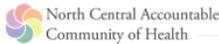


Location	Attendees																																																															
Okanogan Behavioral Healthcare 1007 Koala Drive Omak, WA 98841	In Person: John Schapman, Eric Skaansgard Phone: Dina Goodman, Jackie Weber, Laina Mitchell, Ray Eickmeyer, Steve Crown, Elaine Bandy, Vicki Polamus, Renita Cook, Linda Parlette, Julie Rickard, Teresa Davis - Minutes																																																															
Agenda Item	Minutes																																																															
Minutes	Eric reviewed the August minutes, minutes accepted																																																															
Hospital Application Process	<p>7 out of 10 hospitals submitted applications. Initial scores were sent to all applicants and they have until tomorrow to submit changes. All applicants passed, some are providing additional information for more funding. Goal is to have the MOU's out in the next week.</p> <div style="text-align: center;">  TCDI Workgroup Meeting </div> <div style="background-color: #00a0e3; color: white; padding: 2px; margin: 5px 0;">Hospital Applicants</div> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="background-color: #d3d3d3;">Organization</th> <th style="background-color: #d3d3d3;">Requested Funds</th> <th style="background-color: #d3d3d3;">Transitional Care*</th> <th style="background-color: #d3d3d3;">ED Diversion</th> <th style="background-color: #d3d3d3;">EDie Integration</th> <th style="background-color: #d3d3d3;">EDie Training</th> <th style="background-color: #d3d3d3;">CBI</th> </tr> </thead> <tbody> <tr> <td>Lake Chelan Community Hospital</td> <td>\$ 71,000.00</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>Mid Valley</td> <td>\$ 39,975.00</td> <td>1</td> <td>1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Three Rivers Hospital</td> <td>\$ 26,000.00</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Samaritan Healthcare</td> <td>\$ 71,000.00</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>Columbia Basin Hospital</td> <td>\$ 71,000.00</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>Coulee Medical Center</td> <td>\$ 71,000.00</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>North Valley</td> <td>\$ 55,044.00</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>Total Review</td> <td>\$ 405,019.00</td> <td>7</td> <td>6</td> <td>5</td> <td>5</td> <td>5</td> </tr> </tbody> </table> <p style="font-size: small; margin-top: 5px;">*Confluence will act as the regional trainer for TCM Model</p> <p style="font-size: x-small; margin-top: 5px;">"BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON"</p> <ul style="list-style-type: none"> Confluence did not apply as they are getting funding to act as the regional trainer for the TCM Model. Have also been in connection with Collective Medical Technologies to work out EDie Training. 	Organization	Requested Funds	Transitional Care*	ED Diversion	EDie Integration	EDie Training	CBI	Lake Chelan Community Hospital	\$ 71,000.00	1	1	1	1	1	Mid Valley	\$ 39,975.00	1	1				Three Rivers Hospital	\$ 26,000.00	1					Samaritan Healthcare	\$ 71,000.00	1	1	1	1	1	Columbia Basin Hospital	\$ 71,000.00	1	1	1	1	1	Coulee Medical Center	\$ 71,000.00	1	1	1	1	1	North Valley	\$ 55,044.00	1	1	1	1	1	Total Review	\$ 405,019.00	7	6	5	5	5
Organization	Requested Funds	Transitional Care*	ED Diversion	EDie Integration	EDie Training	CBI																																																										
Lake Chelan Community Hospital	\$ 71,000.00	1	1	1	1	1																																																										
Mid Valley	\$ 39,975.00	1	1																																																													
Three Rivers Hospital	\$ 26,000.00	1																																																														
Samaritan Healthcare	\$ 71,000.00	1	1	1	1	1																																																										
Columbia Basin Hospital	\$ 71,000.00	1	1	1	1	1																																																										
Coulee Medical Center	\$ 71,000.00	1	1	1	1	1																																																										
North Valley	\$ 55,044.00	1	1	1	1	1																																																										
Total Review	\$ 405,019.00	7	6	5	5	5																																																										
EMS Update	<p>We had a meeting of stakeholders to address some concerns over the plan. Eric reminded the group that this is just to approve the first step of this project.</p> <p>John gave an overview of how this NCECC EMS Evaluation was approved by the NCACH Board. Then went over the EMS Evaluation. (See Presentation on our website https://ncach.org)</p>																																																															

EMS Providers selected the following priorities:

- Treat and release/referral for patients who come into encounter with EMS
- Documentation consistency and data collection
- Work with payers to establish a reimbursement mechanism non-transport and alternative destinations of patients who are treated by EMS and do not need to be transported to the Emergency Department

Two main Focuses:

- Develop and initiate protocols for non-acute patients who come into encounter with EMS Agencies
- Enhance data standardization and health information exchange to address population health

EMS Funding Allocation

Regional training and support cost:

Funding provided to the Regional council to support EMS agencies in achieving a reduction in non-acute transports to the Emergency Department. Not to exceed \$60,000 for training. This includes payment for the following:

1. **Protocol Rollout/Training: Region wide \$9,000**
 - 3 County Councils, \$3,000 ea.
2. **Certified Ambulance Documentation Specialist training:\$36,000**
 - 3 trainings at \$12,000 each
3. **WEMIS/EMIR training up to \$15,000**
 - \$1,000 per each participating agency
 - \$5,000 to NCECC for coordination

Funding will go to support agencies completing the following:

1. Agencies staff time to participate in trainings
2. Adjustments in Agencies PCRs to accommodate data tracking in system and create electronic processes for referral submission
3. Implementing referral processes to partners to help reduce the number of inappropriate ED transports
4. Providing treat and referral process to patients as outlined in Attachment B of the proposal
5. Participating in regional shared learning activities

Discussion: Ray thinks the proposal needs to be stronger, including an end game before presenting to the NCACH Board. Group agreed that the proposal looks pretty complete.

- ❖ **Vicki Polamus moved, Jackie Weber seconded the motion to approve presenting the EMS Plan to the NCACH Governing Board, motion approved, Ray Eickmeyer abstained.**

TCDI Budget & Projects	<p>John went over the TCDI budget timeline</p> <p><u>Additional Deliverables to be completed in 2019</u></p> <ol style="list-style-type: none"> 1. Establish mechanisms for coordinating care management and transitional care plans with related community-based services and supports such as those provided through supported housing programs (Completion no later than 2019, Q4) 2. Implement bi-directional communication strategies/interoperable HIE tools to support project priorities (e.g., ensure care team members, including client and family/caregivers, have access to the electronic shared care plan) (Completion no later than 2019, Q4) 3. Incorporate activities that increase the availability of POLST forms across communities/agencies (http://polst.org/), where appropriate (Completion no later than 2019, Q4) <p>Next Steps:</p> <p>Initial TCDI Partners</p> <ol style="list-style-type: none"> 1. Engage in MOUs and start work for 2019 2. Track progress toward completion 3. Expand work of the current TCDI (Hospital and EMS) partners in 2019 and 2020 <p>Additional Partners:</p> <ol style="list-style-type: none"> 1. Q4 of 2018: Identify additional partners to help achieve objectives of the work plan. 2. Engage those partners and determine scope of works 3. Develop funding mechanisms associated with work. <ul style="list-style-type: none"> • Dina said that the care coordination position would be good so that we have someone to reach out to. • Jackie suggested bringing someone else to the table because the POLST has to be signed by the doctor. Elaine believes that any nurse is qualified to go through the form but it needs to be signed by the Doctor. • Decided to create and sub-group and also engage the WPCC to discuss how this fits in with the providers work. ➤ Sub Group Volunteers: Jackie, Elaine, Ray
Adjourn	Next Meeting: 11/15 10:00-11:30, Confluence Technology Center, Wenatchee