

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

MEETING MINUTES

May 17, 2017
Creekside Conference Room
20809-72nd Avenue South, Kent, WA

ATTENDEES:

Committee Members:

Sam Arbabi, MD	Madeleine Geraghty, MD	Shawn Maxwell
Cameron Buck, MD	Dan Hall	Russell McCallion
Cindy Button	Beki Hammons	Norma Pancake
Rob Coffman	Denise Haun-Taylor	Erika D. Schroeder, MD
Robert Conroy, MD	Tim Hoover	Mark Taylor
Tony Escobar Jr., MD	Erica Liebelt, MD	Melody Westmoreland
Mark Freitas	Sam Mandell, MD	

DOH Staff

Tony Bledsoe	Dawn Felt	Matt Nelson
Ben Booth	Dolly Fernandes	Jason Norris
Steve Bowman	Catie Holstein	Sarah Studebaker
Eric Dean	Mohamed Elaseiti	Kathy Williams
Catie Holstein	Jim Jansen	Hilary Dykstra

Guests:

Kelly Allen	John H. Glenn	Brian Pulse
Anne Benoist	Kurt Hardin	Adam Richards
Bob Berschauer	Susie Johnson	Cyndi Rivers
Eileen Bulger, MD	Traci Larrabee	Elizabeth Skelton
Barb Carrier	Denise McCurdy	Caesar Ursic, MD
Erick Cooper	Chris Martin	Zita Wiltgen
Rachel Cory	Martina Nicolas	Deborah Woolard, MD
Renita Cook	Tammy Pettis	Martin Zamazal
Tyler Dalton		

Call to Order: Sam Arbabi, MD 9:32 a.m.

Review of previous meeting minutes: Sam Arbabi MD, Chair

Handout: Minutes from the March 18, 2017, EMS and Trauma Care Steering Committee meeting.

Motion #1: Approve March 2017 meeting minutes.

Approved unanimously.

DOH & OCHS Updates: Steve Bowman, DOH

DOH Budget: The Legislature is in special session and continues to work on a state budget. If a budget isn't passed by June 30, the government shutdown will occur. Those with contracts with the state may receive automated emails about suspension of the contract and to not expect payment for work after July 1, until budget is approved.

DOH Decision Packages: DOH is preparing two decision packages which we anticipate being introduced in the 2019 long legislative session. The Trauma Fund package includes a proposed increase in revenue from traffic fines and vehicle dealer licensing fees. Those funds would be used to diversify funding for DOH program staff and operations, improve the Trauma Registry, create incentive for hospitals and EMS services to participate in the registry, and provide enhancements for WEMESIS. The second decision package is for Cardiac and Stroke and it includes core infrastructure of staff, data and moving towards verification. Stakeholder work needs to occur, to make sure all stakeholders and impacted parties support the packages and have input on their development.

Staff updates: Hilary Dykstra has joined the DOH team and is the new Emergency Care Systems administrative support person. Our WEMESIS statistician / data analyst moved to another position within the agency. While we are recruiting for a replacement, we are contracting with UW to work on probabilistic data linkage. Eva Rooks, one of our EMS Regional Liaison's has resigned from her position and we are recruiting for a replacement. Kathy Williams, our second EMS Regional Liaison has announced she will be retiring in July after 30 years of public service, and 20 years in the Injury Prevention and EMS section. Thank you Kathy for your dedicated service. We will also be recruiting for a replacement for Kathy. DOH Assistant Secretary, Martin Mueller has announced he is leaving the Department of Health. Kristin Peterson who has served as the DOH Government Relations Director, will be the acting Assistant Secretary until a replacement is selected.

Trauma Registry update: We are moving to Tier 1 level support with the Trauma Registry vendor. This support level will allow hospitals to get direct vendor support. DOH is also evaluating the use of an online tool and web-based hosting option for hospitals who may benefit from not needing to maintain onsite software.

Steering Committee members and guests introductions were made.

Implementation of Legislation: Catie Holstein, DOH

2017 Legislation Passed:

ESSB 5751: Concerning personnel requirements for municipal ambulance services. With approval from DOH, this legislation allows an ambulance service established by volunteer or municipal corporation in a rural area, with insufficient personnel care to use a driver without any medical or first aid training so long as the driver: is at least 18 years old; passes a background check issued or approved by the department, possesses a valid driver's license with no restrictions; is accompanied by a non-driving EMT; and only provides medical care to patients to the level that they are trained.

SHB 1258: Concerning persons with a disability present at the scene of an accident and known as the Travis Alert bill. This legislation requires DOH in collaboration with other entities to review existing training programs and design a training program to familiarize first responders with techniques, procedures, and protocols for best handling situations in which persons with disabilities are present. The legislation is subject to the availability of the amounts appropriated in the approved budget.

E2SHB 1358: Concerning reimbursement for services provided pursuant to community assistance referral and education services programs known as CARES Programs. This legislation directs the Health Care Authority to adopt reimbursement standards for fire departments providing covered health services to Medicaid clients who do not require ambulance transport to an emergency department. The legislation also requires DOH to review the certification and training of health professionals who participate in a CARES program, review the certification and training requirements in states with similar programs, and coordinate with the HCA to link certification requirements to the covered health care services that are eligible for reimbursement. The department must submit recommendations for changes and suggestions for implementation to relevant legislative committees within six months of the adoption of the reimbursement standards.

Dr. Arbabi recognized the work that the committee members do in supporting and implementing legislation. He expressed concerns that the general public may not be aware or understand what we do and how much our work costs. He suggested that as citizens, committee members should look for opportunities to educate the public and media on the work we do with the emergency care system. Steve Bowman seconded Dr. Arbabi's comments and added that stakeholder work on the decision packages will be opportunities for committee members to seek support from associations they represent and contribute to the process.

Trauma Designation Rules WAC 246-976-700: Tony Bledsoe, DOH

Stakeholder rulemaking meetings are occurring regularly. Our goal is to have draft rules by November of 2017.

EMS Week May 21-27, 2017: Sam Arbabi, MD, Chair

Dr. Arbabi presented Governor Jay Inslee's proclamation of EMS Week for 2017. He emphasized the importance of EMS services in the continuum of care with the EMS and Trauma Care System. Dr. Arbabi called EMS "the jewel of Washington State" and described Washington EMS as the best in the country.

A request was made to forward an electronic version of the proclamation to the members of the steering committee.

Shaughn Maxwell, Deputy Fire Chief – Paramedic for Snohomish County Fire District #1 stated "Washington delivers the highest quality service and patient care in the country. When you travel elsewhere, you realize what a high level, quality EMS system we have in Washington."

Recognition of Russ McCallion: Sam Arbabi, MD

Dr. Arbabi presented a certificate of appreciation from the EMS and Trauma Steering Committee to Russ McCallion, Assistant Chief with East Pierce Fire and Rescue. Russ has contributed EMS subject matter expertise to the EMSTC Steering Committee for three terms representing the Washington State Fire Chief's Association. Dr. Arbabi recognized Russ for his excellent leadership and work on the EMS performance measures and community paramedicine initiatives and stated that "If we want something to get done, we ask, "Can we get Russ involved in it?"

Russ McCallion thanked the EMSTC Steering Committee and expressed that it has been a pleasure to be a member for the last nine plus years. Russ pointed out that it is the people around the room who make this a premier EMS system. He expressed that he has worked with many great people and that it was a privilege to serve on the committee and he looks forward to participating in other roles.

Review and Approval of EMS & Trauma Regional Plans for 2017-19: Kathy Williams, DOH

Kathy presented an overview of the biennial regional plan review process, summarized trends in the plans and reviewer comments.

- Beginning in July 2016, DOH sends updated guidance for regional plans to regional ED's.
- Regions began updating their plans in August 2016.
- DOH recruited EMSTC-SC members to review plans in January 2017.
- Draft plans were reviewed beginning in March 2017 with reviews due by mid-April 2017.
- Regional ED's present summary of work completed and high points of new plans to EMSTC-SC in May of 2017. EMSTC-SC votes to approve the plans for the 2017-2019 biennium.

Kathy emphasized that it takes that proverbial village to create and implement these plans. The 2017-2019 plan starts June 30, 2017. All of the plans were aligned with the EMSTC Steering Committee strategic plan, RCW and WAC. Kathy summarized trends in the plans noting challenges in keeping regional council positions filled, funding, growing training expectations and needs. Kathy indicated that no reviewers indicated any plans should not be approved. However all reviewers asked regions to:

1. Add accomplishments from the previous plan period to see what has improved since 2015
2. Provide more specificity in strategies
3. Future plan revisions should be done in track changes.

Kathy asked if any EMSTC Steering Committee members who reviewed the plans wanted to comment. Dr. Tony Escobar stated that he was incredibly encouraged to see how regions were able to take challenges and turn them around.

Next each Regional Executive Director presented their regional plan noting accomplishments, trends, and changes in the draft plans.

South Central & Southwest: Zita Wiltgen

Achievements: 1) Improved remote meeting access through GoToMeeting and/or arranged meetings to coincide with each other 2) Provided council members with very successful council member training.

Upcoming Plan: Create a training series to take to local councils so they can get the same level of trainings. Use the updated DOH GIS map to identify underserved areas.

Motion #2: Approve South Central Region and Southwest Region's Plan.
Motion approved unanimously.

Central Region: Rachel Cory

Achievements: 1) granted \$24,000 to regional fire departments for education materials, especially for smaller, rural departments. 2) Implemented a highly successful fall recovery program. 3) Coordinated the production of the Central Regional EMS Council video.

Upcoming Plan: Prevention projects to be supported: 1) Hemorrhage control 2) Opioid addiction overdoses 3) Community paramedic programs.

Motion #3: Approve Central Region's Plan:
Motion approved unanimously

Northwest Region: Rene Perret

Represent 5 local councils: Clallam, Jefferson, Mason, Kitsap and San Juan Islands. 33% of EMS providers in region are volunteers. High percentage of aging adults. The local councils help write the plan. We review it together and then send it to DOH and this committee for review. New Plan: all suggested and required changes are addressed.

Achievements: huge improvement in STEMI program; growing injury prevention plan; implementing falls program; finally have resolved past debt issues.

Upcoming Plan: All suggested and required changes were addressed. 1) Continue to grow falls program. 2) Continue talks to start community paramedics program. 3) Continue to grow injury prevention program.

Motion #4: Approve Northwest Region's Plan
Motion approved unanimously

North Region: Martina Nicholas

Achievements: Established new plans for regional QI (cardiac and stroke program), funded programs with \$50,000 each year including a cardiac program that identifies cardiac problems in young athletes and injury prevention programs, such as Safe Kids Northwest).

Upcoming Plan: No big changes, except adding EMS collaboration with emergency preparedness work.

Motion #5: Approve North Region's Plan

Motion approved unanimously.

West Region: Anne Benoist

Achievements: 1) Awarded \$20k per year for injury prevention. The prevention program discovered there were zip codes that showed high incidents of child window falls. We worked with Mary Bridge and the Safe Kids Coalition to promote window stops and education for parents. This has reduced falls by 50%. 2) Allocated \$40k to the training and education committee for EMS training in each county (funding from the EMSC grant helped focus on pediatrics).

Upcoming Plan: 1) Revitalize new MPD standards committee. 2) Review and update PCPs. 3) there is now a new EMS council in Lewis County. 4) We want a trauma rehab committee in our council to look at what facilities are available in rural counties and how to encourage that. 5) Work on emergency preparedness goal (in the ASAP report we got a low rating, so we decided to work on that. We will be inviting emergency management from each county to report on their plans. Council and staff will all go through national incident management training).

Motion #6: Approve West Region's Plan

Motion approved unanimously.

East and North Central Regions: Rinita Cook

North Central Region Achievements: 1) Moved all training funds to county councils and let them decide what they needed. 2) Provided \$74k to support EMS and injury prevention programs. 3) Collaborated with region seven to provide equipment and training for Ebola and infectious disease treatment and transport.

North Central Upcoming Plan: Continued work on PCPs, COPs, county protocols and getting those out to the providers. All three county Medical Program Directors are working on one set of protocols.

East Region Achievements: 1) Started working very closely with local councils to assess their needs. 2) With the consolidation of administrative services, East Region was able to direct more funds toward EMS trainings and education. 3) Funded an injury prevention coordinator (emphasis on falls).

East Region Upcoming Plan: Similar to North Central's plan: PCPs, COPs, Protocols and getting them to providers.

Motion #7: Approve North Central Region and East Region’s Plans
Motion approved unanimously.

Dr. Arbabi suggested creating a statewide fall prevention guideline.

10:47-11:00 Break

Strategic Plan Status Reports:

Regional Administrators Committee TAC

RAC TAC—Annual Report/Committee Plan Report: Melody Westmoreland, RAC TAC Chair

Melody Westmoreland presented the annual report by providing an overview of the committee’s mission and purpose, responsibilities, membership, and 2016-2017 accomplishments.

Accomplishments included: 1) Completed regional plan updates, 2) Wise Practice work on regional council by-laws and websites, 3) succession planning, 4) communication and outreach projects (rural EMS video, PR templates across media platforms), 5) A few regions offered scholarships for EMS training in rural areas, 6) increased partnership with emergency preparedness, 7) provided board/council development training and plan to continue. She also noted current work on making consistent PCPs across state, and the sharing of council member recruitment ideas for all positions.

EMS GIS Mapping Tool: Jason Norris, DOH

Jason presented the updated Emergency Care Systems GIS mapping tool available to the public through the DOH website. The GIS Map allows users to see the location of EMS and hospital resources in Washington State. The map includes trauma designated hospitals and rehab facilities, cardiac / stroke categorized hospitals, critical access hospitals, verified EMS services, air medical bases, EMS training programs, National Registry EMT testing sites, designated DNR and USFS land boundaries, federally recognized tribes, boundary systems such as taxation, fire / EMS district, etc. The GIS map provides information about each facility such as the type of license, level of service available, address of each facility. The map can be used to assist EMS regions with system planning and as a general resource. Future additions to the map DOH is evaluating include mental health and chemical dependency facilities, urgent cares, and free standing ED’s.

The map can be found through links on the following webpages:

<http://www.doh.wa.gov/LicensesPermitsandCertificates/FacilitiesNewReneworUpdate/EMSAgencyandVehicleLicensingandVerification>

<http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/EmergencyMedicalServicesEMSSystems/EMSandTrauma/CouncilsandCommittees/RegionalResources>

or directly at: <https://fortress.wa.gov/doh/eh/maps/EMS/index.html>

Injury & Violence Prevention TAC

IVP TAC—Annual Report: Aimee D’Avignon, DOH

Aimee D’Avignon presented the goal, vision, membership, and 2015-17 strategic plan of the IVP TAC:

Objective 1: Analyzed IVP programs and partners in each EMS and Trauma region through a survey: Number one reason for not providing an IVP program is lack of funding. Number two reason is it is not a priority.

Objective 2: The TAC used this knowledge to inform and adjust program planning and implementation.

- Lewis County used data to find out that they were number one in the state, and number six in the nation, for fire-related injuries,. This allowed the west region to allocate funds to focus on that problem.

Objective 3: Support relevant trainings for EMST providers

Success Stories:

- Lewis county Fire District 15 partnered with Winlock schools and used money from West region grant to highlight issues such as texting and driving, DUI, and Click-it-or-Ticket.
- Pacific County Fire District 1 received a letter from a thankful parent regarding help installing a car seat. The family experienced a car accident shortly after, and the child was okay because the car seat was properly installed.

IVP Opioid Addiction and Overdose: Data Presentation: Mamadou Ndiaye, DOH Injury Epidemiologist

Mamadou presented a review on opioid addiction and overdose in Washington which indicates overall, the state’s rise in these overdoses is similar to national trends and the rate of injury by poisoning is increasing and is much higher than other causes of injury. Mamadou indicated that Washington State initiated a workgroup to assess opioid issues in 2008 and was awarded a grant for work related to reducing opioid issues in 2016 from the CDC. Data highlights: Information presented included data regarding prescription and illicit drugs. Medical examiner data indicates 60% of all drug related deaths are by opioids. The trend in prescription drug overdoses has been stabilizing/slowing down since 2007, however heroin overdoses are on the rise.

Opioid Deaths by County 2012-2016: Highest in Snohomish, King, Mason, Clallam, and Cowlitz

Opioid Deaths by Age and Sex 2012-16: Highest in males between ages 25-64

Opioid Type and Age 2012-16: Heroin use higher in younger people.

What is Washington State doing about this opioid problem:

- Insurer and Community Health Interventions

- Prescriber report cards
- Clallam, Mason, Snohomish pilot programs
- Rapid Response Program
- Evaluate capacity
- Use EMS information to capture opioid overdoses
- Improve WEMESIS
- Increase data entry into WEMESIS

12:00 p.m. BREAK

Traumatic Brain Injury (TBI) Guidelines: Sam Mandell, MD

Dr. Mandell presented TBI the prediction guideline for adults and children. Non-accidental trauma is present on both sides of the pathway. The guideline is on the DOH website. You can google it. The old one from 2007 will be replaced by this one.

Motion #8: Approve the TBI Guideline.

Motion approved unanimously.

Major Burn Resuscitation Guidelines: Sam Mandell, MD

Dr. Mandell presented the Major Burn Resuscitation Guideline: This guideline addresses how to resuscitate large burns. This guideline provides a burn care algorithm, including the early steps. We will be working on a guideline for smaller burns.

Dr. Tony Escobar Jr. commented that this guideline is timely since he is seeing an increase in what initially appear to be small burns, but in the end turn out to be larger burns.

Motion #9: Approve the Major Burn Resuscitation Guideline

Motion approved unanimously.

Surge Capacity Update: Steve Bowman

Office of Community Health Systems is supporting a formal DOH workgroup established by our state health officer, Dr. Lofy, and co-chaired by Dr. Jeff Durchin, Seattle-King County Health Officer, to evaluate and make recommendations to address hospital capacity and surge problems. The workgroup will include hospital representatives, EMS, WSHA and others. We want to include two representatives for EMS and Trauma – 1 EMS and 1 hospital representative. The workgroup will begin meeting now and work until year-end to define the problem and propose solutions. A lot of the capacity has been taken out of the healthcare system by design, and we need to address how to provide extra capacity in the case of a surge. There is a lot of complexity to this issue.

Dr. Arbabi commented that this is a health system capacity issue, not just a hospital issue. While the flu season made it more apparent, it is not a surge capacity issue. It is a capacity problem overall. It was agreed that it is a symptom of our capacity problem, but not a cause.

Steve Bowman added that staffing issues were also a part of the problem. Remobilizing licensed beds that were not being staffed may take time

The EMSTC Steering Committee nominated Dr. Susan Stern, and Norma Pancake suggested Karri O'Brien to represent EMS on this hospital capacity workgroup.

Motion #10: Dr. Susan Stern and Karri O'Brien nominated to serve on the hospital capacity workgroup. Motion approved unanimously.

Follow up from the RAC on Surge Capacity in the regions: Melody Westmoreland, RAC Chair
Melody Westmoreland shared that the RAC asked Regional Councils what Emergency Department and Ambulance Diversion surge capacity solutions were being practiced and how they are being mobilized.

Rachel Cory, Central Region: Central Region adopted a no-divert policy years ago. Hospitals operate differently if not given an option to divert. As a result, the number of divert hours in Central Region decreased from 318 down to 5 hours in January. Best practices:
Open beds and staffing up to and beyond certificate of need
Reschedule elective surgeries

Anne Benoist, West Region: Counties in West Region implemented load-leveling; in some areas WATrac was used 24/7; Charge nurses communicated on regular basis; Hospitals updated WATrac with specific patient volumes and designated three multipurpose rooms for triage, treatment and care. SURGE assessments are now being implemented to help hospitals know how to increase capacity in emergency situations.

Melody Westmoreland concluded that collaboration is key to this work.

TAC Reports: TAC Chair or Staff Leads

Medical Program Directors—Dr. Wittwer: The MPD Meeting is June 5. The agenda will highlight protocol improvements, getting some sort of commonality of protocol throughout the state and a report on stroke care. We will also be discussing the drug shortage issue in the state, such as bi-carbonate that pre-hospital uses. We have a guideline on how to use acceptable substitution drugs that will be updated and re-published.

Outcomes TAC – Dr. Arbabi: Next meeting is July 19 with representatives from Regional QI Committees.

Hospital TAC – Denise Haun-Taylor: The hospital TAC is making clarifications and revisions to clinical guidelines and WAC... The TAC received a lot of good feedback and clarification.

Prehospital TAC – Catie Holstein: Analyzing and reporting on data collected in WEMSYS for the EMS Stroke performance is achievable and will be ready for presentation at the fall EMSTC Steering Committee meeting. The Prehospital TAC is identifying new emerging trends for next planning period.

Pediatrics TAC – Dr. Escobar: We are going to update and discuss transfer guidelines, and then plan to present to Medical Trauma Directors for their input.

Meeting Adjourned at 1:05 pm