

Washington State Department of Health
EMS & Trauma Care Steering Committee
MEETING MINUTES

March 15, 2023

Meeting held virtually by ZOOM.

ATTENDEES:

Committee Members:

Tim Bax, MD	Beki Hammons	
Carly Bean	Mike Hilley	Lila O'Mahony, MD
Cameron Buck, MD	Joe Hoffman, MD	Bryce Robinson, MD
Tom Chavez	Tim Hoover	Joey Rodrigues
Christine Clutter	Lance Jobe, MD	Peter Rutherford, MD
Brian Fuhs, MD	Shaughn Maxwell	Mark Taylor
	Denise McCurdy	Rick Utarnachitt, MD

DOH Staff:

Ian Corbridge	Jennifer Landacre	Adam Rovang
Eric Dean	Matt Nelson	Tim Orcutt
Dawn Felt	John Nokes	Jeff Sinanian
Dolly Fernandes	Jason Norris	Sarah Studebaker
Nicole Fernandus	Anthony Partridge	Hailey Thacker
Catie Holstein	Anne Oxenbridge	
Jim Jansen		

Guests:

Jody Anderson	Karen Kettner	Paul Ross
Nadja Baker	David Lynde	Karly Schriever
Kristopher Basil	Bet Martin	Max Sevareid
Katherine Bendickson	Carolyn Morris	Michelle Schmidt
Melanie Brandt	Jim Nania, MD	Jason Spencer
Shelley Briggs	Norma Pancake	Traci Stockwell
Cindy Button	Kelly Pearson	Timothy Wade
Rinita Cook	Greg Perry	Don Waller
Michelle Corral	Mary O'Hare	Jet Washington
Mark Davidson	Randi Riesenber	
Lisa Edwards	Wendy Rife	

Call to Order: Cameron Buck, MD, Chair

Dr. Buck introduced two new steering committee members, Lance Jobe, MD, and Joey Rodrigues. Dr. Jobe graduated from the University of Washington School of Medicine in 1995. He works in Wenatchee, is affiliated with Confluence Health Central Washington Hospital, and specializes in Emergency Medicine.

Joey Rodrigues is the Washington Ambulance Association representative and has been working as a Regional Director at Olympic Ambulance Service for the past 6 years. He is an active participant of the Prehospital TAC.

Minutes from January 18, 2023

Handout

Motion #1

Approve the January 18, 2023, EMS, and Trauma Care Steering Committee meeting minutes. Approved unanimously.

Department of Health Updates: Ian Corbridge, Community Health Systems Director
Legislative Update: We are halfway through the legislative session with a surprisingly large number of bills introduced for healthcare. The only bill impacting EMS is the Organ Transport Vehicles Bill (SB 5177 /companion HB 1271). This bill creates new license types for agencies providing organ transport services as well as creates standards for personnel that can work for these agencies.

Other bills that the Office of Community Health Systems is tracking include:

HB 2724 – Increasing trained Behavioral Health workforce

SB5120 – 23-hour crisis relief centers

SB 5271 – Uniform enforcement tools in health facilities

HB 1724 - behavioral health professions

SB 5236 - hospital staffing standards

SB 5569 - Certificate of Need – kidney centers

Trauma Registry Update: Jim Jansen, DOH

DOH is working with ESO (Trauma Registry vendor) to bring the data submission system, Gen6, online under a waiver from the Office of the Chief Information Officer (OCIO). Timelines for beginning data submissions will be known in the next few weeks. ESO will provide training on the new system to hospital registrars and DOH will facilitate a phased submission schedule beginning with 2020 data.

DOH is also conducting a feasibility study of solutions that would modernize the Trauma Registry. Two key priorities for this modernization include a data dashboard for easier and more efficient access to data by partners as well as interoperability of data between the registry and EMS and EMR data systems. The feasibility study will look at both internal and external solutions, as well as a combination of the two.

DOH released a request for information on Monday 3/6, seeking information from potential vendors around their capabilities and estimated costs for such a system. Request For Information (RFI) responses are due in May.

WEMSIS Rules Update: WEMSIS rules are on track for submission of the CR102 package along with rest of EMS rule changes. DOH expects to finalize these rules in 2023 and provide an onboarding timeline for new EMS agencies later this year.

EMS Rules Update: EMS Program continues to work on the CR 102 rules package and are working on getting it completed and shared with stakeholders in the next couple of months.

Min/Max/ Trauma Designation Rules update: The Trauma Designation program thanks everyone for submitting input, concerns, and proposals for the min/max rules. The program has received a good amount of input and feedback that has been taken into consideration for the development of these rules. The official CR-102 rulemaking package has been submitted for formal internal review in Department of Health. Anthony expects a filing date late Spring or early summer. The CR-102 package will be made available to everyone upon filing, at which point the official comment period will open and a rule hearing will be scheduled so that interested parties will have additional opportunities to provide formal feedback on the proposed rule. The program continues to take comments, which can be sent to the traumadesigation@doh.wa.gov inbox.

Cardiac and Stroke Study Update: Cameron Buck, MD, Chair

The UW consultants conducting the study is making progress on the study. The UW team are administering online surveys with EMS Agencies, Medical Program Directors and Cardiac and Stroke Hospitals. They have also completed interviews with Cardiac and Stroke workgroup members and synthesized what the workgroup indicated is needed: funding, oversight, and accountability across the system. They highlighted a need for more rigorous certification, regularly tracking of hospital performance, and for improved quality, monitored data collection, dedicated leadership and data infrastructure.

The final study report by the UW consultants is due to the Legislature by October 1. The draft report should be ready by mid-June and must go through DOH review. The UW study team will report on their findings and recommendations at a meeting on May 16, 11:30 am to 1:00 pm. It will be a virtual meeting and steering committee members are invited to attend. Please save the date and mark your calendars.

Committee Business: Cameron Buck, MD, Chair

By Laws Changes: The steering committee agreed that there should be a vice chair for the committee and the by-laws should be updated to memorialize this change. Dr. Buck had updated the by-laws with suggested changes for including a vice chair, process for appointment and sent it out for committee review.

The committee discussed the changes to the by-laws and found them acceptable. However, it was pointed out that the vice chair had not been officially voted in. The Committee then decided to call for nominations and have the election of vice-chair at the next meeting on May 17. Mark Taylor, nominations chairperson, will lead this process and election. The steering committee will

review any further amendments to the by-laws between now and the next meeting and vote on their approval at the next meeting in May.

Motion #2: The Steering Committee decided to vote on any amendments to the by-laws, call for/ review nominations and vote for a vice-chair at the May meeting.
Approved unanimously.

New RAC TAC Chair:

Chris Clem, chair of the RAC TAC, resigned from the Steering Committee and that left the RAC TAC without a chair. Dr. Buck received a recommendation for Carly Bean to chair the RAC TAC and she is willing to take on that role. Dr. Buck is appointing Carly Bean chair of the RAC TAC. She represents the Washington Fire Commissioners on the steering committee. Thank you, Carly, for taking on the leadership of this TAC.

Trauma Care Fund Update: Eric Dean, DOH

The Cost TAC held a virtual meeting 3/7/23 where the 2023-2025 trauma fund spending plan development principles were reviewed. The TAC revised the principles and reformatted them as a values statement that will be finalized via email. The group also reviewed revenue estimates for the next biennium. State revenue continues to trend down and is expected to be less than \$10 million per year for the next two years. The TAC asked DOH to develop draft spending plan models based on the standard approach of maximizing federal match, as well as an approach that weights rural hospital amounts more heavily.

Health Care Authority update – trauma supplemental Medicaid hospital payment schedule, Mary O’Hare, HCA

Handout

HCA provided notification of adjustments to the schedule for hospital trauma supplemental Medicaid disbursements. See handout titled “New Trauma Distribution Schedule 20230101”.

EMS & Trauma Region Proposed Plan Changes: David Lynde, SC EMS and Trauma Region Council Chair

Handout

SouthCentral Region: Yakima County trauma verification.

Decrease BLS Aid to 1 min and 16 max.

Decrease ILS Aid to 0 max.

Decrease ALS Aid to 0 max.

Decrease BLS Ambulance to 0 min and 0 max.

Increase ILS Ambulance to 1 min.

Decrease ALS Ambulance to 1 min.

Motion #3: Approve changes proposed by the SouthCentral EMS and Trauma Region Council.
Approved unanimously.

Dr. Buck asked if these regional plan changes really need to come to the steering committee for review and if the committee's input adds value. Dolly explained that this planning process was set in place 30 years ago with the intent that it will help assess need and avoid duplication of services. Much has changed since then, and this process is difficult and contentious to manage. Tom Chavez agreed it is cumbersome and really does not work anymore.

A committee member added that the American Colleges of Surgeons, during their assessment of the Washington EMS and Trauma system commented that the regional methodology for assessing need using the Min/Max process was weak.

Catie Holstein said that in the early development of the EMS and Trauma Care system, the min/max process was in philosophy a really good way to conduct a statewide assessment of need. Today she is not sure if there is much value in this process. The process creates a significant burden on the EMS office, and it is also a burden on the EMS Agencies who are primarily organized by fire districts with taxable jurisdictions, which are a different jurisdictional body than the trauma response areas. They don't align or work well together.

Catie thinks there is room to evaluate the min/max process for EMS and engage discussion around it. Any changes would require significant statutory revisions. She added that there are a lot of behind-the-scenes activities that the committee does not see. She would like to put together a presentation that walks the steering committee through the EMS min/max current process and challenges. That will better inform the committee and may help with deciding what we should do about this in the future. Dr. Buck invited Catie to put together a presentation for a future meeting.

Strategic Plan Status Reports:

Pediatric TAC Annual Report: Denise McCurdy, Pediatric TAC Chair

PowerPoint Presentation

The Pediatric TAC serves in advisory capacity to EMS and Trauma Care Steering Committee on pediatric care related issues. The Strategic Plan objectives for 2021-2025 are:

1. Develop standards of care for pediatric medical emergencies, up to and including verification and a facility recognition program.
2. Increase ED pediatric readiness through trend analysis and intervention.
3. Develop EMS pediatric recognition system.
4. Prehospital EMS agencies and hospitals have disaster plans that address the needs of children.
5. Implementation of existing EMSC performance measures.
6. Continued collaboration with other TAC's to measure and analyze two key pediatric outcome measures.

2022 Accomplishments:

- The TAC recruited a family advisory representative. This is a community outreach advocate who raises awareness for pediatric issues that are discussed at the Peds TAC.

- The TAC supported Peds care efforts during COVID, through collaboration with DOH Emergency Preparedness.
- The TAC facilitated statewide EMS agency survey measuring pediatric care. They also provided the West region with some grant money for equipment.
- The Peds TAC also did a complete revamp on pediatric interfacility transfer guidelines, with a big “Thank You” to Anne Oxenbridge and Tim Orcutt, who assisted the TAC.

Pediatric Data Presentation

Knife and Gun Injuries: Ihsan Mahdi, DOH Trauma Epidemiologist

PowerPoint Presentation

Injury Type and intentionality were determined based on ICD-9 e-codes and ICD-10 codes, with knife related injuries including all injuries by cutting and piercing instrument. Patients under 15 years of age were only included in the analysis.

Trauma registry records of pediatric firearm Injuries were around double knife related injuries up to 2016, in 2017 the pattern flipped.

WEMESIS records between 2018 and 2022 showed a similar pattern with a marked increase of knife related injuries in 2021 and on.

Overall firearm and knife related injuries were more common in older children, boys more than girls. Most patients of both types of injuries were admitted and remained at the initial facility.

In non-transferred patients, the average ISS for firearm patients admitted to levels 1&2 was higher than those admitted to lower-level facilities, in knife patients average ISS was highest among those admitted to level 3 facilities.

In non-transferred patients, the average age for firearm patients was highest in those admitted to level 1 facilities, in knife patients average age was highest among those admitted to level 3 facilities.

Most patients with both types of injuries who were transferred ended up in a Level 1 & 2 designated facility. More patients were transferred out of region compared to those transferred within region.

TAC Reports

Hospital TAC: Mark Taylor, Chair

There is a Trauma Nurse Trauma Registrar Network meeting on April 19 that will be hosted online. It is an outstanding way to collaborate across the state Trauma Program. Tons of work is going on with the Hospital TAC, with some discussion on updating clinical practice guidelines. The TAC will be pulling the Guidelines Workgroup as a subcommittee to the Hospital/Trauma Medical Directors TAC.

Prehospital TAC: Catie Holstein, DOH

The Pre-hospital TAC met in February and evaluated a new program that some counties are implementing to reduce the amount of time it takes to get ambulances back in service. They are staging an EMS triage area so that they can monitor multiple patients with ambulances dropping off patients. This way they can get the ambulances back in service more efficiently. The TAC heard the successes of the program and discussed some of the challenges around it.

Adam Rovang, DOH epidemiologist, provided the first annual EMS KPI report from the WEMESIS Data Registry. The TAC is very excited to see some improvement in data quality over time. They had an orientation from Eric Dean regarding the Trauma Care Grant and discussed the feasibility of making changes on how that grant might be distributed to better suit the providers and system. The TAC also conducted an activity on lessons learned from COVID-19 to help inform an after-action report. Lastly, they updated their strategic plan and provided updates on legislation and rules. Their next meeting is on April 19, 2023.

Outcomes TAC: Bryce Robinson, MD

The Outcomes TAC continues to meet with other TACs to provide guidance and oversight for some of these metrics, and they continue to look at all the benchmarks that the individual TACs have developed. They looked at Penetrating Injury data presentation by Ihsan Mahdi at last TAC meeting and provided insights and asked questions to make the presentations better.

Jim Jansen provided an update that DOH is making progress with getting the Trauma Registry back on track. There is a backlog with trauma data collection and analysis going back to 2020 and we look forward to seeing analysis of the data, especially in the context of COVID-19.

Rehab TAC: Chris Clutter, Chair

Most of the work for the Rehab TAC has focused primarily on two topics: updating their strategic plan and revising their objectives and strategies. They are also attempting to improve the rehab registry data by contracting with a vendor who can manage the collection of rehab facilities data to one place. There is a lot of data, and they want to capture as much as they can. The TAC is also wondering if there is a way to provide state and national benchmarking data, so they can learn how their performance and outcome measures rank.

ECS TAC: Matt Nelson, DOH

The last ECS TAC meeting was cancelled. The next meeting is on May 16. The UW team will be presenting their findings and recommendations for Emergency Cardiac and Stroke system of Washington State. The meeting will be held from 11:30 – 1:00 pm, and it is an open public meeting. The steering committee members are invited to attend.

Cost TAC: Cameron Buck, MD, TAC Chair

The TAC met on March 7. Eric presented an overview and orientation to the Trauma Care Fund, and highlighted the challenge of the decreasing revenue for the next biennium. Their primary work was looking at the principles of the development of the spending plan.

Pediatric TAC: Matt Nelson, DOH

Denise McCurdy gave a great annual report for the Pediatric TAC today. DOH was awarded the EMS for Children State Partnership grant for the next four years. The new grant project period starts April 1. The funding has been increased a bit, although some of that is still up in the air, due to reducing Federal appropriation.

The next TAC meeting is today at 1:30 pm. They will have a couple of presentations by Spokane County: One on the Child Death Review program and another on the Star program that Providence Sacred Health has instituted.

MPD TAC: Joe Hoffman, MD

The TAC had their quarterly meeting on December 7th, 2022. They reviewed the stroke and cardiac survey that is being administered by the UW consultants. They also discussed WAC changes and there was a data presentation by Ihsan Mahdi.

RAC TAC: Hailey Thacker, DOH

The RAC did not meet last month. The regions are currently focused on their regional plans. And as a friendly reminder, the Steering Committee Plan Review will begin April 4 and end April 25. Prior to the start date, the reviewers will get an email from Hailey with instructions on how to complete the review.

Meeting adjourned at 12:38 PM