



**Washington State Department of Health
Office of Community Health Systems
EMS & Trauma Care Steering Committee**

MEETING MINUTES

April 24, 2019
Creekside Conference Room
20809-72nd Avenue South, Kent, WA

ATTENDEES:

Committee Members:

Sam Arbabi, MD
Cindy Button
Eric, Cooper, MD
Peggy Curry
Scott Dorsey
Kim Droppert
Tony Escobar Jr., MD

Dan Hall
Beki Hammons
Denise Haun-Taylor
Joe, Hoffman, MD
Rhonda Holden
Tim Hoover
Michael Levitt, MD

Erica Liebelt, MD
Brenda Nelson
Norma Pancake
Susan Stern, MD
Mark Taylor

DOH Staff

Tony Bledsoe
Dolly Fernandes
Hailey Green

Catie Holstein
Jim Jansen

Jason Norris
Sarah Studebaker

Guests:

Bob Berschauer
Jennifer Brown
Rachel Cory
Chris Clutter
Tyler Dalton
David Lynde
Michael Lopez

Chris Martin
Carolynn Morris
Martina Nicolas
Tammy Pettis
Sharon Rainer
Adam Richards

Leah Salmon-Cory
Nicole Siegel
Elizabeth Skelton
Becky Sterner
Traci Stockwell
Zita Wiltgen
Deborah Woolard, MD

Call to Order: Sam Arbabi, MD

Dr. Arbabi introduced new member, Dr. Michael Levitt to the committee. Dr. Levitt shared his background and interest in neurosurgery and stroke.

Review of previous meeting minutes: Sam Arbabi MD, Chair

Handout: Minutes from the January 16, 2019, EMS and Trauma Care Steering Committee meeting.

Motion #1: Approve January 2019 meeting minutes.

Approved unanimously.

DOH Updates: Dolly Fernandes, DOH

There were very few bills for Community Health Systems during the 60 day legislative session and at this time and we see no budget cuts to EMS and Trauma program.

Rulemaking for EMS: The department is conducting stakeholder meetings to update the EMS and Medical Program Director rules. The next stakeholder meeting is May 8th from 9:30-11:30AM where they plan to work on EMS education standards.

Tim Orcutt, who has been taking the lead in the revision of the Trauma Registry rules, reported that the Trauma Registry rules are now adopted and published on the DOH website.

American College of Surgeons Assessment: The assessment is underway this week with interview sessions held on Monday, 4/22, and Tuesday, 4/23, and a preliminary report out scheduled for Friday, 4/26, at 10:30 am – 11:30 am at the Department of Health. The panel of ACS reviewers have indicated much appreciation for the Washington State EMS and Trauma system. They have been very positive about the accomplishments of Washington's system. Dr. Arbabi thanked everyone for attending the interview sessions of the assessment.

Committee Business - Chair Election: Denise Haun-Taylor, Nomination Committee Chair

Election of the chair for the Steering Committee is required annually in accordance with statute. There were three nominees: Dr. Tony Escobar, Dr. Sam Mandell and Dr. Eric Cooper.

Dr. Arbabi asked nominees present to share why they were interested in the chair position and what they would bring to the committee. Dr. Escobar and Dr. Cooper shared their interests and Dolly read a statement by Dr. Mandell who was unable to attend the meeting. Absentee members of the committee were allowed to send their vote via email to Dolly and Denise Haun-Taylor. Committee members were given a blank piece of paper and asked to write down their vote. The votes were collected and tallied by Dolly Fernandes and Melody Westmoreland. Dr. Eric Cooper earned the most votes and was elected the next chair for the committee. Dr. Eric Cooper is now the chair elect and will assume the role of chair of the EMS and Trauma Care Steering Committee starting at the September 18, 2019 meeting. The committee congratulated Dr. Cooper.

Trauma Care Fund Spending Plan 2019 – 2021: Dolly Fernandes and Sam Arbabi, MD, Chair

Handout: Trauma Care Fund 2019-2021 Biennium Spending Plan Model

Dolly presented the Trauma Care Fund spending plan for the 2019 - 2021 biennium as recommended by the Cost TAC. The spending plan was updated after the 2/7/19 Cost TAC to reflect current proposed appropriation, updated forecasts and TQIP collaborative cost. The Hospital TAC supported

the trauma designated services Levels I, II and III participating in the TQIP collaborative and the Trauma Care Fund supporting the \$10,000 per year fee for it. The Department of Health will play a lead role with the collaborative.

Motion #2: Approve the 2019 – 2021 Trauma Care Fund Spending Plan

Approved unanimously.

Recognition of Bob Berschauer. Bob officially retired from his position of Executive Director for the Washington Ambulance Association in March. Dr. Arbabi and Dolly thanked him for his steadfast support of Washington’s EMS and Trauma System for over 30 years. Bob served on the Steering Committee, chaired the Regional Administrators Committee, served on numerous Technical Advisory Committees, workgroups and projects. Mike Lopez and Russ McCallion also thanked Bob for his contributions to EMS and Trauma.

TAC Reports:

Hospital TAC: reviewed the anticoagulation data elements in the trauma registry and made recommendations for future changes to allow for analysis of appropriate anticoagulation reversal. This change will help better evaluate the Head Injury in Anticoagulated Patients guideline. We also reviewed the updated trauma registry inclusion criteria. The criteria was updated to reflect the recent rule revision (WAC 246-976-420). The most significant change was moving the admission criteria from 48-hours to 24-hours. The remainder of the meeting we discussed the participation in TQIP (trauma quality improvement program) in regards to level I and II trauma services. Tim presented some of the highlights of the program and discussed the benefits and requirements of participation.

Rehab TAC: has been planning for their upcoming full day live meeting on May 22, 2019 at Seattle Children’s. The TAC will be working on development of trauma rehab guidelines and specifically Traumatic Brain Injury and Autonomic Dysreflexia guidelines.

Emergency Cardiac and Stroke TAC: the Cardiac TAC met on April 16 at the DOH Kent facility. Dr. Buck chaired the meeting. The TAC discussed strategic plan updates, COAP cardiac data, Prehospital Cardiac Triage Tool and ACS Prehospital/Hospital Care guidelines.

RAC TAC: At the last meeting in March, the TAC finalized the new deliverable and statement of work documents for the Department of Health and Region biennial contract. The RAC TAC wants to thank the Steering Committee members who volunteered to review the Regional Plans last month, the RAC will now be working on incorporating that feedback into the plans and prepare for the presentation of the plans to the full Steering Committee at the May meeting. They meet again, May 14th.

Outcomes TAC: had a meeting on April 15 to review and provide input on the Injury and Violence Prevention data presentation by Xin-Yao DeGrauw, Injury Epidemiologist. The presentation will be shown at the May 15 steering committee meeting.

Pediatric TAC Annual Report: Tony Escobar, MD, Pediatric TAC Chair
Handout

Dr. Escobar presented an overview of the Pediatric TAC's 2018 accomplishments and the strategic plan goals through 2021. In 2018 the TAC revised and approved a statewide pediatric interfacility transfer guideline document. They have supported efforts examining and evaluating Pediatric Readiness data and strategized on opportunities for improvement. The TAC has supported communication efforts for Disaster Consortium on Burns and supported efforts to create standard for Non Accidental Trauma (NAT) guidelines through collaboration with the ACS.

Future Goals: The TAC will work on the Performance Measures for the new 2018 through 2022 project period. They will support the Pediatric Readiness survey that will be occurring in late 2019 through early 2020. The TAC will further advance the statewide guidelines for pediatric specific medical care.

Pediatric Data Presentation: Tony Escobar, MD, Pediatric TAC Chair

A survey of emergency departments throughout the state of Washington was conducted in 2013 to assess their readiness for pediatric patients. The goal of the survey was to identify areas that could lead to improvements in the emergency care of children. The questionnaire was distributed to 92 facilities and was completed by 81 (88% response rate). The median score for Washington facilities was 75 compared to the national median of 69. Resource availability; personnel, quality improvement, and patient safety; and policies and procedures showed the greatest room for improvement (average scores of 59%, 67%, and 65%, respectively). Transfer guidelines (80%) and equipment and supplies (90%) had the highest scores. Questions pertaining to quality improvement scored consistently lower for smaller volume (<1800 pediatric patients annually) facilities compared to facilities with higher pediatric volume. Aside from quality improvement, specific areas to improve identified through the survey were policies for under-immunized patients, disaster planning specific to pediatric patients, policies addressing pediatric deaths in the ED, and awareness and/or familiarity with national guidelines.

Meeting adjourned at 11:30 am.