



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

Draft MEETING MINUTES

November 18, 2020

Meeting held virtually via GoTo Meeting

PARTICIPATING on GoToMtg:

Committee Members:

Tim Bax, MD
Cameron Buck, MD
Cindy Button
Tom Chavez
Eric Cooper, MD
Peggy Currie
Scott Dorsey
Tony Escobar, MD

Bryan Fuhs, MD
Madeleine Geraghty, MD
Daniel Hall
Beki Hammons
Mike Hilley
Joe Hoffman, MD
Rhonda Holden
Erica Liebelt, MD

Sam Mandell, MD
Shaughn Maxwell
Denise McCurdy
Brenda Nelson
Norma Pancake
Susan Stern, MD
Mark Taylor
David Tirschwell, MD

DOH Staff:

Alan Abe
Tony Bledsoe
Steve Bowman
Donna Bybee
Christy Cammarata
Chris Clem
Eric Dean
Dolly Fernandes

Dawn Felt
Catie Holstein
Jim Jansen
Jennifer Landacre
Ihsan Mahdi
Matt Nelson
John Nokes

Jason Norris
Tim Orcutt
Melissa Stoddard
Sarah Studebaker
Hailey Thacker

Guests:

Sara Ambrose
Anne Benoist
Neil Broumley
Eileen Bulger, MD
Chris Clutter
Rinita Cook
Leah Salmon-Cory
Allen Friend
Megan Grinnell
Kurt Hardin
Gena Kreiner

Thomas Lamanna
Daneen Lindh
David Lynde
Carolyn Morris
Jackie Mossakowski
Jim Nania, MD
Martina Nicolas
Tammy Pettis
Julie Rabeau
Wendy Rife
Bryce Robinson, MD
Joseph Rodrigues

Rene Rolston
Sarah Schadler
Max Severeid
Yvonne Sparacio
Becky Stermer
Nicole Siegel
Tracy Stockwell
Karen Thomas
Zita Wiltgen
Libby Witter
Deborah Woolard, MD

Call to Order and Introductions: Eric Cooper, MD, Chair

Minutes from September 16, 2020: Eric Cooper, MD

Handout

Motion #1: Motion to approve minutes from September 16, 2020 meeting.
Approved unanimously.

DOH Updates: Dolly Fernandes

John Wiesman will be leaving at the end of the year to take a teaching position at the University of North Carolina at Chapel Hill. Dr. Umair Shah was selected as the new state Secretary of Health. Dr. Umair Shah has specialized in internal medicine and has a master's in public health. He is currently working in Houston, Texas as the executive director and local health authority for Harris County Public Health. He has responded to numerous large-scale emergencies such as tropical storms, hurricanes, H1N1 and now COVID 19. His portfolio suggests that he is well informed on Emergency and Trauma care. Dr. Shah is warmly welcomed to Department of Health.

Min/Max Project Update: Dolly Fernandes

The number one priority recommendation by ACS was that DOH establish a clear and transparent process of calculation of the minimum/maximum numbers for trauma centers in each region. In January, Secretary Wiesman appointed a Min/Max workgroup to advise and propose methods for determining the min/max numbers for level 1 and 2. The first workgroup meeting was in February and then we had to pause because of the COVID outbreak.

The workgroup resumed in September. The workgroup has come up with options for determining min/max for Level I and 2. As you might imagine, reaching consensus on an option was not possible. The results of this project will be shared in a report to the Secretary of Health and will include the options derived from the Min/Max Workgroup. Secretary Wiesman acknowledges that given the complexity of the issue and political concerns, this matter may require involvement of the Governor's Office and legislative health committees.

Rulemaking

The DOH has initiated the CR101 process which opens the administrative rules to explore the need for rulemaking to address min/max. The Min/Max Workgroup meeting discussions are now leaning in the direction of rulemaking, and DOH determined it would be best to file the CR 101 now so that the discussions started here may carry over to the rulemaking process. The CR101 was initiated by DOH this week and should be published soon.

GFS Budget Reduction:

At the last meeting we informed you that state agencies were asked to submit to the Governor for his budget a 15% reduction to GFS funded programs and these proposed reductions would impact the DOH EMS and Trauma programs, including the Regional Councils and the Poison Center. At this time, we do not know if these proposed reductions will be included in the Governor's budget. The Governor's budget usually is released mid-December. In the meantime, we have heard that the state revenue improved last quarter and we are hoping that the proposed reductions to the Office of EMS and Trauma, Regional Councils and Poison Center will not be taken. We have been asked when we will know if there will be any reductions to the GFS budget. We will know at the end of the legislative session which will be in April 2021. Budget

reduction news is difficult, and we realize it is hard to do planning for the future when we do not know what our funding will be next biennium.

EMS Rule-making Update: Catie Holstein, DOH

The next rule making meeting is scheduled for November 19, 2020. They will work on WAC 246-976-010 in the definitions section. They anticipate finishing up in January or February and then continue with the CR102 process. They are getting close to finishing up.

WEMSYS Rule-making Update: Jim Jansen, DOH

The group met yesterday to work on rulemaking for WAC 246-976 relating to WEMSYS changes required by opioid legislation passed in 2019. Minutes from that meeting will be posted to the WEMSYS rule making website. Changes to the rules were made in the document during the meeting based on the group's input. The second workshop meeting will be held on **Monday, December 14, 2020, from 2:00pm to 4:00pm** and will focus on a proposed new section in Chapter 246-976 WAC: "WEMSYS – DOH Responsibilities".

2021 Steering Committee Meeting Schedule

Handout

Dolly went over the Steering Committee meeting schedule for 2021 and indicated that for now, the plan is to hold them virtually. Should social distancing requirements change in 2021, we can look at how and where we might meet. Dr. Cooper asked if there was a savings to meeting online and Dolly indicated that DOH is saving on the conference room costs. Also, money and time is saved by all by not traveling to meetings.

Trauma Designation Site Reviews: Tony Bledsoe and Dolly Fernandes, DOH

Tony explained that COVID 19 travel restrictions is posing scheduling difficulties for reviewers for trauma designation site reviews in 2021. Many potential site reviewers have employer-based travel restrictions and are unable to commit to traveling to the site reviews in 2021, not knowing what the situation will be in the future.

Tony discussed this issue with the Hospital TAC, and they recommend extending the upcoming designation cycle out 12 months. It is consistent with what the American College of Surgeons has done for their reviews due to COVID. Mark Taylor, Hospital TAC chair, added that the Hospital supports this extension.

Motion #2: Motion to endorse the Hospital TAC's recommendation to extend the upcoming designation cycle and site reviews out a year.

Approved unanimously.

This is a policy change and Tony Bledsoe, DOH, will inform the Trauma Designated Services about this extension. This means that the Central, North Central and Southwest Regions Group 1 facilities who would be applying for redesignation and having site reviews in 2021, will instead go through this process in 2022. Likewise, Group 2 and 3 will shift down a year to 2023 and 2024 respectively.

Strategic Plan Status

Trauma Fund Annual Report: Eric Dean, DOH

Handout and PowerPoint Presentation

The fund provides financial support to hospital, physician, prehospital and rehabilitation services in the trauma system. It is revenue-based with a \$5.00 surcharge on traffic infractions, and \$6.50 fee on the sale or lease of new and used cars from dealers. The legislature appropriates biennial funding to DOH, and the Health Care Authority based on projected revenue. The annual budget is about 19 million; 7.5 million in Medicaid match and 11.5 million distributed in state funds (\$4m through DOH and \$7.5m through HCA).

Eric explained the spending plan and how and when funds are disbursed. This can be found in detail by googling “Washington trauma fund”. The spending plan is based on OFM approved revenue forecasts. Vehicle sales fee revenue was lower during the COVID 19 shutdown this spring and summer but has since recovered. Moving violations fee revenue is down and has not recovered. The risk of a second shutdown may further influence the revenue and require changes to the spending plan.

The next Cost TAC meeting will be in early January to advise on any necessary spending reductions for this fiscal year. Cost TAC conference calls are open to the public; everyone is welcome to participate.

Rehab TAC Annual Report: Tim Orcutt, DOH *PowerPoint Presentation*

Tim Orcutt presented the annual report for the Rehab TAC. Objective 5 focuses on improving the use of new technologies and best practice recommendations. The TAC worked on the development of two rehab specific guidelines for Brain Injury and Autonomic Dysreflexia. Since then those guidelines have been finalized and were approved by the steering committee early this year.

Currently the TAC is working on Objective 6: Develop a means to track rehabilitation specialty services. This objective is partially complete.

Also, not yet started is Objective 7: Coordinate actions with trauma centers to convey a better understanding of rehabilitation capabilities and services. This objective was added based on the ACS recommendations.

The Rehab TAC has had a couple of challenges with the CMS IRF-PAI Care Tool. The Center’s for Medicare/Medicaid Services has updated their Inpatient Rehab Facility – Patient Assessment Instrument (IRF-PAI) tool. They replaced the long standing Functional Independent Measure (FIM) with a new measurement tool called the Care Tool. The new tool uses a new structure and scoring system to grade a patient’s function. Rehab facilities are challenged with incorporating this tool due to the amount of required education and medical record changes. It is also not directly comparable to the old FIM which will impact future system analysis/evaluation.

Impact of COVID on Rehab Facilities

The inpatient rehab facilities were challenged by COVID like other healthcare organizations. The challenges focused around referral pattern changes, therapy changes, increase in medical complex patients, decreased bed capacity and staffing.

A positive outcome of the COVID pandemic included CMS waivers which allowed for reimbursement of telehealth services. Many rehab facilities were able to take advantage of the telehealth waiver and maintain continuity of care in most cases.

Trauma Rehabilitation Data Presentation, Steve Bowman, PhD, Trauma Epidemiologist, DOH

PowerPoint Presentation

Steve Bowman provide an update on trauma rehabilitation data for the 2019 calendar year. He provided an overview of the data collection requirements for designated trauma rehabilitation services, as well a brief update on the status of trauma rehabilitation designation in Washington. A review of some of the limitation of rehabilitation data that are captured in the trauma registry was also provided. Overall, in 2019, a total of 888 trauma patients were discharge from acute care hospitals to designated trauma rehabilitation services. For major trauma patients, just under 15% of discharges are to rehabilitation, compared with 1.7% of minor trauma discharges.

Consistently across level I and II hospitals, about 1 in 5 major trauma patients receive an in-hospital rehabilitation consult during their acute care hospital stay; however, major trauma patients admitted to level III or IV hospitals are significant less likely than this to receive a consult. Significant variation in discharge to rehabilitation and receipt of rehabilitation consults was observe across hospitals, due perhaps to inadequate access to rehabilitation and/or education of trauma programs on the importance of rehabilitation consults.

Data were also presented to highlight variation in discharge to rehabilitation across hospitals for major traumatic brain injury patients and major trauma patients with spinal cord injury diagnoses. For both groups of patients, some hospitals are significantly more or less likely to discharge patients to rehabilitation services, indicating potential opportunities for improvement. The Rehabilitation TAC will be reviewing these data and discussing strategies to reduce variability.

Steve also discussed the need for a statewide analytic plan for rehabilitation data. This would include a plan for comparing trauma rehabilitation patients with similar patients who are discharged to settings other than rehabilitation. The new Functional Care Tool is now in place, and future data analyses will use this measure, rather than the now-defunct Functional Independent Measure.

Technical Advisory Committee Reports

Hospital TAC: Tony Bledsoe, DOH

The TAC discussed the need to extend trauma designation in 2021. Steve Bowman solicited input from the Hospital TAC for a data presentation in January. There was interest in a variety of issues including the impact of COVID on the trauma services (e.g., delays in discharge, length of stay prior to transfer), changes and trends in injury mechanism in the trauma registry, suicide, child abuse, and the relationship with alcohol, substance abuse and the impact of psych cases on the trauma system. Also, transfer flow in and out of regions and changes over time.

Mark Taylor congratulated and thanked Tyler Dalton who is retiring from Skagit Valley Hospital at the end of the year. Tyler's commitment to trauma care and contributions to the Hospital TAC are appreciated. Dr. Cooper added that Tyler has been an overall great person to work with and thanked him for his time and service.

Cost TAC: Eric Dean, DOH

Eric had presented the Cost TAC annual report earlier in the day. He forgot to mention that the hospital and EMS grants processing will be delayed by about a month, going out later in January. The Medical Program Directors stipends will continue normal schedule.

Injury and Violence Prevention TAC: Dolly Fernandes, DOH

The TAC has not had a meeting since the last steering committee meeting. However, Alan Abe, the DOH injury prevention specialist has been working hard on a fall prevention campaign. It is a health promotion initiative. He is gathering input from the regions, to see if there is interest in working on this issue. Today was also National Injury Prevention Day, so Dolly gave a shout out for it. She thanked all those who work in the field of injury prevention.

Pediatric TAC: Dr. Escobar, TAC Chair

The TAC was supposed to have their federal site visit for the EMSC grant, but that has been postponed. The TAC is going through an update of the Prehospital Pediatric Guidelines. There is great energy around it, with some expertise from fresh membership that is helping. Finally, there has been a lot of work around Western Regional Alliance for Pediatric Emergency Preparedness. This is the western states consortium that is under a two-year ASPER grant to help to develop systems around coordinating pediatric disaster preparedness across state lines. The most recent endeavor that the TAC is undertaking in Washington is a table-top exercise looking at pediatric transfers and what exactly that means in terms of bed capacity. The TAC will be partnering with Oregon, with Mary King, from Harborview leading the way.

Outcomes TAC: Jim Jansen, DOH

Outcomes TAC met earlier this month to review and provide feedback on Steve Bowman's rehabilitation data report. They also reviewed and updated to the Outcomes strategic plan. Their strategic plan is looking at ways to expand and highlight the focus on not just trauma care, but also EMS, cardiac and stroke, to fully encompass the emergency care system. That is something the Outcomes TAC will focus on in the coming year.

RAC TAC: Hailey Thacker, DOH

The RAC TAC met yesterday and had a few presentations. John Nokes, DOH, presented Rural EMS grant update. Mark Tylor presented on the Washington State Medical Coordination Center. Alan Abe, DOH IVP TAC presented on the campaign or initiative for fall prevention. The RAC TAC also completed some strategic plan work incorporating some of the ACS recommendations into the RAC strategic plan. They will meet again in January.

Stroke: Dr. Tirschwell, TAC Co-Chair

There was a joint Cardiac and Stroke meeting in September. The TAC discussed several items, including the Coverdale Stroke Program, which is in its sixth and last year of funding. There is a new disparities workgroup that is spun out of the Coverdale Stroke program. They had some great data updates. The data

quality improvement reports are sent to hospitals across the state. Hopefully the reports are leading to improvement in care.

Cardiac: Dr. Buck, TAC Co-Chair

There was a Cardiac TAC only meeting on October 20. They viewed and renewed the concept of having a standard set of measures to track. They had an idea that they would reactivate a small workgroup that would create the ideal set of measures to use for cardiac and stroke. They plan to take it to the Outcomes TAC and Dr. Mandel for consideration in the next six months or so. They reviewed the current applications for the upcoming cycle and decided at the end of the cycle they will work on making the applications more meaningful.

Pre-hospital TAC: Scott Dorsey, TAC Chair

The TAC met in October. They reviewed and provided feedback for updated state-wide guidance for EMS response to skilled nursing facilities, adult family homes, long term care centers in the context of COVID. That guidance provides expectations and mitigation strategies for how EMS will respond and work with those facilities to reduce the risk of spreading COVID 19.

They also received an update from John Nokes on the rural EMS sustainability project. The TAC's next meeting is February 17 and it will be virtual. Of note is that the US fire administration is reporting that COVID 19 is the leading cause of death this year for firefighter and law enforcement. It is concerning to see this latest surge and the impact it is having on the industry. It is highly important to consider the mental health of all providers, especially as they enter the surge, and holidays and all the other stressors associated.

Dr. Cooper thanked all the TACs and their members. They are the weight bearers that help Washington State move forward on all these issues. Everyone contributes a lot; much on their own time and that is very much appreciated.

Update on the Strategic Plan: Dolly Fernandes, DOH

All the TACs have done an excellent job considering the recommendations from ACS and refining them into objectives and strategies for the strategic plan. It has been a big undertaking. This work is tracked in a tracker that Jim Jansen has developed for the TACs.

Jim explained that they put all the existing objectives and strategies, as well as new objectives and strategies that came from ACS recommendations into a tracking report. They can look at the organization and the progress of the different objective and strategies in the strategic plan.

Jim explained the structure that DOH is planning to use. The report has been organized by TAC and then the objective. New objectives that have been added are highlighted in green. The plan has been updated for all the TAC. The strategies have been added so those can be tracked also. The strategic plan will be reviewed once a year in September.

Dolly explained that the current Strategic Plan goes to 2021. Given the additions from the ACS recommendations, it needs to be moved out to allow time to accomplish the new objectives. Dolly suggested that going out two or four years is reasonable and asked the Steering Committee for their input.

Motion #3: Scott Dorsey made a motion to move the strategic plan date out to 2025.
Approved unanimously.

Meeting adjourned at 11:56 a.m.