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

FINAL MEETING MINUTES

January 15, 2020

Meeting held remotely via GoToMtg

PARTICIPATING on GoToMtg:

Committee Members:

Timothy Bax, MD	Beki Hammons	Sam Mandell, MD
Cameron Buck, MD	Mike Hilley	Denise McCurdy
Cindy Button	Joe Hoffman, MD	Brenda Nelson
Tom Chavez	Rhonda Holden	Lynn Siedenstrang
Eric Cooper, MD	Tim Hoover	Susan Stern, MD
Tony Escobar, MD	Michael Levitt, MD	Mark Taylor
Madeleine Geraghty, MD	Erica Liebelt	David Tirschwell, MD
Dan Hall	Shawn Maxwell	Norma Pancake

DOH Staff

Alan Abe	Catie Holstein	Sarah Studebaker
Tony Bledsoe	Jim Jansen	Hailey Thacker
Ben Booth	Matt Nelson	Nathan Weed
Dolly Fernandes	Christy Cammarata	Jason Norris
Dawn Felt	Donna Bybee	John Wiesman
Jennifer Landacre	Tim Orcutt	

Guests:

Ann Benoit	Dave Collins	Libby Witter
Becky Dana	Jim Nania	Mary Flick
Bryan Fuhs	Leah Salmon-Cory	Carolynn Morris
Taylor Dalton	Tammy Pettis	Tylor Dalton
Adam Richards	Zita Wiltgen	Jay Bretz
Lourdes Guzman	Karly Schriever	Michelle Schmidt
Dave Collins	Traci Stockwell	Sarah Schadler
Martina Nicolas	Jim Nania	Rachel Cory
	Renita Cook	Tabitha Bradley

Call to Order and Introductions: Eric Cooper, MD

Motion #1: Approve minutes. Approved unanimously.

DOH Updates: Nate Weed, DOH

OCHS has hired Alan Abe as the injury prevention specialist for the EMS and Trauma Section. He will provide leadership for injury and trauma prevention programs for EMS and Trauma statewide. He is a resource to help the regions, hospitals, fire departments and other partners with their injury prevention programs.

OCHS has also hired Ihsan Mahdi, an epidemiologist working with EMS data systems. He will be reaching out to regional QI groups on EMS data and outcomes. Part of Ihsan's position will focus on enhancing the DOH opioid surveillance research capacity through EMS data.

HB 2462 – Recognition of EMS Personnel Licensure Interstate Compact (REPLICA)

This bill provides legal protections, standardized practices, and accountability for state certified EMS personnel when crossing state lines. It extends the practice of an individual from their home state to a participating compact state to practice on a ***short-term, intermittent basis*** under approved circumstances such as:

- When EMS response areas require the use of EMS personnel to cross state lines on a day to day basis. For example, the Washington / Idaho border where EMS personnel maintain dual credentials.
- Staffing for large scale responses that are not at the level of a governor's declaration of a disaster, including details in support of federal agencies examples including wild-land firefighting teams, homeland security

Many states have passed similar legislation and are participating in the compact.

HB 2450 Free hunting and fishing licenses for volunteer EMS providers.

HB 2349 / SB 6157 Stop the Bleed. Dr. Mandell informed the committee that these bills on requiring schools to stock bleeding control kits were introduced.

Dr. Cooper asked the Steering Committee to share these legislative bills with their organizations so that they are informed.

Nate provided a summary of the new strategic plan that the department of health has adopted. It is heavily focused on data information and technological innovation. All the data systems in the agency are being examined on their ability to link together. The department is placing attention on equity, diversity and inclusion and looking at the health policies in Washington.

At OCHS, the backlog of applications in Certificate of Need has been eliminated. At this point, they are on time and on target. The Certificate of Need (CoN) program is designed to examine the financial sustainability of a health care facility.

A question was raised about Astria Regional Medical Center in Yakima closing with little or no notice. Secretary Wiesman responded that rural hospitals are facing significant financial challenges. The Health Care Authority along with the Rural Health program at DOH and the Washington State Hospital Association have been working on sustainability for several years. Together they are trying to come up with models that can be more financially viable. Health Care Authority is taking the lead and working with the Federal Government.

There are a number of rural hospitals that are at risk. When Astria went into bankruptcy, there was a lot of engagement between the local health department, DOH emergency planning, WSHA, and the other local hospitals.

Rules Update: Dolly Fernandes, DOH

The EMS rules are open; Catie is leading that work. The meeting times are posted on the DOH website.

Cardiac and Stroke Legislative Update: Cameron Buck, MD

Cameron spoke about the draft bill that will be presented during this short session. The bill in its current draft relates to improving cardiac and stroke outcomes through data-driven continuous quality improvement. It will provide authority for the department of health to establish and coordinate a statewide cardiac and stroke system of care.

The draft bill requires all hospitals to collect and submit data to DOH, and require all licensed prehospital EMS to report some type of data on cardiac and stroke through WEMSIS. DOH will compile information and statistics on cardiac and stroke care using data from existing cardiac and stroke registries. Another aspect of the draft bill is to support areas that are currently underserved - critical access facilities in rural parts of the state. The draft bill has been submitted to legislative staff. It needs to get a hearing with the House heath care committee.

EMS and Trauma Assessment Follow Up: John Wiesman, Secretary of Health

On December 11, Secretary Wiesman met with the Legislative Joint Committee on Healthcare Oversight, a House and Senate committee to present on the Washington State EMS and Trauma Systems assessment. The meeting was held at Harborview Medical Center. The presentation went well and provided the committee a preview of the assessment project. Paul Hayes, Harborview executive director, and Eileen Bulger, Harborview Chief of Surgery, also gave a presentation on the Washington EMS and Trauma System, indicating their support for the project.

At the last steering committee meeting, attendees were asked to pick their top three priorities out of the 19 recommendations for ACS. Data, quality improvement and finances were the main concerns. John is appointing two workgroups, one is to develop the min/max methodology for the level I and level II trauma centers. The other group is for the financing side.

Secretary Wiesman asked the trauma medical directors from the level 1 and II trauma services, the Outcomes TAC chair, the steering committee chair and a few other key experts to be on the workgroup. The workgroup will make recommendations to inform Secretary Wiesman and he will make the final decision regarding the min/max numbers. To facilitate this process, he has established an internal project team. He met with them to kick off work and start working on the background pieces. DOH is in the process of hiring a facilitator to lead the min/max workgroup. The meetings will take place every two weeks until the end of May. The meetings will be open to the public. The financial workgroup will be assembled sometime in March, after the legislative session has ended.

Secretary Wiesman discussed the report that put together the other recommendations from ACS. Dolly will email it out to the committee members. The department wants the committees' input on the recommendations. Please fill out the survey and return it to Dolly.

Dr. Tony Escobar expressed concern with the compressed meeting schedule. He asked that Department of Health have preliminary work such as literature review done ahead and brought to the workgroup. Nate Weed confirmed that the DOH team has already started working on the literature review, review of laws and policies of other states and data analysis and plans to bring these to the workgroup.

Strategic Plan Reports: Hospital TAC

Hospital TAC – Annual Report: Tony Bledsoe, DOH

Tony Bledsoe gave the annual strategic plan report for the Hospital TAC. Through the year the TAC identified and worked on three strategic tasks. These tasks included: Advising the trauma registry rules work that are ongoing and providing input on trauma registry field changes; reviewing existing clinical practice guidelines and the development of new guidelines; and revising the trauma designation application to reflect new designation standards and to continue to try and improve the ease of use. For 2020, the TAC will look to incorporate the use of registry data more and will look to the ACS state assessment report to inform future strategic planning efforts.

2016 – 2018 Trauma Designation Outcomes:

Tony Bledsoe gave a presentation reviewing the outcomes of all trauma designation applications submitted in 2018 and 2019 to see if education efforts from the department staff have reduced WAC violations. Violations related to education requirements and the submission of policies, procedures and protocols diminished greatly, largely due to the education efforts focusing on these areas as well as the creation of several clinical practice guidelines by the Hospital TAC, which many programs have adopted. Violations related to quality improvement and trauma team activation (specifically undertriage) remain constant. Total violations issued are trending downward, while provisional designations are trending upward. The turnover of Trauma Program Managers was discussed as being the main cause of provisional designations.

Trauma Quality Improvement Program: Sam Mandell, MD Outcomes TAC Chair

Dr. Mandell spoke about Trauma Quality Improvement Program (TQIP) and that DOH is leading a Collaborative for Level I and II trauma centers. TQIP is run by the American College of Surgeons and is designed to provide risk adjusted benchmarking for quality improvement outcomes and trauma. In all, there are more than 825 trauma centers that participate in this program nationwide.

TQIP builds models that provide national comparisons for where each trauma center falls, on a variety of outcomes. There are two different programs, one for Level I and II trauma centers, and then one that compares level IIIs to other level IIIs.

DOH has a *lead role* in the trauma system development and oversight and has contracted directly with TQIP to administer the Collaborative. DOH will pay the collaborative fee of $10,000.

Dr. Mandell discussed the advantages of being part of the program. The participating hospitals get aggregate reports of data selected by TQIP. Harborview's report has a tremendous amount of data in it. The longer a hospital participates in TQIP the more data can be compared.

North Region EMS Min/Max for ALS AID Ambulance Services: Catie Holstein, DOH

Snohomish County Fire Protection District 15, a.k.a. Tulalip Bay Fire Department (TBFD), is currently engaging the North Region EMS & Trauma Care Council to modify the North Region EMS and Trauma Care System Plan. The proposed change to the Plan adjusts the Approved Minimum/Maximum Numbers of Trauma Verified Services by Level and Type for "Aid-ALS" from 0/0 to 0/1.

Tulalip Bay Fire will establish itself as an Aid-ALS agency. This will provide rapid, 24/7, non-transporting ALS services to those residing within the TBFD response area of the Tulalip Indian Reservation. This will raise the Current Status of the North Region to one (1) Aid-ALS Verified Service Type in Snohomish County. This will greatly enhance the level of EMS care provided to our Tribal community and serves to provide immediate, life-saving ALS interventions while their Paramedic(s) wait for the later arrival of our contracted, out-of-district transporting ALS unit.

Tulalip Bay Fire is requesting a 120-day variance to sanction part-time Aid-ALS provision in our district. This variance will allow TBFD's seasoned paramedic employee(s) to begin providing critical, ALS care on a (temporarily) part-time basis while this Fire District undertakes the State, Region, County and Agency processes that accomplish Tulalip Bay Fire Department's goals of full-time ALS-AID verification, hiring additional ALS staff and 24/7 ALS-AID operational capacity. This is an important enhancement to the service we provide our citizens. It adds to, not decreases the level of ALS service that historically exists; those contracted services will continue 24/7, uninterrupted and unchanged.

Motion #2: Approve Request. Approved unanimously.

Rehab Guidelines: Tim Orcutt, DOH

Tim presented two new rehab guides. One was on Autonomic Dysreflexia and the other was on Brain Injury. Dr. Geraghty asked for depression to be added under common complications of brain injury and intervention strategies.

The Department of Health does not mandate the use of these guidelines. The department recognizes the varying resources of different services, and the approaches that work for one rehabilitation service may not be suitable for others. The decision to use this guideline in any particular situation always depends on the independent medical judgment of the physician providers and clinical staff.

Motion #3: Rehab guidelines approved with depression added as one of the symptoms in the brain injury guideline. Approved unanimously.

Committee Business: Chair Election in March Dolly Fernandes, DOH

According to the by-laws, the committee shall elect a chair, whose term in office will be for one year. Dr. Cooper was elected and started his chair in September, 2019. The by-law says the chair election will be held every year at the March meeting, not less than six months prior to the term of the chair. It has been only three months since Dr. Cooper has served as the Chair.

Dolly asked the committee if they wanted to have an election in March. Everyone on the call did not think an election was needed given the circumstances. This means the next chair election will be March of 2021.

Emergency System Issues for TACs to address: Eric Cooper, MD

Handout

Dr. Cooper shared the driver diagram with the committee. Dr. Cooper and others are concerned about access to the emergency care system, the impact of ED overcrowding on the system and the ability of ambulances to deliver patients to hospitals. This is a multifactorial problem that no one is going to be able to solve on their own. Dr. Cooper thought the concepts of the diagram might be a good tool for addressing this issue.

A driver diagram is a visual display of a team's theory of what "drives" or contributes to the achievement of a project aim. This clear picture is a team's shared view and is a useful tool for communication to a range of stakeholders.

Dr. Cooper chose the time around ambulances because they are the first line of defense. They are the first responders to those in the community and their availability is very important. Their time is lost when they are standing around in a hospital waiting to deliver the patient, so ***the aim is to reduce ambulance turnaround time to less than 20 minutes 95% of the time and less than 30 minutes 100% of the time by January 2021.***

The primary drivers are to decrease ED overcrowding, access to behavioral health and flu and other outbreaks. Dr. Cooper will send the driver diagram out as a draft, let people add to the draft, and then discuss it through email, perhaps bringing it to the next committee meeting.

Dr. Buck said he was supportive of the vision. He suggested linking it to some of the issues that were previously outlined in the ACS Recommendations. Specifically SI-6, which is to develop a state-wide or regional dashboard to allow hospitals and EMS services to have a real-time knowledge of available resources. It aligns with what Dr. Cooper is trying to accomplish to improve the turnaround time and system performance of surge and overcrowding.

Nate Weed offered to get involved in the project and help Dr. Cooper connect with some other key stakeholders.

TAC Reports

Rehab TAC: Tim Orcutt, DOH

The Rehab TAC meets next week and their goal is to update their strategic plan and go through all the suggestions from the ACS report.

Pediatric TAC: Dr. Escobar

They had to cancel the January meeting, so they will meet in March. They are looking forward to working with the Outcomes TAC. They have invited a couple of speakers to talk about sex trafficking. It is an issue in Washington. They are also working on the ASPER grant with Dr. Ilene Cline.

Outcomes TAC: Dr. Mandell

They are working with the Pediatric TAC and window falls is on the agenda for the next meeting. The meeting will be held on February 6. The TAC will also be working with the hospital TAC on the TQIP project for the State of Washington.

ECS TAC: Dr. Buck

The TAC had a stroke meeting and then a cardiac meeting. They reviewed the strategic plan, tools and updates. They reviewed work in both parts of the committee that relates to applications for categorization of cardiac and stroke facilities in the state of Washington. Most of the revisions have been completed and are ready to be submitted.

Re-categorization is going to start soon with the West, Northwest and North regions. They will be receiving applications from Matt Nelson.

The December meeting was a stroke meeting, and the TAC spent some time reviewing the prehospital stroke tool. A few members will be attending the International Stoke Conference in February.

Prehospital TAC: Catie Holstein

Their next meeting is February 19 from 10:00 until 1:00.

Injury and Violence Prevention TAC: Dolly Fernandes

The TAC doesn't currently have a Chair; they are seeking one. Alan Abe is the new injury prevention specialist at DOH. If there is a steering committee chair who is interested in chairing this TAC, please contact Dolly.

Cost TAC: Dolly Fernandes

The Cost TAC meets on a needs basis. The last meeting was several months ago. Eric Dean is working on the grants that go out to the prehospital agencies. The TAC does not have a meeting scheduled at this time.

RAC-TAC: Christy Cammarata

The TAC met on January 14. They reviewed and provided feedback on a DOH region process and improvement project. The West Region also shared their plan to complete the QI SWOT analysis outlined in their strategic plan. The RAC TAC will meeting again in March and begin planning their annual report to the steering committee in May.

Medical Program Directors annual meeting on June 1, 2020.

12:50 Adjourn