

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

May 21, 2025

Meeting held virtually by ZOOM.

**ATTENDEES:**

EMS & Trauma Steering Committee Members:

P	Carly Bean	P	Lila O'Mahony
P	Cameron Buck	A	Yi Mao
P	Tom Chavez	A	Patricia McMahon
E	Christine Clutter	P	Denise McCurdy
E	Sarah Downen	P	Erik Roedel
E	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
A	Joe Hoffman	A	Courtney Stewart
P	Tim Hoover	P	Richard Utarnachitt
P	Lance Jobe	P	Ken Woffenden
P	Sasha Kaiser	A	James Young
A	Michael Levitt	NA	Vacant Public Member
NA	Pending Appointment		

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

DOH Staff:

Eric Dean  
Dana Drummond  
Marla Emde  
Christina Eickmeyer  
Dawn Felt  
Nicole Fernandus  
Jill Hayes  
Catie Holstein  
Jim Jansen

Ihsan Mahdi  
Brittany Milburn  
Matt Nelson  
Travis Nichols  
John Nokes  
Jason Norris  
Andrea Pedlar  
Jeff Sinanian  
Martravia Reed

Adam Rovang  
Evan Shingaya  
Jennifer Snook  
Erika Stufflebeem  
Scott Williams  
Terra Wiens

Interested Parties

Patricia Anderson	Sarah Kinnear, Kitsap PHD	Dawn Shimabukuro
Lindsey Anderson	Eric Koreis	Troy Stratford
Celia Attwell	Gena Kreiner	Becky Stermer
Dane Austreng	Ashley Ludlow	Traci Stockwell
Rachel Avery	David Lynde	Cheryl Stromberg
Kristopher Basil	Jae McGinley	Mark Taylor
Katherine Bendickson	Gail McGaffick	Jasyon Taylor
Randi Bieker	Kelci McKenna	Kelly Thompson
Joy Bjornberg	Mark Mellum	Dr. Marvin Wayne
James Blackwell	Robb Milano	Kate Waterman
Carolyn Blayney	Christopher Montera	Adria Williams
April Borbon	Lindsey Montes De Oca	Brigid Wise
Donna Bosworth	Kim Moore	Lydia Voorhees
Tyeashia Braggs	Lora Moore	
Jennifer Brown	Carolyn Morris	
Amelia Buettner	Cindy Morrison	
Dr. Eileen Bulger	Brook Moser	
Carly Callahan	Dr. Lewis Neace	
Rinita Cook	Jamison Nielsen	
Christina Chavez	Tiffany Newman	
Rachanee Curry	Mary O'Hare	
Teresa Cutchie	Rachel Ohlstein	
Becky Dana	Brittinie Payton	
Nick Duletzke	Josh Pelonio	
Christi Doornink	Kelly Pearson	
Nick Duletzke	Greg Perry	
Ray Eickmeyer	Dani Piper	
Maren Fraser	Natasha Piestrup	
Carol Foss	Mike Previti	
Dr. Madeleine Geraghty	Lesley Preysz	
Julisa Gonzalez	Miklos Preysz	
Susan Gann	Theresa Remsberg	
Jenna Hannity	Abigail Richardson	
Kelly Harding	Randi Riesenberg	
Elisabeth Harris	Wendy Rife	
Dr. Steven Hill	Jill Robinson	
Brian Hinnenkamp	R. Shawn Rogers	
Danielle Huddleston	Teresa Romo	
Leah Hurt	Karen Sanders	
Scott Isenman	Michelle Schmidt	
Joanne Jenks	Tina Seery	
Clair Johnson	Dawn Shimabukuro	
Deanna Jones	Lois Slater	
Karen Kettner	Robin Stimac	

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

**Committee Business**

**Approval of Minutes of March 19, 2025**

*Email attachment*

**Motion #1**

Approve the March 2025 EMS and Trauma Care Steering Committee meeting minutes.  
Approved unanimously.

**Announcements – Dr. Buck, Chairperson**

- National EMS Week May 18 – 24, 2025 - This week is national EMS week, a time to recognize and honor the critical work of our emergency medical services professionals across the country. EMS providers are often the first point of contact in a medical crisis delivering lifesaving care, stabilizing patients, and ensuring rapid transport to definitive care. They work in high stress, unpredictable conditions and provide an essential safety net for their communities, often with little public recognition. EMS week is an opportunity to express our gratitude and elevate the importance of EMS as a key component of our emergency care system and our healthcare system. We want to thank all EMS providers, leaders, providers, and system partners for their extraordinary commitment and service.
- Emergency Medical Services for Children Day -Today is also Emergency Medical Services for Children Day, a day set aside within EMS Week to raise awareness about the unique needs of children in emergency care. Children require specialized assessment and treatment, and it’s vital that emergency care systems are prepared and equipped to respond to pediatric emergencies. EMSC Day reminds us of the importance of continued training, advocacy, and system improvement to ensure high-quality emergency care for our youngest and most vulnerable patients.
- National Trauma Awareness Month – May is National Trauma Awareness month, which shines a light on injury prevention and the importance of a well-coordinated trauma system. Trauma remains a leading cause of death and disability, especially among young people. Our collective efforts in prevention, rapid response, and trauma system coordination save lives and reduce long-term harm.

- National Stroke Awareness Month – May is also National Stroke Awareness Month, and we know that “time is brain” when it comes to stroke care. Rapid recognition, EMS activation, and timely transport to stroke-ready hospitals are critical to survival and recovery. Stroke Awareness Month reminds us to support public awareness campaigns about stroke symptoms – especially among high-risk populations – and to strengthen the chain of survival from the field to the hospital.
- Call to Action – These observances offer us all an opportunity – not just to recognize and appreciate the contributions of our colleagues – but to engage our own organizations and communities in awareness, education, and outreach. Whether it’s through social media, staff acknowledgements, educational events, or prevention messaging, we each have a role to play in advancing these causes.

**Membership Update:** Catie Holstein, Executive Director, EMS & Trauma, Emergency Care Systems

Catie provided an update on renewing members, members whose final terms are ending, vacancies, and recruitment.

Dr. Buck thanked members for their participation and emphasized the importance and value of their contributions.

The DOH will work with Dr. Buck and incoming Chairperson Dr. Roedel to identify members who are willing and would be a good fit to chair one of the Technical Advisory Committees that will need new chairpersons.

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

### **State Leadership Transition**

The recruitment process for a new Secretary of Health is in its final stages. The Governor’s Office is working to decide on a final choice, and we should hear an announcement about a new Secretary of Health in the next few weeks.

### **2025 legislative session**

The legislative session began on January 13, 2025, and ended on April 27, 2025, after 105 days. The governor now has until today, May 20, 2025, to act on a bill. Key focus areas this year were on access, affordability, and patient safety. Our section received and analyzed 16 bills that touched our EMS & Trauma Care / Emergency Care system in some way. Only one bill passed that impacts our EMS component of our emergency care system.

Bills that did not advance this session include:

- The cardiac and stroke bill advanced by ACEP and WSMA to establish a cardiac and stroke system of care did not pass

- DOH request for funding to support replacing the trauma registry and support our EMS and trauma care office here at the department did not pass
- The bill for establishing an electronic registry for POLST did not pass

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. 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.

### **Budget Deficit**

The department is still wrestling with the impacts of a \$16 billion budget deficit. Our agency has already made a first round of reductions in General Fund State dollars (GFS), which included eliminating some management positions, general staff positions, administrative costs (such as travel), and returning any project funding for projects that are ending.

There will be another round of budget reductions that will occur and our EMS & Trauma Care program here at DOH is bracing for that impact. We are funded almost entirely by GFS and federal grant dollars. Additionally, we provide pass-through GFS dollars from our allocation to support Regional EMS & Trauma Care Councils and the grants they provide to EMS & Trauma care providers.

Our program has several Federal Grants (EMSC, Rural EMS Sustainability, EMS Opioid Support) We are working to learn the ways the new federal administration will impact on the department's work and funding long-term.

### **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. We are moving forward with analysis through 2023 and incorporating that into the Trauma Services Assessment.

We have seen a marked improvement in the quality and completeness of registry data from 2020 on compared to 2019. There is an improved completion rate and ability to link data more effectively.

Linkage rate between EMS and Trauma Registry data was 60% in 2019 and for 2023 was 85% which reflects improved EMS reporting and improved information and data in the Trauma Registry.

Regional submission reports are released quarterly so regions can work with hospitals to find ways to improve data submission rates.

In the coming months, RAD staff will continue to support 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 WEMSYS. Please bear with us.

Steering committee recommended standardization of data reports to councils and suggested:

- Four-year cycle
- Policy for distribution
- Outcomes measures

**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 that we're exploring is an upgrade with our current vendor to their recently released registered platform. We are working to verify its compliance with state security standards. While we are conducting a data security review and risk review, we are concurrently looking for the best course forward contractually for the solution and how we might move towards that in the least disruptive way possible.

We are continuing to seek funding through legislative decision package aimed at conducting a competitive procurement process for a new vendor.

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 30<sup>th</sup>. We plan to submit an extension this spring, which would extend the waiver period at least until June 30<sup>th</sup>, 2026, depending on the scope of the solution plan submitted. We are confident this will be approved.

## **Trauma Services Assessment**

We are currently in the process of updating the data in the draft assessment with 2023 data. We expect to publish a final assessment later this year and move towards a biennial cadence for updates. The update will include a cost projection analysis which is being conducted by the state Office of Financial Management (OFM).

The Outcomes TAC is holding a special session on Tuesday, May27th from 1:00 to 2:30 PM. A link to the meeting information is provided in the chat box for members. At the meeting, attendees will receive a preliminary review of updated state level analysis from the assessment. OFM will also attend and provide an update on the cost of projection analysis work.

## **Review of the EMS & Trauma Care Regional Plans for 2025-2027 – Christina Eickmeyer, DOH**

Christina provided a brief overview of the biennial Regional EMS & Trauma Care Planning cycle and review process and a summary of input from steering committee members and DOH staff who were assigned to review and provide input into the plans.

Each region presented their accomplishments, challenges, priorities and forecasted work for the next regional plan cycle to the committee.

The committee was asked for a recommendation to approve the regional council plans as submitted.

A motion for a recommendation to approve the plans as submitted was moved by Dr. Roedel and Dr. Smith-Singares seconded the motion. All members in attendance, meeting a quorum recommended DOH approve the plans.

## **EMS & Trauma Care Regional Plan Changes**

Three proposals for changes to the minimum and maximum numbers of EMS services within regions were presented to the committee.

- East Region, Ferry County - Increase the ILS AMBV max by 1
- North Central Region - Okanogan County increase the ILS AMBV max by 1
- West Region, Lewis County - increase the ALS AMBV max by 1

There were no questions from the committee for the proposals. Dr. Roedel recommended the department approve the requests. That was seconded by Dr. Smith-Singares. Joey Rodrigues abstained from the vote.

## **Strategic Plan Annual Reports**

### **RAC TAC Annual Report: Scott Williams, DOH** *PowerPoint Presentation*

Scott thanked the committee for hearing his presentation today.

Scott provided a brief overview of the Regional EMS & Trauma Care Council regulations, their membership structure, administrative organization, purpose and roles for new steering committee members.

#### RAC TAC Strategies

- Process improvement
- Consistency and standardization
- Education
- Collaboration
- Improve engagement with regional stakeholders

#### RAC TAC Accomplishments 2024

- Developed guidance and updated PCPs for Trauma Triage Tool and EMS transport to BH facilities
- Conducted the biennial regional planning cycle
- Support implementation of the new EMS rules
- Evaluate and refine the regional council membership

#### RAC TAC Future Goals

- Preparing to use the statewide Trauma Services Assessment to inform regional planning activities
- Work with DOH and other system partners to identify how regional councils can support response to statewide emergencies
- Continue to work with regional councils to support system response to the Opioid crisis
- Support regional QI committee activities
- Regional Executive Director succession planning
- Regional fiscal policy review and pursuit of best practices

**Injury and Violence Prevention TAC Annual Report** – Marla Emde and Mike Hilley  
*Powerpoint Presentation*

Marla and Mike provided a brief overview of the Injury and Violence Prevention TAC, their membership structure, administrative organization, purpose and role.

The IVP TAC strategic plan included the following objectives:

1. Annually identify, develop and maintain key stakeholders and community partnerships for the delivery of data-driven, trauma-related injury prevention programs.
2. Facilitate quarterly networking opportunities for the (EMS) Regional IVP committees to allow for community engagement, coalition building, and awareness of statewide prevention programs.
3. Promote and support community IVP/FP programs or public awareness campaigns to reduce trauma-related 911 calls and reduce injuries.
4. By the end of each state fiscal year, use relevant and most recent data to inform and adjust regional and statewide priorities for program planning and implementation.
5. Support and share relevant trainings for professionals, stakeholders, and partners.

IVP TAC Accomplishments:

- Quarterly IVP TAC and Statewide Falls Prevention Coalition Collaborative Meetings
- Cross-section Collaborations
- New regional Falls Prevention Coalitions
- DOH Falls Prevention Presentation
- Long-term Care Worker Orientation Training Manual (DSHS)
- Pediatric Child Window Falls Annual Campaign
- IVP TAC Charter and Strategic Plan updates
- IVP updates at Regional EMSTCC meetings
- Healthy Aging Resource Guide template
- Monthly IVP TAC Bulletin

IVP TAC Future Goals

- Seasonal: water safety, child window falls, bike/helmet safety
- Gun safety lock programs
- Older Adult Falls prevention
- EMS Trauma Webpage, IVP presence
- Support Regional IVP committees and programs
- Healthy Aging Resource Guide
- Resource Navigator and PT referral programs
- Fall mitigation efforts in the home
- MVT campaigns

**IVP TAC Injury and Violence Data Update** – Dana Drummond, DOH  
*Powerpoint Presentation*

Dana presented updated data to the committee on trends with injury and violence data to include:

- Leading Causes of Injury Death Overview
- Fatal and Nonfatal Drug Overdoses
- Fatal and Nonfatal Older Adults Fall Injuries
- Fatal and Nonfatal Motor Vehicle Traffic (MVT)-Related Injuries
- Suicide
- Homicide
- Fatal and Nonfatal Firearm-Related Injuries

#### Summary of data:

##### Drug Overdose

- Trends: OD death rates began to significantly increase in 2020 and continued to increase each year until 2023 (164% increase from 2019 to 2023). Preliminary 2024 data show that WA overdose death rate may become stable or decline.
- WA vs. US: WA overdose rate surpassed the national rate in 2022. WA ranked 10th out of 50 States and DC.

##### Suicide

- Trend: Suicide rate was the highest in 2017 and decreased each year until 2022. In 2023, there was a slight increase in the number of suicide deaths. Preliminary 2024 data show rates may decline or become stable.
- WA vs. US: The rate of suicide deaths in Washington State has been higher than the national rate for nearly 2 decades.

##### Older adult falls

- Trends: Rates of older adult fall deaths was the highest in 2021 and decreased by 9% in 2023. Preliminary 2024 data shows that rates may become stable.
- WA vs. US: WA rate has been higher than national rates for over 10 years. WA ranked 17th out of 50 states and DC.

##### Motor Vehicle Traffic Accidents

- Trend: Rates of MVT deaths has increased each year from 2019 to 2023. Preliminary 2024 data show rates may decrease or become stable.

##### Homicide

- Trends: Starting in 2020, WA State has seen a steady increase in homicide rates with 62.5% increase from 2019-2023.
- WA vs. US: WA homicide rates are below the national average.

##### Firearm Injuries

- Trends: Since 2018, the firearm injury death rate has gradually increased each year. has been a 23.1% increase in rate since 2018. Preliminary 2024 data show rates may decline or become stable.
- WA vs. US: WA rate of firearm-related deaths has been lower than the national rate for nearly 2 decades.

## **TAC Reports:**

**Hospital TAC:** Beki Hammons, TAC Chair - Beki encouraged Trauma Medical Directors to attend the Hospital TAC meetings and noted that TMD attendance at 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 16<sup>th</sup>. 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 10<sup>th</sup>. 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 meeting 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 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 September 17, 2025  
Meeting adjourned at 12:18.