



## DISCUSSION TOPIC **Community and Patient Safety**

**From the report:** The American College of Surgeons (ACS) Trauma System Consultation report made several recommendations related to Community and Patient Safety. The Department of Health needs your input into understanding some common themes in the recommendations. In this breakout session, we will discuss: the EMS and Trauma System Leadership, Coalition Building and Community Support, Disaster Preparedness, System Coordination, and Patient Flow.

### Summary of recommendations related to this breakout session

- Realign the composition of the eight EMS and Trauma Regional Councils with that of the State EMS and Trauma Care Steering Committee to ensure adequate representation of all stakeholders in regional systems planning and oversight.
- Provide stronger state-level support for regional operations, especially in the areas of data analysis, capacity assessment, and quality assurance.
- Develop a regional contingency plan and system redundancy plan in the event Level I and II centers become incapacitated.
- Place EMS assets strategically and sufficient in numbers to meet the needs of the state's population.
- Consider re-balancing the representation on the Steering Committee to appropriately reflect the constituency of trauma system stakeholders.

### Outline of Group Discussion on Community and Patient Safety

#### Themes from the ACS Report

- Emergency preparedness and response
- Workforce shortages
- Alternative transport types and destinations
- System Leadership and Planning
- Regional Issues

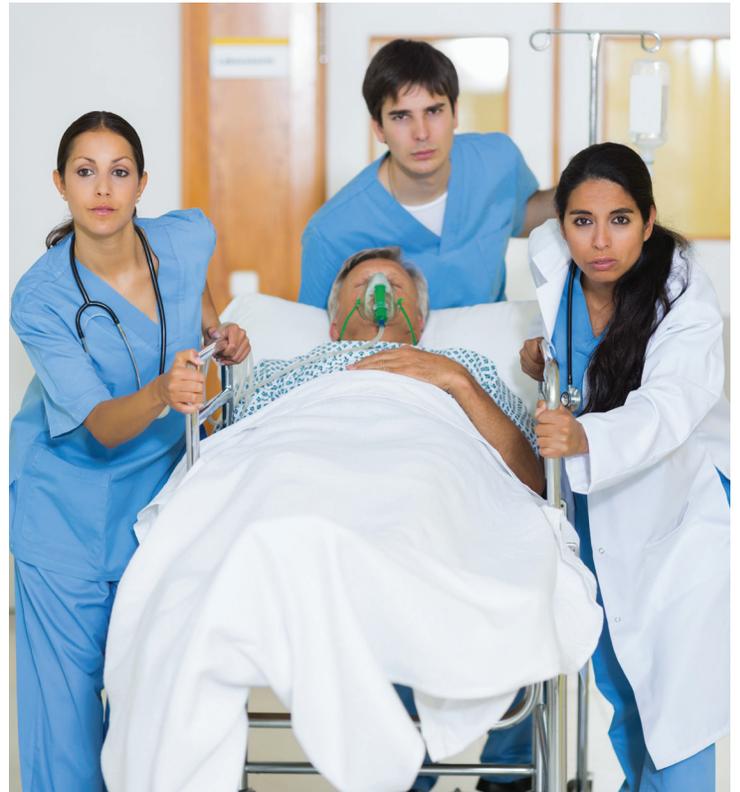
#### Questions for Breakout Groups

- What recommendations do you have to improve system coordination and patient flow under normal and disaster conditions?
- What are the causes and solutions of limited system resources including bed capacity?
- What criteria should be considered by the eight EMS & Trauma Care Regions to improve analysis of gaps and determination of EMS and Trauma resources?

## Background Information

The state EMS & Trauma Care System includes eight EMS and trauma system regions which are made up of local and regional councils. This component of the trauma system represents local interests, and establishes the development of the trauma system as a grass roots effort. The regions are charged with assessing, analyzing, identifying, and recommending resource needs within their set boundary. The regions are supported by grants from the department and are charged with developing the regional plan, regional patient care procedures and prevention, and public education programs to address regional injury problems.

In the past, Washington State has suffered from many man-made and natural disasters which have resulted in mass causality situations and patient surge conditions. Hospital bed capacity has been an issue in the State over the last few years. This was especially notable during the 2017 flu epidemic where many urban hospitals were challenged with the inability to surge bed capacity which resulted in unconventional solutions. Limited bed capacity in times of surge can impact caring for time sensitive emergency conditions. Time sensitive emergencies include emergent conditions supported by the cardiac, stroke, and trauma programs.



## Washington State EMS Regions

