

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

**MEETING MINUTES**

March 21, 2018  
Creekside Conference Room  
20809-72<sup>nd</sup> Avenue South, Kent, WA

**ATTENDEES:**

**Committee Members:**

Sam Arbabi, MD	Madeleine Geraghty, MD	Sam Mandell, MD
Cameron Buck, MD	Daniel Hall	Brenda Nelson
Cindy Button	Beki Hammons	Norma Pancake
Robert Conroy	Denise Haun-Taylor	Susan Stern, MD
Eric Cooper, MD	Tim Hoover	Lynn Siedenstrang
Scott Dorsey	Erica Liebelt, MD	Mark Taylor
Tony Escobar Jr., MD	Valerie Lyttle	

**DOH Staff**

Melissa Belgau	Eric Dean	Elizabeth Molina
Tony Bledsoe	Dawn Felt	Matt Nelson
Ben Booth	Dolly Fernandes	Jason Norris
Christy Cammarata	Hailey Green	Tim Orcutt
Aimee D'Avignon	Catie Holstein	Sarah Studebaker

**Guests:**

Bob Berschauer	Tyler Dalton	David Lauter
Chris Boyd	Kristy Grader	David Lynde
Dave Collins	Beki Hammons	Martina Nicolas
Rinita Cook	Karen Kettner	Tammy Pettis
Racheal Cory	Eric Koreis	Brian Pulse
Chris Clutter	Traci Larrabee	Caesar Ursic, MD
		Zita Wiltgen

Call to Order: Sam Arbabi, MD

**Review of previous meeting minutes:** Sam Arbabi MD, Chair

Handout: *Minutes from the January 17, 2018 EMS and Trauma Care Steering Committee meeting.*

**Motion #1:** Approve January 17, 2018 meeting minutes.  
Approved unanimously.

**DOH Updates:** Dolly Fernandes, DOH

Nate Weed has been appointed the new Office Director for Community Health Systems. He comes from the DOH Office of Emergency Preparedness and Response. He plans to attend the next Steering Committee meeting and you will get a chance to meet him.

**Rules Update:** The trauma designation rules led by Tony Bledsoe is currently going through DOH internal review with final public hearing now anticipated to be scheduled in August. Trauma Registry rule revisions are progressing and Tim Orcutt is leading that work. The EMS rules revision work led by Catie Holstein is underway and the second stakeholder meeting took place last month. Information on these meetings is on the DOH website and we encourage stakeholder attendance and input.

**The 2018 legislative session** ended as scheduled. It was a short session and a supplemental budget year. HB 2498 - the bill that would require a new limited practice credential for military spouses and domestic partners of military personnel did not pass. Dr. Wittwer worked with ACEP to inform on the potential impacts and concerns about this bill.

The Governor's opioid prevention bills, SB 6150 and companion HB 2489, did not pass. HB 2489, section 13 made submission of prehospital data for WEMESIS mandatory and added confidentiality protections for this data. Unfortunately, since the bill did not pass, we do not have those protections in law and submission of prehospital data is not mandatory. While the bill did not pass, a budget proviso for this section did pass and includes funding for WEMESIS, data management, software enhancements and secure data transport, and incentives for data submission. The funding source appears to be the Trauma Care Fund and our office is looking into the exact funding amounts and implementation.

The office continues to work on the legislative decision packages for trauma care fund and cardiac and stroke. There have been three meetings with stakeholders on Cardiac and Stroke with good input on what they would like to see in it. We are continuing to work through issues on data, funding and specifics on accreditation by levels of stroke and cardiac centers.

The department has been meeting with stakeholders, including ACEP, ACS, WAA, WCFF, WFCs and others on the Trauma Care Fund legislative packages. We need to meet with the car dealers and that will be done soon. At this time we have support for asking for the fees for the trauma care fund be raised. We have sought input from stakeholders on need for the fees increase and the following has been identified: 1) Modernize clinical quality improvement data systems 2) Increase funding to rural trauma services 3) Shift EMS and Trauma System costs from GF-S to the Trauma Fund.

Dolly asked the committee for specific reasons and examples of why additional funds are needed for rural trauma services. Suggestions included inter-facility transfers, equipment, and staffing. Dr. Arbabi asked that Dolly send a survey to the Steering Committee members to get further detail on need for funding to support the fee increase request.

The Steering Committee asked for information on the shift of EMS and Trauma System costs from GF-S to the Trauma Fund. Dolly explained that this is the administration of EMS and Trauma System

and primarily pays for salaries and benefits for employees. The 1990 Trauma System Act appropriated funding from GF-S to support the administration of the Washington State EMS and Trauma System.

Discussion ensued and the committee expressed concerns about adding another “bucket” to be funded by the Trauma Fund. They also are concerned that the legislature may choose to fund the GF-S shift but not the other needs such as rural trauma services. Several members indicated they had not heard or understood about this GF-S shift before and were concerned that it did not align with the trauma reimbursement goal of the fund. Dr. Arbabi indicated that a cost analysis on how much DOH is asking for administration and how it will benefit the trauma fund is important. Dolly estimated that about \$7 million a biennium is the DOH EMS and Trauma administration budget. Dolly needs to know where the Steering Committee stands on the GF-S shift since the proposal is due at DOH by April 20.

Eric Dean pointed out that there is a distinction between the agency request legislative process for a Trauma Fund fee increase versus the process for DOH administration of the fund. The first step is to make a cogent and strong case to the legislature that an increase in fees is needed. The other concern about the cost shifting from GF-S will result in fewer funds; the proposal is to increase the trauma care revenue sources so that the GF-S cost shift and the additional needed funds for trauma providers and data infrastructure will all be covered by the increase. So pass through funds to providers would not be reduced but increased.

Dr. Arbabi indicated that he thought the committee wanted the GF-S shift for administration out of the proposal. He thought including funding for technology, rural trauma services and workforce, trauma levels 4s and 5s, benchmarking/ risk adjusting (TQIP), prehospital data (WEMESIS), QI, and equipment was acceptable.

Dolly told the committee that not including the GF-S shift will weaken the proposal. Dr. Arbabi agreed with Dolly, however he thought it is a gamble to include it and at the end see no benefit, or even a loss to the Trauma Care Fund.

**Motion #2:** The GF-S shift to the Trauma Fund should not be included in the DOH proposal to increase Trauma Care Fund fees.

Motion approved.

One abstained.

### **Committee Business-Chair Election:** Denise Haun-Taylor, Nominating Committee Chair

Election of the chair for the Steering Committee is required annually in accordance with statute. Committee bylaws state that the nominating committee is made up of TAC chairs and they submit nominees for chair. Denise Haun-Taylor served as chair of the nomination committee. Dr. Arbabi was sole nominee for the Chair. The Steering Committee voted for Dr. Sam Arbabi to continue as chair the EMS and Trauma Care Steering Committee for 2018 – 2019.

**Motion #3:** Dr. Sam Arbabi serve as chair of the EMS and Trauma Care Steering Committee for another year.

Approved unanimously.

**Strategic Plan Update for 2017 – 2021:** Dolly Fernandes, DOH  
*Handout and PowerPoint Presentation*

Dolly presented the updated Emergency Care System strategic plan for 2017 - 2021. The vision, mission and goals remain the same; new objectives have been added. She explained role of the Technical Advisory Committees in implementing the plan. Dolly asked that each committee member join at least one TAC. DOH leads or the TAC chairs each presented their respective TAC new objectives, changes and updates. Dr. Buck noted that goal two -- prepare for, respond to and recover from public health threats, had only one objective and suggested more work around disaster preparedness was needed, especially for the RAC TAC. Dr. Arbabi thanked the TACs for their work in updating their component of the strategic plan and recognized the great accomplishments. He said it takes a “system” to accomplish this work and we have a model EMS and Trauma System to be proud of!

### **TAC Reports**

**Hospital TAC** has been working on the WAC revisions to the Trauma Registry and spent most of the morning discussing registry criteria and data benchmarking. There is a lot more work to be done on these rules relating to thresholds, anticoagulants, and head trauma. Tim Orcutt is leading this rule revision work. The TAC also discussed what work they want to accomplish in the future so that they can incorporate those into new objectives for the strategic plan. They are interested in outcomes and risk adjusted data; additional clinical practice guidelines and creating a cycle of report-outs to identify what data they want to look at for each meeting. They also discussed freestanding Emergency Departments (ED) and patients transferring from these freestanding EDs into the hospitals. The thinking was that those patients should be considered a transfers from a data collection perspective so that in can inform on practices. There may be opportunities to learn and improve on both sides.

**Pediatrics: TAC** spent a good amount of time reviewing and polishing their strategic plan. The TAC has opted not to pursue the drafting of the Non Accidental Trauma guidelines. The American College of Surgeons are partnering with Pediatric Trauma Society to develop guidelines. Dr. Escobar will be co-leading the effort. The TAC discussed pediatric emergency preparedness and trauma designation requirements for pediatric readiness at the ER or hospital level. It appears that all of the key performance indicators for pediatric trauma are already embedded in the WAC. Except for a handful of hospitals that are not trauma designated in the state, all pediatric trauma designated hospitals already meet this requirement. The TAC has decided not to pursue a designation program to treat pediatric medical emergencies because almost every hospital already meets the requirements. That was a huge realization for them. The EMSC (Emergency Medical Services for Children) grant was approved and the new project period starts April 1.

**Outcomes TAC** met with the Pediatric TAC at their last meeting. The bulk of the work was to look pediatric key performance indicators within WEMSYS and try to determine out how completeness and accuracy. These are good indicators on the quality of the data and indicate where future work is needed.

**ESC TAC** decided to increase meetings to 6 times per year, and reduce individual meeting times: 2 meetings for stroke, 2 meetings for cardiac, 2 meetings cardiac and stroke together. Matt Nelson will

work on a new schedule for future ECS TAC meetings. Jim Jansen presented on the stroke and cardiac burden in Washington State. Kim Kelley provided an update for the Interfacility Transport Guidelines Workgroup.

**Prehospital TAC** prepared a report for the pediatric TAC. Due to timing issues, Dr. Arbabi decided there was not enough time for the presentation. The Prehospital TAC will share their annual report and data presentation at the next meeting.

**RAC TAC** met on March 20th, and began planning their annual report for the Steering Committee meeting in May and participated in a wise practice activity on regional council rosters led by Christy Cammarata. They also had an update on EMS education by Dawn Felt. Their next meeting is May 15<sup>th</sup> prior to Steering Committee.

**Gun Violence:** Tony Escobar, MD  
*Handout*

Dr. Escobar represents the American Academy of Pediatrics (AAP) on the Steering Committee. AAP has taken a firm position about gun safety in regards to children. Their vision is to improve background checks on firearm sales and raise the age to purchase firearms to 21. AAP also wants to limit the sales of “assault style weapons” that are semiautomatics and improve research initiatives to understand the effects of gun violence as a public health issue. This is in alignment with SB 6620 which did not pass this legislative session. Dr. Escobar shared his editorial article in the Tacoma News Tribune on Gun Violence.

Dr. Escobar asked the committee to consider sending a letter to the Governor recommending “Sensible Gun Safety Rules” and he offered to write it. The letter will address closure of loopholes on background checks, increase the age for purchasing guns to 21, and limit the sales of assault type weapons. It will also address the lack of research on gun violence; and lifting restrictions on research on gun violence. The letter will be in anticipation of similar legislation next year. The committee supported Dr. Escobar’s request and Dr. Arbabi asked Dr. Escobar to draft the letter.

Meeting adjourned at 1:00 PM.