Washington State Department of Health
EMS & Trauma Care Steering Committee
MEETING MINUTES
January 18, 2023
Meeting held virtually by ZOOM

ATTENDEES:

Committee Members:

Ken Anderson	Mike Hilley	Scott Phillips, MD
Tim Bax, MD	Joe Hoffman, MD	Bryce Robinson, MD
Cameron Buck, MD	Tim Hoover	Erik Roedel, MD
Tom Chavez	Rhonda Holden	Peter Rutherford, MD
Christine Clutter	Shaughn Maxwell	Mark Taylor
Brian Fuhs, MD	Denise McCurdy	Rick Utarnachitt, MD
Madeleine Geraghty, MD	Pat McMahon	Ken Woffenden
Beki Hammons	Brenda Nelson	

DOH Staff:

Ian Corbridge	Catie Holstein	Anne Oxenbridge
Melissa Belgau	Jim Jansen	Tim Orcutt
Marla Emde	Jennifer Landacre	Jeff Sinanian
Dawn Felt	Matt Nelson	Sarah Studebaker
Dolly Fernandes	John Nokes	Hailey Thacker
Nicole Fernandus	Jason Norris	
Adam Gallion	Anthony Partridge	

Guests:

Emily Agudo	Barb Jensen	Kelly Pearson
Jody Anderson	Jennifer Johnston	Mary O'Hare
Trixie Anderson	Shari Keim	Randi Riesenberg
Nadja Baker	Sandra Kellso	Wendy Rife
Katherine Bendickson	Karen Kettner	Paul Ross
Steve Bowman	Tom Lamanna	Max Sevareid
Melanie Brandt	Jennifer Lataquin	Michelle Schmidt
Shelley Briggs	David Lynde	Jason Spencer
Cindy Button	Bet Martin	Ashely Spies
Rinita Cook	Carolyn Morris	Cody Staub
Becky Dana	Jason Nagle	Traci Stockwell
Pam Dodson	Jim Nania, MD	Cheryl Stromberg
Sarah Downen	Jaclyn Numata	Timothy Wade
Lisa Edwards	Norma Pancake	Zita Wiltgen
Janna Finley	Tammy Pettis	Deborah Woolard, MD
Mary Flick	Greg Perry	
Doug Fosburg	Kelly Pearson	
Beth Goetz	Janell Hall	
Kristy Gradel	Brain Ireton	

Call to Order: Cameron Buck, MD, Chair

Minutes from November 16, 2022
Handout
Motion #1
Approve the November 16, 2022, EMS, and Trauma Care Steering Committee meeting minutes.
Approved unanimously.

Committee Business: Cameron Buck, MD, Chair

By Laws Changes: At the last meeting the steering committee agreed that there should be a vice chair and the by-laws should be updated to memorialize this change. Dr. Buck will update the by-laws with suggested changes for including a vice chair, process for appointment and send it out for committee review. At the March meeting the committee can vote on the by-law changes. The by-laws say that amendments can be made by a two-thirds majority vote of the full committee. The committee must have 30 days' notice prior to the vote. Dr. Buck's edits will primarily address the composition of officers, succession, and elections.

New Chair for Cost TAC: Historically the chair of the Steering Committee has assumed the role of Cost TAC chair. Dr. Buck has agreed to take on the role of chair for the Cost TAC.

Cardiac and Stroke Study Update: Cameron Buck, MD, Dolly Fernandes, DOH
The UW team conducting the study is making progress. This team met with the Cardiac and Stroke Workgroup for the monthly meeting yesterday. They have completed interviews with workgroup members and synthesized what the workgroup indicated is needed: funding, oversight, and accountability across the system. They highlighted a need for more rigorous certification, regularly tracking of hospital performance, and for improved quality, monitored data collection, dedicated leadership and data infrastructure.

The cardiac and stroke outcomes data are limited to what can be captured from CHARS, WEMSIS and AHA. The crux is lack of data to accurately monitor performance and outcomes for cardiac and stroke disease. They talked about some level of mandated reporting. They also spoke about giving equal weight to cardiac and stroke care at the committee level, including developing a robust QI system like what we have for trauma.

The UW team is researching previous work and has drafted surveys that will be administered to EMS and hospital stakeholders around the end of February. The hospital survey needs more tweaking and will go out later. The final study report by the UW consultants is due to the Legislature by October 1. The draft report should be ready by the end of May and must go through DOH review. The UW study team plans to report on their findings at a meeting on May 16, 11:30 am to 1:00 pm. It will be a virtual meeting and steering committee members are invited to attend. Please save the date and mark your calendars.

Upcoming Regional Plan Review – Request for Reviewers: Hailey Thacker, DOH

Every biennium the Regional Councils develop and update their EMS and Trauma regional plans. The regional plans are prescribed in statute and help identify need and distribution of emergency care resources such as trauma hospitals, EMS and EMS education.

There are 4 phases in the development of the regional plans: First is the preparation which started with the RAC TAC back in July, 2022. Second is the regional councils develop and update their region's plan. The third phase is the review by DOH and the Steering Committee. At this time, we are asking for steering committee members to review the plans which will start on April 4. You will have 3 weeks to review the plans. The fourth phase is the approval of the plans by the whole steering committee at the May 17, 2023, meeting. If you are willing to review the plans, please drop your name in the chat or contact Hailey Thatcher. Dolly and Dr. Buck encouraged Steering Committee members to participate in the review of these plans which is one of the committee members primary responsibilities. Several steering committee members indicated that they would participate in the review and a few mentioned that they have reviewed plans in the past and found it to be an enriching experience.

Surge Capacity post COVID: Lessons Learned: Steve Mitchell, MD
PowerPoint Presentation

Dr. Steve Mitchell, Medical Director for the Washington Medical Coordination Center presented on surge capacity post COVID and lessons learned.

What is working well in Washington:
Cooperative agreements at executive level: The Washington Medical Coordination Center, used to be called the Regional COVID Coordination Center (RC3) was set up immediately. Similar efforts took place in other states and Washington is the only one still operational and has fielded 7,300 requests from Washington hospitals in the last 2 years. The fact that we are still operational and available to manage a surge is a real plus.

Support of rural/small hospitals: Rural hospitals were disproportionally impacted; 73% of the requests were from federally designated rural hospitals. There were a few requests from Central Washington including Valley Memorial and critical access hospitals in Yakima County. The South and North Puget Sound had some requests too.

The DMCC has proven that we could adapt to surge and collectively manage it as a state. In November and December the DMCC set up a pediatric focused branch with a pediatric ICU physician from Harborview consulting and helping with triage. The rural hospitals were already overwhelmed when the big surge hit. Emergency rooms were operating at 200-300% capacity caring for sick kids. Our state effectively expanded capacity and utilized facilities that were not accustomed to taking transfers for neonatal ICU. This was on top of an already chronically congested and over capacity adult system.

What is not working well:
Offloading major centers (Discharge to Post Acute Care, Behavioral Health Boarding), movement from large to medium/small hospitals (transfer back): Many patients in hospitals no longer need hospital care, but they cannot be discharged because there is nowhere to send them. No one is willing to accept these patients. The behavioral health situation is also a significant problem. There are emergency departments where half of the beds are taken up by pediatric patients with behavioral health disorders. It is challenging to have a good throughput system when hospitals are over capacity in such a significant way. There is a lot of work going on this legislative session on these two issues.

Movement from large to medium/small hospitals (transfer back): Our health care system is pointed in one direction for the small hospitals to medium hospitals and frequently by-passing the medium hospitals to the tertiary in the quaternary care centers that have most of the specialists. When they are all pointed into a system that is already congested, it is going to fail unless we are very strategic about managing those things. Dr. Mitchell showed a slide of NWHRN Service Area Summary of hospital boarders that goes back to July 4. It shows that hospital numbers are going up. We need to be able to move those patients back to the originating hospital for the continuity and for the progression in their hospitalization until they don't need it any long. There are some effective programs in our State, however the regions need to be actively managing to offload the major centers. Also, hospital diversion is impacting EMS and causing backups for prehospital. There is a need for improved coordination and collaboration between hospital emergency departments and EMS prehospital.

Dr. Mitchell concluded that the WMCC future activities will look to technology to be more efficient and functional, to load balance hospital beds, whether it be modifying existing structures or improving utilization of resources. Oregon is currently using a platform to study load balancing. It would be fantastic to have or rebuild a platform that informs in real time the types of beds that are available across the state.

EMS & Trauma Region Proposed Plan Changes
Handouts for each county

Lewis County: Greg Perry, West Region EMS and Trauma Council

Lewis County is **propos**ing to decrease their **minimum** number of AMBV BLS from 8 to 5. They are also asking that their AMBV ALS maximum of 8 to be increased to 10. The reason for these changes are based on an increase in population, increase in calls for service and the reduced availability of ALS services due to the disbanding of Lewis County Medic One.

Grays Harbor: Greg Perry, West Region EMS and Trauma Council
This proposal is intended to improve patient care in Grays Harbor County by reducing the maximum number of AMBV ILS from 3 to 1 and increasing BLS AMBV from a maximum of 5 to a maximum of 6. In addition, increase the ALS AMBV from 8 to 9.
The changes requested have little to do with county demographics and more to do with workplace shortages and declining resources. The EMS transport wait times for Aberdeen and

Hoquiam has increased and there is need to load a patient and go to the hospital and/or meet ALS services in route to decrease the time for the patient to get to definitive care. Local hospitals have asked for additional interfacility transport resources. They are losing paramedics who are overworked, and many do not live in the area, or even the county.

Thurston County: Greg Perry, West Region
Thurston County is proposing to improve patient care by reducing ALS from a minimum of 5 to 1 and reducing the maximum of 6 to 3. In addition, they are proposing changing their BLS minimum of 7 to 1 and increasing the maximum of 9 to 11. Reasons for this proposal is Thurston County population increasing which will result in increased call volume.

King County: Randi Riesenberg, Central Region
Central Region EMS and Trauma Council reviewed their Prehospital min/max numbers on the State DOH record indicating a minimum of 1 AIDV-ALS and a maximum of 1 AIDV-ALS. They thought this was incorrect and they do not see a need for AIDV-ALS as King County is easily within the response times there no services intending to apply for AIDV-ALS. The Council therefore recommends changing the King County AIDV-ALS minimum to 0 and maximum to 0. The Central Region Council sees no benefit to the system or patients to have a non-transporting ALS service as it would create unnecessary patient handoff.

Motion #2: Approve the Lewis County, Grays County, Thurston Count and King County/Central Region min/max changes.
Approved unanimously.

Technical Advisory Committee Reports: TAC Chairs and DOH Leads

Hospital TAC: Mark Taylor
The Hospital TAC meets prior to the Steering Committee meeting. Because of the site review occurring at this time by DOH, the TAC decided to cancel this meeting. The next meeting will be prior to the next Steering Committee meeting, on March 15, at 8:00 am.

Rehab TAC: Chris Clutter, chair
The Rehab TAC meets tomorrow, 1/19/23. They will be reviewing and updating their strategic plan.

Injury and Violence Prevention TAC: Mike Hilley, chair
They met on 12/7/22. Marla Emde took over from Alan Abe, who recently retired. About 50 people attended this meeting from across the state. There were some great demonstrations on fall prevention activities around the state. They reviewed a "Finding Our Balance" flyer that will be translated in 13 languages. They heard a presentation from the Veteran's Administration regarding fall prevention services. The Veterans Administration is opening a new clinic in Everett. Then Valley Medical hospital gave a presentation on their Geriatric fall prevention. The next IVP TAC is March 8.

Pediatric TAC: Matt Nelson, DOH
The last meeting was canceled due to the pediatric RSV surge. The TAC will be meeting today. There will be introducing the new representative for the family advisory network and going over some data related issues.

Prehospital TAC: Catie Holstein, DOH
The Prehospital TAC met bi-monthly, but now meets quarterly. They met in October 2022. The Tacoma Fire Department presented their work on establishing a Mental Health Task Force for their first responders and they have developed a film called "The Call We Carry". The film depicts the mental health challenges of first responders as a result of their exposure to repetitive trauma in their work and suggests ways to start conversations about first responders metal health within their organization in order to change the culture and stigma around reaching out for help. The next Prehospital TAC meeting is February 15, from 10 until noon.

RAC TAC: Hailey Thacker, DOH
The last TAC had several DOH updates on planning. Central Region presented a proactive approach to pre-hospital min/max. The West Region shared on work they are doing in some counties on resilience in EMS. The next meeting is May 16, where the annual report will be presented.

ESC TAC: Cameron Buck, MD chair
Next meeting is February 24. They are putting a renewed focus on interfacility transport guidelines, particularly for stroke patient. They will focus this year on revising and updating the interfacility transport guidance related to stroke and potentially cardiac patients. They also plan to discuss the prehospital stroke triage tool.

Outcomes TAC: Bryce Robinson, MD
The TAC's last meeting was on 12/6/2022. They went over the TQIP data report. They had a nice update from Jim Jansen about the data in terms of the state data collection issues and how it impacts some of the outcomes metrics and data analyses.

MPD TAC: Catie Holstein, DOH
Next quarterly meeting is February 7, 2023.

Cost TAC: Dolly Fernandes, DOH
Eric Dean is working on the disbursement of hospital grants which should be going out soon. The EMS Prehospital invoices are being collected now and the deadline for submitting those are February 28. EMS agencies should complete and send those to DOH by this deadline. The next Cost TAC meeting is March 7, from 4 to 5 pm. All are welcome to attend. The revenue for the Trauma Care Fund continues to decline, especially for the collection of traffic infraction fines.

Hospital TAC – Annual Report: Tim Orcutt, DOH
PowerPoint Presentation

Mark Taylor is the TAC Chair, Tim Orcutt is the DOH representative and participating designated trauma services are the members of the TAC. There are 84 Designated Trauma Acute Care Facilities. The facilities must apply to redesignate every three years. Levels 1,2, and 3 get site visits. The site visits are done in groups by geographical location. Currently, the North, Northwest and West regions are up for site visits. Level 4 and 5 are redesignated based on a review of their application and do not have a site visit.

Tim went over the Hospital TAC strategic plan. The TAC objective is to assist with the development of modifications and enhancements to the acute care trauma system. In other words, they serve as a resource to advise the steering committee, DOH and health care partners on clinical and technical matters that are related to structure, standards and practices.

The Hospital TAC endorsed that trauma designation site review be done virtually due to COVID. Developing the application process for virtual site review and planning was done through the Hospital TAC.

Another TAC objective is to use Washington State Trauma Registry data to improve and evaluate system effectiveness. They have been working on developing performance and outcome measures.

The TAC successes include continued TAC participation despite the demands on the healthcare system, the trauma designation virtual review process development, outcome, and performance measures development and implementation of the TQIP collaborative.

Things to focus on in 2023 will be establishing the trauma registry data workgroup, revising the prehospital trauma triage guidelines, trauma designation virtual review process improvement, and trauma registry data submissions.

TQIP Collaborative Report: Tim Orcutt, DOH, & Bryce Robinson, MD
PowerPoint Presentation

TQIP is American College of Surgeons Trauma Quality Improvement Program (TQIP). It provides risk adjusted benchmarking reports to individual facilities with comparisons to other similar sized facilities nationwide. The TQIP collaborative is a group of participating TQIP hospitals (Level I and IIs) working together with the shared goal of system quality improvement. They share risk-adjusted, benchmarking reports. The largest and busiest hospitals in the state meet to see how they are doing collectively, identify areas to improve and share best practices.

It begins with collecting data and that is done through the trauma registry, in addition to the National Trauma Data Bank and ACST (American College of Surgeons Trauma).
At the collaborative meetings, they analyze the data and reports, and through that process they can identify the facilities that are doing well. They share their best practices with all the facilities

and help those who may not be doing so well. Through this process, the members can create change or make improvements, develop action plans, and then reevaluate the date and process to see if the changes they made are successful. In 2018, it was decided to require the level I and all the level II's to participate in the TQIP program as individual facilities. In the fall of 2019, the steering committee recommended that Washington state participate in the TQIP collaborative. It took some time for the facilities to sign contracts with ACS. In 2020 Washington started receiving data from the facilities.

In October of 2021, the first full report was ready. Now, in 2023 the group is in the process of ensuring that the submitted data is accurate, and that all trauma designated services are submitting data based on the same definitions. Dr. Robinson is the medical director, Tim Orcutt is the DOH representative and all the medical directors, trauma program managers and registrars from those facilities participate in the collaborative. Dr. Robinson explained that TQIP allows participants to use the proprietary algorithm of the of the ACS which has tons of data.

Washington gets the report twice a year, in the fall and in the spring. They are 60 to 70 pages, packed with data. Dr. Robinson described and showed slides of the data and the different formats, for example, the box plot and caterpillar graphs.

Washington does well as a collaborative compared to others nationwide. We need to focus our attention on is quality improvement efforts in the different subpopulations, and specific issues for particular populations.

DOH and Legislative Updates: Ian Corbridge, OCHS Director
PowerPoint Presentation

COVID Update: COVID-19 admissions continue to plateau, and hospitalizations have decreased slightly. Influenza hospitalizations continues to decline rapidly. Pediatric ED visits have decreased and are leveling off.

Legislative Update: It is the second week of the 2023 legislative session and over 700 bills have been introduced already. It is a long session, about 120 days. There is large focus on behavioral health and the workforce. There are ongoing workforce challenges across the health care spectrum from EMS facilities to acute care hospitals and long-term care facilities.

So far one EMS related bill on Organ Transport Vehicles (SB 5177 & HB 1271) has been introduced that we are tracking. The bill requires DOH to license these organ transport vehicles and specifies the vehicles be driven by EMS, fire, or police personnel. DOH offered clarifying language. This is the third year a bill relating to organ transport vehicles has been introduced.

Ian pointed out other bills the office is tracking:

- SB 5120 – 23hr crisis relief centers
- SB 5032 – Treatment options for DUI
- SB 5130 – Outpatient treatment
- SB 5236 – Staffing standards

Personnel at DOH: Dolly Fernandes, DOH
Anthony Partridge is hired to fill the Trauma Designation Administrator position previously held by Tony Bledsoe. Anthony recently completed a master's in public administration and Policy. He has working experience in public administration, systems development and policy having worked for Washington Department of Health, County of Santa Clara and San Francisco Department of Homelessness and Supportive Housing. Most recently he has been working in rulemaking for the Department of Health. We are very pleased to have him join our team.

Dolly mentioned that the committee has two vacant positions: the American College of Emergency position and the Washington Ambulance Association position. DOH has received a few applications for both positions and the applications are being processed. Appointments are made by the Secretary of Health and whoever is selected will be notified soon.

Rules Updates:
EMS Rules: Catie Holstein, DOH
EMS is working very hard to get the CR102 package across the finish line. The workload is still very high however, we are working to have the final draft rules available soon.

WEMSIS Rules: Jim Jansen, DOH
The WEMSIS rules are in a similar position as Catie's EMS rules; and the timeline is following hers closely because our programs and rules are working together closely and moving forward in tandem to complete rule packages and release the draft rules to the public.

Trauma Designation Rules: Tim Orcutt, DOH
The trauma designation program held a seventh rules workshop on January 4, 2023, where the second draft rule was reviewed and additional proposals shared. The second draft rules were included with the materials emailed to you for this meeting.

There were two proposals from stakeholders: One proposal relating to facilities applying to be a level I facility. The current proposed draft#2 language says that they would have to be 30 minutes ground transport time. A proposal that it be changed to 60 minutes average air transport time was presented at the January 4 rules workshop. Another proposal relates to requiring an analysis of quality and finance-related impacts of adding a new level I center. DOH is working through the proposals and is hoping to have the next draft rules and CR102 packet ready in the next month. We continue to take comments which can be sent to traumadesignation@doh.wa.gov and/or Tim.Orcutt@doh.wa.gov

Meeting Adjourned at 12:30 PM