
Training Coordinator	1,586.96	1,586.96	1,586.96	2,380.44	1,586.96	1,586.96	1,586.96	1,586.96	2,380.40	1,586.96	1,586.96	1,586.96	20,630.44	20,630.44	0.00
MPD	2,203.20	2,203.20	2,203.20	3,304.80	2,203.20	2,203.20	2,203.20	2,203.20	3,304.80	2,203.20	2,203.20	2,203.20	28,641.60	28,641.60	0.00
Admin Asst	3,001.60	3,001.60	3,001.60	4,502.40	3,001.60	3,001.60	3,001.60	3,001.60	4,502.40	3,001.60	3,001.60	3,001.60	39,020.80	39,020.80	0.00
QI Coordinator	2,856.00	2,856.00	2,856.00	4,284.00	2,856.00	2,856.00	2,856.00	2,856.00	4,284.00	2,856.00	2,856.00	2,856.00	37,128.00	37,128.00	0.00
Total	16,548.94	16,559.67	16,512.63	24,887.99	16,562.54	16,565.85	16,941.81	16,579.99	24,588.73	16,567.40	16,562.37	17,141.34	226,022.58	216,019.26	10,003.32
Grand Total	23,098.98	22,745.93	23,271.33	29,866.20	24,664.79	19,946.97	20,015.07	46,346.17	29,417.12	22,447.78	19,871.85	24,181.99	309,202.58	304,625.55	4,577.03
L&I paid out 1st qtr April, 2nd qtr July, 3rd qtr October & 4th qtr January															

Kitsap County EMS and Trauma Care Council

Annual EMS Plan

2011

The Kitsap County EMS and Trauma Care Council mission is to support the continuing development of high quality pre-hospital, emergency medical and trauma care services in Kitsap County. Together, with our partners, our vision is to be the premiere EMS delivery system in Washington State. The Annual EMS Plan identifies goals and objectives set to achieve our mission and vision.

A. Pre-Hospital Patient Care

Goal: To develop, implement, maintain and review current evidence based patient care protocols and policies.

Objectives:

1. KCEMS will develop evidence based patient care protocols through a network of ALS and BLS providers from within Kitsap County with oversight from the Kitsap County MPD.
 - Continue work with the NWREMS and the Kitsap County protocol committees to develop comprehensive patient care protocols reflective of the MPD's directives.
 - With the help of the QI program, gather statistic information to be used to target areas in policies, procedures and protocols to make needed changes and improvements to the system.
 - Participate in regular meetings with provider agencies and the EMS Council stakeholders to maintain good communication and follow through on policies, procedures and protocols effecting patient care in Kitsap County.

Assigned: QI Coordinator, in cooperation with ALS and BLS QI Committees, MPD and Program Manager

2. KCEMS will maintain a system of patient care policies and procedures that offer EMS providers with clinical practices that meet or exceed the standard of care within the medical community.
 - Update and maintain training to meet the changing practices of field clinical medicine.
 - Seek out grant opportunities and clinical studies in which Kitsap County can participate and gain updated information to be used in clinical care practices.
 - KCEMS will review annually and update all patient care protocols and procedures as needed.

Assigned: EMS Training Coordinator in cooperation with the Testing and Standards Committee, the Protocol Committee, the MPD and the EMS Program Manager

B. Quality Improvement

Goal: To develop, implement, maintain and review a Quality Improvement program utilizing evidence based medicine in Kitsap County.

Objectives:

1. KCEMS will develop a Quality Improvement (QI) program that meets the legal requirements of Washington State and is approved by the Washington State Department of Health.
 - Stay up to date on Washington State regulations governing Quality Improvement plans for prehospital providers.
 - The Kitsap County EMS QI plan needs to be consistent with the NWREMS plan.
 - Obtain Washington State DOH approval for a comprehensive QI plan.

Assigned: The QI Coordinator, in cooperation with the QI committees, MPD the EMS Medical Operations committee and the EMS Council.

2. KCEMS will implement and maintain an evidence based Quality Improvement (QI) program that focuses on the medical standards and clinical practices currently approved by the Kitsap County Medical Program Director.
 - Develop a QI program that encompasses statistical data collected from the provider agencies to be used to educate providers on current practices and procedures.
 - The QI program will receive questions and information and transmit it through the established QI process (Washington State approved plan) to provide quantified data and measurable outcomes.

Assigned: The QI Coordinator and the QI Committees.

3. KCEMS will review annually and update the Quality Improvement (QI) program and policies as needed.

Assigned: The QI Coordinator and the Medical Operations committee.

C. Training

Goal: To establish training needs and provide coordination and oversight for the training of ALS and BLS prehospital care providers.

Objectives:

1. KCEMS will function as the coordination and oversight agency for the training of ALS and BLS pre-hospital care providers as identified by Washington State Department of Health and the Kitsap County Medical Program Director.
 - KCEMS will continue to assist with OTEP and the education and training of the clinical EMS evaluators.

- KCEMS will provide education and training in the areas of ACLS, PALS, Trauma and continuing education through Base Station Meetings.
- The EMS Office will maintain a list of qualified instructors for every level of EMS training.

2. KCEMS will identify and establish the ALS and BLS training needs for pre-hospital EMS providers with input/assistance from Kitsap County EMS provider agencies and the Kitsap County Medical Program Director.

- The Training Coordinator will work closely with the QI Coordinator as well as the MPD to provide training in identified (through the QI process) areas of need.

3. KCEMS will review annually and update the Training Program as needed.

Assigned: The EMS Training Coordinator, the Testing and Standards committee, the MPD, Medical Officers and EMS Council approval.

D. Partnerships

Goal: To facilitate partnerships and communication in the area of pre- hospital care.

Objective:

1. KCEMS will strive to maintain excellent communications with all pre-hospital and affiliate agencies to further improve the overall delivery of pre-hospital care in Kitsap County.

Assigned: The KCEMS&TCC meetings will be used to convey committee reports as well as staff updates and information. The Program Manager and the EMS Council will accomplish this objective.

E. Public Information

Goal: Endeavor to work collaboratively with the North West Regional EMS Council and additional agencies effecting pre hospital care and inter-facility patient care to provide public information within the confines of Kitsap County.

Objective:

1. KCEMS&TCC will support and assist in the distribution of Public Information in Kitsap County.

F. Criteria Based Dispatching

Goal: To implement a CBD system and train dispatchers in approved emergency medical triage guidelines.

Objectives:

1. KCEMS will work collaboratively with Kitsap County CENCOM and pre-hospital care provider agencies to update the current emergency medical triage dispatch program on an ongoing basis.

2. KCEMS will work collaboratively with Kitsap County CENCOM to train telecommunicators to effectively utilize the current emergency medical triage dispatch program.

Assigned: The CBD Committee, the Medical Operations Committee, the Chiefs and the EMS Council.

KCEMS&TCC Chairperson Kim Doyle

Date

Kitsap County Emergency Medical Services and Trauma Care Council 2011 Annual Plan