

Washington State Department of Health
Office of Community Health Systems
EMS & Trauma Care Steering Committee

MEETING MINUTES

January 17, 2018
Creekside Conference Room
20809-72nd Avenue South, Kent, WA

ATTENDEES:

Committee Members:

Sam Arbabi, MD
Cameron Buck, MD
Cindy Button
Eric Cooper, MD
Scott Dorsey
Tony Escobar Jr., MD
Mark Freitas

Madeleine Geraghty, MD
Beki Hammons
Denise Haun-Taylor
Tim Hoover
Erica Liebelt, MD
Valerie Lyttle

Sam Mandell, MD
Shawn Maxwell
Brenda Nelson
Norma Pancake
Susan Stern, MD
Mark Taylor
Lynn Wittwer, MD

DOH Staff

Tony Bledsoe
Ben Booth
Christy Cammarata
Eric Dean

Dawn Felt
Dolly Fernandes
Hailey Green
Catie Holstein

Elizabeth Molina
Matt Nelson
Jason Norris
Tim Orcutt
Sarah Studebaker

Guests:

Bob Berschauer
Anne Benoist
Dave Collins
Rinita Cook
Racheal Cory
Chris Clutter
Tyler Dalton
Kim Droppert
Kurt Hardin
Susie Johnson

Karen Kettner
Eric Koreis
Traci Larrabee
David Lynde
Chris Martin
Tammy Pettis
Heather Pounds
Brian Pulse
Joseph Rodrigues
Robert Rush, MD

Leah Salmon-Cervy
Nicole Siegel
Becky Stermer
Vince Reynolds
Adam Richards
Caesar Ursic, MD
Zita Wiltgen
Martin Zamazal

Call to Order: Sam Arbabi, MD

Review of previous meeting minutes: Sam Arbabi MD, Chair

Handout: *Minutes from the November 15, 2017 EMS and Trauma Care Steering Committee meeting.*

Motion #1: Approve November 2017 meeting minutes.

Approved unanimously.

DOH Updates: Dolly Fernandes, DOH

Steve Bowman has resigned from his OCHS Director position at DOH to spend more time with his wife who is battling cancer. He was the Director for a year and we very much appreciated his leadership.

The 2018 Legislative Session started on January 8, 2018. A lot of opioid bills are introduced. It is a short session which ends March 8th. It is also a supplemental budget year.

The half time position for the Stroke grant has been filled. Kseniya Efremova started on December 16, 2017. All the vacant positions in the EMS and Trauma Section are now filled.

Rules Update: The trauma designation rules led by Tony Bledsoe is currently going through DOH internal review with final public hearing to be scheduled in May.

The Trauma Registry rules revision is now in progress. Tim Orcutt is the lead on this work with input from the stakeholders -- Hospital TAC and hospital registrars. The stakeholder meetings are scheduled to run through the end of summer.

The EMS rules revision work is led by Catie Holstein. They have had one stakeholder meeting and several more are scheduled. Information on these meetings is posted on the DOH website. Catie anticipates the stakeholder meetings will be completed by the summer of 2019.

Legislation:

HB 2498 - This bill requires a new limited practice credential for military spouses and domestic partners of military personnel only.

Dr. Wittwer expressed his concerns with this bill from the standpoint of a Medical Program Director. It would allow them to practice as independent EMS providers without physician oversight and conflicts with RCW 18.71.205(6) that mandates EMS personnel limit their actions to expressed written or oral orders of physician Medical Program Directors (MPD). Active membership with EMS service is currently required to provide assurance that the EMS providers maintain education, have access to EMS equipment and vehicles to respond and mitigate 911 emergencies in a coordinated manner, as a part of the emergency care system. Without affiliation, patient safety may be at risk from unsupervised providers that may work outside their scope of practice in a different, non-emergency healthcare environment. Dr. Wittwer indicated that he will send his written concerns regarding the bill to the Steering Committee and MPDs.

DOH will provide feedback on this bill through the legislative bill analysis process. Concerns from the Steering Committee and Medical Program Directors and other associations will be noted.

Stop the Bleed Event: Sam Arbabi, MD

Dr. Arbabi shared photographs from the Stop the Bleed event on January 10, 2018 at the Capitol Building in Olympia. It was sponsored by the American College of Surgeons. The goals for the event were to support the Washington Trauma System, especially rural areas and the need for trauma care and support for public education and awareness on Stop-the-Bleed.

Strategic Plan Report: Hospital TAC and Trauma Guidelines

Tony Bledsoe, DOH and Tim Orcutt, DOH

Hospital TAC - Annual Report Handout/PowerPoint Presentation

Tony reported on the Hospital TAC meeting earlier that day and acknowledged the great accomplishments and participation by the Hospital TAC. In 2017 the Hospital TAC focus was on EMST Strategic Plan Goal 4: Promote and enhance continuous quality improvement of emergency care systems for Washington. The TAC developed new clinical practice guidelines, revised the existing guidelines and provided input on the WAC revision.

They developed clinical guidelines for Major and Minor Burns and Massive Transfusion. The C-Spine and the management of traumatic brain injury guidelines were updated. The TAC contributed to the Designation Standards Review with main focus on the complex, contentious and unclear standards.

The focus for 2018 and beyond is to continue to develop and revise clinical guidelines. The TAC application subgroup will continue to convene to revise applications and materials as needed. They will provide guidance and subject matter expertise for registry WAC revisions through 2018.

Denise Haun-Taylor commented on the need for risk-adjusted benchmarking reports for the hospitals. A discussion ensued on the importance of data, data reports and the use of trauma registry data.

Trauma Guidelines: Tim Orcutt presented on the history of the Washington trauma guidelines. The guidelines serve many purposes with main goal of improving the care and outcomes of trauma patients. They are available in editable forms. The guidelines are evidence-based best practices and can be modified to meet the needs of the facility. They also serve as a tool to educate providers and nurses to the trauma program and the care of the trauma patient. This is especially true in rural communities where there is a lot of turnover of medical staff. Guidelines help improve the use of evidence based practice and support standardization while allowing for individual decision making and personalized care.

The guidelines are not mandatory to follow, however Tim does review specific hospital based policies in the designation process to ensure they are relevant and include current clinical practice. There is a corresponding guideline for all policies requested.

The Hospital TAC will continue to monitor research to ensure the guidelines are up to date. They would like to develop a process or means through data to help demonstrate if the guidelines and their

interventions are beneficial to patients. They would also like to use trauma registry data to help determine areas within the trauma system that would potentially benefit from guideline development. Future guidelines may include mild traumatic brain injury (concussion) assessment and treatment, Non Accidental Trauma, and trauma QI.

Data Presentation: Trauma Patient Volume and Transfers: Ben Booth, PhD, DOH

PowerPoint Presentation

Ben Booth presented data trends on trauma patient volume and transfers. The population of the State of Washington increased by approximately 10% from 2007 to 2016. During the same time period, volume in the Washington Trauma Registry increased nearly 40%. The majority of the increase was among patients with an injury severity score below nine and among geriatric patients (ages 65 and older). Between 2013 and 2014 there was a shift toward more Medicaid usage among trauma patients and a decrease in charity care and self-pay. Throughout the state, delayed transfers (transfers after admission) declined by nearly 55% and double transfers declined by around 70% between 2007 and 2016.

Regional Plan Changes: West Region:

Dolly Fernandes, Anne Benoist, West Region

Handout

Dolly introduced Anne Benoist and explained the importance of the Region's work on min/max numbers. These min/max numbers are based on regional needs assessment on the optimal minimum and maximum number of trauma facilities to support the region.

Anne Benoist explained that the West Region Executive Board conducted a review of the region's hospital "min/max" numbers on 11/27/17 and based on their analysis recommends the following changes to min/max numbers of West Region trauma designated services:

- Level IV current status has increased: An upgrade to Summit Pacific Medical Center in Elma, Grey Harbor County, went up from a V to IV. Newly designated Allenmore Hospital in Tacoma is a level IV. The council wants to change the maximum from 4 to 6.
- Change Level V current status decreased from 3 to 2 to reflect Summit Pacific Medical Center's upgrade from level V to level IV.
- Change the Level V maximum from 1 to 3, the current status is 2.
- For the rehab facilities, change the Level II Rehab minimum from 3 to 1, because their current status is 1 with Providence St. Peter closing their rehabilitation facility.
- Level III minimum is 1, however the current status is 0. The council wants to decrease the minimum to 0 to reflect accurate status.
- Maximum numbers for the rehabilitation facilities remain unchanged to reflect that the region is underserved for rehabilitation.

Motion #2: Approve changes to min/max numbers as requested by West Region Executive Board.
Approved unanimously

This year, the West Region EMS Conference will be held March 23 through March 25, at the Ocean Shores Convention Center. Find more information at www.wrems.com.

Recognition of Melody Westmoreland: Dolly Fernandes, DOH

Melody Westmoreland has resigned from the steering committee. She worked in EMS for 40 years, including a couple years at the Department of Health. Dolly had a certificate to recognize her contributions to Washington State EMS and Trauma system. Bob Berschauer accepted the certificate on Melody's behalf.

Committee Business: Dolly Fernandes, DOH

The EMS and Trauma Steering Committee Chair annual Election is scheduled for the March meeting. The by-laws call for the chair of the Hospital TAC to lead the nominating committee. Denece Haun-Taylor will be leading that work.

Hospital Capacity Workgroup: Eric Dean and Dr. Stern

A workgroup was created in May, 2017 to look at hospital capacity especially during flu season. It was convened by the State Health Officer and the Health Officer from King County. The work finished up at the end of November. The workgroup plans to have another meeting sometime in the spring. The last activity of the workgroup was to develop a capacity surveillance data tool and promulgate that out to healthcare leadership throughout the state. It went out in a letter jointly signed by King County, Department of Health and WSHA on December 12. The tool has been piloted by the Northwest Healthcare Response Network which is the healthcare preparedness region for King, Pierce and Kitsap Counties, also joined with Snohomish County. The other outcome was for DOH to work with WSHA to improve the FAQ related to medical surge. It is online. DOH work related to flu response and hospital capacity has now shifted from our office of Community Health Systems to the office of Emergency Preparedness. They will work directly with facilities and healthcare preparedness regions to coordinate daily tactical response to respiratory season.

Technical Advisory Committee Reports

Pediatric TAC: Dr. Tony Escobar

The Pediatric TAC are meeting right after the steering committee meeting. They will be working on their strategic plan. The Outcomes TAC will be meeting with the Pediatric TAC in February. Matt Nelson submitted the EMSC grant application for next grant period.

Rehab TAC: Dolly Fernandes, DOH

The Rehab TAC had a meeting a month ago. Tim Orcutt is doing a great job working with the TAC and developing strategic goals, objectives and activities. Next year they are planning on having some in-person meetings instead of all via teleconference. They are working are finalizing their strategic plan. The TAC is continuing to look at ways to improve patient access to rehab care.

Injury and Violence Prevention: Mark Freitas

The TAC will be meeting with their injury epidemiologist to prepare the annual injury data presentation for the May meeting. The TAC is working on updating their strategic plan. The IVP TAC meetings are web meetings and that is working well.

Prehospital TAC: Scott Dorsey

The TAC worked on the new strategies for their strategic plan.

Medical Program Directors: Dr. Lynn Wittwer

Medical Program Directors meeting is scheduled for June 4, 2018.

Emergency Cardiac and Stroke TAC: Matt Nelson, DOH

The TAC met two weeks ago. They talked about their strategic plan and what needs to be added. They also talked about the inter-facility transport guidelines. The cardiac data workgroup is going to reform and resume meeting on a regular basis.

RAC TAC: Hailey Green, DOH

The RAC TAC began work on their second objective in their strategic plan, which focuses on patient care procedures. They reviewed the current patient care procedures statewide using a gap analysis tool. This project is in the very early stages and will further develop overtime, but the TAC hopes to achieve more consistency and standardization in format and content. The RAC TAC also completed action items from their last wise practice activity, which involves the Regional Council Appointment process.

Legislation Workgroups: Catie Holstein, DOH

Municipal Ambulances - driver (5751)—the workgroup is revising the Credentialing Applications to address meeting this criteria for the ambulance driver. They solicited input from the PHTAC and RAC TACs. Changes will be made in rule. Agencies can request a variance. Contact Jason Norris for questions about variances.

Reimbursement for Community Paramedicine (1358)—Health Care Authority is tasked with developing a reimbursement methodology for community paramedicine. DOH has had a couple meetings with Health Care Authority. HCA is looking at the Arizona and Minnesota Community Paramedicine models and CMS requirements for reimbursement. Legislation passed in 2015 (SSB 5591) authorized the concept of community paramedics through Community Assessment and Referral Education programs. New 2017 legislation asked for payment for these services.

Travis Alert Act (1258)—Workgroup members have been identified. The first meeting was November 16, 2017. The EMS Program has drafted an implementation plan for the workgroup to review and make suggestions. They are having monthly workgroup meetings to accomplish the requirements. There are three parts of the rule: Dispatch, EMS, and Law Enforcement.

Meeting adjourned at 1:00 pm