Washington State Department of Health
EMS & Trauma Care Steering Committee
Draft MEETING MINUTES
September 18, 2024
Meeting held virtually by ZOOM.

ATTENDEES: Committee Members:

Cameron Buck, MD	Mike Hilley	Lila O'Mahony, MD
Christine Clutter	Joe Hoffman	Joey Rodrigues
Bryan Fuhs	Lance Jobe	Erik Roedel
Madeleine Geraghty	Denise McCurdy	Peter Rutherford
Beki Hammonds	Pat McMahon	Mark Taylor
Carly Bean	Pat Songer	Rich Utarnachitt, MD
Lance Job	Courtney Stewart	Ken Woffenden
Shaun Ford	Sasha Kaiser, MD	

DOH Staff:

Ian Corbridge	Catie Holstein	Jeffry Sinanian
Eric Dean	Jim Jansen	Adam Rovang
Herbie Duber	Jennifer Snook	Erika Stufflebeem
Marla Emde	Ihsan Mahdi	Scott Williams
Nicole Fernandus	Matt Nelson	Paul Renwick
Jill Hayes	John Nokes	Mariah Conduff
Tim Hoover	Tim Orcutt	

Interested Parties

Greg Perry	Danielle	Wendy Rife	Anthony
Lindsey Anderson	Huddleston	Paul Ross	Bledsoe
Nadji Baker	Scott Isenman	Kim Royer	Clair Johnson
Katherine	Karen Kettner	Karen Sanders	James Grijalva
Bendickson	David Lynde	Ashley Spies	Jason Taylor
Carolyn Blayney	Brook Moser	Becky Stermer	Jennifer Brown
April Borbon	Jim Nania, MD	Cheryl Stromberg	Marvin Wayne,
Shelley Briggs	Mary Ohare	Traci Stockwell	MD
Cindy Button	Norma Pancake	Andrea Talbot	Robin Stimac
Rinita Cook	Josh Pelonio	Meeta Vardhan	Terry Carter
Janna Finley	Kelly Pearson	Jessica Wall	Keith Cervantes
Paul Craven, MD	Jeff Bambrick	Amy Johnson-	Kellie Sheehan
Ben Miller Todd	Becky Dana	Carpenter	Rachanee Curry
Joy Bjornberg	Kate Scherer	Lewis Neace, MD	Sarah Downen
Eileen Bulge0, MD	Annette Davis	Remy Kerr	
Sam Arbabi, MD	Celia Attwell	Shaina Schaetzel	
Ashley Zutter	Emily Ogudo	Trixie Anderson	
Deanna Jones	Jennifer Killion	Wendy Rife	
Tom Rea, MD	Jolie Fernandes	Todd Schanze	

Call to Order: Cameron Buck, MD, Chair
Minutes from May 15, 2024
Handout

Motion #1
Approve the May 15, 2024, EMS and Trauma Care Steering Committee meeting minutes.
Approved unanimously.

Committee Business
Renewed and New Member Appointments – Catie Holstein

Catie Holstein provided the committee an update on membership.

Nine members were up for renewal this year. Eight of those members have signaled that they would like to remain on the committee. Dr. David Likosky, filling the position of physician representative on the committee, selected not to renew his appointment and resigned from the Committee noting bandwidth. We included the vacancy in the announcements for open positions earlier this year.

We have six vacancies on the committee for members whose terms recently expired. We received 24 applications for these six vacancies. We have received endorsements from the ACS and WSFCA for their preferred applicants, and our recommendations are with the Secretary of Health for his review and final determination.

The Secretary appointments for renewing and new members are in progress. We will make the announcements as soon as we have the final decisions from the Secretary.

The EMS & Trauma Care Steering Committee composition is codified in our law (RCW 70.168.020.

The law requires the committee be composed of individuals knowledgeable in emergency medical services and trauma care, to include:

- Emergency medical providers such as physicians
- Nurses
- Hospital personnel
- Emergency medical technicians, paramedics
- Ambulance services
- A member of the emergency medical services licensing and certification advisory committee
- Local government officials
- State officials
- Consumers

- Persons affiliated professionally with health science schools.

There are 31 positions on the committee.

The positions are noted on this slide and the number next to the profession or organization denotes how many positions on the committee is allotted for that profession/organization.

- American College of Surgeons (3)
- American College of Emergency Physicians (3)
- Emergency Cardiac and Stroke (3)
- WA Chap. American Academy of Pediatrics (1)
- Physician Representative (1)
- WA State Emergency Nurses Association (1)
- WA State Nurses Association (1)
- Trauma Nurse (1)
- Washington State Hospital Association (2)
- Association of Rehab Facilities (1)
- Association of Washington Counties (1)
- EMS Medical Program Director (1)
- WA State Fire Chiefs Association (2)
- WA State Council of Firefighters (2)
- WA State Firefighters Association (1)
- WA Ambulance Association (1)
- WA State Fire Commissioners (1)
- Air Medical Services (1)
- General EMS (1)
- Law Enforcement – Washington State Patrol (1)
- Washington Poison Center (1)
- General Public (1)

Catie will provide a more comprehensive membership report in the November meeting and will look at the current membership through the lens of the department's goal of assuring diversity across facility types, professions, and demographics (race, ethnicity, gender, and geographic representation).

DOH OCHS Office Updates: Ian Corbridge, OCHS Office Director, DOH
PowerPoint Presentation

OCHS Policy Topics and Priorities

- Preparation for the 2025 legislative session
- Trauma Service Assessment
- Facilities Enforcement
- Facilities Fee Work

- CN Assessment and Report
- Hospital financial reporting transparency and data reporting
- Access to Medications for Opioid Use Disorder

Preparation for 2025 legislative session
We are preparing for the 2025 legislative session. As an office and division, we have forwarded our legislative priorities to the agency where they will be ranked and prioritized for consideration.

These policy concepts have not yet been approved by the agency. They include:

- EMS & Trauma – A GFS funding request to replace the Trauma Registry and to hire additional staff to support the EMS & Trauma section. We need a registry that carries us forward into the future and provides support to the broader Emergency Care System. We acknowledge that the current system is not meeting our demands. Our ask for additional staff in the EMS & Trauma care section is based on our acknowledgement of all the new and ongoing demands on this section including the increased work being maintained after the COVID-19 pandemic. The section needs to be adequately staffed to effectively advance the efforts, goals and priorities that we want to tackle as a system.

- A committee member asked if the ask for funding would support a more formal measurement and quality improvement for emergency cardiovascular care. Ian responded that we are exploring this with vendors and are being strategic in how we approach the ask and how we approach securing quotes that includes a registry capable of collecting data for all the components of the emergency care system including, cardiac and stroke.

Process Steps
- DOH agency review/approval
- State review/approval
- Wait to see if the policy concepts appear in the Governor's budget

We are hopeful that our ask for funding to support replacing the trauma registry and additional staff in the EMS & Trauma Care section will be considered and prioritized to move forward. We feel hopeful for where we are at in the process so far.

OCHS Priority Work

Priority work for OCHS includes:

- Trauma Services Assessment work being led by Catie and Jim with strong collaboration from our external stakeholders. Jim will provide more information on this project later this morning.

- Certificate of Need (CN) program - Conducting an assessment and developing a report for the Legislature around our CN program. DOH is moving quickly with that process to

make sure that as a State we are assessing and providing recommendations on opportunities to modernize our CN structure here in Washington.

- Facilities enforcement, facilities fee work, hospital financial reporting transparency and data reporting improvements.

- Improving access to Medications for Opioid Use Disorder (MOUD). Efforts to partner with EMS to expand access to Naloxone and Buprenorphine in our communities and standing up new structures to provide ongoing care.

Rules Update – Dawn Felt, Jim Jansen
Dawn Felt and Jim Jansen provided an update on rules.

- EMS rules – Emergency Medical Services sections WAC 246-976-010 through -310, -330 through -400, -890, -920, -960, and -970. CR-103 filed July 22nd, 2024 (WSR 17-24-013, updated May 16, 2022, to WSR 22-11-0065, updated on July 22, 2024, to WSR 24-15-104), rule will go into effect on September 30, 2024. Rules Development | Washington State Department of Health.
- WEMSIS / EMS Data registry rules – CR103 filed on July 23, 2024 (WSR 24-15-130). Rule will go into effect on September 30, 2024. WEMSIS Rules Development | Washington State Department of Health.
- Organ Transport Service rules – CR103 filed on August 8 2024 (WSR 23-17-070). Rule will go into effect September 30, 2024. Rules Development | Washington State Department of Health.

Trauma Service Assessment (TSA) Update: Jim Jansen, DOH

The purpose of the Trauma Service Assessment (TSA) is to describe gaps in trauma services in our state, to support patient access to high quality trauma care, and to inform statewide and regional EMS and Trauma Care system planning activities.

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

A second draft of the TSA was released and posted to the DOH website at EMS and Trauma Care System Assessment | Washington State Department of Health on September 5th. It's available for stakeholders to review in preparation for our meeting with external partners on September 24th.

Additions to the report since May include:
- Limitations
- Emergency preparedness

- Forecasting and Cost placeholders
- Air transport and transfer
- Methodology
- Data tables
- Regional data figures and tables
- External reviewer reports

In response to concerns from external partners about the short timeline and the lack of current data, the department has extended the timeline for conducting the assessment to Summer of 2025 to allow time to collect and analyze more current data. Additionally, the department has been asked to include a cost analysis and a forecasting analysis in the report.

The cost of health care is an important topic to the state and equates to over 20% of our state budget. As such, the state is interested in better understanding of health care costs. The department will be partnering with the Office of Financial Management (OFM) who will lead the work on conducting the cost analysis and a 10-year projection of trauma care needs component of the TSA.

Mandy Stahre, OFM informed the committee of the initial approach for the cost assessment and solicited input from committee members. OFM will consider the macrocosmic view of healthcare cost and look at total healthcare expenditures across the state using All-payor Claims Database (APCD) data and compare against other data systems such as trauma registry. The approach will consider total hospital healthcare cost by trauma region and population projections using growth management data strategies. OFM will use economists in their office to explore other costs that may be associated. The process will take time and over the next year OFM will conduct the analysis.

- Dr. Jim Nania: Suggested the 10-year projection should include all time sensitive emergencies and should include cardiac and stroke which are a greater budgetary issue than trauma. Going forward if we share the goal of having a time sensitive system inclusive of cardiac and stroke emergencies, then these bodies of work should include this. Several committee members and external partners agreed that this same approach should be used to help inform cardiac and stroke.

- Dr. Cameron Buck, Chairperson: Noted that the total expenditures is allottable to create assessment for the cost of care and posed two questions in terms of use of WA APCD and other data sources, has OFM identified any limitations in the ACPD data and what other data sources will be used?

- Mandy Stare, OFM: APCD does not contain data from federal agencies such as Tri-care. APCD covers about 70% of WA residents in 2023 data so we might have a data gap there. We would look at other data sets such as claims around emergency services and compare with trauma registry data. We can look at some of the data in CHARS hospitalization data. Even with those, there are well over a billion claims in the data set,

so we should be able to come up with some assumptions or information to address data gaps.

The next meeting with external partners to discuss the TSA is scheduled for September 24, 2024, from 9:00 AM to 12:00 PM. Objectives of this meeting include:

- Review current assessment and additions
- Discuss approach to projection and cost analyses with OFM representatives

To learn more about this project, sign up to receive updates, or learn how to contact the department about this project visit our website at Emergency Medical Services (EMS) and Trauma Care System | Washington State Department of Health.

Trauma Registry Updates: Jim Jansen, DOH

Jim informed the Committee that DOH continues to receive both current and backlogged records from hospitals. The registry has a long-standing backlog of three or four years, due to vendor compliance issues with state security requirements. Right now, the DOH does not have 100 percent record submission for any backlog period. All hospitals have submitted some data to the registry, but some are still working on records that weren't entered during the submission pause.

DOH staff are providing hospitals support through:

- Routine technical assistance
- Liaison for vendor support
- Routine submission tracking and count confirmations
- Hosting trauma registrar workgroup meetings
- Hosted three vendor led registry trainings
- Ongoing issue and support discussions with vendor

Key issues

- Backlog records remain for all years 2020-2023
- Bulk submissions result in failed data transfers through DOH-vendor solution is in place but is time intensive and non-permanent

No submission deadline set at this time. Hospital submission of trauma data to the trauma registry is a required standard in WAC 246-976-430. DOH is urging all trauma designated facilities to prioritize backlogged submissions and vendor technical fixes to maintain compliance with reporting requirements.

Committee members asked if DOH would provide a list of hospitals that are backlogged in trauma registry records. Jim responded that DOH would evaluate sharing hospital names and

committed to sharing general regional level information. Committee members advocated for DOH to share a list with Regional EMST Councils leaders to help foster conversation. Jim shared that we did do this with WEMSIS / EMS system, and it worked well, but also DOH wants to avoid the "public shaming" optic and acknowledge the trauma registrar's effort in trying to get this work done.

Dr. Buck reinforced the committee's recommendation that DOH share information with regional councils and encouraged regional councils to engage the local EMS & Trauma Care community to make visible the priority and seek ways to support hospitals with data submission.

Kim Royer noted that Level I and IIs should be reaching out to IIIs, IVs and Vs from a leadership position to help with registry duties at lower-level hospitals.

Dr. Bulger informed the committee that the Harborview team would be willing to help. Need to know who needs help.

Jim suggested that if hospitals willing to support could email DOH, then DOH would connect them with a hospital that needs support.

Organ Transport Service Rules: Jason Norris, DOH
PowerPoint Presentation

Jason Norris provided an update on a new program at the department, Organ Transport Services.

Washington state passed legislation that specifically addresses organ transport services. The "Lights and Sirens" bill was signed into law in 2023 and allows organ transport vehicles to use emergency lights and sirens when transporting organs, ensuring that organs are delivered quickly and efficiently to their recipients. The law is part of an effort to reduce delays caused by traffic and ensure that organs remain viable during transport. The law also requires organ transport services to maintain stringent safety and operational standards. For instance, drivers must meet specific criteria, such as having experience in operating emergency vehicles, passing background checks, and undergoing drug screenings. Organ transport services must also carry substantial liability insurance and comply with ongoing regulatory requirements.

The law also directed the Department of Health to license Organ Transport Services and vehicles. The law amended RCW 18.73 to add a section in our EMS & Trauma Care statutes for this new program. (RCW 18.73.290).

Jason provided brief high-level information about Organ Procurement and described the regulatory framework and relationship between Organ Procurement Organizations and Organ Transport Services.

In accordance with the law, the department established two new credentials. One for Organ Transport Service and one for Organ Transport Vehicles.
The department promulgated rules to adopt standards for these two credentials.

This is a new rule in our EMS chapter WAC. Also, Washington is the first state to promulgate rules for Organ Transport Services. There are no other states in the United States or any current federal laws around organ transport vehicles or organ transport services.

By establishing this rule, the department will satisfy the requirements of the law and enforce minimum standards for organ transport vehicles and equipment.

The new rule, WAC 246-976-360 implements the goals and specific objectives of the statutes by:

- Establishing an application process for organ transport services and vehicle licensure, and renewal of license; and
- Establishing minimum standards for organ transport vehicles.

The department worked with external partners such as procurement organizations and organ transport services to develop the rules. These experts provided input into and helped us draft the proposed rules.

The CR103 was filed on August 8, 2024 (WSR 23-17-070). The rule will go into effect September 30, 2024. Rules Development | Washington State Department of Health.

Emergency Cardiac and Stroke (ECS TAC) Annual Report: Matt Nelson, DOH
PowerPoint Presentation

Strategic plan objectives and primary bodies of work for ECS TAC for this reporting cycle include:

- Support the cardiac and stroke study to identify gaps in system and make recommendations for improvement.
- Evaluate and support the development and implementation of ECS clinical guidelines.
- Continue collaboration with DOH epidemiologists to monitor and measure KPI's for ECS system evaluation.
- Identify, monitor, and participate in opportunities for sustainable funding sources for the ECS system inclusive of EMS.

Accomplishments include:

- Washington State Emergency Cardiac and Stroke Study - The Cardiac and Stroke study team met with ECS Technical advisory committee members along with UW research team in 2022/2023 to evaluate and identify system priorities. The department released the Emergency Cardiac and Stroke report to the public in Spring of 2024.The report can be found on the department's website at Washington State Emergency Cardiac and Stroke (ECS) System | Washington State Department of Health.

- ECS TAC established and monitored performance measures and metrics around STEMI and OCHA, LKW to t-PA intervention, FAST and LAMS assessment.

- ECS TAC members have a regular cadence of data presentations to examine trends, identify improvements and consider recommendations for areas in need of improvement. ECS TAC members attended an annual International Stroke Conference and reviewed and discussed new research to assess if there is a need to calibrate any guidance, tools, or strategies to maintain a high quality of care based on the newest research and evidence. The TAC reviewed 2023 WACARES data as compared to previous years and celebrated accomplishments.

- ECS Clinical Guidelines – the ECS TAC conducted a review and analysis of cardiac and stroke triage tool in preparation for updates and provided input to DOH process for developing and implementing Interfacility Transfer Guidelines for Stroke. Current ECS Clinical Guidelines include:

    - Cardiac Triage Tool
    - Stroke Triage Tool
    - Hospital transfer criteria for cardiac/stroke patients
    - Guidance for EMS MPDs to inform EMS interfacility transport protocols

Future work and goals for the ECS TAC

- Analyze EMS data reports and performance measures to identify areas for improvement.
- Support ECS system study and provide input into any policy development efforts.
- Analyze data related to the cardiac and stroke triage tools and consider improvements
- Finalize and distribute interfacility transfer guidelines for stroke.
- Monitor efforts for policy / legislation that would impact ECS system.

Dr. Buck articulated that TACs should consider the human resources that are needed to support work that they want to be done and that DOH must position their resources to support priority work aligned with the strategic plans, goals, and priorities of a broad breadth and depth of internal and external partners. Scoping and staging of work are critical in supporting the cadence.

Prehospital TAC Annual Report: Dawn Felt, DOH
PowerPoint Presentation

PHTAC is comprised of 23 members representing state EMS and fire associations, EMS physician medical program directors (MPDs), EMS & Trauma regional councils, Fire/EMS Chiefs of ground and air EMS services, training programs, instructors and EMS providers.

Our Mission is to advise the EMS & Trauma Care Steering Committee on the pre-hospital EMS components of our system. Our work is centered around the objectives in our strategic plan, but the PHTAC also advises the steering committee and the department on EMS rules, implementation of legislative initiatives and other projects that occur throughout a year.

There are six workgroups under PHTAC, each representing a specific aspect of EMS. Our strategic plan objectives are bundled in these workgroup areas; EMS/Data and WEMSIS, EMS

Preparedness, Response & Recovery, EMS Education and Certification, Medical Oversight, Protocols & Clinical Standards, Ground & Air Licensing & Verification Rural EMS Learning Action Network.

As of this reporting period, we have completed 45% of our strategic plan work.

EMS Data/WEMSIS

Accomplishments

- EMS data system reporting rules complete
- Data quality and performance reporting
- Opioid surveillance, reporting and information access
- Data linkage
- Improved data sharing processes
- NEMSIS Version 3.5 transition

Challenges

- High demand for data access
- Onboarding and training new reporters
- Expanded data use cases
- Communicating data reporting requirements
- Data standardization

EMS Education and Certification

Accomplishments

- 99% Overall Pass Rate on Paramedic Certification Exams.
- Conducted two virtual EMS Instructor Workshops averaging 40+ participants.
- Issued 98 NREMT certification testing vouchers for rural responders.
- Updated state curriculum. We updated state curriculum and developed companion presentations for Multicultural Health Awareness to include Health Equity education as required in RCW 43.70.613 which passed in 2021.
- MA/EMT Certification. We are also supporting the DOH Medical Assistant program in establishing the new MA-EMT certification. This certification will allow certified EMS providers to cross credential to an MA-EMT certification which has its own prescribed scope of practice and medical oversight to work in a hospital setting. This effort was led by the Washington State Hospital Association to support hospitals in rural communities with workforce challenges.
- Provisional Certification. Our program is also working with our credentialing team to establish a provisional certification for EMS providers. The provisional certification is intended as a mechanism to allow an applicant applying for initial certification to work in a supervised setting while waiting for their certification to be issued by the department.

Changes in EMS Education and Certification

For this reporting period, we wanted to note a rather significant change in our profession:

- As of July 1, 2024 Paramedic AEMT students will no longer be required to take proctored psychomotor examinations as a part of certification testing through the NREMT. NREMT is transitioning towards a process that includes an in-depth cognitive examination and successful completion of student minimum competencies which will be verified by training programs. Washington state training programs are reporting great results so far, 100% pass rate on the cognitive examination. We are working with the EMS MPD's to monitor these changes and impacts over the next couple of years.

- The national EMS Agenda for 2050 – a national vision for the direction of EMS profession nationwide has recommended accreditation of AEMT programs. Currently, only paramedic level training programs are required to obtain and maintain accreditation to teach paramedic level courses. This recommendation will mean that at some point, EMS training programs that teach intermediate level courses will need to obtain and maintain accreditation to teach AEMT courses. We are monitoring and providing input into this work as it evolves. Providence Health System in Spokane has informed us that they are participating in the voluntary accreditation pilot process. We look forward to hearing more about their experience with this project.

Challenges

- Decreased participation of stakeholders in project work. In terms of challenges, like all workgroups and committees – we have seen a decrease in participation from external partners in project work. This translates to some delays in accomplishing work, sometimes work isn't as well socialized as we like, and this may also require that we work to find ways to scope the work to be smaller, or achievable with the resources we have available here at the department.

<u>EMS Medical Oversight and Protocols</u>

Accomplishments

- Completed update to the Washington State BLS & ILS EMS protocols guidance.
- EMS & Buprenorphine pilot projects are occurring. Our program is approving pilot projects for certified EMS providers to administer Buprenorphine. Pilot projects are approved and currently occurring is seven counties (Clark, King, Snohomish, San Juan, Clallam, and Spokane. Approximately 40 patients have received prehospital buprenorphine administered by paramedics.

Challenges

- Recruitment and retention of MPDs in rural communities
- Funding / Incentives to support MPDs in their expanding roles with EMS
- Expanding role of EMS
- More risk
- Increased workload

<u>Ground & Air Licensing and Verification</u>

Accomplishments

- EMS adopted rules will be effective September 30, 2024.
- Standards were established for ESSO's
- Standards were modernized for licensed and verified EMS services.

Challenges

- Staffing
- Funding and billing
- Response and patient care
- Apparatus and equipment

Rural EMS Service Sustainability Project

John Nokes provided an update about the work in the current grant cycle for this program.

Our current project is focused on building competency and capacity in three of the 18 attributes known to support EMS service sustainability:

- A quality improvement process
- The EMS service reports data to the state data registry
- Medical program director involvement

The goals of this project are to:

- Educate EMS service leaders and personnel on the importance of accurate data reporting and how accurate reporting drives quality improvement efforts at many levels.
- Develop or improve infrastructure and foundation for quality assurance activities to support rural EMS services in understanding current and future performance.
- Develop tools to establish a QA/QI program to collect, measure, and use data to improve performance that can be distributed and used within the EMS service with minimal assistance.

Timeline: This was a two-year project. The project started in September of 2022 and concluded in August of 2024.

Funding: The department was provided $300,000 per year for a total of $600,000 for the two-year project. To do this work. The funding supported a ¾ time FTE, pass through funding to EMS services and physicians to participate in the work.

The participants included: enrolled EMS services, an EMS physician cohort and the DOH Research, Analysis and Data team (RAD) Epidemiologist.

A total of 8 transporting (AMBV) EMS services participated in this project with 6 being BLS and 2 being ALS. To assure that there was a good distribution of EMS services across the state one participating service from each of the EMS & Trauma Care region was selected. Agencies were identified from the EMS Attributes of Success Survey, Q1 2019 which identified baseline strengths and weaknesses in various attributes of EMS services. Additional criteria included,

call volume, population density and geographic response area. An additional key criterion was that agencies had the capacity to participate, a lesson learned from our last project group on sustainability. There were no changes in participating services during this project.

The project being data centric required a significant amount of input and participation at the physician level.

Either the county medical director or a physician delegate appointed by the county medical program director was recruited as a physician cohort for the project.

We developed objectives to achieve our overall goals and divided those objectives up across the two-year timeline for the project.

In year one the services focused on:

- developing or improving a written QA/QI plan for their service.
- Identifying their baseline EMS performance metrics
- Participating in training for data collection and how to use data to identify problem areas, develop priorities and make improvements over time.

In year two the services focused on:

- Implementing the QA/QI plan
- Engaging a PDSA cycle with focus on the EMS performance metrics identified in the grant

DOH Lessons Learned

- A longer glidepath for this body of work should be considered in future. Implementing and sustaining a quality improvement project in small rural EMS services first requires (1) building a foundation of knowledge and skills around quality improvement to include differentiating between chart review and quality improvement projects to improve performance (2) Establishing / updating electronic patient care reporting systems (3) improving data collection and data quality.
- Funding to support physician engagement is necessary to support EMS physician participation in this work. Our grant provided funding to support physician engagement and without this, we would not have had the same level of engagement from physicians.
- Learning Action Network – Establishing and maintaining a learning action network dedicated to cohorts working on grant activities is an effective tool. We will continue to use this tool to build and sustain our model to improve rural EMS service sustainability.
- Expert level subject matter expertise in EMS quality improvement and EMS data systems is needed to support EMS services in foundational work. It is difficult to find experts in these areas.
- The success of our work was dependent on many external factors outside of our control. In future grant opportunities we will seek better balance in roles / responsibilities / tasks between DOH and external organizations and partners.

EMS Service Lessons Learned

- Adequate ongoing staffing in rural EMS services remains a primary barrier to successful implementation and sustainability of quality improvement activities.
- EMS services have gained foundational knowledge and infrastructure to implement quality improvement activities and projects within their organizations in this grant cycle.
- EMS Service and Physician partnerships must be developed and maintained for successful development and implementation of quality improvement activities within EMS services. EMS services learned the value of physician input and physicians learn more about the challenges and barriers to implementing quality improvement programs.
- Concerns around legal protections and confidentiality of QI activities remains a primary challenge for garnering buy in and effectively / efficiently implementing quality improvement plans. Consideration should be given for EMS services and physicians who should consult with their legal experts as a part of this work.

Sustainability

- Establishing a repository and ensuring rural EMS services have ongoing access to presentations, guidance documents, trainings, templates, self-deployable materials, etc. supports long term sustainability of these projects. These materials can be widely shared and distributed. The DOH is sharing all of the tools and project materials with EMS services through an external SharePoint page. Anyone can request access to the page by contacting John at john.nokes@doh.wa.gov.
- Hiring a dedicated FTE in the State Emergency Care Systems Office is necessary for long term success in improving sustainability of our rural EMS services.
- Policy making opportunities. This current grant and our previous grant projects have been productive in building our state model to improve rural EMS sustainability based on the 18 Successful Attributes of EMS services. This work has provided us an opportunity to share our draft model and successful outcomes and barriers with policy makers. We will continue to work in educating policy makers about the challenges and barriers of Rural EMS services and seek to develop long term solutions in the policy arena based on this work.
- Future Focus – John shared that Washington was one of only 7 states that ware awarded the next round of FLEX EMS funding from HRSA. This is a very competitive grant process, and we would not be receiving additional funding if we weren't showing good outcomes and doing good work.
- This new grant will fund work for 5 years and has a focus on Rural EMS Workforce. $250,000 per year for a total of 1.25 million. We have already identified 12 EMS services, across all eight EMS & Trauma Care Regions that will participate in the project.

Dawn provided an update regarding EMS resources across the state.

- 469 licensed EMS services
- 306 can conduct patient transport
- 17,519 certified EMS providers
- 23% are volunteer

- There is slight decline in the number of AID services and a slight increase in the number of ambulance services in this period.
- The number of air ambulance services have remained consistent since 2018. Currently, we have three air ambulance services – Island Air, Airlift NW, and Life Flight Network.
- Between December 2015 and December 2023, the number of paid EMTs, AEMTs and Paramedics increased. The number of paid EMRs decreased. (AEMTs and EMRs are primarily used in rural communities).
- Between 2015 and 2023 we can see a decline in volunteer Emergency Medical Responders and Advanced EMTs. A slight increase in the number of volunteer paramedics in the last year – but overall decline from 2015.
- Data shows a decline in volunteer EMS providers.
    - EMR – 26% decrease (88)
    - EMT - 22% decrease (992)
    - AEMT – 26% decrease (48)
    - PARA – 37% decrease (36)
- Note that our EMS profession numbers have gradually declined over the last nine years– even as the population has increased over this time.

Looking forward into the next reporting period PHTAC is focused on:

- Implementation of modernized rules package
- Partnership with OIC and Washington Institute of Public Policy to conduct a landscape study of EMS
- Assess EMS workforce through the rural FLEX grant project John is leading
- Continue to support EMS in responding to the Opioid crisis, developing co-response models, positioning themselves to be effective partners in the 988 system, and
- Identifying and operationalizing work to support resiliency and wellness in our EMS workforce.

ECS TAC/PHTAC Combined Data Report: Adam Rovang, DOH
PowerPoint Presentation

Adam discussed and presented data for EMS compliance with the stroke triage tool.

The highlights of the presentation are:

- Stroke patients are largely going to a stroke center.
- Good documentation of EMS FAST exams greater than 90% is being reported.
- DOH needs clear documentation of stroke triage data elements, specifically.
    - LAMS scores (only 30% reported)
    - Stroke prearrival activation / alert (33% reported)
    - Last known well times (65% reported)

Dr. Buck asked that this idea get represented in the minutes and reflected that the Committee comments included or encouraged dissemination of the data to the regional council representatives. It can be promoted at both the Regional EMS & Trauma Care Council meetings and the Regional EMS & Trauma QI forums.

TAC Reports:

Prehospital TAC: Dawn Felt, DOH
Next meeting is October 16th.

EMS Medical Program Directors Workgroup: Dr. Hoffman
Met on August 7, 2024. MPDs heard from some of the Buprenorphine pilot projects occurring around the state. MPDs were informed about rule changes that impact MPD programs.
The group heard the final report out from the Rural EMS Sustainability Cohort the outcomes of their work to establish QI programs and processes within rural EMS services.
MPDs are working to develop an alternate medication list to address alternative medications when there are medication shortages impacting EMS.

The next MPD meeting is November 6, 2024.

Hospital TAC:
The TAC met this morning. The Trauma Guidelines sub-committee has started work to update the trauma team activation and anticoagulants guidelines. The TAC received information about the Trauma Service Assessment and trauma registry challenges.

The next TAC meeting is November 20, 2022.

IVP TAC: Marla Emde, DOH / Mike Hilley, IVP TAC Chairperson
Met on September 4th for their quarterly meeting.

Puget Sound Fire presented their FD CARES program.

Christine Hammock, a creative director for a production company down in Florida provided an orientation to a fall prevention program.

Fall prevention week September 21-27th.

September is also Suicide prevention month and is a good time to reflect and highlight training for our professions on suicide prevention.

OUTCOMES TAC
Met last month to review and provide input into today's data presentation. The next meeting is September 24th.

ECS TAC: Matt Nelson, DOH
Next meeting is Tuesday, November 19, 2024.

COST TAC: Eric Dean, DOH
No meeting to report.

Eric informed the committee that DOH will be initiating two parallel processes beginning next year.

Trauma Fund spending plan. COST TAC will work to review and update the value statement and work to make decisions on break outs for disbursements. Two meetings are tentatively planned in the first quarter 2024.

COST TAC will start conversation around trauma fund needs to que up work and decisions for a spending plan for the next biennium.
EMSTC members are on the COST TAC distribution list and will receive any correspondence for the COST TAC. Any other interested party can contact Eric Dean at eric.dean@doh.wa.gov to be included in the list.

Pediatric TAC: Matt Nelson, DOH
Meets this afternoon. Tim Orcutt is providing an update on the trauma team activation guidelines. The TAC will review work with the EMSC grant and assess and update strategic plan. Our meeting cadence may change as we transition chairpersons.

Rehab TAC: Tim Orcutt
The next meeting will be October 1st. The focus will be on REHAB data, and the presentation for EMSTC in November.

RAC TAC: Scott Williams
Met yesterday. The Regional have started their biennial regional planning cycle. Regions have been provided DOH planning guidance and are starting their work updating their plans. The first drafts will be submitted to the DOH in January.

The department provided education and training to the TAC regarding meeting facilitation.

Announcements

Dr. Wayne: Reported that Whatcom County is planning a Gala in Bellingham to celebrate 50 years of EMS in Whatcom County. Guest speakers will include Dr. Peter Antevy. Dr. Wayne is retiring from his role as the EMS MPD in Whatcom County later this year after nearly 50 years of service in this role.

Dr. Rea – Dr. Copass celebration of life last week. Expressed appreciation for Dr. Copass contributions to EMS.

Dr. Neace – Dr. Wayne – leaves Dr. Neace as last man standing from the 70's in MPD role.

Chair recognizes Dr. Wayn, Dr. Neace, Dr. Copass and their legacies.

Chair prerogative to adjourn.

Next Steering Committee Meeting is scheduled for November 20, 2024.
Meeting adjourned at 12:18.