



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

FINAL MEETING MINUTES

September 18, 2019
Creekside Conference Room
20809-72nd Avenue South, Kent, WA

ATTENDEES:

Committee Members:

Tim Bax, MD	Beki Hammons	Shawn Maxwell
Tom Chavez	Denise Haun-Taylor	Denise McCurdy
Eric Cooper, MD	Mike Hilley	Brenda Nelson
Peggy Currie	Joe Hoffman, MD	Norma Pancake
Scott Dorsey	Rhonda Holden	Susan Stern, MD
Kim Droppert	Michael Levitt, MD	Mark Taylor
Tony Escobar, MD	Erica Liebelt	David Tirschwell, MD
Madeleine Geraghty, MD	Sam Mandell, MD	

DOH Staff

Tony Bledsoe	Jim Jansen	Matt Nelson
Ben Booth	Kim Kelly	Tim Orcutt
Dolly Fernandes	Meghan McCausland	Sarah Studebaker
Hailey Green	Elisabeth Molina	Nathan Weed
Catie Holstein	Jason Norris	John Weisman
		Mary Whittington

Guests:

Sam Arbabi, MD	Mark Freitas	Renee Perret
Anne Benoist	Beki Hammons	Tammy Pettis
Jim Bradley	Eric Koreis	Brian Pulse
Jennifer Brown	Mike Lopez	Sharon Rainer
Eileen Bulger, MD	David Lynde	Rene Ralston
Angie Chisolm	Chris Martin	Adam Richards
Rinita Cook	Russ McCallion	Leah Salmon-Cory
Rachel Cory	Carolynn Morris	Karly Schriever
Chris Cutler	Jim Nania	Nicole Siegel
Tyler Dalton	Martina Nicolas	Tracy Stockwell
		Zita Wiltgen

Call to Order and Introductions: Eric Cooper, MD

Motion #1: Approve minutes. Approved unanimously

Recognition of past/resigning Members: Dolly Fernandes

Dolly thanked Dr. Sam Arbabi, Denise Haun-Taylor, Rob Coffman, Stephen Perry and Mark Freitas for their time, experience and dedication as members of the steering committee. She also introduced the new members of the committee: Dr. Bax; Denise McCurdy; Mike Hilley; and Tom Chavez.

Office of Community Health Systems Update: Nate Weed, DOH

EMS rulemaking is currently underway. Next EMS rules meeting will be on September 19 in Tumwater at the Department of Health office.

We have hired a new deputy director for the Office of Community Health Systems, Jennifer Landacre. She started on September 16. She comes to us with over twenty years of experience at Kaiser Permanente in Southwest Washington.

The Rural Health program received a notice of award from HRSA, Health Resources and Service Administration. It is a supplemental grant under the SHIP grant for rural EMS work.

ACEP Cardiac and Stroke system Legislative Proposal for 2020: Susan Stern, MD, ACEP Rep.

Dr. Stern spoke on behalf of Dr. Cameron Buck, who has been leading this effort. She referred to the one page document called “Strengthening Washington’s Emergency Cardiac and Stroke System, Let’s Get Ahead of the Boom – and the Costs.”

The document outlines the urgent need for new funding for a Cardiac and Stroke System. There is a need to require and implement onsite verification for cardiac and stroke centers, develop a regional and state cardiac and stroke quality improvement program and/or registry to monitor outcomes and evaluate system performance. Also, there is a need to educate Washington residents on cardiac and stroke disease interventions, and increase support in underserved areas such as rural communities.

ACEP has been working with a lobbyist to recruit sponsors who are beginning to draft legislation. It requires a coalition, and some sponsors in the House and Senate have been identified. They are going

to look at different elements of the bill. The bill will be proposed and key stakeholders will be engaged. They will be partnering with a number of organizations' subject matter experts. The ECS TAC will be part of this group as well as the American Heart Association. They will be discussing data collection, registry strategies, and how to best utilize the data in a coordinated fashion. The group will meet with and engage WSHA and WSMA. They have a meeting set up with WSMA next week; the timeline is rather short--they have until the January session. A question arose about undertaking this during a short session and not receiving complete funding. The thinking is that it is best to move ahead with infrastructure funding request in 2020 legislative session and seeking additional support during the longer session in 2021.

EMS and Trauma System Assessment: John Wiesman, Secretary of Health

John thanked everyone for taking the time to serve as member of committee, past and present.

Last year DOH commissioned a comprehensive assessment of Washington's EMS and Trauma Care System. There was a party who was very interested in being designated as a level one trauma service. That was Madigan, who was interested in pursuing that at one point in time and were having conversations with a number of folks about it. Then DOH realized that the system has been in place 30 years without taking a deep dive into this for some time. And there were other interested parties who wanted to look at their level of trauma service. John wanted to base this work on data, removing the politics and coming back to data and science with experienced folks. DOH sought to do this methodically and carefully in terms of looking at the system. DOH and the steering committee are really in a place of planning to further build the system.

This work began last fall with selecting the American College of Surgeons, the ACS, to perform the assessment and share their findings in a written report. The report was then released in July. Washington has a very comprehensive, well-respected and coordinated approach to emergency medical services and trauma care. This was noted in the report, as the last paragraph of the executive summary said, "The operational dynamic of stakeholder engagement, strong legislative support and funding has supported the development of a very solid EMS and trauma system for the State of Washington. Over the last two decades strong trauma leadership, and trauma systems innovation within the state has fostered a model considered as trauma system best practice. Many of the facets of the trauma system have been emulated by developing trauma systems across the nation. But as all systems evolve, there are opportunities for improvement. As evidenced by the insight to seek an

external consultation to further EMS and trauma system evolution in the State of Washington, the system is now uniquely positioned at a crossroads for revolutionary change.”

The ACS prioritized 19 recommendations they believe Washington should first work on. Some of these directly inform existing strategic plans and can be addressed by DOH, together with the EMS and Trauma Steering committee, and the technical advisory committees and workgroups.

Many of these are complex issues. For example, the one on everyone’s mind is calculating the minimum and maximum numbers for levels of trauma centers across the state. Research has shown that too many trauma centers in one location can negatively impact the trauma system and patient outcomes. Similarly, areas where lower level designated centers support urban areas where no tertiary services are immediately available can have similar impacts.

To get input into the recommendations from the ACS, DOH will be hosting four forums across the state. The goal of these is to engage stakeholders and gather feedback. John’s hope is that these forums will create an opportunity to hear many perspectives from a wide net of partners building on the strengths of our existing stakeholder groups. This will provide information to inform decision making in support of our emergency care system. John’s expectation is for the committee to listen, draw out additional information and then come together with recommendations to the agency and to John as the Secretary. John wants everyone to stay focused on the Washingtonians. Many on the committee have vested interests in this, and John’s job is to make sure everyone is looking broadly and thinking about what is best for the entire system, knowing there will be some conflicts, but those will need to be balanced out to focus on what is best for Washington State and the patient.

John said that he would spend the summer going over the report. He went through it once summarily, and is now going through it again, pulling out recommendations, and grouping them in ways that make sense to him. For example, he is categorizing around data reports performance and QI, policy and procedure issues, education about the trauma system and coalition building, system leadership and management, regional issues and planning. John is planning to crosswalk some of these with four issues for the forums, and then look at how quickly something can be done, how time consuming it will be, and whether it requires substantial new dollars to do it. Once he completes this review, he will share it with DOH staff.

Please attend one of the forums in Snohomish, Tumwater, Yakima or Spokane. John believes that the committee's expertise and feedback is vital to help take the right steps forward. Together, we will build a better system and improve patient outcomes.

Strategic Plan Annual Report: Prehospital TAC: Catie Holstein, EMS Section Manager

The Pre-Hospital TAC's Mission is to advise the EMS & Trauma Care Steering Committee on the pre-hospital EMS components of our system. The TAC does this because statewide perspective from pre-hospital subject matter experts and community leaders is critical for success in system management. The TAC also serves as a conduit between EMS stakeholders, the steering committee and the Department of Health.

PHTAC is comprised of 23 members representing statewide EMS and fire associations, EMS physician medical program directors, EMS regional council leadership, EMS service supervisors, educators, certified EMS providers and representatives from other EMS and trauma technical advisory committees. Gaps in their membership do exist and are related to E-911 and state level emergency preparedness.

PHTAC has six workgroups: Medical Program Directors, Training Program Directors and Educators, EMS Data/WEMISIS, Air Ambulance, Prehospital Disaster Planning and Preparedness, and License and Verification EMS Services.

PHTAC is a stable committee with a broad swath of subject matter experts in all provisions of EMS to provide recommendation and guidance to the steering committee and DOH on provisions of EMS.

The work is centered on the objectives in their strategic plan but the PHTAC also advises the steering committee and the department on rules, implementation of legislative initiatives and other projects that occur throughout a year.

EMS and Trauma System Goals 2017 - 2021:

- Increase access to quality, affordable, and integrated emergency care for everyone in Washington.
- Prepare for, respond to and recover from public health threats.

- Promote programs and policies to reduce the incidence and impact of injuries, violence and illness.
- Promote and enhance continuous quality improvement of emergency care systems for Washington and work toward sustainable emergency care funding, enhanced workforce development and demonstrated impact on patient outcomes.

Last year they reported 20% completion, this year they are at 38% Completion is on target to complete all of their strategies by 2021.

One problem the TAC is experiencing is a decrease in the number of EMS stakeholders participating in state work. Many of our system architects, historians and legacy leadership in the EMS ranks are retiring. Succession planning of up-and-coming leaders for participation in statewide and regional EMS system committees / councils is more and more difficult. The value of participation in statewide initiatives and work must continue to outweigh the unreimbursed costs of travel, meeting time, and time spent on our projects.

Catie went on to speak about their accomplishments and challenges for each of the seven objectives for this year.

For 2020 the TAC will continue rulemaking, continue to improve EMS data registry (WEMSIS). They will continue the FLEX Grant and rural EMS work. They also will adjust and respond to recommendations from the ACS assessment.

Prehospital Data Presentation: Jim Jansen, Research, Analysis and Data Manager

The PHTAC data report covered opioid surveillance efforts, upcoming data reporting requirements and integration of EMS data into the Health Information Exchange. The WEMSIS team, along with the Injury and Violence Prevention team at DOH, recently developed the EMS opioid surveillance report, a monthly EMS report of responses to possible opioid overdoses providing case counts by EMS region for all WEMSIS reporting agencies. Currently the report captures approximately 80% of statewide responses from about 50% of EMS services. Coverage varies by county, limiting the utility of the report for regional comparison and statewide benchmarking. However, counties and regions can use the report to track opioid responses locally. Monthly reports are available on the WEMSIS website.

During the past legislative session, Substitute Senate Bill 5380 was passed, requiring all licensed ambulance and aid services to report data to WEMESIS. The WEMESIS team is preparing for the rule-making process, expected to begin in January. As part of this process, stakeholder meetings will be held to discuss rules and specific requirements for reporting, including submission timelines, required data fields and the timeframe for requiring submission.

The WEMESIS team is currently working on integrating EMS data into the WA Health Information Exchange, a statewide data transport mechanism that enables data sharing between health care service providers. This integration offers many advantages for EMS services, hospitals and DOH.

Emergency Cardiac and Stroke TAC Annual Report: David Tirschwell, MD

The ECS TAC serves in an advisory capacity to EMS and Trauma Steering committee on cardiac and stroke care related issues. They ensure comprehensive prehospital and hospital cardiac and stroke care is available to the citizens of Washington State through meaningful discussion, consensus-building efforts and collaboration. They also evaluate and discuss the current systems of cardiac and stroke care, review processes related to emergent pre-hospital and hospital care, and provide recommendations to the steering committee with the overarching goal of improving patient care and system performance.

Dr. Tirschwell reviewed the seven strategic objectives for 2018 through 2020. He also discussed the Prehospital Stroke Triage Destination Procedure. The purpose of the Prehospital Stroke Triage and Destination Procedure is to identify stroke patients in the field and take them to the most appropriate hospital, which might not be the nearest hospital. Stroke treatment is time-critical; the sooner patients are treated, the better their chances of survival and recovering function.

In 2018, the ECS TAC accomplished several things. The TAC revised the stroke triage tool (again) and are currently in rollout phase. Protocols, procedures, policies should be updated accordingly by 1/1/2020. They elected Cardiac TAC chair and held first two meetings of Cardiac-only TAC. They reviewed outdated cardiac guidelines on ECS website. Regular data presentations at TAC meetings provide opportunity to examine trends and identify areas of improvement. Created categorization application review workgroup tasked with revising all five applications to be ready for 2020/2021 re-categorization cycle.

Coverdell Stroke Grant Update:

Communications and Community Education work is underway for:

- World Stroke Day is October 29th
- WSD campaign – “Don’t be the One” – focusing on stroke prevention and raising awareness of individual lifetime risk of stroke.
- Promoting the Stroke Riskometer – <https://www.strokeriskometer.com>
- Stroke Education Coalition meeting on 9/23
- If you are interested in doing stroke awareness activities in schools? Mary is modifying and piloting a 5th grade stroke curriculum that they hope to share with you soon.
- The Washington State Public Health Association took place in Wenatchee, October 1-3. Meghan and Kseniya presented “Data and action to improve stroke care.” They also had displays for the conference.

Final Thoughts: ECS TAC remains an active and engaged TAC. They have made tremendous gains in Washington State. There is decreased stroke and Acute Myocardial Infarction mortality, top rates of survival of cardiac arrest, and steady increases in stroke acute treatments.

There is still much to do--Coverdell funding and Cardiac QI grants are unreliable long term and external professional consultation suggests the need for sustained and reliable funding. ACEP is helping to champion this cause.

Stroke Data Report: Meghan McCausland, DOH

There was an increase in EMS participation in Coverdell. Coverdell now has 63 EMS partner agencies. There has also been continued growth in hospital partnerships; 54 out of 86 in the state of WA are Coverdell hospitals. Cerebrovascular disease and cardiovascular disease continue to be in the top ten leading causes of death in WA. As of 2017, cerebrovascular was 6th and cardiovascular was 2nd.

Stroke Care Performance: The use of t-PA for acute ischemic stroke has increased over time. As of 2018, 11.2% of ischemic stroke patients were treated with t-PA. Endovascular thrombectomy has also seen increases in use since 2007, reflecting the widespread acceptance in the past ten years. As of 2018, 4.6% of acute ischemic stroke patients received endovascular thrombectomy. Finally, 2018 data showed that for both t-PA use and endovascular thrombectomy, patients who lived in rural areas received these interventions less often than patients residing in urban/suburban regions.

Cardiac Care (2018 CARES Performance Measures):

Of all cardiac arrests: 17% had AED applied prior to EMS arrival

Of all cardiac arrests: 54% had CPR initiated by a bystander

Of cardiac arrests arriving at hospital with initial VF: 64% had hospital cooling and 65% had coronary angiography

Among stroke patients eligible for t-PA and arriving within the time window, mild stroke, rapid improvement and acute bleeding were the top three reasons why they did not receive t-PA.

Data showed stroke patients in 2018 arrived at the hospital in three main ways: 47.2% arrived via EMS, 34.4% arrived via private transport and 17.2% were transferred (also 1.2% unknown in data). When reviewing data based off of arrival type, data showed that between 2015-2019 (YTD) those who arrived via EMS got to the CT scan (the first major diagnostic method) in half the amount of time (measured in median minutes from door to CT scan). Data also showed that patients who arrived via EMS within the eligible timeframe received t-PA more often than patients who arrive by private vehicle. Similarly, data showed that EMS arrival patients received endovascular thrombectomy more often than private vehicle arrivals.

The Coverdell team, in partnership with DOH WEMESIS and trauma data team are beginning to review WEMESIS key performance indicator data related to stroke. There are six indicators that will be examined moving forward, such as completion of a FAST exam and EMS scene time of less than 20 minutes. These results will be reported out.

Northwest Region: Kitsap County Trauma Verification Min/Max Change:

Rene Ralston, Executive Director from Northwest Region, presented a Prehospital Min/Max proposal on behalf of Kitsap County that recommends increasing the maximum number of verified ALS Ambulance Service and decreases the maximum number of verified BLS Ambulance Services. This proposal addresses the recent administrative and organizational changes and will accurately reflect the current status in the county.

TAC Reports:

RAC TAC: the RAC TAC met yesterday, reviewed and updated progress on their strategic plan. Although progress has slowed over the summer, the TAC will have steady progress as Regional Councils continue their work on revising Patient Care Procedures. The TAC also participated in a Best Practice activity about public records disclosure.

Cost TAC: Met last in March. Dr. Cooper will be the chair of the TAC.

Prehospital TAC: The TAC did not hold a meeting last month.

Injury Prevention TAC: Aimee left DOH, and they are looking for a new DOH representative.

Pediatric TAC: The TAC worked on their strategic plan. They discussed the largest volume of preventable deaths, which is injury non-accidental trauma and gunshot wounds. They discussed doing some sort of awareness campaign. Mart reported that most of the EMSC project work right now is going into the pediatric readiness survey.

Matt provided information about the “Stop at 4” window lock campaign and explained that it was very successful in getting information out to parents. He showed the web page: <http://stopat4.com>.

Outcomes TAC: The Outcomes and Rehab TACs met and went over some new 2018 rehab data.

Meeting adjourned at 1:30 pm.