

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

September 17, 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
A	Christine Clutter	P	Denise McCurdy
P	Sarah Downen	P	Erik Roedel
E	Shaun Ford	P	Bryce Robinson
P	Michael Previti	E	Joey Rodrigues
P	Josh Pelonio	A	Peter Rutherford
P	Travis Fox	P	Eduardo Singares-Smith
P	Kevin Hodges	P	Pat Songer
A	Joe Hoffman	A	Courtney Stewart
A	Micha Dang	A	Richard Utarnachitt
P	Lance Jobe	A	Ken Woffenden
A	Sasha Kaiser	A	James Young
P	Jeremy Garrett	NA	Vacant Public Member

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

DOH Staff:

Julie Avery	Ihsan Mahdi
Melissa Belgau	Matt Nelson
Amy Johnson-Carpenter	Andrea Pedlar
Eric Dean	Jeff Sinanian
Marla Emde	Adam Rovang
Christina Eickmeyer	Evan Shingaya
Dawn Felt	Jennifer Snook
Jill Hayes	Erika Stufflebeem
Catie Holstein	Scott Williams
Jim Jansen	Terra Wiens

Interested Parties

Celia Attwell Katherine Bendickson Jeannie Collins-Brandon Shaina Costello Tony Bledsoe Jen Brown Cameron Buck April Borbon Donna Bosworth Jannelle Conner Rinita Cook Herbie Duber Jana Finley Maren Fraser Jenna Hannity Joe Hoffman Scott Isenman	Remy Kerr Eric Koreis Tom Lamanna Elspeth Mann Carolyn Morris Matthew Mowry Jim Nania Julie Nannini Mary O'Hare Tara Ohman Ettore Palazzo Norma Pancake Dani Piper Randi Riesenber Wendy Rife Karen Sanders Michael Sayre	Becky Stermer Robin Stimac Traci Stockwell Cheryl Stromberg Mark Taylor Jayson Taylor Meeta Vardhan Nicholas Walsh Jason Walchok Ashlei Zutter
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Call to Order: Dr. Roedel, MD, Chair

Committee Business

Approval of Minutes of May 21, 2025

Email attachment

Motion #1

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

Announcements – Dr. Roedel, Chairperson

September marks Fall Prevention Awareness Week, a nationwide observance led by the National Council on Aging. This initiative is focused on increasing awareness about fall risks, reducing falls, and helping older adults feel safe and confident in their daily lives.

This is an especially important topic for us within the EMS & Trauma Care System. Falls remain one of the leading causes of injury and trauma – particularly among older adults – and they have a significant impact on our hospitals, EMS providers, and trauma system. Preventing falls not only helps individuals maintain their independence and quality of life, but it also reduces the burden on emergency response, trauma care, and recovery services.

During this week, organizations are encouraged to share educational resources, videos and printable tools to raise awareness and support prevention efforts. The DOH team will share a link in the chat box with resources that can be used by our partners and communities. I encourage everyone to take a look and consider how we can collectively strengthen fall prevention as a critical part of our work.

[Fall Prevention Resources | Washington State Department of Health](#)

Membership Update: Dr. Roedel, Chairperson

Dr. Roedel introduced the new committee members.

- Cody Staub – Position 1 – Emergency Nurses Association. Cody is the Director of Emergency Services at Kittitas Valley Healthcare, a Critical Access Hospital in Ellensburg, WA. In his role, he oversees the Emergency Department, Urgent Care Clinic, and the time-sensitive emergency programs (trauma, sepsis, STEMI, and stroke).
- Josh Pelonio – Position 4 – WSAC. Josh Pelonio is the Director for Skagit County EMS in Mount Vernon, Washington where he oversees a primarily fire-based county-wide EMS system. Prior to his current role, he spent more than 10 years in private sector EMS where he held progressive positions, including: EMT, Field Training Officer, Field Supervisor, and Operations Manager.

- Dr. Maika Dang – Position 10 – ACEP. Serves as an Emergency Physician at Sacred Heart Medical Center in Spokane. He serves as an EMS Medical Director and Physician, working with Spokane County AMR, Airlift Northwest, and the Region 10 Special Pathogen Unit at Providence Sacred Heart.
- Travis Fox – Position 14 – Emergency Cardiac & Stroke, Cardiac. As an RN Travis serves as the Manager of the Cardiac Cath Lab at Capital Medical Center.
- Michael Previti – Position 15 – Emergency Cardiac & Stroke, Stroke. Dr. Michael Previti is the Stroke Medical Director at UW Valley Medical Center in King County and a board-certified neurologist with over 15 years of experience in neurocritical and vascular neurology.
- Jeremy Garret – Position 26 – Washington State Council of Firefighters. Jeremy is a Firefighter Paramedic with the Pasco Fire Department.

TAC Chairperson Transitions

Dr. Roedel appointed the following committee members to lead Technical Advisory Committees.

- Dr. Jobe – Emergency Cardiac and Stroke TAC
- Dr. Smith Singares – Hospital / Trauma Medical Directors TAC
- Kara Putnum – Injury and Violence Prevention TAC

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

State Leadership Transition

We have a new Secretary of Health, Dennis Worsham. Dennis is a Washington resident, raised in the small town of Othello and attended Eastern Washington University. He has worked in public health for over 30 years engaging in all parts of the governmental public health system including tribes, the State Board of Health and local health jurisdictions.

Dennis is returning to DOH as our Secretary of Health and has released his 100-day plan centered on his onboarding period. His approach is centered on listening first, building relationships, and translating learning into meaningful action.

We have been working to make visible the work we do in our EMS & Trauma / Emergency Care System and to articulate the critical need for a renewed focus on system sustainability.

Budget Deficit

The department is still wrestling with the impacts of a \$16 billion budget deficit. Our agency has already made reductions in General Fund State dollars (GFS).

Our EMS & Trauma Care program here at DOH was impacted by the recent round of budget reductions. We are reducing FTE and are holding off on hiring for a vacant administrative position to meet our reduction goal. We were able to avoid reducing the pass-through funding to Regional EMS & Trauma Care Councils – however, if further budget cuts are required over the next few years, reductions to DOH pass through funding to regional councils will be unavoidable.

Our program has several Federal Grants (EMSC, Rural EMS Sustainability, EMS Opioid Support) We continue to monitor and respond to the ways the new federal administration will impact the department's work and funding long-term. We are receiving grant funding to continue working with our federal grants, but some cases they are releasing funds annually, and several weeks late instead of for the whole grant period.

I will signal that as an office within the Department of Health we once again put forward a budget proposal through DOH's internal legislative request process for replacing the trauma registry data system. There are no guarantees that our agency will advance our request, but we continue to use every avenue we have to work towards sustainability.

Erik Koreis with the Southwest Regional EMS & Trauma Care Council noted that with the cuts recently proposed, the Southwest Region would have faced a 34% reduction in regional council funding, which would have meant a 100% loss of training and injury prevention dollars to counties. In Cowlitz County, that would have caused the cancellation of their distributed learning OTEP program for hundreds of EMS providers. Similar impacts would have been felt in many of the other seven regions. I urge decision-makers to look elsewhere for reductions.

It should also be said that the direct pass-through funding to EMS agencies from the trauma fund is wholly inadequate, only a few hundred dollars per year per agency. I urge decision-makers to enhance these funds and ensure EMS has the resources needed to keep our communities safe. I hope everyone enjoys the rest of the day, it is a beautiful one out there.

Trauma Service Assessment Update: Jim Jansen, DOH

Project status:

The Department of Health led components of the assessment are now complete and updated with 2023 data.

The Office of Financial Management (OFM) is in the final stages of the cost and projections analysis but has extended the timeline for their completion to the end of September 2025.

Timeline update:

The publication date for the Washington Trauma Services Assessment has been adjusted from November 1, 2025, to December 2025 to allow for the integration of the cost and projection analysis being conducted by the OFM.

Our partner engagement session will be rescheduled to the end of November 2025. At this meeting partners will have an opportunity to provide feedback on the assessment which will include the OFM cost and projections analysis and next steps in this work.

Next steps and engagement:

A final partner engagement session will be held in November.

November 2025, Date/Time TBD

Meeting Purpose: Review final assessment and inform on next steps

The current draft [Trauma Services Assessment](#) with data extending to 2019 can be found on the DOH [website](#). An updated 2025 draft will be posted here once available. Interested parties can sign up for email notifications [here](#) to stay informed of the work.

Questions about this work can be directed to traumadesignation@doh.wa.gov.

We appreciate your continued commitment to supporting a robust and high-quality trauma system in Washington.

OFM Cost and Projection Analysis, Mandy Stahre, OFM

Mandy advised the committee that OFM economists are finishing up the final models and should have their work completed soon. OFM is pulling data from a variety of sources to inform trauma costs specifically and as a result, they have had to refine several assumptions included in the model. A couple of additional notes:

- The analysis will not cover rehabilitation costs as that is out of scope of the full needs assessment conducted by DOH.
- OFM has split out EMS from hospital costs and are examining trends to see if they are similar between EMS and hospital costs by trauma region.
- Overall, preliminary results reflect what we see in the broader health care system around costs. Costs have risen over time; they are projected to keep increasing. Both urban and rural areas are projected to see cost increases over the next decade.
- Urban areas and areas with higher population density are seeing faster increases in costs compared with rural areas.
- The models consider more general economic drivers over time, as such OFM is unable to include within the models impacts from HR-1.
- Depending on the amount of uncompensated care that results from cuts to health insurance as a direct result of HR-1 and cuts to payments to hospitals for certain services, our results could be substantial underestimations in certain areas.
- OFM also doesn't know how long tariffs will remain in place. Our economists predict fluctuations in the price of pharmaceuticals and medical supplies as costs increase in the near term putting more pressure on rising costs over the entire health care system. As such, we see our results for trauma care as the floor not the ceiling of how much costs could rise over time without substantial policy changes or increases in revenue flowing into the healthcare system.

Trauma Registry Update: Jim Jansen, DOH

We have recently submitted a decision package to Department of Health leadership. The decision package is an ask for funding for the upcoming legislative session to support an upgrade of the registry to the vendor's modern registry solution "Patient Registry".

This is a particularly difficult year for requests for GFS funding. As such, this is not an ask for a full competitive bid which comes at a higher implementation cost. Instead, we have proposed a temporary upgrade with the existing vendor. This solution would last 2-3 years. During which time, we plan to seek additional funding to support a full competitive bid for a long-term registry solution.

Should DOH leadership approve the package, it would go to the Governor's office for consideration. We would expect to see the Governor's budget in December and a final decision from the legislature at the end of March. Should the funding request be approved we would be able to begin a transition to the new solution in July 2026 and complete that transition no later than June 30, 2027.

Trauma Care Fund Spending Plan Cycle – Eric Dean, DOH

Eric Dean oriented new members to the Trauma Care Fund and announced the beginning of the work with COST TAC to develop the spending plan for the 2027-2029 biennium.

The committee reviewed and approved the values statement for the Trauma Care Fund which guides the development of the spending plan.

Dr. Roedel noted that committee members were invited to participate with the COST TAC to develop a problem statement and values proposition that could be used to convey to policy makers the need for sustainable funding to support the system.

Dr. Roedel also asked DOH to invite Secretary Worsham to the next committee meeting so that he could learn more from the committee about the challenges and priorities of the system.

Regional Plan / EMS Min/Max Changes

- Southwest Region EMS Min/Max Proposal – Cowlitz County – Increasing 1 ALS AMBV
- North Central Region EMS Min/Max Proposal – Douglas County – Increasing 3 ALS AMBV
- North Region EMS Min/Max Proposal – Island County – Increasing 1 ALS AIDV and 2 BLS AMBV

The committee was asked for a recommendation to approve the min/max change for each region as presented. A motion to approve and second occurred. Later in the meeting it was identified by a member that a call for a vote did not occur as a point of order. The committee re-visited to this agenda item and the Chair called for a vote on each proposal separately.

All members in attendance recommended DOH approve of the changes. No comments or concerns were noted.

Strategic Plan Annual Reports

ECS TAC Annual Report: Matt Nelson, DOH

PowerPoint Presentation

Matt provided an overview of the ECS TAC system measures selected for monitoring and provided an update on Stroke Outcome Measures. Matt noted that we lack data to support cardiac measures.

ECS TAC Priorities

- ECS Cardiac and Stroke System Assessment Key Priorities:
 - Lack of data infrastructure
 - Lack of system infrastructure and quality improvement standards
 - Limited hospital capacity and access to specialists
 - EMS capacity and staffing challenges
 - Matt noted HB 1545 was proposed in 2025 session which did not pass during this session.
- ECS TAC is exploring the feasibility of adding a third, highest level of cardiac categorization. A system like this does not exist anywhere in the nation, so WA would be the first.
- Implementing the categorization application process in the new licensing system (HELMS) – anticipated early next year.
- Continued monitoring of current data to inform system improvements

Accomplishments 2025

- Some members participated in Cardiac and Stroke policy efforts
- Reviewed cardiac and stroke categorization applications ahead of the categorization schedule
- Working to evaluate integration of management for cardiogenic shock into system

ECS TAC Future Goals

- Continued support and advocacy for system improvements
- Continue to explore additional level of categorization
- Support implementation of categorization applications in HELMS
- Support any policy efforts around implanting a cardiac and stroke system of care

Dr. Roedel asked if any committee members or guests could speak to any external partner's efforts around advancing policy for establishing a cardiac and stroke system of care.

Dr. Cameron Buck noted his organization was participating in refining a bill to establish a system of care for cardiac and stroke to include a data platform capable of collecting and analyzing data for trauma, cardiac and stroke.

ECS TAC Data Presentations – Dr. Buck, Dr. Hira, Shaina Costello & Jason Walchok

Dr. Buck, Chair of ECS TAC noted that the TAC is looking at data related to cardiogenic shock because it is a population that has significant impact on resources requiring multiple health care providers and teams, and there is interest in how to manage this population more effectively. Dr. Buck noted that as a part of data collection efforts front line providers want to monitor cardiogenic shock and at the TAC level we want to elevate and call out improved cardiogenic care as having high value.

Dr. Ravi Hira, Medical Director for COAP provided an overview of the organization and its focus related to improving care for patients experiencing cardiogenic shock.

- COAP is a regional quality improvement collaborative consisting of a diverse group of physicians from different health systems across the region.
- COAP’s approach to improving care is predicated on the saying “rising tide lifts all boats”.
- COAP provides a regional cardiac surgery performance summary for PCI to allow facilities to see how they are performing in comparison with others and includes a metric on cardiogenic shock.
- Dr. Hira emphasized that for cardiogenic shock: early recognition and treatment is key and that rapid care coordination – such as use with shock teams and shock networks work to reduce poor outcomes.
- Dr. Hira noted the proposed cardiogenic shock care centers and Dr. Hira described the levels and capabilities
- Dr. Hira noted the gap in data collection for cardiogenic shock in Washington State - only 38% of facilities are collecting data that can inform cardiogenic shock.

Shaina Costello & Jason Walchok with the American Heart Association provided an overview of the AHA data registry for cardiogenic shock. Partners interested in learning more about the registry can reach out to cardiogenicshock@heart.org.

Prehospital TAC Annual Report – Dawn Felt, DOH

Powerpoint Presentation

Dawn provided a brief overview of Prehospital TAC, their membership structure, administrative organization, purpose and role.

PHTAC accomplishments for 2025:

- EMS data reporting requirement is fully implemented, and performance reporting is occurring.
- 118 students in rural communities received vouchers to take the national certification examination.

- Medical Assistant / EMT certification has been fully implemented, and the certification is now active.
- EMS rule changes and associated guidance documents have been fully implemented and updated.
- Paramedic administration of Buprenorphine was piloted and adopted into state scope of practice. EMT pilot program is occurring.
- DOH is supporting EMS to develop and implement Naloxone Leave Behind programs where DOH is providing Naloxone.
- DOH developed education on the Science of Addiction and Reducing Stigma towards populations experiencing from SUD for EMS.

PHTAC Future Goals

- Partner with WISPP to conduct study of landscape of EMS
- EMS Workforce Assessment
- Continue to support EMS response to Opioid / SUD
- Continue to support EMS in developing co-response models
- Promote resiliency in EMS

PHTAC Data Presentations

Dr. Michael Sayre, EMT Administration of Buprenorphine
Powerpoint Presentation

Dr. Sayre presented updated data to the Seattle Fire Department pilot program for EMT administration of Buprenorphine

Dr. Sayre:

- Presented a case that demonstrated how the EMT administration of Buprenorphine occurs through the continuum of a patient interaction.
- Provided local epidemiology of Opioid OD
- Informed the committee about the Seattle Fire Department approach to initiation of Medications for Opioid Use Disorder (MOUD)
- Summarized the Seattle experience and provided data on administration, demographics, adverse events,
- Noted the opening of the Opioid Recovery & Care Access (ORCA) Center which is open 24/7 to patients from EMS and can initiate long acting MOUD.
- Dr. Sayre articulated that he believes EMT administration of Buprenorphine is safe and effective.

Terra Wiens, DOH - EMS Naloxone Leave Behind Programs
Powerpoint Presentation

Terra described the landscape of DOH-supported naloxone leave-behind programs across the state and described changes in opioid overdose rates in select counties.

- Naloxone leave-behind (NLB) programs are a collaboration between public health and first responders that allow providers to leave naloxone on-scene with patients and/or family or friends after responding to an overdose.
- First responders are uniquely positioned to interrupt the cycle of nonfatal-to-fatal opioid overdose by providing this resource to patients following nonfatal overdoses.
- Leaving naloxone can reduce the risk of future fatal overdose by giving kits to patients and/or family or friends.

As of June 2025

- 90 EMS agencies and fire departments in Washington have an established NLB program through DOH's Overdose Education and Naloxone Distribution (OEND) program
- The number of DOH-supported NLB programs are rapidly increasing - half of the agencies with an NLB program (n=44) have been established since the beginning of 2025
- An additional 12 law enforcement agencies in Washington have a DOH-supported NLB program

Data limitations:

- This presentation includes data about DOH-supported NLB programs and does not include data about other EMS NLB programs.
- Some local health jurisdictions distribute DOH-provided naloxone to a variety of partners in their jurisdiction, including EMS agencies. Agencies receiving naloxone this way are not included in the NLB data presented here.

Summary

- There are opportunities to increase the number of NLB programs in the state
- Of the counties where rates of suspected opioid overdose incidents were able to be calculated, Yakima and Spokane have the highest rates, followed by King and Whatcom counties

TAC Reports:

OUTCOMES TAC: Jim Jansen, DOH – The Outcomes TAC met on August 4th to review the PHTAC data report given by EMS epidemiologist, Terra Wiens. The report focused on opioid overdose trends and naloxone distribution in Washington. The next Outcomes TAC meeting will held in October. This will be a joint meeting with Rehabilitation TAC to review the November TAC data report prior to its presentation at the Steering Committee.

IVP TAC: Marla Emde, DOH – We are working to on board Kara Putnam from Central Kitsap Fire/Rescue as our new IVP TAC Chair. Kara comes with a long history of work in injury prevention, and we are looking forward to working with her. We recently updated our Charter and continue working on our Strategic Plan. As mentioned earlier in the meeting, it is FPAW September 22-26th, and we are busy with those awareness campaign activities. We are also busy with initiating and planning for a recent 1-year grant award from the National Council on Aging (NCOA) for innovations in falls prevention with EMS and first responders. We are working with Mason County with a Physical Therapy Referral and Education program for reducing 911 fall calls. Additional recent work has been in the areas of preventing child window falls and promoting seasonal prevention work such as water safety. Our next IVP TAC Meeting is December 3rd.

PEDS TAC: Matt Nelson - Peds TAC met in August and Andrea Pedlar and Matt discussed some challenges in incorporating a pediatric recognition system into the existing trauma system. The site visit requirement for the peds recognition system is particularly challenging, along with the volume of hospitals. We also had the Seattle children's IMPACTS team discuss some of the common gaps they are seeing in surrounding states using 2021 NPRP data, with QI and personnel being most frequently seen. Ihsan Mahdi from DOH was present and stated that we could take a deeper dive into WA state data for our presentation to the steering committee in March. TAC agreed with this approach. Next meeting is on 10/14, where we will review the draft trauma resuscitation guideline with Tim Orcutt along with a presentation with a PI from the PECARN funded study at Seattle Children's.

Hospital TAC: Andrea Pedlar, DOH- Dr. Smith-Singares is our new Hospital TMD TAC Chair, and we thank our outgoing Chair Beki Hammons for her many years of service. The Hospital TMD TAC is currently working on our strategic plan while preparing for the upcoming strategic plan cycle. We are currently working on updating trauma guidelines and a trauma designation decision pathway process. In our TAC meeting today, we received a Trauma Services Assessment and Trauma Registry update. We also had a data presentation on the Hospital/TMD TAC measures, and we are looking forward to utilizing the data for system analysis and improvement. We also reviewed the trauma resuscitation guidelines developed by the guideline's subcommittee with multiple stakeholders' input and that guideline is close to completion and we plan to present to the Steering Committee in November or January.

REHAB TAC: Tim Orcutt, DOH - The Rehab TAC did not meet over the summer months. The next meeting is scheduled for 9/25/2025 where the TAC plans to make minor adjustments to the performance measures. There is also time scheduled to analyze rehab data related to functional ability scores at admission and discharge. Also, a discussion on rehab related complications for electrolyte imbalances and gastrointestinal disorders. If the complications are felt to be an issue, we will work on developing strategies for improvement.

EMS Medical Program Directors Workgroup: Dr. Hoffman, MPD – MPD meeting on August 14th, virtually. Reports on Rules Updates, legislation updates, and budgets, progress on trauma assessment, new A-19 and quarterly payments for MPDs, opioid data presentation from WEMESIS, update and open forum on HELMS, and presentation of pre-hospital blood programs and potential value.

COST TAC: Eric Dean, DOH - The Cost TAC held a virtual meeting 9/4/25. This was the first in a series of meetings to develop the 2027-2029 trauma fund spending plan. The Cost TAC has made changes to the values statement. The Steering Committee will need to review and approve the updated document. Additional meetings will be scheduled to review the trauma assessment and the OFM finance study and discuss any additional analysis or spending models of the TAC member's request. The Cost TAC members also discussed the overall financial status of the emergency care system. There was consensus that the system faces significant financial threats to sustainability thus impacting access to care.
Chair prerogative to adjourn.

RAC TAC: Carly Bean, Chairperson – During the summer, some regional activities were paused as DOH budget discussions occurred around potential funding decreases to the regional councils. After many conversations and budget exercises, the DOH determined that the regional council funding would remain as initially proposed for this fiscal year due to other cost saving efforts by the department. The regional councils are continuing with normal administrative activities and are working with stakeholders and services in their regions regarding grant funds for training, equipment, and other needs. Some regions are working through min/max needs assessments and change proposals from pre-hospital services this may continue through the end of this year and into 2026. Other upcoming work is updates to regional patient care procedures. RAC TAC strategic plan items which we are currently focusing on include:

- Succession planning;
- Fiscal accountability and policy work;
- Patient Care Procedures; and
- Updating the regional council member application packet.

Next Steering Committee Meeting is scheduled for November 19, 2025
Meeting adjourned at 1:30.