Forums Summary

Responses from all forums have been collated into a qualitative dataset that gauges the frequency of responses and provide insight into the commonalities and differences between forum topics and across forum locations. Responses are categorized broadly with the number of times a recommendation is made in each forum location.

Urban counties are considered to be Tumwater, Snohomish, and Spokane, and rural counties are considered to be Yakima and Wenatchee.

DISCUSSION TOPIC Access to Emergency Medical Services

1 What broad concepts should be considered when developing methodologies for the min/max number of designated trauma centers?

SIMILARITIES: Considerations such as outcome/performance measures, patient volume as it relates to outcomes, demographics, geography, population trends, accessibility of transport services, community needs, and the distance between trauma centers were important in the determination of a methodology. Also identified to be important considerations were finance/resource constraints and saturation/duplication of services.

DIFFERENCES: Participants at forums in urban counties recommended that methodologies consider accessibility concerns, bed capacity, the number and location of patients treated at non-trauma facilities and the availability of subspecialty resources in a given area in the determination for where more trauma centers are needed. Participants at forums in rural counties focused more on geographic barriers (weather, distances between trauma centers) in the determination for where more trauma centers are needed, and the impacts of out of region transports on local EMS resources.

	Tumwater	Snohomish	Spokane	Yakima	Wenatchee
Geography/demographics	3	3	7	7	2
Outcomes/performance	2	3	2	4	–
Subspecialty care	1	4	1	–	1
Saturation/duplication/volume	4	2	–	–	1
Bed capacity	2	2	2	–	–
Finance/Resource considerations	4	1	–	1	–
Accessibility considerations	–	5	1	–	–
Transportation barriers	3	1	1	–	1
Designation	–	1	–	–	2
Rural considerations	1	3	1	–	–
Education/outreach	–	1	–	–	–
Non-trauma considerations	–	2	–	–	–
Community considerations	–	2	–	–	–
Technology	–	2	–	–	–
Finance considerations	2	–	–	–	–
Pediatric considerations	1	–	–	–	1
Prehospital considerations	1	–	–	–	–
Established best practice (other states)	–	–	–	2	–
Population trends	–	–	3	–	–
Divert/bypass	–	–	1	–	–
Scope/sustainability of services	–	–	2	–	–
Transfer considerations	–	–	–	–	2

2 Should the Level I and II trauma centers min/max be determined by the Department of Health?

YES: The majority agree the min/max decision for Level I and IIs should be made by the Washington State Department of Health (DOH) and stressed the importance of regional input and data in the consideration of min/max determination, but supported a state level determination.

	Tumwater	Snohomish	Spokane	Yakima	Wenatchee
Yes	1	2	2	3	1
No	1	–	–	–	–
Yes, with regional input (collaboration)	1	1	4	–	2
Unknown/undecided/other considerations	2	–	1	2	1

3 Should the Level III, IV, and V trauma centers min/max be determined by the Department of Health?

COLLABORATE: The majority agree the min/max determination process should be a collaboration between DOH and the trauma care regions. Participants at all forums agree the use of data is important in the determination of min/max numbers. Consensus from participants at forums in rural counties was that local challenges and regional dynamics pose a problem for the state to adequately represent the needs of local stakeholders.

	Tumwater	Snohomish	Spokane	Yakima	Wenatchee
Yes	–	–	–	–	–
No	–	–	2	1	–
Collaboration – State and Regions	7	1	–	3	2
Unknown/undecided/other considerations	–	8	–	2	–

4 Where do we need additional or higher level of trauma centers?

REGIONAL DIFFERENCES: Participants at forums in rural counties indicated a need for higher level trauma centers in Yakima, Wenatchee, Walla Walla, and Tri-Cities. Participants at forums in urban counties centered comments around a need for a data focused approach (specifically recommending the forecasting of injury populations) and the need to collect data from non-trauma centers to determine the need for new or higher-level trauma centers. Some participants also voiced a need to have higher level trauma centers in Seattle and the I-5 corridor, with these areas posing a potential issue in the future with population growth. Capacity in Thurston County was also discussed.

	Tumwater	Snohomish*	Spokane	Yakima	Wenatchee
Yakima	2	–	–	1	–
Wenatchee	2	–	1	2	–
Central WA	1	–	2	–	1
Tri-Cities	2	–	2	–	–
Walla Walla	1	–	2	–	–
Seattle/I-5 Corridor	1	–	–	1	–
Thurston County	–	–	–	1	–
Spokane	–	–	2	–	–
Southeast WA	–	–	1	–	–
North WA	–	–	1	–	–
Unknown/undecided/other comments	1	–	–	2	–

** Forum questions changed to include this question after the Snohomish forum, so direct responses were not collected.*

5 What about min/max numbers for EMS services?

CONCERNS OVER RESOURCES, FUNDING, CONSISTENCY: Comments were related to issues around prehospital resource availability, funding, and performance measurement. Specific comments included concerns with public vs. private funding/support and gaps in consistency between private and public entities. Most comments revolved around resource needs, including billing challenges, areas with limited coverage, work force shortages, and an overall lack of ambulance units to support communities – especially for critical care transport services. The determination of the number of min/max units should be determined by the min/max process and not just the number of agencies.

	Tumwater	Snohomish*	Spokane	Yakima	Wenatchee**
Resources issues	3	–	2	9	–
Finance/funding issues	4	–	–	–	–
Outcomes/performance	4	–	–	–	–
Critical care transport issues	–	–	5	–	–
Air transport resources issues	–	–	2	–	–
Unknown/undecided/other comments	2	–	–	–	–

** Forum questions changed to include this question after the Snohomish forum, so direct responses were not collected.*
***No comments were made on this question at the Wenatchee forum.*

6 What specific data elements and reports should be used to make min/max determinations and ensure trauma centers are in the right location?

SIMILARITIES: Common themes were related to geography/demographics and outcomes/performance. Specific recommendations included: outcomes, patient population and population growth trends, mortality/outcomes, volume, transport times to definitive care and existing trauma center location.

DIFFERENCES: Participants at forums in rural counties discussed many elements including EMS resources, such as loss of ambulances (out of region) for patient transport to definitive care, EMS outcomes, frequency of divert/bypass, and wait times for transport.

	Tumwater	Snohomish*	Spokane	Yakima	Wenatchee
Geography/demographics/population	4	–	2	4	1
Outcomes/performance	5	–	5	8	3
Patient transfer/transportation barriers	6	–	2	–	5
Resource considerations/finance	1	–	2	2	1
Subspecialty care considerations	1	–	1	–	–
Divert/bypass	–	–	3	–	2
Other comments	2	–	3	3	1

** Forum questions changed to include this question after the Snohomish forum, so direct responses were not collected.*

7 Beyond clinical expertise, what should the role, function, and purpose of a Level I trauma service be?

BE A RESOURCE: Two common themes evolved. First, Level Is should be a resource for education, injury prevention, and training and outreach for designated and non-designated trauma programs. Second, it was recommended that Level I services provide resources for specialty services support for all designated centers statewide, which could include training, residency/fellowships, and support in recruitment and retention of specialty services.

	Tumwater	Snohomish	Spokane	Yakima	Wenatchee
Education/outreach	9	8	5	5	2
Subspecialty care support	3	–	1	1	1
Accessibility	1	–	–	–	–
Technology support	1	–	–	–	–
State-level leadership	–	1	–	–	–
Support programs pursuing designation	–	1	–	–	1
Community resources support	–	–	–	1	2
QI/outcomes/performance support	–	–	–	1	–
Residency programs/support	–	–	1	–	–

DISCUSSION TOPIC Community and Patient Safety

8 What recommendations do you have to improve system coordination and patient flow under normal and disaster conditions?

COORDINATION & STANDARDIZATION: Common recommendations include the need to improve coordination of care and patient movement across the system (both in normal and in high volume circumstances) and to better define and clarify roles and responsibilities throughout the continuum of care. Stakeholders advocated for DOH to take more of an active leadership role and emphasized the need to focus on system authority, planning, and integration. Forum groups also agreed that focusing on improving the standardization and use of data systems/technology, such as WATrac, would improve patient tracking, flow, and system coordination.

	Tumwater	Snohomish	Spokane	Yakima	Wenatchee
Authority/system integration	6	–	4	7	6
Data systems/technology	1	3	1	2	5
Coordination of care/patient movement	1	2	–	5	3
State leadership (guidance/coordination/oversight)	2	7	–	–	–
Funding/reimbursement	2	–	3	3	–
Standardize – policies/procedures/guidelines/ems protocols	2	–	1	3	2
Education/awareness	3	–	1	4	–
Rural challenges	1	–	1	–	5
System capacity	1	–	1	1	1
Min/Max/certificate of need	2	–	–	–	–
Best practices/system models	–	1	–	–	–

9 What are the causes and solutions of limited system resources including bed capacity?

INADEQUATE FUNDING AND STAFFING: Common responses include lack of funding and adequate staffing as primary factors for system capacity issues. Suggested solutions to address capacity issues include: addressing regulatory constraints and increasing access to tertiary services such as mental health, chemical dependency, medical tertiary care facilities; increase recruitment and retention strategies for specialized staff; and improve reimbursement for EMS transports and post-acute treatment. Participants at forums in rural counties identified the need to implement/improve/increase community paramedic programs throughout the state as a way to reduce unnecessary medical care to optimize use of limited resources and enhance bed capacity.

	Tumwater	Snohomish	Spokane	Yakima	Wenatchee
Funding/Reimbursement	1	1	9	4	4
Staffing/Resource Shortages	6	–	3	6	3
Rural Challenges	2	–	5	6	–
System Capacity	2	4	2	2	–
Data Systems/Technology	1	–	–	1	1
Community Paramedicine	2	–	2	2	–
State Leadership (Guidance/Coordination/Oversight)	–	–	–	–	–
Authority/System Integration	–	1	–	–	–
Access – Training and Resources Shortages	1	–	–	–	–
Min/Max/CON	1	1	–	–	3
Legislation/Tax Changes - Funding/Reimbursement	–	–	1	–	3
Workforce Challenges	–	1	3	–	–
Alternative Destinations	–	–	–	–	3
Coordination of Care/Patient Movement	–	2	–	–	–
Post-Discharge Resources	1	–	1	–	–
Education/Awareness	–	–	–	–	–

10 What criteria should be considered by the eight EMS & Trauma Care Regions to improve analysis of gaps and determination of EMS and Trauma Resources?

USE DATA: Responses suggest regions use demographic, geographic, and outcomes data to determine the need for EMS and Trauma resources. There was an indication that data systems/technology should be better leveraged. This includes the need to ensure quality, consistent data coming from DOH. Participants at forums in rural counties indicated staffing and resource needs/shortages as criteria that should be considered.

	Tumwater	Snohomish	Spokane	Yakima	Wenatchee
Geography/Demographics/Outcomes Performance Improvement	1	7	3	–	1
Data Systems/Technology	2	2	–	1	2
Staffing/Resource Shortages	–	–	3	3	–
Authority/System Integration	3	–	–	1	–
Best Practices/Successful Models	1	–	2	1	–
Resource Needs	–	–	–	–	4
State Leadership (Guidance/Coordination/Oversight)	–	3	–	–	–
Education/Awareness	–	–	1	1	–
Standardize (Policies/Procedures/Guidelines)	–	–	–	1	1
Prevention	1	–	–	–	–
Rural Challenges	–	1	–	–	–
Inefficiencies	1	–	–	–	–

DISCUSSION TOPIC Patient Outcomes

1 What information do you need from the DOH and the EMS and Trauma Care steering committee to inform decisions for regional planning?

SIMILARITIES: DOH and the EMSTC Steering Committee need a more structured and standardized quality improvement process in place at the state and regional level. This includes standardized sets of data points, Key Performance Indicators, and a greater standardization in data reporting overall (from DOH to the regions). The importance of timely data reporting from the state to the regions was voiced as well as seeing value in using clinically driven state and/or national benchmarks in the state/regional reporting.

DIFFERENCES: Participants at forums in rural counties voiced the importance of looking at transfer data specific to EMS and EMS availability/transport times and recommended improving communication, data collection, and data sharing at the local, regional, and state level.

	Tumwater	Snohomish	Spokane	Yakima	Wenatchee
Outcomes data/Outcomes focus	–	1	9	1	–
Standardized data reporting/collection	1	2	–	6	–
Transfers data	–	–	2	–	7
Benchmarking/National standards	1	4	–	1	–
State Leadership/Oversight	–	–	2	1	2
Data Quality/Timeliness	2	2	–	1	–
Capacity/Patient movement/Planning	–	–	–	3	2
Cardiac and stroke data	–	1	–	1	1
Resources/Funding/Staffing	1	–	–	1	1
Education/Training	3	–	–	–	–
Link data – verification/regions/state	–	–	–	1	2
Communication-Statewide/Regional/Local	–	–	–	3	–
Demographic/geography data	–	–	3	–	–
Regional data sources/sharing	1	–	–	–	1
Contacts data – state/region/county	–	–	2	–	–
Use of risk adjusted data	–	1	–	–	–
Accountability – mandates/policy revisions	–	–	–	1	–
Administrative reports	1	–	–	–	–
Prevention	–	–	–	1	–
Clinical focused data systems	–	1	–	–	–
Redundancy/duplication of data/resources	–	–	1	–	–
Pediatric specific metrics	–	1	–	–	–

2 What quality improvement (QI) initiatives do you recommend we focus on?

SIMILARITIES: Counties saw value in initiatives related to tracking outcomes data for EMS and hospitals, as well as initiatives standardizing data reporting/collection processes to increase the quality of data reports to regions, hospitals, and EMS agencies. Most also saw value in looking at cardiac and stroke, rehabilitation and non-trauma hospital data (other data systems) as well as possibly using Health Information Exchanges to gain broader sources of data.

DIFFERENCES: Participants at forums in rural counties recommended a true evaluation of rural health and EMS availability including funding for data systems and efforts to link data sources. They also voiced concern with engaging other community services, such as mental health and coroners.

	Tumwater	Snohomish	Spokane	Yakima	Wenatchee
Outcomes Data/Outcomes focus	1	–	6	3	4
Cardiac and stroke data	1	–	5	1	–
Benchmarking/National standards	–	–	6	1	–
Standardized data reporting/collection	–	2	1	3	–
Link Data – verification/regions/state	2	–	–	1	1
Transfers	–	–	1	–	1
Other data sources/Health Information Exchanges	2	–	–	1	–
Accountability – mandates/policy revisions	–	1	1	1	–
Resources/Funding/Staffing	1	1	–	–	1
Increasing engagement – other community resources	–	–	–	–	3
Data Linking – EMS/Trauma registry	–	1	1	–	–
State leadership/Oversight	1	1	–		–
WEMSIS – use/support	–	2	–	–	–

continues

continued

	Tumwater	Snohomish	Spokane	Yakima	Wenatchee
Strategic Planning	–	2	–	–	–
Weather/geography/demographic issues	–	–	2	–	–
Rehab	–	–	2	–	–
Rural health assessment/EMS availability	–	–	–	–	2
Clinical focused data systems	1	–	–	–	–
Diversion/Bypass	–	–	1	–	–
Regional Data Sources/Sharing	–	–	–	1	–
Capacity/Patient movement/Planning	–	–	–	1	–
Data quality/Timeliness	1	–	–	–	–
Behavioral/mental health data	–	–	–	–	1

3 What recommendations do you have for system quality improvement processes at the statewide, regional, and local level?

BEST PRACTICES & STANDARDIZATION: Most agreed that statewide, regional, and local QI processes should use established best practices, such as Trauma Quality Improvement Program. Most forum groups also recommended the establishment of a standardized data reporting/collection methodology to improve these processes. This would include clearly defining the QI process and standardizing registry platforms.

	Tumwater	Snohomish	Spokane	Yakima	Wenatchee
Standardized data reporting/Collection	–	3	4	2	1
Benchmarking/National standards	1	2	2	–	2
Outcomes data/Outcomes focus	–	1	3	–	2
Data linking/interoperability – EMS/Trauma registry	1	1	2	–	2
Regional data sources/Sharing	–	4	1	–	–
Education/Training	1	–	1	2	–
Cardiac and stroke data	–	3	–	–	–
Other data sources/Health Information Exchanges	1	–	–	2	
Data quality/Timeliness	2	–	–	–	1
WA Emergency Medical Services Information System – use/support	–	–	3	–	–
State leadership/oversight/data collection/centralization	–	–	–	1	1
Clinical focused data systems		1	–	–	–
Accountability – mandates/policy revisions	–	–	–	–	1
Current state evaluation	1	–	–	–	–
Transfers	–	–	1	–	–
Patient identifiers	–	–	1	–	–
Resources/Funding/Staffing	–	–	–	–	–

4 What kind of information about the EMS and trauma system would be helpful in an annual report or master plan for system performance improvement?

BENCHMARKS & REAL TIME DATA: Most forum groups agreed that including state/national benchmarking data in annual reports would be beneficial, as well as data obtained from other information from other potential data sets (rehab, WEMSIS, WATRAC, etc.) related to acute trauma, EMS, elderly falls and rehabilitation. The ability to link datasets and pull real time data from the user end was also brought up by most forum groups.

	Tumwater	Snohomish	Spokane	Yakima	Wenatchee
Other data sources/Health Information Exchanges	–	2	2	4	2
Standardized data reporting/collection	1	–	–	2	3
Benchmarking/National standards	1	–	–	3	1
Outcomes data/Outcomes focus	3	–	2	–	–
Data Linking/interoperability – EMS/Trauma registry	1	2	1	–	–
State leadership/oversight/data collection/centralization	1	–	1	1	1
Data quality/Timeliness	4	–	–	–	–
Prevention	2	–	1	–	–
Resources/Funding/Staffing	1	–	1	–	–
Regional data sources/sharing	–	–	–	1	–
Clinical focused data systems	1	–	–	–	–
Awareness/Trends	–	–	1	–	–
Education/Training	–	–	–	–	–
Cardiac and stroke data	–	–	–	–	–

DISCUSSION TOPIC Resource Investments

1 Considering the current distribution of funding from the Trauma Care Fund (see handout), what recommendations do you have for redirecting this funding in the future?

SIMILARITIES: Provide EMS agencies with grant funding based on need for training, education, and support for personnel retention at the regional level instead of the EMS participation grant to each EMS verified agency. Increase the trauma care fund source (fee/fine) and ensure the trauma care fund source is not diverted to other injuries or diseases.

DIFFERENCES: Participants at forums in rural counties suggested Increase funding for Medical Program Directors. Participants at forums in urban counties suggested redirecting funding to improve system evaluation and access to/use of technology.

	Tumwater	Snohomish	Spokane	Yakima	Wenatchee
Redistribute EMS participation grants based on need	2	3	5	–	2
Increase funding for EMS/hospital/regions/other	4	1	–	1	3
Seek Cardiac and Stroke funding	1	–	2	1	2
Seek funding (legislature)/public funds/fees/other	1	1	3	1	–
Increase funding for technology/training/education	1	3	–	–	2
Increase MPD funding	1	–	–	1	1
Redistribute grants based on system evaluation	–	1	1	–	–
Education (legislative day for EMS/Cardiac/Stroke)	1				

2 Which activities do we need to direct more resources toward for our system to improve patient safety and outcomes?

SIMILARITIES: Direct more resources for EMS and Trauma services based on need and increase the trauma care fund source (increasing fees/fines). Other common responses were the need to establish funding for cardiac and stroke and to increase support for injury prevention and education.

DIFFERENCES: Participants at forums in rural counties recommended shifting resources to better support volunteer EMS provider training, equipment, and retention.

	Tumwater	Snohomish	Spokane	Yakima	Wenatchee
Increase funding (technology/training/education/prevention	1	2	5	–	1
Increase funding (trauma care fund) (EMS/Hospital/region/other)	4	–	–	3	1
Cardiac and Stroke funding	1	2	2	1	–
Support volunteer services/recruitment and retention/subsidize certification	–	–	1	1	3
Seek funding (legislature)/public funds/fees/other	–	1	1	2	–
Redistribute grants (EMS/hospital) based on need	–	1	1	–	–
Outcomes/performance Improvement	1	1	–	–	–
Increase MPD funding	–	–	–	1	–
Support new higher level trauma centers	–	1	–	–	–
Redistribute grants – system evaluation	–	–	–	–	–

3 What new activities can we do to support request for additional funding?

SIMILARITIES: Focus on improving and expanding injury prevention efforts at the regional and state level would be a good way to show a need for additional funding.

DIFFERENCES: Participants at the Yakima forum focused more on activities that support regional subspecialty care needs as well as activities that support the equipment, personnel, and staffing retention needs of communities as activities that could generate additional funding. Participants at the Tumwater forum spoke more to demonstrating the need for regional injury prevention and state MPD positions as activities that could generate support for additional funding.

	Tumwater	Snohomish*	Spokane	Yakima	Wenatchee
Increase tech/training/education/prevention	4	–	5	6	–
Increase funding (trauma care fund) (EMS/hospital/region/other)	1	–	1	1	4
Increase staffing/positions	2	–	–	3	–
Cardiac and Stroke (Structure/funding/oversight)	–	–	–	2	1
Outcomes/Performance Improvement	–	–	3	–	–
Increase MPD responsibilities	1	–	–	1	–
Residency programs/subspecialty care support	–	–	–	2	–
Support volunteer services	–	–	–	1	–

** Forum questions changed to include this question after the Snohomish forum, so direct responses were not collected.*

4 What products, processes, or activities should be standardized to gain system efficiencies?

SIMILARITIES: Support for the cardiac and stroke system is important – specifically, legislation/funding, system oversight, and population needs.

DIFFERENCES: Yakima forum participants spoke more on the need to streamline and standardize processes for EMS licensing, application, and education. Snohomish participants focused more on the need to increase and enhance the use of technology to improve the system.

	Tumwater	Snohomish	Spokane	Yakima	Wenatchee
Standardize/streamline (EMS/licensing/processes/applications/ education/requirements/min/max processes)	–	1	4	12	1
Outcomes/Performance Improvement	–	1	4	1	–
Increase funding for hospitals/EMS/prevention/mental health	4	2	–	–	–
Consolidate Staffing (Regional/State/etc.)	3	–	1	1	–
Technology/data usage	–	3	–	1	–
Cardiac Stroke (legislation/funding/system needs)	2	1	–	–	–
Volunteer support	–	–		3	–
Role expansion – EMS	–	–	2	–	–
Access (Rehab/subspecialty care)	–	1		–	–
Education/Training – Billing	–	–	–	–	1
System planning	–	1	–	–	–

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