**LOCATION**

**Chelan Douglas Health District**  
200 Valley Mall Parkway  
East Wenatchee, WA 98802

**Conference Dial-in Number:**  
Join Zoom Meeting: [https://zoom.us/j/5518334075](https://zoom.us/j/5518334075)  
Call in Numbers: +1 408 638 0986 or +1 646 876 9923  
Meeting ID: 551 833 4075  
Find your local number: [https://zoom.us/u/adNljFwjRo](https://zoom.us/u/adNljFwjRo)

<table>
<thead>
<tr>
<th>PROPOSED AGENDA</th>
<th>TIME</th>
<th>GOALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. WELCOME &amp; INTRODUCTION</td>
<td>10:00</td>
<td>• Review minutes and welcome members</td>
</tr>
<tr>
<td>Eric Skansgaard</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Hospital Partner Update:**

| 2. TCM Update and Next Steps:      | 10:10 | • Update of trainings and TCDI portal  
| John Schapman & Laurie Bergman     |       | • MOU contract update – Send out after meeting  
|                                   |       | • Patient safety and TCM billing review  
|                                   |       | • Coordination of TCM calls across partners |

| 3. Hospital Partner Discussion      | 10:30 | • Review of current work  
|                                   |       | • Identify areas of shared learning |

**Workgroup Business Section:**

| 4. North Central Emergency Care     | 10:50 | • EMS report update  
| Council Update                      |       | • Education on current barriers  
| Rinita Cook                         |       | • Summary of next steps |

| 5. Meeting Updates/Roundtable       | 11:15 | • Developing 2020 workgroup projects  
| Eric Skansgaard                     |       | • Final workgroup member comments |

**Next Meeting:**  
Date: Thursday July 25th  
Time: 10 AM – 11:30 AM  
Location: Chelan Douglas Health District  
200 Valley Mall Parkway  
East Wenatchee, WA 98802
<table>
<thead>
<tr>
<th>Location</th>
<th>Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quincy Community Health Center</td>
<td>Attendance: Eric Skansgaard, Richard Donaldson, Jackie Weber, Misty Kuntzman, Deb Miller, Jill McCullough, Laina Mitchell, Vicki Polhamus, Christina Clarke, Elaine Bandy, Curt Middleton, Linda Wagoner, Gretchen Aguilar, Steve Wilson, Tammara Byers, Molly Morris, Karie Fields, Tracy Miller, Chania Flint</td>
</tr>
<tr>
<td>Quincy, WA</td>
<td>NCACH Staff: John Schapman, Christal Eshelman, Tanya Gleason, Mariah Brown, Heather Smith, Caroline Tillier, Teresa Davis – Minutes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minutes</td>
<td>Jackie Weber moved, Vicki Polhamus seconded the motion to approve the 1/24/19 meeting minutes, motion approved</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital Partner Update</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• 7 hospital partners implementing projects. Some hospitals have had good success implementing partnerships. After receiving reports, we had phone calls with all of the partners.</td>
</tr>
<tr>
<td></td>
<td>• Areas of improvement: Quality Improvement data development, Sharing current work and models across partners, additional coordination across partners/project needed (e.g. WPCC &amp; TCDI)</td>
</tr>
<tr>
<td></td>
<td>Samaritan the challenge is on the clinic side. Looking at different metrics that are important and of value to them</td>
</tr>
<tr>
<td></td>
<td>John noted as a region we are held to certain metrics but if those metrics do not make sense to your organization then you should adjust your metrics.</td>
</tr>
<tr>
<td></td>
<td>Christina Clark – Model for Improvement: We are encouraging partners to complete the PDSA cycles on their projects in 2019.</td>
</tr>
<tr>
<td></td>
<td>• Construct a clear AIM</td>
</tr>
<tr>
<td></td>
<td>• Choose the right measures</td>
</tr>
<tr>
<td></td>
<td>• Identify ideas on how to improve the current state – what changes can we make that will result in improvement?</td>
</tr>
<tr>
<td></td>
<td>• Test using PDSA cycle – testing it out small to reduce the risk before moving to implementation</td>
</tr>
<tr>
<td>Where do Hospital Partners feel you are at in this process?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Tracy – biggest problem is that I did PDSA in my head, so I do not remember all of the steps. PDSA is the hardest part. Smart goals were hard to achieve.</td>
</tr>
<tr>
<td></td>
<td>• Vicki also has the PDSA in head. Now needs to write it out, already knows that it is not working.</td>
</tr>
<tr>
<td></td>
<td>• Richard – Clinical people have all the ideas and want to make the changes, but not thinking about how to measure. They are coming up with ideas of how to measure on two EHRS that do not speak to each other. They are downloading big data out of Medi-tech and Epic and running excel reports and combining the two.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measurement Reporting</th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>• Measurement guide is designed to help you, not designed to report back to the NCACH for funding. There are strategies around thinking small.</td>
</tr>
<tr>
<td></td>
<td>• Accurate data vs good enough data: Improvement data is used regularly since it is collected more regularly. It is good enough to learn from and take the next steps. Capturing over time, it evens out.</td>
</tr>
</tbody>
</table>
**Sampling:** Need an operational definition. Richard thinks that sampling would be a good way to look at SDOH. Would be nice to have a check box saying we are sampling that measure. Christina and Caroline will check into this.

- **QI Training / Coaching Sessions:** Is it compatible with any organizations existing quality program?
  - Chelan Hospital – Yes
  - Vicky – Yes – but they are losing their QI person
  - Traci – Yes – to see where weaknesses are
    - Caroline noted that we could dig into the measures that everyone is struggling to collect and come up with some sampling strategies.

Healthcare Communities Portal: John will be inviting all hospital partners to join the Portal, there will be instructions with the email. If there are others that you would like to have access, let John know. Portal will be used for...

- Posting shared learning
- Webinars (upcoming and recorded)
- Quarterly reports (TBD)

Link to Portal Login: [https://www.healthcarecommunities.org/HLogin?returnurl=%2f](https://www.healthcarecommunities.org/HLogin?returnurl=%2f)

<table>
<thead>
<tr>
<th>Workgroup Business Section</th>
<th>Presentation: Narcan Take Home Kit – Samaritan Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Today is go live date</td>
</tr>
<tr>
<td></td>
<td>• Partnered with Grant County Health District, GRIS, Lake Town Pharmacy, Wenatchee Emergency Physicians</td>
</tr>
<tr>
<td></td>
<td>• Adopted Harborview protocol</td>
</tr>
<tr>
<td></td>
<td>• Not just handing out Narcan, also trying to get the patient into treatment</td>
</tr>
<tr>
<td></td>
<td>• Pharmacy will provide education, but at night, nurses will.</td>
</tr>
<tr>
<td></td>
<td>- GCHD asked if they could add the question of where did they get their overdose kit? Richard will look into this.</td>
</tr>
<tr>
<td>Other Updates</td>
<td>• Other Hospital Partners Interested in implementing? Think about this and discuss at a future meetings.</td>
</tr>
</tbody>
</table>

**Other Updates**

- Update on Medical Respite Program – local providers are looking into this. Tanya is gathering information on what the funding would look like that they would need. Still working to schedule site visit in Yakima.

**Upcoming Dates**

- April 15th – Quarter 1 data reports due
- April 24th – CMT webinar on scheduled reports for providers
- May 2019 CMY doing site visits for hospital partners
- May 23rd TCDI workgroup meeting (has since been changed to May 16th)
Approve Agenda & Minutes

Eric Skansgaard
TCDI Workgroup Meeting

TCDI Aims

**Aim of TCDI Projects:**

1. Improve transitional care services to reduce avoidable hospital utilization
2. Promote appropriate use of emergency care services and person-centered care through increased access to primary care and social services
3. Ensure patients are receiving the right care at the right time

"BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON"

TCDI Workgroup Meeting

Today’s Partner Agenda

**Goals of Today’s Meeting:**

1. Recap: Current work of TCDI partners
2. Education: Utilizing TCM for tracking patient safety issues
3. Discussion: Coordination of TCM calls between regional partners
4. Discussion: Current state of partners, questions, and next steps for transitional care process

"BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON"
TCDI Hospital Partner Work

- Completed TCM trainings at Confluence Health
- CMT hosted two webinars. CMT has site visits scheduled for May
- Partners have completed two rounds of reporting
- NCACH met with WSHA to follow up on two topics:
  1. The WRHAP initiative
  2. Current WHSA projects occurring with regional partners
- Launched the TCDI page on healthcarecommunities.org

Healthcare Communities Portal

Portal will be used for:
1. Posting shared learning
2. Webinars (upcoming and recorded)
3. Quarterly reports

Link to Portal Login: https://www.healthcarecommunities.org/HCLogin?returnurl=%2f
Patient Safety Documentation & Coordination of TCM Calls across Region

Laurie Bergman, Confluence Health

“BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON”

TCM Safety Issues
Safety Issue’s Identified

- During the TCM phone call, if a safety concern is identified it is documented on a form and sent to the Case Management Data Technicians to collate and distribute to the appropriate leaders.

**TRANSITIONAL CARE MANAGEMENT**

**Patient Safety Issue Form**

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>EPIC MRN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge Date:</td>
<td>Tuesday, April 10, 2018</td>
</tr>
<tr>
<td>Discharging Provider:</td>
<td></td>
</tr>
<tr>
<td>Department:</td>
<td>Dept/Unit</td>
</tr>
<tr>
<td>Length of Stay:</td>
<td>day(s)</td>
</tr>
<tr>
<td>Submitted by:</td>
<td>Employee</td>
</tr>
<tr>
<td>Safety Issue(s):</td>
<td>AVS Issue - See Notes Below</td>
</tr>
<tr>
<td>Notes:</td>
<td></td>
</tr>
</tbody>
</table>

Data Tech’s Collate Information

- TCM Safety issues are collated on the spread sheet for distribution to the Safety Team.
Patient Discharge Safety Team

- This team meets monthly and goes over the safety issues to identify trends and remove barriers. Team members:

  TCM Staff
  Case Management leadership-Lead, Manager, Director
  Selected Hospitals
  Pharmacy Manager
  Pharmacy Medication Quality Coordinator
  Vice President Nursing
  Risk Management Manager
  Patient Safety Officer

Open Discussion re: Patient Safety

- How do we want to proceed with TCM phone call Patient Safety Issues in the region?
TCM Regional Collaboration

- Review Confluence Health existing collaboration between Samaritan Hospital and Mid Valley Hospital
- CH Case Management Data Tech’s receive reports from the hospitals via fax
- The report is scrubbed by the Data Tech and OB patients and non CH providers are removed from the report
- The final report is sent to the Case Managers and the TCM staff to begin making the post discharge follow up phone calls

Mid Valley Discharge Reports

- These reports are received from the Emergency Department
Mid Valley Report after scrubbing

MID-VALLEY HOSPITAL DISCHARGE REPORT
Sorted by PCP
2019 May 10 Friday

<table>
<thead>
<tr>
<th>PATIENT NAME</th>
<th>DOB</th>
<th>EPIC MRN</th>
<th>PCP</th>
<th>INSURANCE</th>
<th>DISCHARGE DISPOSITION</th>
<th>ACTIVE CASE MANAGER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avena, Elizabeth MD</td>
<td>12/12/1941</td>
<td>186349067</td>
<td>Medicare</td>
<td>DHR</td>
<td>NONE</td>
<td></td>
</tr>
</tbody>
</table>

Samaritan Discharge Report

<table>
<thead>
<tr>
<th>PATIENT NAME</th>
<th>SBON ACCOUNT</th>
<th>DISCHARGE DATE</th>
<th>SIGNTURE</th>
<th>FOR DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>05/11/2019</td>
</tr>
</tbody>
</table>

DISCHARGES: 8
Samaritan Discharge Report after scrubbing & sent to CM and TCM RN’s

Samaritan Hospital Discharge Report
Sorted by PCP
2019 May 12 Sunday

<table>
<thead>
<tr>
<th>PATIENT NAME</th>
<th>DOB</th>
<th>EPIC MRN</th>
<th>PCP</th>
<th>INSURANCE</th>
<th>DISCHARGE DISPOSITION</th>
<th>ACTIVE CASE MANAGER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6/27/1940</td>
<td>11/1225</td>
<td>Celerian, Maria MD</td>
<td>Health Alliance</td>
<td>DHR</td>
<td>Marla</td>
</tr>
<tr>
<td></td>
<td>1/1/1954</td>
<td>181343864</td>
<td>Kubosumi, Marcus MD</td>
<td>Premera</td>
<td>DHR</td>
<td>NONE</td>
</tr>
</tbody>
</table>

Cascade Medical Center

- CH CM Data Tech’s send a list of Central Washington Hospital discharges that have a Cascade Medical Provider PCP to their Case Manager so that she can make TCM post discharge f/u phone calls.
Open Discussion

How do we want to proceed with TCM phone call collaboration in the region?
TCDI Workgroup Meeting

TCDI Partner Discussion:

- What are things you have learned as part of implementing these processes in 2019 including:
  - 1-2 items you have found successful in this model
  - 1-2 items you are still struggling with refining (e.g. billing, call backs, etc.).

- What are some issues around data you are struggling with (Could also be discussed as part of data/QI session)?

- Topics you think would benefit from additional regional support (e.g. through the TCDI workgroup).

“BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON”

TCDI Workgroup Meeting

TCDI Next Steps

Based on discussions what areas of support do partners needs through the TCDI process including?

“BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON”
TCDI Workgroup Meeting

TCDI Upcoming Trainings

<table>
<thead>
<tr>
<th>Training</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>TCDI Quality Improvement Training</td>
<td>Tuesdays 8:00 AM – 9:00 AM (4 weeks) May 28th, June 4th, June 11th, and June 18th</td>
</tr>
<tr>
<td>Transitional Care Management Billing/Coding</td>
<td>July 15th – July 31st – Introductory Webinar August 19th – August 30th Q &amp; A Session</td>
</tr>
</tbody>
</table>

Would partners want an additional training on Patient Safety Issue tracking in 2019?

Recap/Partner Comments

Any Final Comments or Questions?
TCDI Business Section

North Central Emergency Care Council Report

Rinita Cook and John Schapman
EMS Project Update

- 9 of 10 EMS agencies chose to participate in project.
- Initial Reports were submitted by partners
- Each partner is currently at the initial stages of project implementation.
- Some Key stats from initial reporting includes:
  - 30% of all calls EMS providers went on resulted in no-transport (1483 non-transport calls in Q1 of 2019)
  - 10-30% of all transports were for Medicaid clients (Depending on organization)

EMS Agency Projects

<table>
<thead>
<tr>
<th>Agency</th>
<th>Treat and Referral Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aero Methow Rescue Services</td>
<td>Evaluate and connect non-transport patients to primary care in region for follow up care</td>
</tr>
<tr>
<td>Ballard</td>
<td>Implementing a Fall Prevention Program (SAIL) targeted at patients who routinely call EMS and do not receive transport</td>
</tr>
<tr>
<td>Cascade Medical Center</td>
<td>Identifying non-transport high utilizers of the EMS system and referring those patients to Social Workers at Cascade Medical Center</td>
</tr>
<tr>
<td>Douglas Okanagan County Fire District</td>
<td>Develop a process to identify patients that qualify for services through Adult and Aging services and create a referral process to connect them with appropriate providers.</td>
</tr>
</tbody>
</table>
### EMS Agency Projects

<table>
<thead>
<tr>
<th>Agency</th>
<th>Treat and Referral Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lake Chelan Community Hospital</td>
<td>Identify high utilizers of the ED and connect them with LCCHs comprehensive community paramedicine program</td>
</tr>
<tr>
<td>Lifeline</td>
<td>Identify high utilizers of the ED and patients transported who could have benefitted from transport to alternate destinations.</td>
</tr>
<tr>
<td>Moses Lake Fire Department</td>
<td>Evaluate patient needs (High utilizers) and connect them with local services (primary care, behavioral health, housing) within region</td>
</tr>
<tr>
<td>Protection-1 LCC</td>
<td>Partnering with local hospital(s) to identify high utilizers of ED and complete in home follow up care post discharge.</td>
</tr>
<tr>
<td>Waterville EMS</td>
<td>Implementing a Fall Prevention Program (SAIL) targeted at patients who routinely call EMS and do not receive transport</td>
</tr>
</tbody>
</table>

### Current Barriers EMS is Facing

- Billing for Community Paramedicine Programs (C.A.R.E.S. Programs):
  - Public entities still need additional support understanding the billing process to receive reimbursement for this work.
  - Private entities are still unable to be reimbursed. These entities want to improve patient care but requires them to be very strategic on how they progress down this path.
TCDI Workgroup Meeting

Current Barriers EMS is Facing

- Alternative Destination Transports:
  - There is still a lot of confusion and misunderstanding around reimbursement for alternative destination transports. A majority of EMS organizations do not feel that they can get reimbursed for transporting to Parkside.
  - The distance to transport patients that are from outside the Wenatchee area continues to be a concern for EMS partners who do not want to pull their staff out of service for an extended period of time.


"BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON"

TCDI Workgroup Meeting

EMS next Steps

- Certified Ambulance Documentation Training to be provided to EMS partners May 17th and 18th
- Department of Health (DOH) coming on site in July to support partners who want to better utilize Image Trend (WEMSIS) in their organization.
- NCACH will work with NCECC and partners to refine project level metrics and utilize those metrics in future quarterly reporting.
- Brief Update (July); Next Full Update (September)
## Recap/Partner Comments

Any Final Comments or Questions?

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**TCDI Workgroup Meeting**

**2019 Workgroup Outline**

<table>
<thead>
<tr>
<th>Month</th>
<th>Location</th>
<th>Tasks</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>Wenatchee</td>
<td>• Review Hospital and EMS Partner Updates</td>
<td>• Initiate meetings with funded hospital partners</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Discuss reporting and tracking metrics for funded partners</td>
<td>• Recommend additional objectives for TCDI in 2019</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Review TCDI objectives in 2019 (Including funds distribution)</td>
<td></td>
</tr>
<tr>
<td>March</td>
<td>Moses Lake</td>
<td>• Review Hospital and EMS Partner Updates</td>
<td>• Discuss additional funding strategies based on meeting discussion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Discuss additional funds distribution strategies to partners in 2019 (if applicable)</td>
<td></td>
</tr>
<tr>
<td>May</td>
<td>Wenatchee</td>
<td>• Review Hospital and EMS Partner Updates</td>
<td>• Start outlining key workgroup objectives for 2020 (NCACH scope of work)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Initiate discussion for 2020 funds distribution</td>
<td></td>
</tr>
<tr>
<td>July</td>
<td>Wenatchee</td>
<td>• Review Hospital and EMS Partner Updates</td>
<td>• Provide draft recommendations for TCDI funds distribution in 2020.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Review and provide recommendations for 2020 work</td>
<td></td>
</tr>
<tr>
<td>September</td>
<td>Omak</td>
<td>• Review Hospital and EMS Partner Updates</td>
<td>• Provide recommendation to the Governing Board for 2020</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Approve Plan for 2020 Funding/Work</td>
<td>• Outline workgroup plan for 2020</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Discuss goals of workgroup in 2020</td>
<td></td>
</tr>
<tr>
<td>November</td>
<td>Wenatchee</td>
<td>• Review Hospital and EMS Partner Updates</td>
<td>• Develop initial scope of work for workgroup in 2020</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Outline goals of workgroup in 2020</td>
<td></td>
</tr>
</tbody>
</table>

"BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON"
What future work could support current TCDI efforts:

1. Encouraging Clinical – Community Linkages in care transitions
2. Mapping care coordination across region (Identified as a need)
3. Expanding current transitional care and diversion intervention efforts in the organizations

What this could look like:

1. Fund Hospital Partners to expand TCM process – Regionally selected process
2. Have partners submit proposals for future work in 2020 focused on TCDI initiatives with some guidelines provided from NCACH
3. Include other hospitals in work?
4. Identify community supports currently clinical partners would like our region to expand as part of transitional care and diversion efforts, and funds those community supports.
5. Other inputs by partners?
Meeting Recap/Roundtable

Eric Skansgaard

Next Meeting:

Date: Thursday July 25th
Time: 10 AM – 11:30 AM
Location: Chelan Douglas Health District
200 Valley Mall Parkway
East Wenatchee, WA 98802
10-11:30AM

"BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON"
Thank you – Meeting Adjourned
NCACH Project Workgroup Update

Transitional Care and Diversion Interventions Workgroup

April 2019

Key Updates:

**Project/ Partner Updates:**

**Hospital Partner Report:**

- a. TCDI portal under healthcarecommunities.org webpage was launched for hospital partners to access resources and training webinars.
- b. CMT has completed 2 training webinars for Hospital partners to help them better utilize the Emergency Department Information Exchange (EDie) platform. Trainings are uploaded to the TCDI Portal on the healthcarecommunities.org webpage.
- c. TCDI Quarter 1 2019 reports received. NCACH staff are currently reviewing reports to provide feedback back to teams and utilize information to help develop upcoming QI training for partners.
- d. WPCC Practice Facilitators and Manager attended onsite training at the Confluence Health Contact center to better understand the Transitional Care Model.

**Next Steps:**

- QI Training for TCDI hospital partners tentatively scheduled for end of May.
- CMT to conduct onsite visits to hospital partners who want EDie training in May.
- NCACH is partnering with Confluence to develop TCM billing resources for hospital partners. Anticipated training offered in June/July.
- Workgroup to start discussing a process to evaluate how partners can better coordinate TCM calls across organizations (Work on this Q3 and Q4 of 2019).

**EMS Report:** See attached document.

**TCDI Upcoming Meetings/Key Dates**

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>TCDI Workgroup Meetings</td>
<td>May 16th</td>
</tr>
<tr>
<td>Certified Ambulance Documentation Training (EMS)</td>
<td>May 17th and 18th</td>
</tr>
<tr>
<td>TCDI Hospital partner QI Training</td>
<td>Starts May 28th</td>
</tr>
<tr>
<td>Site visits with Hospital Partners and CMT</td>
<td>Ongoing through May</td>
</tr>
</tbody>
</table>

**Attachments:**

- Detailed EMS Report
EMS Project Update:

- NCECC submitted project management report for Q1 2019. All major reporting requirements have been completed.
- EMS partners submitted initial reports on partner projects under the EMS proposal.
  - 9 of 10 EMS agencies chose to participate in project.
- Each partner is currently at the initial stages of project implementation.
- Each project (identified below) has metrics partners will be tracking to measure success. NCACH will work with NCECC and partners to refine identified project metrics through 2019.
- Some key issues that came out of EMS initial reports are as follows:
  - Billing for Community Paramedicine Programs (C.A.R.E.S. Programs):
    - Public entities still need additional support understanding the billing process to receive reimbursement for this work.
    - Private entities are still unable to be reimbursed. These entities want to improve patient care but requires them to be very strategic on how they progress down this path.
  - Alternative Destination Transports:
    - There is still a lot of confusion and misunderstanding around reimbursement for alternative destination transports. A majority of EMS organizations do not feel that they can get reimbursed for transporting to Parkside.
    - The distance to transport patients that are from outside the Wenatchee area continues to be a concern for EMS partners who do not want to pull their staff out of service for an extended period of time.
- Some Key stats from initial reporting includes:
  - 30% of all calls EMS providers went on resulted in no-transport (1483 non-transport calls in Q1 of 2019)
  - 10-30% of all transports were for Medicaid clients (Depending on organization)
- Based on the high level of non-transports, most EMS agencies choose non-transport patients as a target group to improve patient care.
  - Types of focus areas in treat and referral chosen by EMS agencies include:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Treat and Referral Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aero Methow Rescue Services</td>
<td>Evaluate and connect non-transport patients to primary care in region for follow up care</td>
</tr>
<tr>
<td>Ballard</td>
<td>Implementing a Fall Prevention Program (SAIL) targeted at patients who routinely call EMS and do not receive transport</td>
</tr>
<tr>
<td>Cascade Medical Center</td>
<td>Identifying non-transport high utilizers of the EMS system and referring those patients to Social Workers at Cascade Medical Center</td>
</tr>
<tr>
<td>Douglas Okanagan County Fire District</td>
<td>Develop a process to identify patients that qualify for services through Adult and Aging services and create a referral process to connect them with appropriate providers.</td>
</tr>
</tbody>
</table>
Lake Chelan Community Hospital | Identify high utilizers of the ED and connect them with LCCHs comprehensive community paramedicine program
---|---
Lifeline | Identify high utilizers of the ED and patients transported who could have benefitted from transport to alternate destinations.
Moses Lake Fire Department | Evaluate patient needs (High utilizers) and connect them with local services (primary care, behavioral health, housing) within region
Protection-1 LCC | Partnering with local hospital(s) to identify high utilizers of ED and complete in home follow up care post discharge.
Waterville EMS | Implementing a Fall Prevention Program (SAIL) targeted at patients who routinely call EMS and do not receive transport

**Key Partner Highlights:**

NCECC was impressed to see two privately funded EMS entities identify tactics they can employ to support patients that are not appropriate for the ED. This is especially impressive since private companies only get reimbursed to transport patients either to the ED or potentially Parkside (No current reimbursement documented to date). Examples include:

- Ballard Ambulance - Focused on addressing non-transport patients by initiating the SAILs program, Training staff to transport patients to Parkside as an alternative destination, and reviewing current health record system for improvements.
- Protection 1 Ambulance - Protection one is partnering with local hospital to identify high utilizers and complete in home follow up care post discharge to ensure they are directed to appropriate place to receive their care.

**Next Steps:**

- NCECC will provide reviews to EMS partners on initial reports in May 2019 with feedback on recommended adjustments to reporting metrics
- Certified Ambulance Documentation Training to be provided to EMS partners May 17th and 18th. Focus of training is to help agencies improve accuracy of documentation and length of time to complete reports.
- Department of Health (DOH) coming on site in July to support partners who want to better utilize Image Trend (WEMSIS) in their organization.
- Quarterly reports are due July 2019. NCACH will work with NCECC and partners to refine project level metrics and utilize those metrics in future quarterly reporting.
5.4  MENTAL HEALTH AND CHEMICAL DEPENDENCY DESTINATION PROCEDURE

Effective Date:  11/01/2018

1. PURPOSE: To operational licensed EMS aid and/or ambulance services who may transport patients from the field to mental health or chemical dependency services in accordance with WA State legislation HB 1721.

2. SCOPE: In 2015, the WA State Legislature passed HB 1721 allowing Emergency Medical Services (EMS) licensed ambulance and aid services to transport patients from the field to mental health or chemical dependency services. In the North Central Region, licensed EMS ambulance services may transport patients from the field to mental health or chemical dependency services in accordance with RCW 70.168.170, if approved by their county Medical Program Director (MPD).

3. GENERAL PROCEDURES:
   1. Prehospital EMS agency and receiving mental health and/or chemical dependency facility participation is voluntary.
   2. Participating agencies and facilities will adhere to the WA State Department of Health Guideline for Implementation of HB 1721 (see attached appendices)
   3. Facilities that participate will work with county Medical Program Director (MPD) and EMS agencies to establish criteria that all participating facilities and EMS agencies will follow for accepting patients.
   4. MPD and the Local EMS and Trauma Care Council must develop a county operating procedure (COP). The COP must be consistent with the WA State Department of Health Guideline for Implementation of HB 1721 and this PCP.
   5. Prior to implementing and during ongoing operation of transport to alternate receiving facilities the following must be in place with DOH approval:
      a) County operating procedure
      b) MPD patient care protocol
      c) Ensure EMS providers receive training in accordance with WA State Department of Health Guideline for Implementation of HB 1721
      d) Facilities that accept referrals directly from prehospital providers

4. APPENDICES:
   Appendix 1. WA State Department of Health Guideline for Implementation of HB 1721

<table>
<thead>
<tr>
<th>Submitted by:</th>
<th>Change/Action:</th>
<th>Date:</th>
<th>Type of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Council</td>
<td>Approved Draft</td>
<td>02/07/2018</td>
<td>☒ Major ☐ Minor</td>
</tr>
<tr>
<td></td>
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<td>☐ Major ☐ Minor</td>
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<tr>
<td></td>
<td></td>
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<td>☐ Major ☐ Minor</td>
</tr>
</tbody>
</table>
## Inclusion Criteria

All must be checked:
- Age 18 - 55
- Voluntary/willing & has the “capacity” to go to alternative destination
- Cooperative and non-combative
- Normal level of consciousness
- No dementia
- Patient able to perform activities of daily living
- Ambulatory or able to self-transfer if in a wheelchair
- Able to self-care for indwelling tubes, lines, or catheters

## Exclusion Criteria

All must be checked:
- No new onset of mental illness
- No overdose (including ETOH)
- No trauma requiring more than simple bandaging
- No loss of consciousness or seizure in the last 24 hours
- No pregnancy
- No evidence of acute medical, infectious or traumatic problem
- No anticoagulants AND any trauma, fall, bleeding or melena
- Warfarin (Coumadin), clopidogrel (Plavix), prasugrel (Effient), dipyridamole (Aggrenox), apixaban (Eliquis), rivaroxaban (Xarelto), dabigatran (Pradaxa), enoxaparin (Lovenox)

## Vital Signs

All must be within the given range:
- **HR (50 - 120)**
- **BP systolic (90 - 180)**
- **BP diastolic ( < 110)**
- **RR (10 - 25)**
- **SPO2 ( > 92%)**
- **Temp (97 - 100.3°)**
- **Blood glucose (60 - 350)**

## Step by Step

1. Perform a full assessment
2. Ask the patient if transportation to an alternative destination is acceptable/wanted
3. Complete the checklist
4. Contact Parkside at **509-300-1220** and advise them you have an EMS patient for consideration
5. Transport the patient to Parkside.
6. Transfer of patient to law enforcement for transport must be cleared by medical control.
7. Leave a copy of this paper checklist documenting inclusion/exclusion criteria

## NOTES

- If accepted for Parkside, please bring patient medications and medical equipment (CPAP, nebulizer) along as available.
- Providers should expect to be asked questions by the receiving facility.
- A full Patient care report is still required documenting appropriate destination facility

**Incident #:**

**EMS agency name:**

**EMS provider name:**

**Parkside Transfer of Care Signature:**

| Date: | Time: |

Ask yourself: *Can the current condition be explained by another medical issue or trauma? YES / NO If YES, transport to ED*