

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

January 15, 2025

Meeting held virtually by ZOOM.

**ATTENDEES:**

EMS & Trauma Steering Committee Members:

P	Carly Bean	A	Lila O'Mahony
P	Cameron Buck	E	Yi Mao
P	Tom Chavez	A	Patricia McMahon
P	Christine Clutter	P	Denise McCurdy
A	Sarah Downen	A	Erik Roedel
P	Shaun Ford	P	Bryce Robinson
A	Bryan Fuhs	P	Joey Rodrigues
P	Beki Hammons	A	Peter Rutherford
P	Mike Hilley	P	Eduardo Singares-Smith
P	Kevin Hodges	A	Pat Songer
P	Joe Hoffman	A	Courtney Stewart
P	Tim Hoover	P	Richard Utarnachitt
P	Lance Jobe	P	Ken Woffenden
A	Sasha Kaiser	P	James Young
A	Michael Levitt	NA	Vacant Public Member
NA	Pending Appointment		

\*P = Present    A = Absent    E = Excused    NA = Not applicable

**DOH Staff:**

Ian Corbridge  
Eric Dean  
Marla Emde  
Christina Eickmeyer  
Dawn Felt  
Nicole Fernandus  
Jill Hayes

Catie Holstein  
Jim Jansen  
Ihsan Mahdi  
Matt Nelson  
John Nokes  
Tim Orcutt  
Andrea Pedlar

Jeffry Sinanian  
Erika Stufflebeem  
Terra Weins  
Scott Williams

**Interested Parties**

Patricia Anderson  
Celia Attwell  
Katherine Bendickson  
Randi Bieker  
Carolyn Blayney  
April Borbon  
Ty Braggs  
Shelley Briggs  
Amelia Buettner

Rinita Cook  
Rachanee Curry  
Teresa Cutchie  
Becky Dana  
Janna Finley  
Dawn Fritts  
Carol Foss  
Jacob Glaser  
Jenna Hannity

Scott Isenman  
Barb Jensen  
Deanna Jones  
Karen Kettner  
Sara Kinnear  
David Lynde  
Brianna Lowry  
Ashley Ludlow  
Lindsey Montes De Oca

Dr. Eileen Bulger  
Jim Nania  
Mary Ohare  
Rachel Ohlstein  
Tara Ohman  
Katelynn Ottmar  
Ettore Palazzo  
Norma Pancake  
Kelly Pearson  
Sharon Perry  
Darcie Pinz  
Randi Riesenber  
Wendy Rife  
Jill Robinson

Jenny Hare  
Teresa Romo  
Paul Ross  
Shawnee Satterlee  
Shaina Schaetzel  
Todd Schanze  
Kate Scherer  
Michelle Schmidt  
Tina Seery  
Connor Smith  
Jason Spencer  
Ashley Spies  
Becky Stermer  
Robin Stimac

Gail McGaffick  
Traci Stockwell  
Cheryl Stromberg  
Jason Taylor  
Brigid Wise  
Deborah Wollard

### **Call to**

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

### **Committee Business**

#### **Minutes from November, 20 2024**

*Handout*

#### **Motion #1**

Approve the September 18, 2024, EMS and Trauma Care Steering Committee meeting minutes.  
Approved unanimously.

**Annual Chair and Vice Chair Election Process** – Catie Holstein, Executive Director, Emergency Care Systems DOH, and Beki Hammons, Hospital TAC Chairperson

Dr. Buck informed the committee that our bylaws require an annual election for the Chair and vice chair of the committee.

The election occurs at the March meeting every year.

The steering committee serves as the nominating committee and the election is run by the Hospital TAC chair – Becki Hammons.

Becki informed the committee that nominations can only be made by current EMS & Trauma Care Steering Committee members. This assures nomination eligibility.

Nominations are to be made only by email to the chair of the nominating committee to ensure nomination anonymity,

The bylaws do not expressly prohibit a member could nominate themselves, rather they state “Any current committee member may nominate a member of the committee for the chair and vice-chair position”

A member could be nominated for both Chair and Vice Chair but must withdraw from the vice-chair position if elected as chairperson.

### **Announcement of Nomination Window**

Nominations are open for 45 days. Nominations open today, January 15, 2025, and close February 28, 2025.

Steering Committee members can email nominations to [beki.hammons@kadlec.org](mailto:beki.hammons@kadlec.org).

DOH will send the Nominee list to EMS & Trauma Care Steering Committee Members by March 5, 2025 in email and notify members that they cast an absentee vote by email to [beki.hammons@kadlec.org](mailto:beki.hammons@kadlec.org) no later than March 18, 2025 or vote in person at the EMSTC Committee meeting on March 19, 2025.

The results of the election will be announced on March 19, 2025.

### **2025 Steering Committee Dates**

The Committee meets on the third Wednesday of odd months

- January 15, 2025
- March 19, 2025
- May 21, 2025
- July – TBD
- September 17, 2025
- November 19, 2025

**DOH Updates:** Catie Holstein, Executive Director, Emergency Care Systems DOH  
*PowerPoint Presentation*

- State Leadership Transition
- 2025 Legislative Session
- Emergency Care System Priority Work

### **State Leadership Transition**

- Governor-elect Bob Ferguson will be sworn into office on January 15, 2025, bringing opportunities for new priorities and perspectives to shape our state's future.
- Dr. Umair Shah, the Secretary of Health has announced his resignation and Governor-elect Ferguson announced that the Department of Health's current Chief of Staff, Jessica Todorovich has asked to serve as DOH's Acting Secretary effective January 16, 2025, until a new Secretary for the agency is found.
- It is anticipated the permanent recruitment process – led by a search firm - could take several weeks or even months. Jessica will ensure that our public health work continues in conjunction with our other agency leaders.

- During the transition, the department remains committed to its mission of protecting and improving health of all residents. Day to day operations, ongoing initiatives and critical services continue uninterrupted.
- Stakeholders play a crucial role in maintaining stability and advancing our shared goals during this period of change. We encourage open communication and collaboration to assure that priorities remain aligned.
- Leadership changes may bring renewed focus on key public health issues, policy development and resource allocation.
- We are committed to keeping stakeholders informed throughout the transition. We value your input and will continue to engage with you to support a seamless transition.
- Transitions offer opportunities to re-evaluate programs, innovate, strengthen partnerships and we remain optimistic about continuing to work together to address the health needs of our state under new leadership.

## **DOH Staffing Update**

Catie introduced two new members of the DOH Emergency Care System team at DOH.

Andrea Pedlar, hired as the trauma designation administrator and Amy Johnson Carpenter who has been hired as the EMS Education and Certification Consultant.

I'm happy to say we are fully staffed for the first time in almost two years and working hard to get everyone up to speed.

## **Preparation for 2025 legislative session**

The legislative session will begin on January 13, 2025, and end on April 27, 2025. It is a long session (105 days). The last day the governor acts on a bill is May 20, 2025.

As you are aware, our office has submitted a funding proposal for replacing the state trauma registry and add additional staff to support our office.

On December 14<sup>th</sup> Governor Inslee released his proposed budget which did not include our funding request. This signals a slimmer chance for us to be successful in our ask this year, however, getting to a final budget is a lengthy process and this is just one step in the process. There will be additional changes before the Governor signs a final budget after the 2025 legislative session (likely in May).

Our office will continue to prioritize an ask for funding and seek interim solutions as we remain committed to moving forward to secure a registry that meets our statutory obligations and works for the trauma component and other components of our emergency care system.

Solutions that we explore may include the need to stitch a variety of funding sources together (passing the proverbial hat around). Sources of funding we could consider for an interim solution include federal or state grant funds, trauma care fund, and others that we can identify.

We'll need the committee members input and support as thought and solution partners once we have finalized some options we can share with you.

I want to reinforce that trauma registry data is available and Jim will provide a trauma registry update for you later this morning.

We received our first bill on day one, HB 1187 – This bill adds a new section to RCW 18.73 EMS statutes and requires the department to create a consumer notice about the types of insurance that may cover a motor vehicle accident in consultation with OIC and other external partners by January 1, 2026. The bill requires an ambulance service to attempt to collect a patient's insurance information at the time of transportation for any motor vehicle accident, to attempt to obtain the patient's insurance, and provide the patient the consumer notice.

### **Emergency Care Systems Priority Work**

Our current priorities include:

Leadership transition - Preparing for the work and changes that come with leadership transitions.

Trauma Service Assessment and Trauma Registry Solution - Our staff continues to work to develop a statewide trauma services assessment and seek solutions for replacing the trauma registry data system.

Transition to a new licensing system - Our staff continue to be busy working to build, test, and implement our new Health Enforcement Licensing Management System (HELMS). The platform will be implemented in phases over the next few years and will reduce the need for paper applications and create other efficiencies using electronic platform.

Trauma Care Fund Spending Cycle - We've started the trauma care fund spending plan development cycle for the 25-27 biennium and are contemplating a deeper level of analysis and work on this topic for the 27-29 biennium.

Assess Trauma Site Review Fees - To remain competitive and continue to recruit expert reviewers for our trauma designation site reviews, we need to assess our current fee structure for trauma site review fees and identify if an increase is needed to support sustainability. We are going to need your input and support for the assessment and recommendations.

Review funding model for EMS & Trauma Care Regional Councils - Along the lines of sustainable funding, Regional EMS & Trauma Care Councils continue to experience challenges in balancing their budgets due to the increase in administrative costs that have occurred over the last decade. The last time regional council funding was assessed and evaluated by the committee was in 2012 and I've committed to the regional councils that I will work with the committee to review the current funding model and seek your input towards solutions and recommendations for changes that may help.

The biennial regional EMS & Trauma Care planning cycle is beginning. You'll learn more about that today from Scott Williams.

WISPP EMS Landscape Study - EMS is not defined as an “essential” service in most states in the United States. This means municipalities are not required to provide EMS resulting in a patchwork of public (paid or volunteer) and private service. Unlike police and fire, which are considered essential, EMS resources are generally left for leaders at the local level to figure out with little or no support from the state.

Last legislative session a law was passed ([SB 5986](#)) which prohibited ground ambulance balance billing. To find solutions to improve sustainability of EMS, the bill also directed the Washington State Institute of Public Policy to conduct a landscape study of EMS in Washington State. DOH is noted as a required partner in this bill and WSIPP has informed us they plan to begin this work in Q1 2024. A report is due to the Legislature on this topic in 2026.

Insurance payors, Fire & EMS & Trauma Care partners who participated in the Balance Billing Advisory group over the last two legislative sessions advocated to OIC, WISPP, DOH, HCA, that a study of EMS as an essential health service in Washington state needed to occur. The Balance Billing Advisory group members agreed that given the number and complexity of EMS agencies in Washington state and the critical role that they play, a comprehensive study of the entire EMS system should be undertaken. It was strongly recommended by the Advisory group that this study be conducted with the specific goal of assessing if the EMS systems in Washington should be considered and funded as an essential public health service like fire and police responses.

This broader issue is not unique to Washington State. A large national effort to do this work in other states is occurring. This has also led to a national advocacy campaign called “Honorable but Broken, EMS in Crisis” a film available to stream on Amazon developed to explain this issue to policy makers.

OIC Ground Ambulance Treat and No Transport Study - The 2024 Legislature enacted [Substitute Senate Bill 5986 \(SSB 5986\)](#). Section 13 of this law directs the OIC to contract for actuarial analysis on the cost, potential cost savings, and total net costs or savings of covering services provided by ground ambulance services organizations (GASOs) when a GASO is dispatched to the scene of an emergency and the person is treated but is not transported to a hospital or behavioral health emergency services provider. OIC is gathering information directly from GASOs about how treat, but no transport services are currently being rendered, the cost of these services, and the benefits and drawbacks to potentially covering these services through private health insurance plans.

EMS Workforce Assessment - Our office was recently awarded a five-year grant from federal partners to conduct a rural EMS workforce study and identify and implement strategies to improve workforce. Dawn's section is leading that work. The outcome of the work should provide us with information to support targeted solutions and resources to improve recruitment

and retention of workforce in EMS, particularly in rural communities historically dependent on volunteers.

Improving Access to MOUD - The department allowed MPDs to implement pilot projects using EMTs and Paramedics to administer Buprenorphine in the field to persons experiencing opioid overdose. We are looking forward to learning more about the outcomes of these pilot projects and are pleased to be working to improve access to medications for opioid use disorder to the public.

Rulemaking - Last, our staff have identified several rulemakings needs that we'll be staging and working to start sometime in 2025. This includes trauma registry rules, trauma designation standards, trauma rehabilitation standards, and a few EMS policy statements and topics that at the advice of our AAG need to be addressed in rulemaking.

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

DOH has provided a draft of the [Trauma Services Assessment](https://doh.wa.gov/sites/default/files/2024-05/346-159-WATraumaServicesAssessment.pdf) for review and use by trauma regions as appropriate. The draft report is available on our website here: <https://doh.wa.gov/sites/default/files/2024-05/346-159-WATraumaServicesAssessment.pdf>

Trauma Registry Data is nearly complete for backlogged years (2020-2024) and is being validated and prepared for analysis (expected end of February 2025).

Over the next several months DOH will be updating the draft assessment with more current trauma data.

DOH continues to work with OFM on newer elements of the Trauma Assessment related to trauma need projections and costs associated with trauma care.

We anticipate an update to the Trauma Assessment by the end of Summer 2025 with additional cost and projection components provided by OFM by late Summer, early Fall 2025.

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

Jim informed the Committee that backlogged records are nearly complete with nearly 90% of hospitals complete in their submissions for each backlogged year.

We have distributed regional submission reports showing the status of each hospital for each backlogged data year to Regional EMS and Trauma Care Council Executive Directors and will continue to update these reports regularly.

We are currently conducting validation of the data received and will be reaching out to hospitals for needed corrections. In the meantime, we are assessing for subsets of data that may be explored now. The most readily available subset is pediatric trauma, with all pediatric trauma



facilities complete in their submissions. Discussions are underway with the Pediatric TAC to determine priorities for the March TAC data report.

Currently, we anticipate full data availability through 2023 by the end of February. (This may vary depending on any challenges encountered during the validation process.

that DOH has had a significant increase in the backlog of submissions to the trauma registry. Currently 68 hospitals show complete records for 2020-2023, about 13 are in progress for one of these years.

We'd like to thank the hospital staff for their work in getting these records updated.

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

DOH will share information about hospitals with a backlog of records with Regional EMS & Trauma Care Councils so they can work to identify and convene support for hospitals with their backlog of records.

Jim noted that his team has also recently resolved several technical barriers on the DOH end for accessing data through an analytic environment that was preventing us from doing real time validation. We'll begin validating submitted records to identify any errors or revisions that might be needed and then reaching out to hospital staff to make those corrections before we finalize the data.

We are hoping to have updated data in early 2025. Because of the variety of issues at play and hospital support still needed for registrars it's hard to pinpoint an exact date on when we would expect to have that data available, but we are aiming for early 2025.

### **Trauma Registry solution need:**

The Trauma Registry funding was not included in the Governor's proposed budget. As a result, we are exploring alternative solutions and funding options to identify a possible next step towards an improved and sustainable registry. Without increased GFS funding for the registry, the greatest risk to continued operations is the pending sunset of the current registry platform. We are exploring the possibility of an upgrade with the current vendor. This will depend on the feasibility of contracting, state IT processes and funding availability.

**Trauma Care Fund Updates:** Eric Dean, DOH



## Spending Plan 25-27 – Vision Statement

Eric reviewed the draft Vision Statement which is the guiding principles and values for decisions that will be made about the spending plan. The Cost TAC suggested some edits to the Vision Statement. Eric Requested the Steering Committee to review and approve the edits so that we could move forward with further work on the draft spending plan.

The Committee approved the edits. No concerns were noted.

Dr. Buck advised the Committee that the Cost TAC meetings are open and encouraged Steering Committee members to attend if they wanted to learn more about the Trauma Care Fund and the flow of funding as it occurs through a biennium.

The next Cost TAC meeting is scheduled for March 3, 2025 at 10:00 AM. Contact Eric Dean at [eric.dean@doh.wa.gov](mailto:eric.dean@doh.wa.gov) for meeting information.

Several members expressed concerns about the sustainability of the EMS & Trauma Care System at all levels and noted that the Trauma Care Fund has not increased since its inception and asked the Department to evaluate and to identify pathways to increase the Trauma Care Fund the GFS funding model and allocation to Regional EMS & Trauma Care Councils. The Department advised the members that we would need external partner support to assess and make

Dr. Bulger suggested to Dr. Buck that forming a side group of external partners to include ACS, ACEP and others to look at funding needs and strategies for trauma, cardiac, stroke and Regional Councils to coordinate a strategy and engage an external advocacy arm to help move things forward.

### **Hospital TAC Annual Report:** Tim Orcutt, DOH *PowerPoint Presentation*

Tim Orcutt provided the Committee with the following updates.

#### Trauma Facility Designation Outcomes for 2021 - 2024

##### Trends

- Policies
  - Missing, incomplete or not current such as:
  - Cervical spine clearance
  - Trauma team activation
  - Trauma resuscitation
  - Screening, brief intervention and referral to treatment (SBIRT)
  - Massive transfusion
  - Transfer
- Staffing

- Facilities are leaving the Trauma Program Manager and Trauma Manager positions vacant for long periods of time, sometimes up to a year. This significantly impacts their ability to meet designation requirements.
- No surgeon or OR team back up plans
- Surgeon response times not monitored
- Trauma Registry
  - Data submission requirements not met
- Quality Improvement
  - QI plan, audit filters, and measures missing or inadequate
  - No participation in Regional EMS & Trauma QI meetings
  - Facility trauma QI meetings, lack of meetings, lack of attendance
  - Under triage rate above 5%
- Education
  - Trauma registrar Abbreviated Injury Scale Coding Course attendance not met
  - ATLS and ACLS Course requirements not met by non-boarded physicians and APP's
  - ACLS and TNCC not met by emergency care nurses

## 2021-2025 Hospital Strategic Plan

Assist with the development of modifications and enhancements to acute care trauma system.

Accomplishments:

- Consulting on trauma registry
- WAC Requirements and interpretations
- Trauma clinical care
- Trauma designation review process

Develop and disseminate contemporary resources, toolkits, and how-to manuals to support trauma care.

Accomplishments:

- Revised trauma team activation guideline
- Revised head injury in anticoagulated patients' guideline
- Draft a new adult and pediatric trauma resuscitation guideline

Use WA State trauma registry data to improve and evaluate system effectiveness.

Accomplishments:

- New focus for 2025 – did not do in 2024 pending updated TR data

Successes

- TAC participation
- Prehospital Trauma Triage Tool Update
- Trauma Guideline Workgroup
- Guideline Revisions
- Establishment of the Trauma Registry Workgroup

## 2025 Focus

- Update Strategic Plan
- Trauma Registry Advising
- Trauma Designation Applications – HELMS
- Quality Measure Review and Revision
- Guideline development – trauma resuscitation
- Guideline revision – massive transfusion
- Draft trauma designation outcome decision tool review
- TAC chair position

## **Trauma Service Assessment Data and Preliminary Results** – Ihsan Madi, Trauma Epidemiologist, DOH *Draft Trauma Service Assessment Report*

Ihsan provided a draft Trauma Service Assessment report to the Committee.

Assessment areas of focus included:

- Population and injury
- Access to trauma services
- Time to care
- Outcomes
- Cost of Care & Trauma Forecasting (in progress by OFM).

Key findings included:

- The population of Washington state is growing, representing a potential increase in trauma incidents and demand on trauma services statewide.
- Trauma incidents are increasing more rapidly than the population, reinforcing the likely need for increased availability of services in future years.
- Trauma services have not varied greatly over the past 10 years despite a continually increasing patient volume.
- Some level of trauma services (Levels I and V) is accessible to most Washingtonians within 60-minutes, though fewer have access to higher levels of care (Levels I and II) within 30 minutes, as prescribed in the Washington State Trauma Triage Guidelines for severe trauma.
- The average time to initial trauma care across the state is approximately 60 minutes, while definitive care is reached on average in 85 minutes. While these times are consistent with current benchmarks, there is variation across regions where geographic distances from higher levels of care pose a possible barrier to efficient care delivery.
- In-hospital mortality has been slightly decreasing, with little variation between facilities across the state, demonstrating a consistency in quality of care throughout the trauma system.

Dr. Buck pointed out that the data used for the assessment is four-five years old, and there have been some changes to trauma care system as it relates to the middle part of the state.

Ihsan noted we are making progress in getting more current trauma data from the registry and this report will be updated and reproduced on a regular cadence moving forward.

### **Regional EMS & Trauma Care Planning Cycle – Plan Review Process: Scott Williams, DOH**

Scott oriented the Committee to the biennial Regional EMS & Trauma Care Planning cycle and review process.

The DOH has designated eight EMS & Trauma Care Regions throughout the state as provided in RCW 70.168.100. The Regional EMS & Trauma Care Councils are established within each region to develop regional plans to assess and analyze regional EMS Trauma care needs.

Regional plans must include activities that align with the vision, mission, challenges, and priorities established by the EMS & Trauma Care Steering Committee.

The DOH provides guidance to the regional councils for the development of the plans. Plans are reviewed by DOH and the EMS & Trauma Care Steering Committee.

#### **Timeline:**

- 1<sup>st</sup> draft due from regions on March 4<sup>th</sup>
- DOH internal review conducted March 5<sup>th</sup> – 19<sup>th</sup>
- 2<sup>nd</sup> draft due from regions on April 2<sup>nd</sup>
- Steering Committee review is conducted April 3 – 23<sup>rd</sup>
- Final draft due from regions on May 12<sup>th</sup>
- Regional plans are presented to the Committee on May 14<sup>th</sup> for final recommendations

Steering Committee reviewers will have twenty days to review the plans.

There are eight plans. We are seeking twelve reviewers from the Committee. Each Committee member will have two plans to review. The average time to conduct the review is approximately two hours.

Dr. Buck advised Committee members about the value of reviewing the plans and advocated for members to volunteer to do so.

Steering Committee members who want to volunteer to review the plans can contact Scott at [regionEMS@doh.wa.gov](mailto:regionEMS@doh.wa.gov).

#### **TAC Reports:**

**Prehospital TAC:** Dawn Felt, DOH – PHTAC has not met since the last Steering Committee Meeting. The next Prehospital TAC meeting will be February 19, 2025.

**EMS Medical Program Directors Workgroup:** Dr. Hoffman, MPD - Our next MPD Workgroup meeting is February 10<sup>th</sup>, 2025.

**IVP TAC:** IVP TAC will meet again in March and we have several speakers lined up and we'll be working to update our charter as well as our workplan.

**OUTCOMES TAC:** Jim Jansen, DOH - We reviewed the Hospital TAC data report back in December. Our next meeting will be on February 12, 2025. The focus of that meeting will be a joint meeting with Pediatric TAC to review their proposed data report for the March Steering Committee meeting.

**ECS TAC:** Matt Nelson, DOH - We haven't met since the last Steering Committee meeting. The next ECS TAC meeting is next scheduled for Tuesday February 18, 2025. The TAC is working to revise our cardiac and stroke applications in anticipation of the new categorization cycle that begins in the first quarter of 2026. Cardiac and stroke categorization applications will be included in the health enforcement licensing management system (HELMS) rollout scheduled in phases this year which means hospitals will be able to download complete and submit their applications for categorization online in the near future. Dr. Buck is also interested in updating the state cardiac and stroke triage tools and developing stroke guidelines for inter-facility transport.

**Pediatric TAC:** Matt Nelson, DOH - The TAC meeting cadence has changed to the second Tuesday of even months beginning in February 2025. The TAC is working on projects related to the pediatric clinical guidelines for EMS and for pediatric transport devices.

**REHAB TAC:** Chris Clutter, Chair- Our next meeting will be held on the 23rd of this month. We will review our strategic plan objectives and strategies. We are reviewing our rehab data and looking at the outcomes and what actions we want to take as a result of the data. We're also assessing the rehab rules for needed revisions. We have had really great engagement from the rehab facilities throughout the state so super excited for our next meeting.

**RAC TAC:** Carly Bean, Chair - We don't have much of an update. We have postponed our meeting until next Tuesday to allow a little bit of additional time to focus on some priority projects that are in the works so we will have an update for you at our next meeting.

Chair prerogative to adjourn.

Next Steering Committee Meeting is scheduled for March 19, 2025.  
Meeting adjourned at 12:18.