

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

Draft MEETING MINUTES

March 16, 2022

Meeting held virtually via ZOOM Meeting

PARTICIPATING:

Committee Members:

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

DOH Staff:

Tony Bledsoe	Dawn Felt	John Nokes
Lizzie Cayden	Adam Gallion	Jason Norris
Ian Corbridge	Catie Holstein	Tim Orcutt
Eric Dean	Jim Jansen	Ann Oxenbridge
Xinyao deGrauw	Jennifer Landacre	Sharon Pikula
Dolly Fernandes	Ihsan Mahdi	Jeff Sinanian
Nicole Fernandus	Matt Nelson	Sarah Studebaker

Guests:

Winnie Adams	Mary Flick	Tammy Pettis
Emily Agudo	Mark Freitas	Karmela Palmer
Katherine Bendickson	Robin Gorski	Norma Pancake
Madeleine Bentley	Megan Grinnel	Greg Perry
Nicole Bird	Annette Davis	Wendy Rife
Mark Blaney	Lisa Edwards	Paul Ross
Deborah Bried	Don Faustino	Kim Royer
Shelley Briggs	Janna Finley	Randi Riesenberg
Eileen Bulger, MD	Jenna Hannity	Max Sevareid
Cindy Button	Cheuk Hong	Tracy Stockwell
Cody Carmichael	Karen Kettner	Cheryl Stromberg
Rinita Cook	Tom Lamanna	Russ Wilhit
Martin Cozart	Sharon Lindsey	Deborah Woolard, MD
Frank Darlak	Carolynn Morris	Scott Zachau
Chris Dickison	Christopher Montera	
Lourdes Guzman Villalva	Jim Nania, MD	

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

Minutes from January 19, 2022: Eric Cooper, MD
Handout

Dr. Cooper asked for a couple corrections to the minutes regarding legislative issues. Motion was made to approve the minutes.

Motion #1:
Approved unanimously.

DOH, OCHS, COVID and Legislative Updates: Ian Corbridge, DOH

COVID 19 admissions and COVID 19 hospitalizations are continuing to decline from their peak in January. There is still sustained high occupancy, especially in large regional hospitals. Capacity issues are exacerbated by staffing challenges.

Ian thinks there are some strong opportunities for the steering committee to work with partners across the State to address the issue of difficult to discharge patients, which is something that has exacerbated many parts of our health system. Another factor is delayed elective procedures and trying to catch up and get those procedures taken care of. There will continue to be high occupancy, particularly in the larger urban centers for the next several months.

Ian showed some of the data that the hospitals report to the WA Health platform. It showed a rapid decline from the peak in January, the most rapid decline that has been seen from past waves. It is quite telling in terms of the sheer volume of COVID hospice patients that the Washington Healthcare systems was able to take care of and manage during the Omicron wave. Healthcare partners were stretching and expanding at a time when there was some dire need across the Healthcare system.

Highlights of the 2021-2022 Legislative session

EMS Preventative Care/Provisional License (SHB 1893/SSB 5900) – Enable EMS to provide screenings and vaccines and issue provisional licenses to EMS personnel (policy)

Cardiac/Stroke Study (SSB 5821)– Funding to study current cardiac/stroke system of care in WA and identify opportunities for improvement. (\$300k, policy)

Charity Care – Expansion of charity care to ensure funding is not a barrier to care for low-income residents. (\$132k, policy)

WA Medical Coordination Center – Funding to support the centers effort to move patients and decompress hospitals. (\$1.2M, budget proviso)

WA Poison Center – Additional funding to support the centers core efforts. (\$225K, budget proviso)

Passage of EMS Vaccinations and provisional Certification Legislation SHB1893/5900

Catie Holstein, DOH

The agency request legislation made it through session. The law allows emergency medical technicians to provide medical evaluation, testing, and vaccines outside of an emergency in response to a public health agency request. Ideally it will allow EMS services to field train applicants that are waiting for certification, because it may decrease the time it takes to get an EMS service to fully share and operationalized. This bill was amended to add parts of SSB 5900 to it, which creates a new EMS provisional credential. Catie will be working on developing plans for implementing this legislation.

EMS Rules: Catie Holstein

The EMS stakeholder workshops for rulemaking concluded in the spring of 2021, and the work around that rule package slowed over the pandemic because of limited capacity and staff. Now the office of EMS will return to prioritizing rulemaking and will be continuing to draft language in the approved formats.

They will produce an impact analysis and move towards public comment of the proposed rules.

WEMISIS Rules: Dolly Fernandes

The stakeholder workshops were held in the spring of 2021 and have concluded. The Research Analysis and Data section is now working on the CR102 package. It is almost ready, and Jim will be submitting it for internal review. The draft rules will be coming out in the approved format soon.

Trauma Designation Rules:

DOH has held two rules meetings for trauma designation and the next meeting is coming up on March 24. We are asking for input from all stakeholders and interested parties on what to include in these rules.

Cardiac and Stroke Legislation 2022: Cameron Buck, MD

Dr. Buck and many other stakeholders and the Emergency Cardiac and Stroke Technical Advisory Committee have done much work to successfully get the bill passed (SB5821).

The bill was signed by the Governor last week. It calls for a study to evaluate our current state emergency care, effectiveness for cardiac arrest, heart attacks and strokes. It builds on previous work of many from this committee and others who began this work in 2008 and 2010.

The bill has several sections: an evaluation of cardiac and stroke to be conducted by an external independent contractor. We will form a workgroup that will help with guide and advice the work. They will provide the contractor with the information and credible background to complete a study and then produce the report for the legislature in October 2023. The hope is that this study will inform the legislature on the next steps to ultimately fund cardiac and stroke system and answer questions about what needs to be done.

Dr. Buck thanked Dr. Fuhs, Dr. Rea, Dr. Tirschwell and Dr. Nania for their support of the legislation. He noted that there are too many people to name who recognize that cardiac and stroke disease care is important. He thanked everyone who supported the legislation and especially thanked Susie Tracy, the ACEP lobbyist who spearheaded the legislation. Her knowledge and history guided the legislative

process. Her contacts and knowing who to approach as it relates to bill sponsorship was key. Her history goes back to leading the trauma legislation in 1990.

Dr. Jim Nania thanked the countless people who put in hundreds of hours on this issue and especially Dr. Buck and the Washington Chapter of the American College of Emergency Physicians who made this a priority legislative matter a couple years ago.

Study and Next Steps: Dolly Fernandes

Dr. Buck shared that the legislation calls for a study to be conducted by an independent party. DOH will be putting out a request for proposals, called an RFP to hire a consultant. DOH has a process for doing this and the request will be advertised broadly. If you know of any good consultants for it, please let Dolly and Dr. Buck know and encourage them to apply. The legislation also provided funding for a part time position, for about a year or less to support the work of the department and help the consultant as necessary.

Committee Business: Mark Taylor

As the chair of the Hospital TAC, Mark Taylor is tasked with running the nomination and election process. At the last meeting he announced that the nominations were open. Dr. Cooper was the only nominated person. There was a motion to elect Dr. Cooper as chair for another term. No one opposed, and Dr. Cooper was elected chair for the next term. He is finishing a second term in September and then will start the third term.

Pediatric TAC Strategic Plan: Matt Nelson, DOH *PowerPoint Presentation*

Matt Nelson discussed the strategic plan objectives for 2021 through 2025, which are:

1. Develop standards of care for pediatric medical emergencies, including verification and a facility recognition program. Support ED readiness for pediatrics through regular surveying and data analysis. EMS agency survey and NPRP work
2. Increase ED pediatric readiness through trend analysis and intervention. The TAC surveyed all hospitals in the summer 2021 with collaboration with the National Pediatric Readiness Project.
3. Promote behavioral health training and education related to Covid 19. Facilitate future meetings focused on need for behavioral healthcare during a pandemic.
4. Support WRAP-ENS coalition to increase statewide pediatric disaster preparedness.
5. Continue implementation of EMSC performance measures.
6. Collaborate with other TACs to measure and analyze two key pediatric outcome measures. Such as: Pediatric Head CT Utilization and Critical Care Pediatric Transfers to Non-Pediatric Designated Facilities

Matt discussed the PEDs TAC 2021 accomplishments and their future goals.

Pediatric Data Presentation: Xin-Yao DeGrauw, DOH
PowerPoint Presentation

Xinyao deGrauw gave a presentation on pediatric suicide and suicide related EMS responses and ED visits.

- 1) Suicide rate in children 17 and younger in WA has increased in last 10 years. The suicide rate in male children was higher than in female children every year. while the suicide rate increase was faster in female children than in male children. The suicide rate was higher in children 15 to 17 years old than in children 10 to 14 years old. The top two common suicide means are firearm and suffocation.
- 2) Suicide attempt-related EMS responses has increased between 2019 and 2021. Suicide attempt-related EMS responses was higher in female children than in male children. Suicide attempt-related EMS responses in children in children 10-14 years old was similar as in children 15-17 years old.
- 3) Suicide attempt-related ED visits has increased between 2019 and 2021. Suicide attempt-related ED visits were higher in female children than in male children. Suicide attempt-related ED visits were higher in children 15-17 years old than in children 10-14 years old.

Youth Suicide Prevention Partners and Resources: Lizzie Cayden, DOH
PowerPoint Presentation

Suicide prevention in Washington State is data informed and driven by best practices in the field. Lizzie and her team support a wide range of suicide prevention initiatives. It is high upstream prevention. They do primary, secondary, and tertiary prevention, as well as the very first steps of intervention.

One of the frameworks that the department works off is Thomas Joiner's interpersonal theory of suicide. It was published in 2005. It has largely been found reliable. There are three fundamental constructs in the theory: loneliness and isolation, perceived burdensomeness, and the capability to engage in suicide behavior.

It is critical to validate when youth are feeling burdened and work with them through it. They might think they cost their parents a lot of money and time; kids pick up on the relationship problems and take that on that they might be to blame. Ongoing disagreements with family and ongoing family conflict is also a risk factor that has been seen consistently associated with suicide risk and youth.

There are many people who struggle with suicide and die by suicide who do not fundamentally want to die. There are youth specific suicide protective factors, such as access to health care, including mental health care and primary prevention professionals. Teaching suicide prevention training, asking the individual "Do you have a plan? What does that look like? Do you have a means to die? Have you acquired a means? Are you getting ready to attempt to die by suicide?" If there is a lowered fear of death as well as well as an increased tolerance of physical pain, that is considered capability for suicide. Access to firearms is another factor.

Many youths who die by suicide have visited a healthcare provider in the months and weeks prior to their death:

- 80% of youth visited in the year prior to death
- 38% of youth had contact in the month prior to death
- 34% of youth (ages 15+) had contact in the week prior to death

Provider screening and assessment of suicide risk has been associated with provider comfort of the subject matter content. Pediatricians who are comfortable assessing for suicide risk are more likely to screen youth for suicide risk, refer for to emergency services for further assessment or screening within an emergency room.

Prevention is about validating feelings, and not escalating from 1 to 100 when somebody discloses that they are considering suicide. Tell them to talk more about why they are feeling that way and let them know it is a safe place to talk about it.

Technical Advisory Committee Reports:

Hospital TAC: Mark Taylor, Chair

New ideas for program monitoring. Virtual site visits. Should move back to

Rehab TAC: Chris Clutter, chair

They had their last meeting at the end of January and discussed getting our data. In February they their first data report and are in the process of analyzing that data which spans all the way from 2019 until the end of 2021. They also drafted up some quality measures that the Rehab TAC will be moving forward. The first one is risk-adjusted mortality. The second one is rehab and patient complications, looking at the overall rate and incidents. The third one is functional abilities. The fourth is discharge to community. Lastly our acute care readmission rate. The next meeting is coming up next month.

Pre-Hospital TAC: Catie Holstein, DOH

The TAC did not meet in since the last steering committee meeting, but their next meeting will be on April 20.

Outcomes TAC: Cameron Buck, MD, Chair

The Outcomes TAC usually has combined meetings, Dr. Robinson and Dr. Buck. The meeting on the first involved a Pediatric TAC presentation. Then they reviewed the Outcomes TAC charter and made some suggested revisions and then reviewed some of the previous work from their January meeting.

Injury and Violence TAC: Mike Hilley, Chair

The IVP TAC had their first joint meeting with 50 representatives. Great research from UDUB. Putting information out and balance and fitness for Fall Prevention week.

Pediatric TAC: Matt Nelson, DOH

The TAC is meeting at 1:30 today. Dr. Eileen Kline will be doing a presentation.

RAC TAC: Tim Hoover, Chair

The RAC TAC did not meet yesterday, will meet before next meeting.

Cost TAC: Eric Dean, DOH

The Cost TAC meets on an as needed basis and has not had a meeting in a while. But the traffic infractions revenue continues to decline. If there isn't an improvement over the summer, we may have to be meeting in the fall to talk about what kind of strategies they want to use to address any revenue shortfalls. The other update is the EMS Grant application period is complete for the year.

Emergency Cardiac and Stroke TAC: Cameron Buck, MD and Matt Nelson

Their next meeting is Tuesday, May 17. It will be a combined Cardiac and Stroke meeting because they are moving back to quarterly meetings. The agenda will revolve around Senate Bill 5821.

Medical Program Directors: Joe Hoffman, MD,

The last meeting was February 15. There were a few presentations. One was from the MAYO clinic EMS service, utilizing a virtual telemedicine approach for some of their more rural systems, and also in their community paramedicine programs.

Of course, we were very interested in the Cardiac and Stroke legislation (SSB5821) and happy with the outcomes. They will meet next on May 16 virtually.

Meeting adjourned at 12:09 PM.