

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

MEETING MINUTES

January 19, 2022

Meeting held virtually via ZOOM Meeting

PARTICIPATING:

Committee Members:

Tim Bax, MD	Beki Hammons	Brenda Nelson
Carly Bean	Mike Hilley	Lila O'Mahony, MD
Cameron Buck, MD	Joe Hoffman, MD	Bryce Robinson, MD
Tom Chavez	Rhonda Holden	Erik Roedel, MD
Chris Clem	Tim Hoover	Peter Rutherford, MD
Christine Clutter	David Likosky, MD	Susan Stern, MD
Eric Cooper, MD	Shaughn Maxwell	Courtney Stewart
Brian Fuhs, MD	Denise McCurdy	Mark Taylor
Madeleine Geraghty, MD	Patricia McMahon	Ken Woffenden

DOH Staff:

Alan Abe	Nicole Fernandus	Jason Norris
Melissa Belgau	Dawn Felt	Tim Orcutt
Tony Bledsoe	Catie Holstein	Jeff Sinanian
Christy Cammarata	Jim Jansen	Becky Stermer
Ian Corbridge	Jennifer Landacre	Sarah Studebaker
Eric Dean	Ihsan Mahdi	Erika Stufflebeem
Xinyao deGrauw	Matt Nelson	Hailey Thacker
Dolly Fernandes	John Nokes	

Guests:

Katherine Bendickson	Denise Haun Taylor	Wendy Rife
Steve Bowman	Brian Ireton	Paul Ross
Neil Broumley	Karen Kettner	Randi Riesenberg
Eileen Bulger	David Lynde	Peter Rutherford
Cheryl Burrows	Carolynn Morris	Mikki Ryan
Jeff Cole	Christopher Montera	Dean Shelton
Rinita Cook	Jim Nania, MD	Bradley Stanbary
Martin Cozart	Martina Nicolas	Tracy Stockwell
Chris Dickison	Mary O'Hare	Cheryl Stromberg
Lisa Edwards	Elizabeth Oliver	Timothy Wade
Don Faustino	Norma Pancake	Barbara Walker
Janna Finley	Greg Perry	Zita Wiltgen
Kristy Gradel	Tammy Pettis	Deborah Woolard
Megan Grinnel	Jim Reinhardt	

Call to Order and Introductions: Eric Cooper, MD, Chair

Minutes from November 17, 2021: Eric Cooper, MD

Handout

Motion #1:

Approved unanimously.

DOH Updates: Ian Corbridge, DOH Director

Ian is the new Office Director for Community Health Systems. He shared that the office is broadly focused on strengthening the healthcare system. It has an EMS and Trauma, Rural Health and a couple other licensing components that are part of this office. Ian has worked as a clinical nurse for decade and has also worked in the public policy arena, at the federal, state and association levels. Ian has been with DOH for about a year and previously was the manager of WA Health for COVID.

DOH and COVID19 Update: DOH data indicates that Washington is seeing highest COVID case rates and highest hospitalizations for the past two years. It is likely to increase for a couple of weeks. The healthcare system is very stressed now and it will possibly be like this for a couple more months. Department of Health continues to have a number of waivers in place that allow the broader health care response partners to function in new ways and grant them flexibility in doing their work to accommodate the large stressors that they are under at this time. This goes for both pre-hospital and hospitals and the long-term care facilities.

From a hospital standpoint, DOH is aware of the challenges being presented by both COVID and non-COVID hospitalizations and that is clogging up hospitals and making it difficult to treat new patients coming in. There are several efforts underway to support hospitals in decompressing. That help comes from DOH and other state agencies, to support moving patients out of hospitals and into long term care facilities and skilled nursing facilities.

There has been a lot of work supporting EMS as a key partner in the response effort. There has also been a tremendous amount of work for EMS over the past couple of years. DOH is very interested in hearing from our EMS partners about additional steps that DOH could be taking to support EMS, patients and communities. DOH has a call set up with the Medical Program Directors on January 20th to hear from them directly.

2022 Legislative Update: Dolly Fernandes, DOH

This is a 60-day short legislative session. Feb 15 is the first cut-off, that is it is the last day to consider bills in the house of origin. The session started on January 10 and ends March 10.

SB5764 (companion HB 1893) allows EMS to provide non-emergent, medical evaluation, testing and vaccine for communicable disease prevention and control in response to a public health agency request. This bill is the one that Catie shared at the last meeting. It is a DOH request bill that is brought forward because EMS personnel will no longer be authorized to perform COVID 19 testing and vaccinations once the statewide declaration of emergency is rescinded. This bill will allow EMS personnel to administer vaccines outside of a declared emergency.

SB 5724 Organ transport vehicles. This bill will require the department of health to license vehicles designated as organ transport vehicles, and DOH would also need to prescribe the minimum

requirements for these organ transport vehicles. Some of the things the bill specifies is that the vehicles would need to be equipped with lights sirens to be used when transporting a time urgent organ. The bill also permits these vehicles to use signal preemption devices and allows the vehicles to use HOV lanes.

SB 5571 (companion 1703) Modernization of 911 system. This bill relates to the modernization the 911 system, which is governed by the military department. It has an advisory committee which includes a representative from DOH, Catie Holstein. The bill also allows Washington state patrol to be the primary public safety answering point to receive 911 calls from a specific geographic area.

SB 5900 Provisional certification for EMS personnel. The bill creates a provisional certification for EMS personnel.

SB 5821 (companion 1995) Dr. Buck informed that this is a follow-up legislation from a couple years ago that focuses on identifying gaps for effectively addressing cardiovascular disease in through a coordinated systems approach. The bill calls for DOH be funded to lead a study that will evaluate the state's emergency cardiac and stroke care response more critically, somewhat similar to what occurred when the trauma system was developed in the late nineties. The hope is that the study would provide direction and insight into how the cardiac and stroke system currently functions and address how to further decrease the burden related to these two diseases. The next step is that Dr. Buck will send out a communication to stakeholders to inform them about the bill and the hearing scheduled for Monday, January 24 with the Senate Healthcare Committee.

EMS Rules: Dolly Fernandes, DOH

The DOH EMS team has reviewed 33 sections of rules proposing amendments to WAC 246-976. They are drafting changes in the official format. This work has been delayed because the EMS team is assisting with COVID work. The goal is to have the final proposed rules for the Steering Committee to review in the next few months.

Trauma Registry Update: Jim Jansen, DOH

These platform registry upgrades are taking longer than expected. We were hoping to have the system back up and running by March/April. Currently the trauma registry does not contain complete data beyond May 2020. DOH will not be releasing data beyond 2019, which is the last full year of data available. DOH recognizes this is a disruption to processes, including QI and data requests and administrative needs. We are providing regular updates to the trauma registrars and program managers and we will continue to do this throughout the process.

Trauma Designation Rulemaking and Virtual Site Reviews: Tony Bledsoe, DOH

Rulemaking: The trauma designation rulemaking is underway. The process and service standards chapters are open to work on criteria for new level one and two trauma centers. The first kickoff workshop was on December 2nd and the second workshop was on January 13th where we had great participation, discussion and input. We will continue to meet every three weeks through April. Our next scheduled workshop meeting is February 3rd. Tony will be sending out the workshop schedule including the links to all interested parties.

Virtual Site Reviews: The trauma designation site reviews had been put on hold last year due to COVID. Washington plans to conduct the site reviews virtually this year so that we can keep the system QA efforts moving forward. We are about three weeks out from our first virtual trauma designation site review and site review teams are working through self-guided medical record reviews, submitting medical records and documentation to a DOH secure box account. Lots of other things are going on that is changing the way that we do these reviews. The first designation group virtual site review is the test trial group. We appreciate your patience and grace as we work through this process. The good thing moving forward is that we will iron out issues as they arise, and we will have a stronger virtual site review process in the future.

If we have our preference and if it is safe to do so, we will move back to the physical onsite review process. There is a significant time commitment for surveyors doing the site reviews virtually.

Strategic Plan Reports: Hospital TAC Annual Report: Tony Bledsoe, DOH
PowerPoint Presentation

The purpose of the Hospital TAC is to assist with development of modifications and enhancements to the acute care trauma system. The TAC serves as a resource to and advises the Steering Committee and DOH on clinical and technical matters related to the structure, standards and best practices of the acute care trauma system. The average meeting has 25-40 attendees. There is active participation by Trauma Program Managers (RN), Trauma Medical Directors (Surgeons and Physicians) and ED physicians. The Hospital TAC meets 8:00am-9:00am before every Steering Committee meeting.

The 2021 focus of the TAC was to promote and enhance continuous quality improvement of emergency care systems for Washington. Tony described the 3 active strategic objectives for 2021. The focus for 2022 is moving away from a single year annual strategic plan to a multi-year plan that will address the following:

- Help to account for strategic tasks that are multi-year projects or reoccurring
- Continue to improve the use of data by the Hospital TAC
- Support TQIP State Collaborative
- Continue to expand on efforts to review data at the TAC level, disseminate reports and provide support to regional and hospital-level QI efforts.
- Provide data reports for hospital use to meet new WAC requirements to provide data reports for level III-V hospitals.
- Consider ACS assessment recommendations to improve state system QA efforts.
- Hospital TAC is a support TAC for several ACS recommendations and will incorporate strategic tasks for these recommendations as necessary.

Strategic Plan Reports: Hospital Trauma Data Presentation: Xin-Yao DeGrauw, DOH
PowerPoint Presentation

Xinyao DeGrauw, Trauma Epidemiologist, gave a presentation on trauma data related to three trauma evaluation measures in level III-V hospitals.

- 1) Trauma/general surgeon arrival time among full trauma team activation patients in level III hospitals by region. The average arrival time was less than 30 minutes in seven out of eight regions. The percent of arrival time meeting the 30-minute goal is between 65% to 100%. The percent of arrival time missing was high in most of the regions (40-80%)
- 2) Transfers to non-designated hospitals from level III-V hospitals. Two hundred and sixty-six patients were transferred to non-designated hospitals. About 50% of them were transferred to Seattle Children's or Shriners Hospital for Children.
- 3) Time to transfer. Average time to transfer among trauma patients with ISS < 15 or non-severe injury in level III hospitals ranged from four to five hours and ranged from three to four hours among patients with ISS ≥ 15 or severe injury in each region. Average time to transfer among trauma patients with ISS < 15 or non-severe injury in level IV-V hospitals ranged from three and half to five hours and ranged from one to four hours among patients with ISS ≥ 15 or severe injury in each region.

Trauma Quality Improvement Program Collaborative Update: Bryce Robinson, MD, TQIP Medical Director and Tim Orcutt, DOH

TQIP is the 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 throughout the nation. That is something that we cannot do in Washington, especially the centers that have small numbers. It's hard to compare them, so to be able to do this and compare them to facilities throughout the nation is a big benefit. The TQIP Collaborative is a collaborative of participating TQIP hospitals working together with the shared goal of system quality improvement.

Dr. Robinson serves as the medical director for the collaborative and Tim Orcutt is the DOH representative. There are also medical directors for each of the participating facilities along with their program managers and registrars. One of the biggest benefits of the collaborative is the risk adjusted benchmarking. Those come semi-annually in the spring and fall. Dr. Robinson will share some of the examples of the reports.

Dr. Bryce Robinson is a trauma surgeon at Harborview Medical Center, a Level I trauma designated service. He reviewed the TQIP data and explained that it comes in various ways to compare data displayed in tables and box plots. Dr. Robinson shared benefits of the collaborative including risk adjusted benchmarking reports. A facility participating in TQIP gets their own individual facility report, and then through the collaborative they get a similar report which includes all of the eight Washington facilities as well as national similar sized facilities. The last two benefits are that it provides an avenue to bring stakeholders together from the largest designated trauma hospitals in the state and identify hospitals that are doing really well, how they are doing, what they are doing and what best practices they are following.

The first TQIP Collaborative meeting was on October 20, 2021 where they reviewed the first full report. There were all eight hospitals that had been participating to the point where they submitted a complete series of data which would allow the ACS to add them to the report. They anticipate having sufficient data by the fall of 2022 to identify and see trends and start to make changes and develop action plans around certain items.

Managing Prehospital Patient Flow: Eric Cooper, MD

PowerPoint Presentation

Dr. Cooper indicated he has been researching patient flow and shared his findings. He talked about hospital bed availability and found that our state was tied next to last for ICU beds per 1000 persons of population. Becker's Hospital Review stated that South Dakota has the highest number of hospital beds per 1,000 population in the U.S., while Oregon and Washington have the lowest, according to a ranking by Kaiser Family Foundation.

Another big problem is long-length-of-stay patients and diversion. The Washington State Hospital Association surveyed 11 hospitals in the greater Puget Sound region and found that 1,441 patients stayed an average of 67 days beyond what was necessary. Dr. Cooper is concerned that patients who do not need to be hospitalized are taking up beds that could be used by acutely ill and injured patients needing to be hospitalized. He added that private hospitals generally do not want the uninsured or under insured patients.

Dr. Cooper asked that thought be given to what resources are available and what should be used. Consider local availability for patients who are ready to go home. He suggested reaching out to your legislators to offer solutions and get the attention for this problem. He acknowledged that some organizations have historically done a lot of great work, but more is needed to overcome barriers to get patients into short term care facilities. He plans to connect with WSHA who may be working on this issue.

Committee Business: Annual Chair Election in March: Mark Taylor and Dolly Fernandes, DOH

The EMS and Trauma Steering Committee Chair annual election is scheduled for the March meeting. Mark Taylor is the chair of the chair nominating committee and will lead that work. Mark asked the steering committee members to send him an email by the end of February if they interested in serving as chair or if they would like to nominate a steering committee member for the chair position. He added that Dr. Cooper has informed us that he is interested in continuing to serve as chair and he is eligible to serve one more term if elected.

Committee Member Term Changes: Dolly spoke about the way the convention of when a person was appointed to the steering committee had changed. The new convention changes the terms for the following appointees:

Beki Hammons, 2nd term ends 2022, 3rd term goes through 8/2025
Rhonda Holden, 3rd term ends 8/2023
Cameron Buck, 2nd term ends 8/2022, 3rd term goes through 8/2025
Susan Stern, 3rd term ends 8/2022
Joe Hoffman, 2nd term ends 2024, 3rd term goes through 8/2027
Eric Cooper, 2nd term ends 2023, 3rd term 8/2026
Shaughn Maxwell, 3rd term ends 8/2024
Scott Dorsey, 2nd term ends 2023
Tim Hoover, 2nd term 2022, 3rd term goes through 2025
Brenda Nelson, 3rd term ends 8/2024
Mark Taylor, 3rd term ends 8/2024

Technical Advisory Committee Reports:

Hospital TAC: Tony Bledsoe

The TAC met today, and their annual report was provided today. Nothing more to add.

Rehab TAC: They have their next meeting tomorrow. They will be discussing their UDS data sets. With that data they will be reviewing what their quality measures should be. They will also continue some conversations about access to rehab and what the tech role is going to be looking at.

Pre-Hospital TAC: Catie Holstein, DOH

The TAC did not meet in December. Next meeting is scheduled for February 16, 2022 at 10:00 AM.

Outcomes TAC: Cameron Buck, MD, Chair

Thanks to Jim Jansen for coordinating the Outcomes TAC meeting. They had a data presentation by Xinyao DeGrauw on patient transfers, reviewed the Hospital TACs proposed performance measures and updated charter. Dr. Buck reminded all that the Outcome TAC is taking lead on coming up with a culmination of KPIs for all the TACs or components of the system. Jim sent an email that proposes a regular meeting cadence for the upcoming year with a plan on having five meetings a year.

Injury and Violence TAC: Mike Hilley, Chair

The IVP TAC is focusing its efforts on preventing falls by the elderly. The TAC is combining meetings with the Washington Fall Coalition workgroup and the first combined meeting will be on March 9th. DOH has updated the fall prevention information on the DOH website, and we have seen an increase of 30% hits in last five months. DOH and DSHS are collaborating on funding mini grants to fire and EMS agencies to purchase wall grab bars to install those for high risk fall prevention.

Pediatric TAC: Matt Nelson, DOH

The TAC's last meeting was in November. It was Denise's first meeting as new chair, and she did a great job. They discussed the upcoming data presentation for the steering committee in March. It will be on pediatric suicide during COVID. Joint meeting with the Outcomes TAC is the end of February.

RAC TAC: Christy Cammarata, DOH

RAC TAC met yesterday; fantastic attendance and representation by eight regions. Highlights included a presentation by West Region EMS and Trauma Council, executive director, Greg Perry, on lessons learned on the recent cadaver lab. The RAC TAC is also working on improving regional council engagement and are reviewing their membership to ensure adequate coverage. Regional Council membership is up 4% across all regions. Next meeting will be virtual on 3/15 at 9:30AM.

Cost TAC: Eric Dean, DOH

The Cost TAC meets on an as needed basis and has not had a meeting in a while. Eric shared an update that the hospital trauma fund grant amounts have been calculated and posted on the DOH website and the contract amendments for the payment of those grants are in process. Eric is also in the middle of the EMS grant process, and to date about 70% of the applications from EMS agencies have been returned. The deadline for the EMS agencies to turn in applications to receive the grant is February 28th, and the amount per agency is \$1,125.

Emergency Cardiac and Stroke TAC: Cameron Buck, MD, chair

Meeting was scheduled for yesterday but cancelled. The next meeting is February 15.

Medical Program Directors: Jim Nania, MD, Chair
The first quarterly meeting for the year is coming up in February.

Meeting adjourned at 1:03 PM.