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
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/adNIjFwjRo

PROPOSED AGENDA

1. WELCOME & INTRODUCTION
   John Schapman

2. Space to remember contributions of Eric Skansgaard to our community

3. TCDI Workgroup Updates
   - 2020 TCDI Budget next steps
   - CPTS Update
   - Partner Roundtable/Updates

5. Meeting Updates/Roundtable
   (Time Permitting)

Next Meeting:
Date: Thursday January 16th
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>Chelan Douglas Health District</td>
<td><strong>Workgroup members:</strong> Eric Skaangard, Elaine Bandy, Laina Mitchell, John McReynolds, Rhonda Piner, Chenia Flint, Kelly Steffens, Nicole Tabort, Kate Haugen, Ray Eickmeyer, Misty Queen, Beth Goetz, Shoshannah Palmanteer, Molly Morris</td>
</tr>
<tr>
<td>200 Valley Mall Pkwy</td>
<td><strong>NCACH Staff:</strong> John Schapman, Wendy Brzezny, Linda Evans-Parlette, Tanya Gleason, Caroline Tillier  - Minutes</td>
</tr>
<tr>
<td>East Wenatchee WA 98802</td>
<td><strong>Myers and Stauffer (Independent Assessor):</strong> Catherine Snider, Leslie Barron</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minutes</td>
<td>Ray Eickmeyer moved, Elaine Bandy seconded the motion to approve the minutes, motion passed.</td>
</tr>
<tr>
<td>TCDI Hospital Partner Updates</td>
<td>John quickly previewed the agenda for today, including 2 partner updates. Background is that our providers are interested in peer sharing and allowing opportunity for questions. As part of agreement with NCACH, plan on including partner updates during next 2-3 meeting. Partners were asked to take 5-10 minutes to share best practices, lessons learned, and successes and challenges.</td>
</tr>
</tbody>
</table>

**Lake Chelan Community Hospital**

Ray shared information about community paramedicine model that LCCH is using for a lot of their transitional care and diversion intervention work. They have combined 3 existing community paramedicine models to broaden improvements to their relatively small population (not just restricted to hyper utilizers.) Shared a list of skills community paramedicine staff are developing in the field (e.g. wound care, fluid replacements, A1c testing). Always use primary care provider as lead; not operating in silo, but EMS skills and labor can be a contributor to this work. Do lots of assessments for patients, navigation, education and connecting to resources. Reach out to primary care providers when identify hyper utilizers. Social determinants of health are assessed via LEAD score on every single patient when they are discharged (e.g. housing, financial issues, food.) Everyone, including well-to-do patients, appreciates being asked these questions. Contact patients in their home, also do phone call follow-ups, and send written report to PCP including needs. Inpatient, ER, and PCP all refer to community paramedicine program. Leverage local groups like Tender Living Care (TLC) and local Rotary to assist people with cleaning, going to grocery store, building ramps or handrails. Visits last about 60-90 minutes, and second to third visits are also about 60 minutes long – this would be impossible for PCPs. They are fortunate to have a lot of resources in their valley. Have seen about 150 patients, and close to 100% of them were very satisfied or satisfied with the service and majority likely to recommend to others. Linda mentioned that Representative Cody is very interested in community paramedicine work, and she will connect Ray with her. Kate asked whether this would become a billable service. Trying to work CDT codes for transition/diversion work on referrals, and all LCCH EMS staff are community health workers and working on certification to work at top of license and increase reimbursements. Elaine asked whether community paramedics had ongoing relationship with patients (how many times are they seen?) – really depends on the person, and also resources that patient is connected to for follow-up.

Workgroup participants requested copies of Ray’s presentation.

**Coulee Medical Center**

Kelly provided overview of how they are doing Transitional Care Management (TCM). It has involved a lot of trial and error. Started a TCM process a few years but never took off. So revamped the process after spending time with Confluence, which was quite helpful. Would call patients being discharged within 48 hours, and then within 30 days, kept calling until they were reached. This population is typically unreachable so took a lot of time. Current process – tries to call within 24-48 hours, and only try twice with note in chart. Works closely with scheduling to ensure that follow-up appointments match level of complexity. Usually routes a note to the provider prior to their provider visit. MCO and Health Homes care coordination – Kelly estimates that probably ¼ to ½ of discharged clients would benefit from some sort of chronic care management. Don’t have resources to refer patients to. Ray asked about using Patient Activation Measure (PAM) to assess patient’s motivation and engagement in their health care, and also suggested Chronic Disease Self-Management classes can make a difference. For CMC, however, the lack of community resources, and transportation challenges contribute to high no-show rates (very high poverty rates.) Patient population is very complex and have very few resources in area. CMC catchment area is about 9000 patients; they are only hospital for 60 miles. Nearby towns include Grand Coulee, Coulee Dam, Electric
City, Elmer City, Nespelem, Coulee City, Elmira, Wilbur, Mansfield. Surrounded by federal and state lands and Colville Reservation – very low tax base. Someone suggested that motivational interviewing (MI) could bridge the gap around cultural divides. Kelly noted that program like Health Homes (where care coordinators go to people’s home) and MI is great, but when it comes to Native population, it really comes down to trust given historical trauma and past experiences with health care. CMC staff also noted that some non-native patients in the area are very anti-establishment, so this makes home visits a challenge. Specific to ED diversion work, Beth shared that Coulee Medical partnered with Colville Behavioral Health on direct referrals for tribal members (because Grant County Mental Health program usually took 4 hour minimum if they could come at all). If someone is enrolled, can refer to tribal behavioral health more quickly. In the past, could not work with Grant Integrated Services due to insurance/geographic barriers, but this is slowly improving. Beth noted that if patients have IHS insurance only, the Coulee Medical clinic can’t see them, though ER/hospital can.

### 2020 TCDI Budget

John shared feedback based on partner check-ins and surveys to see what they’ve found beneficial and what work to prioritize for 2020. Surveyed hospital partners and also initiated discussion with NCECC.

Recommendations from TCDI Hospital partners – want to continue the work with a focus on improving connections to outpatient care as immediate next steps, especially outside organizations (not clinics within hospital/ED system.) Funding recommendation is to provide $65,000 to hospital partners (budgeting for total of 8 organizations.) Encouraging partners to focus on key issues that are unique to their areas. Total of $520,000.

Recommendations for EMS partners – invest in additional trainings (documentation, WEMSIS, reporting), separate funding stream to incentivize those who want to develop more robust community paramedicine programs, expand treat and referral programs, and offer quality improvement/motivational interviewing trainings. Funding recommendation is total of $395,000. Training and consulting funds are designed to be flexible.

Grant total budget for TCDI projected at $980,000 for 2020. John asked for feedback from workgroup members, including concerns or ideas about what’s missing. Ray likes the proposal. No other comments. Erik encouraged funded partners to keep Catholic Charities posted around crisis/law enforcement overlay since they have funding and resources available for MH follow-up in the field.

Motion to approve 2020 budget for TCDI in total of $980,000. Rhonda Piner moved, Ray Eickmeyer seconded, no discussion, motion passed.

### Next Meeting:

Business portion of meeting was adjourned at 11am given special session with Medicaid Transformation Project Independent Assessor (Myers and Stauffer) who joined call to gather input from TCDI Workgroup members on current status of work.

**Date:**
Thursday November 21st

**Time:**
10 AM – 11:30 AM

**Location:**
Chelan Douglas Health District
200 Valley Mall Parkway
East Wenatchee, WA 98802
North Central Accountable Community of Health

TCDI Workgroup Meeting

Agenda & Minutes
TCDI Partner Updates – Will occur in January
TCDI 2020 Workgroup Budget

**2020 TCDI Funding Recommendation** (Approved 9.26.19 TCDI Workgroup Meeting)

<table>
<thead>
<tr>
<th>Payment Type</th>
<th>Up to dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>TCDI Hospital Partner Payments</td>
<td>$520,000</td>
</tr>
<tr>
<td>EMS Partner Payments</td>
<td>$395,000</td>
</tr>
<tr>
<td>Training/Consultants</td>
<td></td>
</tr>
<tr>
<td>Reserved funds for both EMS and Hospital partners*</td>
<td>$65,000</td>
</tr>
<tr>
<td><strong>Total TCDI Budget</strong></td>
<td><strong>$980,000</strong></td>
</tr>
</tbody>
</table>

- NCACH Governing Board will review to approve at December 2nd Board Meeting

"BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON"

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**2020 Community Partnership for Transition Solutions Project**

**Recovery Coach Network**

- Through the North Central Community Partnership for Transition Solutions, jail release has been identified as a point in time where there is a need for greater support to help individuals transition out of jail, reduce recidivism, and reintegrate into the community.
- We propose supporting a network of Recovery Coaches that would meet individuals at release to provide needed supports.

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contracted full-time Recovery Coach Network Coordinator (salary and benefits)</td>
<td>$70,000</td>
</tr>
<tr>
<td>Equipment, training, overhead, etc.</td>
<td>$10,500</td>
</tr>
<tr>
<td>Recovery Coach Stipends ($50/day; ~3-4 hr shift – 9 months)</td>
<td>$40,500</td>
</tr>
<tr>
<td>Supports for clients (e.g. bus token, meals, clothing, etc.)</td>
<td>$9,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$130,000</strong></td>
</tr>
</tbody>
</table>

"BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON"
Next Steps - TCDI Hospital Partners:

Hospital partners will fill out an extension to their document that outlines key plans for 2020. The process will occurring during the following dates:

- **Dec 3rd**: Application extensions release (if approved by Board)
- **Dec 20th**: Extensions due back
- **Dec 23rd – Jan 3rd**: Application Extension review
- **Jan 8th**: MOUs sent out
- **Jan 1st - Dec 31st, 2020**: Complete Work

Next Steps - EMS Partners:

NCECC and NCACH will finalize our scope of work for 2020 including funding for EMS partners (2020 EMS Proposals). Partners will outline the work they do in 2020 within their quarter 4 reports:

- **EMS Base Funding**:
  - **Dec 2019**: Finalize NCECC proposal and MOU (If Approved by Board)
  - **Jan 15th**: Quarter 4 reports due
  - **Jan 22nd**: Finalize 2020 NCECC MOU

- **EMS Additional Funding**:
  - **Dec 9th**: Application released (If Approved by Board)
  - **Jan 3rd**: Applications Due
  - **Jan 6th – 17th**: Applications reviewed
  - **January 31st**: MOUs signed for work starting February 1st
  - **Applications Dec 20th**: Extensions due back
2020 Meeting Schedule

**Dates:**
- Thursday January 16\textsuperscript{th}
- Thursday April 16\textsuperscript{th}
- Thursday July 16\textsuperscript{th}
- Thursday October 15\textsuperscript{th}

**Time:** 10AM – 11:30AM

**Location:** Virtual

Will continue to have a physical meeting space at Chelan Douglas Health District (200 Valley Mall Parkway, East Wenatchee, WA 98802)
**Recommendation from TCDI Workgroup:** On September 26th, 2019 the Transitional Care and Diversion Intervention workgroup reviewed budget plans for 2020 and approved the below recommendations:

**Total 2020 TCDI Workgroup Budget**

<table>
<thead>
<tr>
<th>Payment Type</th>
<th>Funding Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>TCDI Hospital Partner Payments</td>
<td>$520,000</td>
</tr>
<tr>
<td>EMS Partner Payments</td>
<td>$395,000</td>
</tr>
<tr>
<td>Training/Consultants</td>
<td>$65,000</td>
</tr>
<tr>
<td>Total TCDI Budget</td>
<td>$980,000</td>
</tr>
</tbody>
</table>

This recommendation is broken down into two main focus areas (Hospital and EMS Partners) with their specific scope of work. Those primary focuses are included below.

**Hospital Partner Project:**

**Project Focus Area:** The Hospital partners will focus on the key issues below

- Focus funding and process improvement work on maintaining current efforts with an emphasis on collaboration across sectors and within organization’s service areas (e.g. primary care, behavioral health, and community based organizations)
- Have each Partner demonstrate how they are working with another agency outside of their own organization (clinical and non-clinical)
- Partners would focus on two areas:
  - Better connection with outpatient providers
  - Engage community-based partner (if applicable)

Partners will go through a project update process that outlines their plans for 2020. Those updates will be reviewed by NCACH staff for approval. The funding amount will align with the table below. All amounts below are considered up to amounts.

<table>
<thead>
<tr>
<th>Partner Payment Type</th>
<th>Funding Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transitional Care (Inpatient)</td>
<td>$25,000</td>
</tr>
<tr>
<td>ED Diversion</td>
<td>$25,000</td>
</tr>
<tr>
<td>Partnership with Community Partner (Supports Community Partner work)</td>
<td>$15,000</td>
</tr>
<tr>
<td><strong>Total (Each)</strong></td>
<td><strong>$65,000</strong></td>
</tr>
<tr>
<td><strong>Total Project (8 Organizations)</strong></td>
<td><strong>$520,000</strong></td>
</tr>
</tbody>
</table>
EMS Partner Project

Project Focus Area: The EMS partners will focus on the key issues below:

- Invest in additional Certified Ambulance Documentation and WEMSIS trainings.
- Offer additional funding for those providers who would like to develop more robust community paramedicine programs (separate funding stream).
- Support training to EMS providers and NCECC to support providers that need to adapt reporting processes to comply with SSB 5380 (WEMSIS training and expansion for all EMS).
- Continue to support partners to expand their treat and referral programs.
- Offer additional technical assistance to providers as requested (e.g. Quality Improvement and Motivational Interviewing).

Partners will go through a project update process that outlines their plans for 2020. Those updates will be reviewed by NCACH staff for approval. Anyone who wants to apply for the additional community paramedicine funds ($40K each) will need to go through an additional formal application process. The funding amounts will align with the table below. All amounts below are considered up to amounts.

<table>
<thead>
<tr>
<th>Payment Type</th>
<th>Funding Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCECC Project Management</td>
<td>$20,000</td>
</tr>
<tr>
<td>Partner Funding</td>
<td>$215,000</td>
</tr>
<tr>
<td>Develop expansion plans for current EMS proposal work</td>
<td></td>
</tr>
<tr>
<td>Community Paramedicine Project Funds</td>
<td>$160,000</td>
</tr>
<tr>
<td>Partners who are ready to expand to a more robust Community Paramedicine model (4 providers - $40,000 each)</td>
<td></td>
</tr>
<tr>
<td>Overall Total</td>
<td>$395,000</td>
</tr>
</tbody>
</table>
NCACH Hospital Transitions and Diversion Report

Quarter 2 Report – July 2019

Hospital Partner Report & Midyear evaluation Summary:

Report Summary
NCACH has partners complete a midyear report (Due July 15th, 2019) as part of the memorandum of understanding partners signed to participate in Transitional Care and Diversion Intervention work. After the reports where completed, partners participated in a 30 minute phone call to discuss project status and for NCACH to gain additional insight on how we can support partners for the remainder of 2019 and during 2020.

Report Key Takeaways:

- Partners are starting to settle into their project workflows now that they are 6 months into initial project implementation. Due to the Plan-Do-Study-Act (PDSA) cycles that partners completed on both workflows and data collection, partners feel they will need additional time (past 2019) to demonstrate a measurable difference in project work.
- Partners stated that it is important to continue providing a venue for shared learnings and best practices, but there was less interest in continuing to have regional trainings. It was recommended to focus on individual technical assistance specific to the partners needs when we develop future trainings.
- Partners felt there is a greater focus on transitional care from inpatient services in 2019. Most partner recommended that our region spends additional time focusing on workflows out of the Emergency Department in 2020 (Both internally for an organization and connecting with external partners).
- Partners highlighted key Social Determinant of Health issues (e.g. transportation to appointments and pharmacy) that would help reduce the utilization of acute care facilities.

Summary of Partner Meetings (August 12th – 23rd):

- Partners feel that they are finally getting a good understanding on how to complete data collection. It is hard to compare the data collected by partners from the first 3 quarters due to changes partners have made in the collection process (due to internal PDSA processes). There are a few partners that feel they could benefit from individual technical assistance (TA) (e.g. report building) in the future.
- Partners have a smooth transitional process from inpatient to their own primary care clinics. Transitional care process with outside organizations are inconsistent, and each hospital has different workflows for primary care clinics outside of their organization.
- Most partners enjoyed the trainings provided, but many individuals felt they would benefit from not additional group trainings (e.g. Quality Improvement, Collective Medical Technology). There were a number of individual TA requested during the meetings (e.g. Motivational Interviewing, TA in building electronic health record reports). This is an area we could look at supporting in the future.
Summary of Partner Meetings (August 12th – 23rd): Continued

- A number of partners have been engaging patients in the social determinants of health during discharge/transitional care. A common theme across partners was transportation issues. Some key findings are the following:
  - 3 of the 7 hospitals (very rural) have issues with transportation to appointments and to pick up medication post discharge. This is especially true for those individuals who are low income but do not currently qualify for Medicaid (either a person is not poor enough to access Medicaid or unable to obtain the appropriate documentation to get on Medicaid)
  - Emergency departments will sometimes act as temporary shelters if there is no shelter services available in the area.
- Partners are interested in working on transitional care workflows from inpatient and Emergency Department in 2020 (with emphasis on Emergency Department workflows)

Summary of Trainings/Attendance (Q1 & Q2, 2019)

Partners participated in 6 shared learning and training options in the first 2 quarters of 2019. Moving into 2020 partners are interested in continuing shared learning activities, but would like technical assistance opportunities to be individualized for each agency.

The chart above demonstrates the kinds of trainings and share learning opportunities available. Opportunities ranged from a 1 time webinar to multiple meetings.
**Partner Mid-Year Survey**

As part of the semiannual report, NCACH asked partners to evaluate the progress of transformation project work (including recommendations for 2020). The follow provides brief highlights from the Survey:

**Survey Key Takeaways:**

1. Partners find value in shared learning across the region and believe it is a good way to reduce duplication
2. The main area of focus in 2020 is to better connect with outpatient providers and non-clinical partners
3. There is still interest in training with partners, but those request are more individualized.

**Partner Comments:**

To highlight how partners have emphasized the value of shared learning, NCACH took quotes from the mid-year survey to share with the Board.

- “I think the most important part of our involvement has been the networking with like hospitals. Working on the same type projects with small rural hospitals has helped us to not reinvent the wheel and to solidify that the TCM and diversion approaches work at other facilities.”
- “The greatest value that TCDI has provided our organization cannot be stated as a singular component. The meetings, assistance, grant funding, and one-on-one assistance has been invaluable.”
- “The shared learning provides insight into what works for others. It provides ideas and options for possible integration into our present systems. It has the potential to save time, money and resources if someone has an effective process. We appreciate the shared leaning for the benefits it has to offer.”

**Main Partner Comments from each Survey Section:**

<table>
<thead>
<tr>
<th>Survey Category</th>
<th>Main Comments</th>
</tr>
</thead>
</table>
| Most Beneficial part of engaging in TCDI work           | • **Networking and Collaboration**  
• Trainings: CMT, education (QI, TCM Training)  
• **Shared Learnings** |
| Least Beneficial part of engaging in TCDI work           | • Training specifics – Ensure they are applicable to organization |
| Partners to Engage                                      | • Primary Care and Behavioral Health  
• Additional Community Partners |
| How to approach Funding/Work                            | • 4 responses - **NCACH regional project focus**  
• 2 responses - County specific project focus  
• 1 response - Organization specific project focus |
| Future Process Improvement Effort Focus (Ranked from 1 to 4) | • 1 – **Connection with non-Clinical Partners**  
• 2 – **Connection with PCP and BH**  
• 3/4 – CMT and QI Trainings |
Recommendations Based on Partner Report and Mid-Year Survey

NCACH Staff put together the following recommendations on continued support to partners in 2019 and 2020 based on the mid-year reports submitted by partners, partner phone calls, and the Mid-year survey completed. They are as follows:

1. Continue base funding for hospitals partners to complete both ED Diversion and Transitional Care processes in 2020.
2. Focus on Regional workflow development between primary care, behavioral health, and acute care (inpatient and Emergency Department) providers.
   o Most acute care providers felt this was an area that they are still struggling with and would find a high amount of value.
3. Offer trainings or individual technical assistance for partners.
   o Develop basic training plans and reach out to partners to confirm if they would like to access as a group or via individual assistance.
   o Technical assistance could include: Quality Improvement training, motivational interviewing, assistance in generating reports from electronic health records that can be shared across partners.
4. Develop a process to develop clinical-community linkages for providers specific to their regional need (Many providers identified regional needs during their individual phone calls).

Note: This is an initial Board report. Funding models for 2020 will be shared with the Transitional care and Diversion Intervention Workgroup at the September meeting for approval by the workgroup.
NCACH Emergency Medical Service (EMS) Report

Quarter 2 Report - July 2019 Agency Update

EMS Report Summary:

North Central Emergency Care Council has spent the majority of quarter 1 and quarter 2 establishing trainings for EMS providers, engage providers in developing their project focus areas, and identifying measures those providers can use to track progress. Most providers have been operating their agency specific projects for 3 months and it is still early to measure the impact of their work. Each EMS Agency has chosen a specific area of focus as part of their “Treat and Referral” section of the project.

<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>
<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>

The focus in Quarter 3 and Quarter 4 will focus on expanding training opportunities (highlighted below) as well as working with agencies to focus on their treat and referral projects.

Quarter 1 and 2 Training Updates:

- The Certified Ambulance Documentation Training in May received strong reviews. NCECC is looking for additional opportunities to provide training in the future (including online trainings).
- DOH provided an overview of WEMSIS on July 9, 2019. Agencies were invited to attend with limited space. Agencies stated there is greater need for additional training opportunities on WEMSIS. NCECC is working with DOH to provide future opportunities (Dates TBD).
- NCECC provided technical assistance to partners in developing treat and referral project plans and identifying metrics for those partners to use. In quarter 3 and quarter 4, NCECC plans to work with partners to share best practices of partners’ projects across the region.
SSB 5380 is requiring EMS to report to WEMSI S either directly or through their current eMIR system. DOH has begun the implementation process for the legislation and additional training will be needed for partners.

Review of EMS Agency Data

<table>
<thead>
<tr>
<th>#</th>
<th>Total Number of 911 Calls</th>
<th># of Transport Calls</th>
<th>% Transport Calls/Total</th>
<th># Non-Transport Calls</th>
<th>% Non-Transport Calls/Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1614</td>
<td>1080</td>
<td>67%</td>
<td>401</td>
<td>25%</td>
</tr>
<tr>
<td>2</td>
<td>1642</td>
<td>652</td>
<td>40%</td>
<td>532</td>
<td>32%</td>
</tr>
<tr>
<td>3</td>
<td>732</td>
<td>473</td>
<td>65%</td>
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<td>77%</td>
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<td>23%</td>
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<td>5</td>
<td>240</td>
<td>204</td>
<td>85%</td>
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<td>16%</td>
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<td>150</td>
<td>99</td>
<td>66%</td>
<td>62</td>
<td>41%</td>
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<td>7</td>
<td>140</td>
<td>70</td>
<td>50%</td>
<td>73</td>
<td>52%</td>
</tr>
<tr>
<td>8</td>
<td>126</td>
<td>71</td>
<td>56%</td>
<td>55</td>
<td>44%</td>
</tr>
<tr>
<td>9</td>
<td>40</td>
<td>24</td>
<td>60%</td>
<td>8</td>
<td>20%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>4921</td>
<td>2855</td>
<td>58%</td>
<td>1483</td>
<td>30%</td>
</tr>
<tr>
<td>without Outlier</td>
<td>3279</td>
<td>2203</td>
<td>67%</td>
<td>951</td>
<td>29%</td>
</tr>
</tbody>
</table>

Comparison of Call Type (removed Agency #2)

Percentage of Transport Calls (Q1 & Q2)

Percentage of Non-Transport Calls (Q1 & Q2)
**Recommendations:**

After evaluating quarter 2 reports, Staff recommend the follow project implementation steps are supported by NCACH for the remainder of 2019 and into 2020.

1. Providing additional Certified Ambulance Documentation and WEMSI S trainings
2. Offer additional funding for those providers who would like to develop more robust community paramedicine programs (separate funding stream)
3. Support training to EMS providers and NCECC to support providers that need to adapt reporting processes to comply with SSB 5380.
4. Continue to support partners to expand their treat and referral programs and gather additional information on success of each individual project.
5. Offer additional technical assistance to providers as requested (e.g. Quality Improvement and Motivational Interviewing). A few organizations have already requested this and NCACH is offering in 2019.

**Attachment:** NCECC EMS Quarter 2 Summary Report