



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

March 19, 2025

Meeting held virtually by ZOOM.

ATTENDEES:

EMS & Trauma Steering Committee Members:

P	Carly Bean	P	Lila O'Mahony
P	Cameron Buck	E	Yi Mao
P	Tom Chavez	P	Patricia McMahon
P	Christine Clutter	P	Denise McCurdy
E	Sarah Downen	P	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	P	Pat Songer
P	Joe Hoffman	A	Courtney Stewart
P	Tim Hoover	A	Richard Utarnachitt
P	Lance Jobe	A	Ken Woffenden
P	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:

Julie Avery
Melissa Belgau
Ian Corbridge
Bethany Cox
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
Erika Stufflebeem
Evan Shingaya
Scott Williams
Mandy Stahre, OFM

Interested Parties

Patricia Anderson
Lindsey Anderson
Katherine Bendickson
Randi Bieker
April Borbon
Ty Braggs
Jennifer Brown
Sarah Brouwer

Rinita Cook
Rachanee Curry
Teresa Cutchie
Becky Dana
Annette Davis
Ethen Deckert
Nick Duletzke
Janna Finley

Dawn Fritts
Jennifer Garcia
Beth Getz
Julisa Gonzalez
Jenna Hannity
Scott Isenman
Joanne Jenks
Clair Johnson

Amelia Buettner
Karen Kettner
Sara Kinnear
D Kwana
Tom Lamanna
Brianna Lowry
Ashley Ludlow
Jae McGinley
Carolyn Morris
Brook Moser
Kayla Nored
Jim Nania
Mary Ohare
Katelynn Ottmar

Maren Fraser
Ettore Palazzo
Norma Pancake
Greg Perry
Dani Piper
Brian Pulse
Abigail Richardson
Randi Riesenber
Wendy Rife
Karen Sanders
Kate Scherer
Michelle Schmidt
Tina Seery
Dawn Shimabukuro

Deanna Jones
Ashley Spies
Becky Stermer
Cheryl Stromberg
Jason Taylor
Mark Taylor
Deborah Wollard
Ashley Zutter
Jessica Wall
Will Pierce

Call to

Order: Cameron Buck, MD, Chair

Committee Business

Approval of Minutes from January 15, 2025

Handout

Motion #1

Approve the January 15, 2025, EMS and Trauma Care Steering Committee meeting minutes.
Approved unanimously.

Steering Committee Membership Updates – Catie Holstein, Executive Director, Emergency Care Systems

Dr. Buck introduced a new member, Kara Putnam representing the Washington State Fire Chief's Association.

Catie shared the list of members whose final terms on the Committee are ending in August and members who need to renew terms this year with the Committee.

Annual Chair and Vice Chair Election Process –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.

Beki advised the committee that the nomination period for the annual election of the Chairperson and Vice Chairperson of the EMS & Trauma Care Steering Committee is now closed.

The nominees who accepted the nominations are:

Chairperson

Dr. Erik Roedel

Dr. Eduardo Smith-Singares

Vice Chairperson

Paramedic, Joey Rodrigues

Steering Committee members who are not planning to attend the Steering Committee meeting on March 19, 2025, were advised in email that they could cast an absentee vote in advance by sending an email to Beki Hammons, the Chair of the Nominating Committee at beki.hammons@kadlec.org by **March 18, 2025**.

Steering Committee members who attended the meeting today voted during the meeting. Votes were collected, reviewed, and analyzed by Beki Hammons.

Dr. Erik Roedel was elected as the Chairperson and Joey Rodrigues was elected as Vice Chair person.

DOH Updates: Catie Holstein, Executive Director, EMS & Trauma, Emergency Care Systems
PowerPoint Presentation

State Leadership Transition

Governor Bob Ferguson was sworn into office on January 15, candidates, bringing opportunities for new priorities and perspectives to shape our state's future.

Dr. Umair Shah, the Secretary of Health, resigned from his position as the Secretary of Health and Governor Ferguson appointed Department of Health's Chief of Staff, Jessica Todorovich as the acting Secretary of Health in January.

2025 legislative session

The legislative session began 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.

Our office submitted a funding proposal to replace the state trauma registry and add additional staff to support our office. However, on December 14th the Governor 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.

Healthcare Licensing System Transition Update

In April 2024 we launched phase 1 of the update to our Licensing software. This included updates to 138 professions.

In Feb 2025 we anticipated the launch of phase 2 which increases functionality and processing capability, as well as updates to the revenue components of the system.

Days prior to launch Critical issues were identified during final testing cycles that potentially impact all professions and prevent a smooth transition from the legacy system to HELMS Release #2 namely, revenue and auto-renewals

A difficult decision was made to delay the release to later this spring to ensure a smooth transition between systems. Currently we don't have a go live date for phase 2 but we anticipate towards the end of next month.

Phase 2.5 will be released later this summer which will bring updates to construction review, facility, EMS training programs and trauma designation.

I would like to highlight a few things regarding the trauma designation process. The current process established during the pandemic will continue, where the trauma program will send a digital file to facilities for them to return and have it processed by the trauma program. When we get closer to the go live, we anticipate reaching out to external users to help test the system. The logistics on this process are still being evaluated.

Finally at the end of the year, we welcome the 3rd release which focus on the enforcement component.

We want to thank everyone for their patience and grace as we work to update the system with enhanced capability and more efficient processing of applications.

Trauma Registry Updates: Jim Jansen, DOH

Trauma Registry Data

Backlogged records are nearly complete with nearly 90% of hospitals complete in their submissions for each backlogged year. 25% of hospitals have completed submission for 2024 and 15% are currently in progress toward 2025 records. Registry staff are assessing a feasible timeline by which to be back on the standard reporting schedule for all hospitals (one quarter submission gap). At this point in the process, I would describe us as no longer being in a backlog. We have graduated to a data lag and will be working to consistently close that gap. This is a great milestone, and we appreciate the continued efforts of all the registrars and other hospitals staff.

Mar-25						
	2020	2021	2022	2023	2024	2025
Complete	94%	93%	93%	89%	25%	0%
In Progress	6%	4%	5%	10%	69%	15%
Not Started	0%	4%	2%	1%	6%	85%

Regional submission reports showing the status of each hospital are being sent quarterly to Regional EMS and Trauma Care Council Directors. The next reports will be distributed in April.

We continue to conduct validation on the data received and will be reaching out to hospitals for needed corrections. While that process remains underway, we have determined that as of March 1st, preliminary data may be released for use by DOH staff and select requestors. Once all validation is complete, a revised final dataset will be released.

Another great milestone, today, we will be presenting the first analysis conducting using 2020 – 2023 data. Ihsan Mahdi will be sharing an overview of pediatric trauma trends for this period.

In the coming months, RAD staff will be supporting ECS system partners with data and analysis for Regional QI and TAC needs. While we acknowledge there has been a long wait for this data, we anticipate a high demand and will be doing our best to meet needs while also addressing the Trauma Services Assessment update. This will likely result in longer waiting times for data presentations or reports than partners may currently experience for WEMIS. Please bear with us.

Trauma Registry solution:

As previously discussed, Trauma Registry funding was not included in the Governor's proposed budget. We continue to explore alternative solutions and funding options to identify a possible next step towards an improved and sustainable registry.

The greatest risk to continued operations is the pending sunset of the current registry platform. The timeline for this sunset is not yet known. If announced, DOH would have at least a year to transition to an alternative solution.

The primary alternative solution we are exploring is an upgrade with the current vendor to their recently released registry platform. In February, DOH staff received an overview of the new ESO registry solution and have requested a cost estimate for an upgrade to the system, which we anticipate we will obtain by April.

Why can't we use estimates from last year's budget proposal? The cost estimates put forward in the trauma system budget request last year was based on a full request for proposals process and full IT project. It also used an estimate from another vendor's solution as its basis. In pursuing an upgrade with the current vendor, we would look to maintain a small IT dependency and avoid the high cost of a full IT project process.

The solution being explored does include add-on options for cardiac and stroke registries. If adopted, those features would be possible add-ons if a cardiac and stroke system is funded in the future.

Budget cuts remain a key challenge with this effort and have widespread impacts, including a pause of the state IT project support processes needed to move any registry transition forward. Timelines for this pause are not yet known, and our team is looking at possibilities for an exception to the pause or to expedite the project once the pause is lifted.

The registry remains in operation under our current waiver from WA Tech, the state IT office. This waiver expires on June 30th. We plan to submit an extension this spring, which would extend the waiver period at least until June 30th, 2026, depending on the scope of the solution plan submitted. We are confident this will be approved.

Trauma Care Fund Updates: Eric Dean, DOH
Draft Spending Plan 25-27

- Cost TAC met 3/3/25 to review draft spending plan models.
- DOH requested that the Steering Committee recommend a spending plan to DOH for the 2025-2027 biennium.
- Current forecasts see limited change in the total revenue for the next biennium, so the overall amounts of funding should be like the prior biennium.
- The Cost TAC considered two models using the same approach of model development unchanged from prior biennia:
 1. model with no change from prior biennia (status quo).

2. model similar to the status quo model but adjusts participation calculation method to direct more pass-through funds to rural acute services, (rural adjust).
- Handouts provided for both models. They look similar except for the words RURAL ADJUST in the title at the top
 - The Cost TAC suggested advancing the rural adjusted model to the Steering Committee for review and approval.
 - The net difference between the two plans is that rural acute services receive slightly more direct pass-through funding, and urban acute services receive slightly less.
 - Cost TAC members were curious about what would be the outcomes of a change to the rural adjusted spending plan. The change is in response to a larger gap in cost to reimbursement that is present in rural hospitals. But there is not a measurable outcome in place.
 - Currently we ask designated services to use the participation funding for any costs associated with providing trauma care and do not prescribe uses. In the past services were required, under WAC, to report on their use of the funds for the prior three years during redesignation. TPMs reported that gathering information was a hardship and the information was not being used, so the requirement was removed from WAC based on this stakeholder feedback. Current services are required to submit a plan for the use of funds during the subsequent three years as part of the redesignation process.

Plans for 27-29 discussions will begin as soon as the Statewide Trauma Service Assessment is completed. Estimated this summer.

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:

- 1st draft due from regions on March 4th
- DOH internal review conducted March 5th – 19th
- 2nd draft due from regions on April 2nd
- Steering Committee review is conducted April 3 – 23rd

- Final draft due from regions on May 12th
- Regional plans are presented to the Committee on May 14th for final recommendations

Steering Committee reviewers will have twenty days to review the plans.
There are eight plans. The average time to conduct the review is approximately two hours.

We are seeking twelve reviewers from the Committee. Each Committee member will have two plans to review.

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.

Pediatric TAC Annual Report: Matt Nelson, DOH *PowerPoint Presentation*

Tim Orcutt provided the Committee with the following updates.

Pediatric TAC Strategic Plan Update

Pediatric TAC strategies

- Increase ED pediatric readiness through trend analysis and intervention.
 - Surveyed all hospitals in Summer of 2021 in collaboration with the National Pediatric Readiness Project (NPRP)
 - Will readminister NPRP in 2026 to assess hospitals readiness scores and compared to 2013, 2021.
 - Using data to identify strengths and weaknesses and offer support where needed.
- Develop safe transport guidelines for pediatrics
 - Review existing state and national guidelines
 - Collaborate with other TAC's as necessary
 - Develop dissemination and communication plan for implementation
- Evaluate the feasibility of EMS pediatric recognition system
 - Completed statewide survey in summer of 2024 of EMS agencies on pediatric readiness project. Data is forthcoming.
- Prehospital EMS agencies and hospitals have disaster plans to address the needs of the children.
 - Will analyze survey data from 2024 PPRP to determine baseline numbers.
 - Will form focus groups to highlight importance of disaster planning of EMS and hospital levels.
- Implementation of existing EMS performance measures.
 - EMS agencies and hospitals have a designated Pediatric Emergency Care Coordinator

- Prehospital EMS agencies have a process for pediatric skills check on pediatric equipment.
- Hospital EDs weigh and record children's weight in kilograms

Pediatric TAC Accomplishments 2024

- Successfully recruited for open chair position. Co-Chairs are Dr. Lila O'Mahony and Dr. Jessica Wall.
- Completing redesign of EMSC website to increase usability as reference for WA state pediatric care.
- Facilitated statewide EMS agency Prehospital Pediatric Preparedness Survey (PPRP) in Summer of 2024, first of its kind. (Goal 5)
- Through EMSC, providing funding for West, North Central, and East regions for pediatric equipment and provider education opportunities. (Goals 2, 5)
- Successfully managed year 2 of the 4 year of EMSC State Partnership Grant (Goal 1)
- Supported WRAP-EM consortium to increase statewide pediatric disaster preparedness with members participating on key workgroups. (Goals 2, 5)]

Pediatric TAC Future Goals

- Explore feasibility of EMS and hospital pediatric readiness program.
- Administer 2026 NPRP and identify areas of opportunity.
- Develop guideline for the safe transport of pediatrics.
- Continue implementation of new project period performance measures.
- Complete EMSC website redesign.
- Expand pediatric disaster planning efforts at EMS and hospital levels.
- Review data from 2024 PPRP and identify areas of opportunity.

Pediatric Trauma in Washington Trauma Registry 2019-2023 – Ihsan Madi, Trauma Epidemiologist, DOH

Ihsan provided a report about Pediatric Trauma in Washington Trauma Registry to the Committee. For a copy of the data report, please contact Ihsan.Madi@doh.wa.gov.

Trauma Services Assessment: Jim Jansen, DOH

- Trauma Registry Data is now available for analytic use. DOH staff have begun the process of updating the Trauma Services Assessment with the new data. We plan to schedule preliminary review opportunities for partners in May and August as special meetings of the Outcomes TAC. Dates and times will be communicated soon.

- The OFM cost and projection analysis project is underway, and Trauma Registry data is expected to be shared with OFM staff for the project by April. Mandy Stahre will give a more detailed update of their progress and plans.
- A final updated assessment is expected by September. This will include updated data and a new section for cost and projection analyses from OFM.
- DOH has provided a draft of the Trauma Services Assessment 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>

OFM Cost Analysis Update – Mandy Stahre, OFM

Main section of the OFM economic analysis:

- Understanding demand for trauma services
 - Current usage and future projections
- Understanding how trauma services are paid for
 - Trauma services fund
 - Medicaid supplemental
 - Insurance
 - Other sources of funding
- Benchmarking trauma care cost assessment
 - Review of literature and comparison to current study
- Details on trauma care cost assessment
 - Methodology for cost estimation
 - Determining appropriate modeling based on care phases
 - Economic impact based on groupings
 - Cost analysis
 - Provider costs
 - Facility costs
- Analysis and projections
 - Description of data inputs
 - Model description
 - Projection outcomes
- Policy analysis
 - Impact assessment – changes in system
 - Recommendations on how to use models
 - Implications for providers, policymakers, and the community

TAC Reports:

Hospital TAC: Beki Hammons, TAC Chair - Beki encouraged Trauma Medical Directors to attend the Hospital TAC meetings and noted that TMD attendance to the meetings was low. The

TAC received a trauma registry update and is working on identifying some best practices for level III through IV trauma services. The TAC has visibility of the need for a new TAC Chairperson as Beki's term on the steering committee ends in August.

Prehospital TAC: Shaun Ford, PHTAC Chair – The TAC met on February 19th and will meet again on April 16th. The TAC discussed their strategic plan and received an update from John Nokes on the Rural EMS Workforce project. The TAC received an Opioid data presentation and discussed what to present to the Steering Committee for our annual report up. The TAC reviewed the NREMT certification test data and provided input to DOH on transitioning paramedic administration of Buprenorphine out of pilot project status. Dr. Buck noted he was interested in seeing what EMS is doing related to administration of Buprenorphine.

EMS Medical Program Directors Workgroup: Dr. Hoffman, MPD – MPDs met on February 10th. We received updates on the new licensing system, Trauma Care Fund, and provided input on moving paramedic administration of Buprenorphine out of pilot status.

IVP TAC: Mike Hilley – The TAC has integrated strategic planning into their collaborative. They are considering adding a co-chairperson to the TAC. Various collaborators provide presentations at each meeting and the TAC is learning a great deal from these presentations. Dr. Buck commended the TAC for their work.

OUTCOMES TAC: Jim Jansen, DOH – Outcomes TAC met last month to review the pediatric data report, and we were happy to be able to provide that report today. The next Outcomes TAC meeting will be a joint meeting with the IVP TAC on April 8th from 11:00 to noon to review their upcoming data reports which will be presented in the May Steering Committee meeting. DOH is also working to schedule a meetings in May and August to review preliminary updates of the trauma services assessment and we'll send meeting notifications to committee members through GovDelivery.

ECS TAC: Matt Nelson, DOH – ECS TAC is focused on updating categorization applications and working to transition the categorization process into the DOH's new licensing platform. ECS TAC will also be looking to recruit a new ECS TAC Chair from Steering Committee membership as Dr. Buck's term on the committee ends in August. Dr. Buck highlighted interest in exploring changes in the categorization levels.

REHAB TAC: Chris Clutter, Chair- The TAC is working with two WSU medical students who are interested in writing a paper using the rehab data and it is as a great opportunity for us to promote the importance of rehab care after injury. The TAC is also reviewing and updating our performance measures. Our next meeting is scheduled for May 8th at 2:00 PM.

Chair prerogative to adjourn.

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

