

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

MEETING MINUTES

January 21, 2026

Meeting held virtually by ZOOM

ATTENDEES:

EMS & Trauma Steering Committee Members: on file

DOH Staff:

Julie Avery	Catie Holstein	Andrea Pedlar
Melissa Belgau	Jim Jansen	Adam Rovang
Ian Corbridge	Ihsan Mahdi	Evan Shigaya
Eric Dean	Matt Nelson	Jeff Sinanian
Christina Eickmeyer	John Nokes	Jennifer Snook
Marla Emde	Jason Norris	Terra Wiens
Dawn Felt	Tim Orcutt	Scott Williams
Jill Hayes		

Interested Parties:

Katherine Bendickson	Scott Isenman	Wendy Rife
Carolyn Blayney	Karen Kettner	Karen Sanders
Tony Bledsoe	Elspeth Mann	Shaina Schaetzel
April Borbon	James Nania	Tina Seery
Jen Brown	Kayla Nored	Becky Stermer
Eileen Bulger	Mary Ohare	Robin Stimac
Lyndsy Clark	Ettore Palazzo	Traci Stockwell
Janelle Conner	Norma Pancake	Erika Stufflebeem
Rinita Cook	Brian Patrick	Jason Taylor
Jenna Hannity	Greg Perry	Mark Taylor
Kaila Harmier	Dani Piper	Haley Wahl
	Randi Riesenber	

Welcome, Call to Order & Introductions, Dr. Roedel, MD, Chair

Announcements, Dr. Roedel, MD, Chair

none

Approval of Minutes of November 15, 2025

postponed to March 2026

DOH Updates

Legislation, Ian Corbridge, DOH

Presentation slides are available upon request.

2026 WA State Legislative session updates. 2026 will be a short session that will wrap up by March 12 with budget reconciliation and cleanup, a more narrow focus this year. High number of pre-filed and draft bills so that meant a lot of early work for us.

2026 WA State Budget updates. 2026 is a challenging fiscal environment. The governor's budget focuses on cuts while maintaining priorities. No new revenue for our Office of Community Health Services/Emergency Care System. Ambulance proviso reduced in the General Funds State (GFS) and shifted the funding approach to Trauma Care Fund. Advocacy group staff expressed interest how best to follow up on this change. Trauma Registry was not funded so we are now implementing Plan C. Ian shared a list of legislative policy/fiscal bills.

Emergency Care System Priority Work. Topic areas: Conclude the Trauma Services Assessment, including support from the DOH Secretary; Rural Health Transformation Plan (RHTP); Emergency Care System fiscal stability (2027 legislative session); Trauma Trust Account; Navigate future budget challenges; Trauma Registry support; Transition to a new licensing system; Statewide EMS Workforce Assessment (rural emphasis); EMS Landscape study by Washington State Institute for Public Policy (WSIPP)

Rulemaking, Dawn Felt, DOH

EMS has one package. House Bill HB 1722 (2025) relates to minors in EMS education which authorizes a student 16 years of age to enroll in an initial EMR or EMT training program at a center approved by the Office of Superintendent of Public Instruction (OSPI). We're considering amendments to [WAC 246.976.022](#) and [WAC 246.976.041](#).

We held a stakeholder meeting on November 19, 2025. We've not received any comments at this time and we'll move into the second stage of our rulemaking process. Here is the [Preproposal Statement of Inquiry](#) which includes instructions on how to sign up for email notifications, a [House Bill Report](#), [the official language of HB 1722](#). You can provide comments via email to dawn.felt@doh.wa.gov.

Trauma Service Assessment and Trauma Registry, Jim Jansen, DOH

Trauma Service Assessment. We are consulting with the governor's office and awaiting next steps from for final publication of the Trauma Service Assessment (TSA). Next, we are preparing

for regional education and training on the use of the Trauma Service Assessment (TSA) for decision making. The training will include guidance, the use of the assessment, data sources that are available for further assessment, and processes for regions to receive data analytics support from DOH staff. The assessment is intended to be updated every two years. The next iteration will include additional information on EMS services. The planning processes for that update may begin in Quarter 1 of 2026. We'll reach out with additional meeting schedules and expectations.

Trauma Registry Solution. Funding was not included in the governor's budget released in December 2025. We are exploring other options. If no funding source is found, we anticipate that ESO will sunset the platform. We have 18 months from when we're given notice of sunsetting to transition to a new platform. That transition could take 12 to 18 months so we want to be sure we have a solution and funding option in place before receiving notice. ESO has been a good partner and understands our position. The driving factor will be when we secure funding.

TAC Strategic Plan Reports:

Hospital/Trauma Medical Directors TAC, Andrea Pedlar, DOH

Presentation slides are available upon request.

2026 WA State Legislative session updates. TAC Overview: the TAC team is Dr Smith Singares as the Chair, Andrea Pedlar as the Lead and Trauma Designation Administrator, and Tim Orcutt as the Nurse Advisor; The TAC manages the Trauma Designation Program, Trauma Care, and the Trauma Registry; There are 87 Trauma Designation Credentials and 81 Trauma Designated Services throughout the state; there are five levels of designation with Level I being the highest and Level V being the lowest; there are adult and pediatric designations

Trauma Designation Program: The 3-year cycle for redesignation is based on three groups: Group 1 are the Central, North Central, and Southwest regions; Group 2 are the North, Northwest, and West region; Group 3 are the South Central and East regions. Group 1 was up for redesignation in 2025. 2026 will redesignate facilities in Group 2.

2025 Trauma Designation Outcomes: 29 applications; 9 virtual site reviews; 24 facilities were Fully Designated; 5 facilities were Provisionally Designated; The trauma service standards are defined in [WAC 246.976](#). The bar graph provided is titled "2025 Trauma Designated Requirement Identified". A list provided shows trauma program innovations.

Strategic Plan Review: EMS & Trauma Care objective - Promote and enhance continuous quality improvement of emergency care systems for Washington. There are four TAC Objectives, along with strategies for each, and accomplishments for each. The accomplishments are numerous and significant.

2025 TAC Accomplishments: Increased TAC participation and we successfully recruited and onboarded a trauma medical director as TAC Chair- Dr. Smith Singares, the Trauma Resuscitation Guideline was published thanks to the hard work of Tim Orcutt, Dr. Glaser, and

the trauma guidelines subcommittee; the Trauma Designation Decision Tool has been drafted and socialized; The Trauma Registry Workgroup with Erika Stufflebeam has been actively meeting and collaborating. Some topics they have covered are: Data Dictionary training, AIS transition training, financial reporting training, and WTR Procedure Coding training. And we recently introduced a short educational component into our TAC meetings with brief presentations on trauma, injury prevention, and trauma designation topics.

2026 goals are to: Revise TAC measures and develop actionable items for gap areas, provide increased educational opportunities, revise the SBIRT guideline, support the Trauma Registry Solution and any training needs that accompany that, and support the new strategic plan cycle.

Hospital TAC Performance Measures, Ihsan Madi, DOH

Presentation slides are available upon request via [this online data request form](#).

Ihsan Madi provided a data analysis for risk-adjusted mortality among adults and five performance measures. Goals, standard references, inclusion and exclusion criteria, and comments were provided for each performance measure.

Rural Transformational Plan Grant, Tim Orcutt, DOH

Presentation slides are available upon request.

Rural Gaps. In the past two years, 59 facilities underwent the process to be redesignated. 25% were determined to be not meeting the trauma designation standards and were placed on a probationary status we call a “provisional designation”. All but one were in a rural area of the state. The challenge for rural facilities has to do with staffing turnover and meeting the demands of a rising trauma patient volume. The Trauma Program Manager and Trauma Medical Director roles are the core of maintaining hospital trauma programs. Vacancies in these roles pose a challenge during the redesignation process.

Research paper related to blood product availability in rural WA State. In 2022 we partnered with the UW to publish research related to blood product availability in the state. The intent was to determine how much and which types of blood products were located throughout the state. The study found that there are gaps in rural areas of the state where there is limited supply overall and limited types of blood components. This further highlights the challenges of trauma care in rural communities and is one of the contributing factors in why rural areas of the state have a higher mortality rate compared to urban areas. Since its publication, we are now requesting facilities submit their blood availability when they submit their trauma application for re-designation. We update a blood availability tracking log each year.

Rural Health Transformation Grant update. The Rural Health Transformation Grant was created by the U.S. Congress in 2025 under H.R. 1 to strengthen and transform rural health care systems nationwide. DOH provided input on the statewide grant application for the Rural Health Transformational Plan which is being led by the Health Care Authority. HCA conducted public webinars and listening sessions and collected input from stakeholders both verbally and in writing and use that input to shape the statewide proposal our office had limited visibility

into the final EMST related content submitted through HCA's listening sessions. WA has been awarded \$181 million which was less than the full amount possible. State agencies are working to determine how the money will be allocated within the state. We should know more by mid-February.

Once funding is allocated, we'll do work in two areas.

Initiative 2: Prevent Disease and Manage Care in Community Settings. Expand EMS inter-facility transport and support for trauma designated facilities in rural communities. Washington proposes using \$2.8 million per year of RHT Program funds to modernize EMS and transport services and strengthen regional transfer agreements, reducing delays for trauma, cardiac, stroke, and other time-sensitive emergencies.

Increased funding would allow the state to leverage the Washington Medical Coordination Center (WMCC) infrastructure and existing data systems (WA Health, WATrac) to support bed tracking and coordination and a statewide interfacility (IFT) component.

The strategy builds capacity within rural EMS systems by exploring a statewide EMS contract to reimburse long-distance rural transfers, define qualifying criteria, and establish funding models that strengthen rural EMS sustainability through contracts with EMS agencies.

Initiative 6: Expand and Sustain Washington's Rural Health Crisis Response. Washington proposes utilizing \$10 million per year of Rural Health Training program funds to invest in mobile crisis response and mobile stabilization services, in alignment with Substance Abuse and Mental Health Services Administration's (SAMHSA) National Behavioral Health Crisis Care Guidance framework. Specifically, Buprenorphine Administration programs, purchasing and distributing naloxone for EMS use, and funding training for EMS providers on evidence-based opioid response practices.

Technical Advisory Committee (TAC) Reports:

Outcomes TAC, Jim Jansen, DOH – The Outcomes TAC met in December to review the Hospital TAC data reports and to plan for the Trauma Services Assessment. Next meeting will be February or March. Full 2026 meeting calendar is coming soon.

Cardiac and ECS TAC, Matt Nelson, DOH – haven't met since our last Steering Committee meeting. Our next meeting is Tuesday, February 17, 11:30am-1:00pm. This will be Dr. Jobe's first meeting as Chair.

Pediatric TAC, Matt Nelson, DOH – haven't met since our last Steering Committee meeting. Our next meeting is Tuesday, February 10, 10:00-11:00am. Agenda items: preparing for upcoming annual Window Falls campaign in the Spring and how to support Pediatric TQIP.

National Pediatric Readiness Project Survey is launching March 3, for the third time. We'll survey all the acute care facilities across the country. This information will help increase pediatric readiness and emergency department care for treating kids during an emergency.

Pre-Hospital TAC, Shaun Ford, DOH – haven't met since our last Steering Committee meeting. Our next meeting is February 18.

EMS Medical Program Directors Workgroup, Dr. Hoffman, MPD – We met on November 4, 2025 and our next meeting is virtual on February 9, 2026. November 2025 meeting updates: 16-year-old students in EMS courses, the latest from Trauma Services Assessment, navigating the HELMS platform, a presentation on the upcoming DEA EMS Service registration project which may transform what DEA registration looks like for EMS Service. It looked to be the new direction is to remove the prescriptive authority of the Medical Director. Also, Continuing Medical Education (CME) for EMS Services regarding opiate education, which is one of the new WAC requirements for the [Ongoing Training Evaluation Program \(OTEP\)](#), and a presentation on Key Performance Indicator (KPI) measures for emergency cardiac and stroke performance.

Cost Reimbursement TAC, Eric Dean, DOH – none

Injury and Violence Prevention (IVP) TAC, Kara Putnam, DOH – Our next IVP TAC Meeting is March 4, 9:00-10:30am. We're working on: a cross-agency workgroup for e-scooter and bike safety; a health aging resource guide designed for dissemination with EMS, specifically in fire cares and core teams, as well as Emergency Departments, hospitals, an health care providers and their older adult patients; developing a document for EMS professionals called "Wellness Resource List"; continuing dissemination of the "6 Steps to Prevent a Fall" presentation with AARP, retirement facilities, senior centers; tribal adaptations.

Regional Advisory Council (RAC) TAC, Carly Bean, DOH – Carly's first time talking to this group. TAC met January 20, 2026. Next meeting is March 17, 2026. Some planning for the Trauma Service Assessment educational sessions for the regions. Discussions about stakeholder engagement for the Trauma Service Assessment, with a focus on reaching the administrative hospital staff that aren't necessarily on the front line. Additional work around PCPs, min/max, and fiscal accountability best practices.

Rehabilitation TAC, Tim Orcutt, DOH – Met last week. A few housekeeping items related to the TAC measures, specifically around Case Index, Assessment, and Payer groups. We spent the majority of the meeting planning for an upcoming meeting with the Washington State Insurance Commissioner, anticipated in May 2026. The purpose is to talk about the challenges associated with patient denials. The plan is to organize presenters and share case studies. The goal is to get more patients approved for rehabilitation.

Hospital/Trauma Medical Directors – no additional updates

Concluding thoughts: Dr. Roedel remarks on the outstanding participation at this meeting;
Thanks to DOH teammates during this crunch time.

Concluding thoughts: Catie Holstein expresses gratitude for this group who are working to help shape our system and continue to support our system. We encourage you to use this information and thank you for your engagement and interest.

Next Steering Committee Meeting is scheduled for March 18, 2026
Meeting adjourned at 11:12am.