

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

Draft MEETING MINUTES

March 20, 2024

Meeting held virtually by ZOOM.

**ATTENDEES:**      **Committee Members:**

Carly Bean	Joe Hoffman	Brenda Nelson
Cameron Buck, MD	Tim Hoover	Bryce Robinson, MD
Tom Chavez	Lance Jobe	Joey Rodrigues
Christine Clutter	Shawn Maxwell	Mark Taylor
Madeleine Geraghty	Denise McCurdy	Rick Utarnachitt, MD
Beki Hammonds	Pat McMahan	Ken Woffenden
Mike Hilley	Lila O'Mahony, MD	

**DOH Staff:**

Melissa Belgau	Dawn Felt	Tim Orcutt
Tony Castaneda	Catie Holstein	Dr. Umair Shaw
Charles Chima	Jim Jansen	Jeffry Sinanian
Ian Corbridge	Jennifer Landacre	Adam Rovang
Eric Dean	Ihsan Mahdi	Sarah Studebaker
Xinyao Degrauw	Matt Nelson	Erika Stufflebeem
Herbie Duber	John Nokes	Ron Weaver
Marla Emde	Jason Norris	Nate Weed
Lacy Fehrenbach	Andrea Pedlar	Terra Wiens
Nicole Fernandus	Kristin Peterson	Scott Williams

**Interested Parties**

Patricia Anderson	Barb Jensen	Randi Riesenber
Celia Attwell	Claire Johnson	Ross Rogers
Nadji Baker	Sandra Kellso	Paul Ross
Kristopher Basil	Karen Kettner	Ami Roy
Katherine Bendickson	Tom Lamanna	Kim Royer
April Borbon	David Lynde	Peter Rutherford
Melanie Brandt	Betony Martin	K. Sanders
Shelley Briggs	Jae McGinley	Shaina Schaetel
Sarah Brouwer	Pat McMahan	Tina Seery
Eileen Bulger	Chris Montera	Zehra Siddiqui
Cindy Button	Angie Morse	Jason Spencer
Rinita Cook	Jim Nania, MD	Ashley Spies
Michelle Corral	Mary Ohare	Becky Stermer
Becky Dana	Norma Pancake	Jill Stern
Sarah Downen	Brendy Nelson	Traci Stockwell
Janna Finley	Britnnie Payton	Andrea Talbot
Clinton Fridley	Kelly Pearson	Michael Vanderlinde
Jacob Glasser	Greg Perry	Jet Washington
Jenna Hannity	Jeff Pfeifer	Marvin Wayne
Noa Harwick	William Pierce	Deborah Woolard
Scott Isenman	Wendy Rife	

**Call to Order:** Cameron Buck, MD, Chair

**Secretary of Health Updates:** Dr. Umair Shah

To begin the discussion, Dr. Shah reminded the committee that we have just gone through a difficult time, not just this pandemic, but the unfolding of everything around us related to opioids and fentanyl and other public health concerns.

Dr. Shah thanked the committee and expressed an incredible amount of appreciation for all the work they do, and Dr. Buck as the committee chairperson.

He spoke about the ecosystem of healthcare and noted that the Emergency Care System is well positioned to understand the impacts to people created by a lack of access to routine health care, unmet social needs, and other challenges our healthcare system is experiencing and noted that we are all working to solve complex issues and reshape the healthcare system to better serve all patients.

He noted that all of us together recognize that sometimes people who may not understand everything might say the ER or the ED or the EMS is the problem. However, these are only a few components of an ecosystem problem. Overcrowding in emergency departments to long ambulance wait times are symptoms of an underlying system issue that is not just in our state, but across our nation.

He emphasized that we must focus on effective, accessible, efficient systems of care where people can get to the right level of care at the right time, ensure sure that we are optimizing that care by including new innovative programs, such as telehealth.

We have a wonderful willingness across our state to solve the problems. The department has been working with our partners around the state and the legislature to develop and review assessments and reports to better understand and assess gaps and needs within the Emergency Care System.

The department is moving forward to conduct a statewide assessment of trauma designated services. We are doing this to understand the gaps, what changes might be needed in the number and distribution of designated trauma services across our state.

The department recently released our report on the Emergency Cardiac and Stroke system. We looked at the burden of disease, system gaps and recommendations on how to improve the cardiac and stroke system of care. The emergency cardiac and stroke system of care in Washington has been around for about a dozen years and it has remained mostly a voluntary self-attestation system without independent verification of capabilities.

We believe strongly that the emergency care system needs to continue to look at data for infrastructure and system planning. Our report to the state legislature is recommending the establishment of a statewide cardiac and stroke system in which hospital compliance is verified.

This would mean that our agency would need rule-making authority and authority to enforce requirements and data coordination would require funding.

The department's transformational plan has five transformational priorities. There is a commitment statement, a vision and six strategies under each of those five priorities. Those are thirty steps that department believes are necessary to transform and advance health across our state.

Priority number one is health and wellness for all Washingtonians. The second priority is health systems and workforce transformation. The department has been working tirelessly both on credentialing and licensure. We are making a significant progress in several different areas, working with independent boards and commissions and the governor's office to do everything we can to speed up the way to get quality qualified personnel into our Emergency Care System workforce.

In this legislative session, Senate Bill 5986 passed, which directs our agency to participate along with other state agencies to look at the landscape of EMS services across the state and make recommendations for how EMS funding can be improved for training, onboarding, recruitment, and retention.

Dr. Shah went on to provide information on opioid deaths in WA State. In 2022 there were over 2,000 opioid deaths and preliminary data for this past year are showing most likely an increase in overdose death rates well over 2022 numbers. There is a huge effort to be able to fight and combat this opioid crisis.

The department has approved and is monitoring pilot projects in King, Spokane, Snohomish, Clallam, Whatcom, Grant, Lewis and San Juan counties that allow paramedics to administer Buprenorphine.

Additionally, the work of the department's internal task force includes strategies that build capacity and strengthen our ability to respond to the opioid crisis. The strategies include providing guidance and Naloxone to EMS services in establishing Naloxone leave behind programs through our "Washington Prevent Prescription Drug, Opioid Overdose Related Deaths" grant. We are prioritizing rural counties that have the highest rate of opioid overdose. The department has also incorporated data from the EMS registry into the state's Opioid Dashboard to help inform our work around addressing the crisis.

### **Minutes from January 17, 2023**

*Handout*

#### **Motion #1**

Approve the January 17, 2024, EMS and Trauma Care Steering Committee meeting minutes. Approved unanimously.

**Annual Chair and Vice Chair Election:** Mark Taylor

Nominations were called for at the January meeting. The email nominations were to be sent to Catie Holstein and Mark Taylor. The nominations are now closed. Mark received a couple of nominations for Dr. Buck to renew his position as chair. Dr. Buck has agreed to serve another term.

There were no nominations for the vice chair.

**Committee Vacancies:** Catie Holstein

Dr. Buck noted that Dr. Scott Phillips with the Washington Poison Control Center is stepping down and resigning from the committee. DOH is working with Washington Poison Control to fill that vacancy. He thanked Dr. Phillips for his contributions to the committee and the time served.

Catie Holstein provided information about vacancies on the committee which include:

- American College of Surgeons
- Washington State Fire Chiefs Association (WFCA)
- Washington Poison Control Center
- Public Member

Members who have served their final allowable terms on the committee ending in August of 2024 include:

- Mark Taylor, Washington Trauma Nurses
- Brenda Nelson, Air Medical Services
- Madeleine Geraghty, Cardiac & Stroke
- Shaughn Maxwell, WFCA

Members who must renew and are interested in serving another term on the committee are listed below. Catie will work with these members to renew the appointment. If you are not interested in renewing your appointment, DOH will start recruiting for it.

- David Likosky, Physician Representative
- Peter Rutherford, WA State Hospital Association (Urban)
- Bryce Robinson, American College of Surgeons
- Joseph Hoffman, Medical Program Director
- Erik Roedel, American College of Surgeons
- Lila O'Mahony, American Academy of Pediatrics
- Courtney Stewart, WA State Patrol
- Patricia McMahon, General EMS – Prehospital
- Carlye Bean, WA State Fire Commissioners
- Christine Clutter, Association of Rehab Facilities

DOH Updates: Ian Corbridge, DOH  
*PowerPoint Presentation*

Legislative Session: It was a 60-day short session, agency reviewed 450 bills. Large focus on opioids and facilities.

### **Bills/Provisos with EMS/Trauma Focus**

- MA-EMT Certification
- Prohibiting Balanced Billing for Ground Ambulance Services
- Preventing OD and Illicit Use of Opioids
- Extending Crisis Relief Center Model to Minors
- Extending Liability to Crisis Teams
- Budget Proviso – Naloxone distribution to EMS providers
- Proviso – POLST / DNR Registry
- Proviso – Franklin County PHD EMTs

### **Other Bills/Proviso Important to OCHS**

- Uniform Facilities Enforcement Framework
- Hospital at home program
- Psych hospital CN exemption
- Tribal attestation for RTFs
- Model policy for SUD treatment
- Standing order
- Proviso – CN modernization
- Proviso – Healthcare financing data and transparency

Dr. Bryce Robinson talked about the Stop the Bleed Senate Bill 5790. The Washington State Legislature enacted legislation requiring schools in the state to maintain and provide bleeding control equipment on campus. The result of years of advocacy efforts from multiple groups and organizations across the state, including members of the ACS Committee on Trauma and the ACS Washington State Chapter, the bill also includes other measures to greatly help communities respond to bleeding emergencies.

### **POLST / DNR Registry – Catie**

There is a proviso that authorizes DOH and provides funding to establish an electronic registry to support the current state POLST program.

It is focused on building the technical component around establishing a statewide electronic registry. In terms of timeline, the department will begin the work after the fiscal year begins because that's when we receive funding to support the work, which is July 1. The implementation of bodies of work like this typically take about a year. Dawn Felt will be the point of contact for this work.

Ian continued with his updates, and he wanted to specifically acknowledge the EMS and RAD teams for their work that adds value to our system.

EMS Rules: The rules will soon be finalized for EMS. It was a comprehensive rules rewrite for all of EMS and a big kudos to the team who has been leading that work and continuing to champion it forward.

The next step is to wind things up. We have already collected public comments at a March 7 meeting. There are not any major changes that need to be made, but just a couple of minor edits. Then we can file our CR103 and finalize the EMS rules.

During same timeframe, our WEMESIS rules work is being led by Jim and his team. Again, just acknowledgement to several rules packages that will be coming out to the community and finalized soon.

Ian gave kudos to the team, particularly Dawn Felt. Dawn has done a lot of work over a short period of time to receive pilot requests for at least 5 different communities who would like to establish a pilot in their community to allow paramedics to administer buprenorphine. The topic was picked up by our local NPR station here.

Also, a huge thank you to Catie, who is a fabulous partner for both internal DOH colleagues and our external partners to help prioritize and move forward what is important to our patients here in Washington.

#### **Trauma Registry Updates: Jim Jansen**

Backlog of records from 2020 to 2023 continues to be received by DOH, and hospitals continue to submit records from that time. Jim's staff are working on validating the data as it's received. RAD is currently seeking additional data solutions to speed up the data that is being processed.

The department is also preparing a proposal for internal consideration for the 2025 legislative session, to seek funding to support a modernized trauma registry solution.

The registry backlog and validation process continue to be a challenge for our work with the statewide trauma service assessment project. We want to have updated data available for the assessment. RAD is working to make that happen.

#### **Statewide Trauma Service Analysis – Project Updates, Jim Jansen**

DOH will be conducting the Trauma Service Assessment with the primary goal of describing gaps in trauma services in WA.

We want to use the assessment to inform statewide and regional planning activities. Regional EMS & Trauma Care Councils can use the assessment to inform gaps and needs and identify solutions that support improvements in patient access to the emergency care system.

The DOH research Analysis and Data team will lead the assessment effort and are responsible for future updates and iterations of this work.

We will host three stakeholder meetings, hosted under the Outcomes TAC. These will be opportunities for our partners to share their input into the assessment work and review and provide feedback on the draft report. Meetings are scheduled for:

- May 16th, 2024, 9:00am – 12:00pm PST - Meeting Purpose: Input and feedback on draft assessment.
- September 24th, 2024, 9:00am – 12:00pm PST - Meeting Purpose: Review final assessment and inform on next steps.

This work is an evolution of multiple efforts over the years, including the American College of Surgeons Assessment in 2019, the state Min/Max workgroup in 2020 and 2021 and the recent rulemaking effort. We will be building on this work and the insights gained to move on to this next step in improving our trauma system.

The scope of the assessment is focused on trauma service facilities in this iteration. We will not look at gaps in EMS, pediatric, rehabilitation or cardiac and stroke care in this first assessment. We may, however, expand this work in future iterations to include these additional areas of the emergency care system.

The analysis will be conducted and updated every two years. This will be done in alignment with the EMS & Trauma Care Regional planning cycle.

#### **Trauma Care Fund Updates:** Eric Dean

- A recently clarified Medicaid policy will impact trauma fund disbursements to certain system providers.
- Most trauma fund dollars are disbursed as trauma supplemental Medicaid to hospitals and physicians.
- In the Medicaid program, hospitals are subject to a maximum amount of direct Medicaid payments they can receive, referred to as the upper payment limit or UPL.
- The federal Centers for Medicare and Medicaid Services (CMS) recently clarified that supplemental payments (such as for trauma) must be included in the UPL calculation.
- This is an issue for certified public expenditure hospitals (CPE); since they are paid at cost, they are either at or near their UPL.
- Starting 7/1/24, trauma supplemental Medicaid will no longer be paid to CPE facilities.
- This does not impact physician trauma supplemental Medicaid or the DOH trauma pass-through payments.

DOH leadership has approved two HCA recommendations to mitigate the impact of CMS clarification of UPL calculation policy as it relates to CPE facilities:

1. Reallocate the proportional trauma funding amount that Harborview Medical Center (Seattle, level 1) would have received as trauma supplemental Medicaid to their newly enabled Medicaid graduate medical education (GME) program.
2. Implement a directed payment program into the plans for Valley Medical Center (Renton, level 3), Skagit Valley Hospital (Mt. Vernon, level 3) and Olympic Medical Center (Port

Angeles, level 3), starting 1/1/25, so they may continue to receive a similar proportion of trauma funding.

**EMS & Trauma Care System Funding Request 2025:** Ian Corbridge

EMS/Trauma/RAD programs are putting together a legislative proposal that would look at increasing funding for the trauma care system.

This funding request is intended to cover a couple of other necessary components, the key component being a trauma registry.

Our staff will be working over the next several months to put together a proposal. This will be an opportunity for Catie and Jim to identify some touchpoints to engage with this group. Then, ultimately get the proposal in front of agency leadership in early summer.

**Strategic Plan Status Report, Pediatrics TAC Annual Report:** Matt Nelson

Matt provided an update to the committee about the work the Pediatric TAC is doing on their strategic plan.

The work included assessing ED pediatric readiness through trend analysis and intervention. A survey was conducted in 2021 assessing pediatric readiness at the ED level.

The TAC has a future survey planned for Spring/Summer of 2024. They will collaborate with other states that have existing programs. The survey will determine baseline numbers and will form focus groups to highlight the importance of disaster planning at EMS and hospital levels.

The TAC will also increase collaboration with the Pediatric Pandemic Network and the Disaster Networking Collaborative.

Matt went on to discuss their 2023 accomplishments and the TAC's future goals.

**TAC Reports:**

**Hospital TAC Report – Annual Report:** Tim Orcutt DOH/ Mark Taylor, TAC Chair

Mark said they were not able to meet this morning, so the TAC will be meeting before the May Steering Committee meeting.

**Prehospital TAC:** Catie Holstein

PHTAC met on February 21. They reviewed and updated the membership list and the strategic plan. Adam Rovang gave a presentation on the system-wide data performance measures for EMS and the committee recommended we review the KPI's on the stroke triage tool for our annual data report to the committee.



In addition, the TAC had presentations that included EMS wellness, EMS opioid related activities such as naloxone leave-behind programs, naloxone for EMS, paramedic level buprenorphine administration, and a presentation from Angeli Shankar on the Opioid Data to Action Grant which will provide some pass-through funding to improve EMS response to the Opioid Crisis. Dawn Felt will be leading this work.

**ECS TAC:** Cameron Buck

Next meeting is on Tuesday, May 21. The bulk of the meeting will be engaging our TAC members with the cardiac and stroke report that was released last month. ECS TAC is up for the data presentation in September.

**Outcomes TAC:** Bryce Robinson

Focus efforts to support a forum for the statewide trauma service assessment project. It is a complicated body of work and a complex topic. The next meeting will be held on May 16<sup>th</sup> where a draft the report will be reviewed by the group.

**MPD TAC:** Joe Hoffman

MPDs met virtually on February 6. There was a good presentation about public access defibrillation programs and the use of Pulse Point in the verified responder program pilot in Whatcom County. The project showed good impact on the CPR response and emphasized the good results they have had.

Some MPDs attended the annual National Association of EMS Physicians conference in Austin, and they brought back some highlights. The next meeting will be later in the spring and will be virtual.

**IVP TAC:** Mike Hilley

They had a meeting on March 6<sup>th</sup>, and 73 people attended. It was generally reporting out and looking at programs around the state. They heard from Kelsey Schultz. She is a lead occupational therapist for healthy aging. She gave a great overview of how occupational therapists can help in the EMS role related to fall prevention programs. The TAC heard about a program called the Resource Navigator Program. They go out and do home assessments. They have embedded community health workers and social workers in that program.

**RAC TAC:** Scott Williams

The TAC received an update about the recent legislative activities, and the rulemaking for EMS. They received an update on the trauma assessment from Jim Jansen. The TAC received education about the benefits, challenges, and opportunities of regionalized emergency care systems to help them prepare for the regional planning cycle. The TAC is preparing to give their strategic plan update in May for the steering committee.

The meeting adjourned at 11:51 am.