

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

May 17, 2023

Meeting held virtually by ZOOM.

**ATTENDEES:**

**Committee Members:**

Carly Bean	Joe Hoffman, MD	Brenda Nelson
Cameron Buck, MD	Tim Hoover	Bryce Robinson, MD
Tom Chavez	Lance Jobe, MD	Eric Roedel, MD
Christine Clutter	David Likosky, MD	Mark Taylor
Brian Fuhs, MD	Pat McMahan	Rick Utarnachitt, MD
Beki Hammons	Denise McCurdy	Ken Woffenden
Mike Hilley	Lila O'Mahony, MD	

**DOH Staff:**

Eric Dean	Catie Holstein	Anthony Partridge
Dana Drummond	Jim Jansen	Anne Oxenbridge
Marla Emde	Jennifer Landacre	Tim Orcutt
Dawn Felt	Ihsan Mahdi	Jeff Sinanian
Dolly Fernandes	Matt Nelson	Sarah Studebaker
Nicole Fernandus	John Nokes	Hailey Thacker
Adam Gallion		

**Guests:**

Lori Akiyama	Barb Jensen	Rene Ralston
Patricia Anderson	Sandra Kellso	Randi Riesenberg
Nadja Baker	Barb Jensen	Wendy Rife
April Borbon	Karen Kettner	Paul Ross
Melanie Brandt	Scott Latimer	Beck Stermer
Sarah Brouwer	Becky Marin	Traci Stockwell
Cheryl Burrows	Chris Montera	Cheryl Stromberg
Cindy Button	Jim Nania, MD	Timothy Wade
Michelle Corral	Linda Nunez	Deborah Walker
Jordan Dawson	Norma Pancake	Jet Washington
Tamara Drapeau	Kelly Pearson	Dan Williams
Janna Finley	Greg Perry	Deborah Woolard
Mary Flick	Mary O'Hare	

**Call to Order:** Cameron Buck, MD, Chair

**Minutes from March 15, 2023**

*Handout*

**Motion #1**

Approve the March 15, EMS and Trauma Care Steering Committee meeting minutes.

Approved unanimously.

**Announcement:** EMS Week May 21 – 27, 2023. Dr. Buck thanked all the practitioners, providers, Steering Committee and TAC members for their service.

**Department of Health Updates:** Dolly Fernandes

**Legislative Session Updates:** Dolly Fernandes

The 2023 legislative session focus was on workforce and behavioral health. The HSQA division reviewed over 340 bills and the office of Community Health Systems reviewed about 100 bills of which 2 passed that impact EMS.

1. Organ Transport HB 1271: requires DOH to create 2 new credentials to license organ transport services and vehicles. This legislation allows these vehicles to use signal preemption devices, HOV lanes, lights and sirens when transporting time critical organs.
2. 23-hour crisis centers SB 5120: DOH will work with stakeholders to input in rule, inclusion and exclusion criteria for types of patients that can be transported to 23-hour crisis centers.

**Trauma Designation Program update:** Dolly Fernandes, DOH

The DOH Trauma Designation Program led by the team of Anthony Partridge, Tim Orcutt and Anne Oxenbridge completed the 2023 round of trauma designations for the North, Northwest and West Regions. It included the review of Kadlec Medical Center and we are pleased to share that Kadlec Medical Center is soon to be designated a Trauma Level II for adults and a Trauma Level III for pediatrics. Their Level II trauma designation will be effective July 1. DOH granted it as a provisional for one year and if they are in compliance in a year, their designation status will be changed to a full designation.

Dolly commented that Beki Hammons, a member of the Steering Committee, together with Dr. Singares-Smith, worked very hard on their application and Kadlec Medical Center worked hard to ensure that they meet the standards and have the personnel necessary to meet those standards. It is good for Washington to have a Level II Trauma Service in the central part of the state.

**Trauma Designation:** Anthony Partridge, DOH

The trauma designation CR 102 packet is currently in the final stages of DOH internal review and the packet is expected to be filed next week. Once filed, the packet will be made available and disseminated to all interested parties. Comments on the rule may be submitted either on the rules comment website or directly to the program. The public rules hearing is scheduled for July 11, 2023, and the meeting link will be shared along with the rules packet.

**EMS Rules:** Catie Holstein, DOH

The EMS Program is finishing the draft CR 102 EMS rule package and will be submitting this large package for internal DOH review early next week. DOH anticipates sharing the EMS rule

packet publicly next month. Catie added that they are very happy to be at the tail end of this major project.

**WEMISIS Rules:** Jim Jansen, DOH

The WEMISIS team is also submitting their CR 102 WEMISIS rules packet for internal DOH review with the EMS rules as the two sets of rules are entwined and refer to each other. This WEMISIS rules packet should be available for comment in about a month or two.

**Trauma Registry:** Jim Jansen, DOH

Good news for the trauma registry. Last month RAD began receiving trauma record submissions, and so far, they have over 80,000 submissions from more than 30 facilities. There is a 3-year gap, from 2020 to 2023, that they are working on filling.

The next step for the DOH RAD Trauma team is validation and checking the data to make sure it is complete for each hospital, for every month. Then they will compare CHARS to the trauma registry records to make sure there are no big discrepancies between case counts. RAD will conduct this validation and learn what issues there might be and address resolving them. They are working to get the data set complete on a quarter-by-quarter schedule and will announce timelines as they get a better idea of completeness and error rates.

Meanwhile, RAD continues to conduct a feasibility study to determine the needs and costs associated with the Trauma Registry upgrades, modernization and most importantly, security. The registry is currently out of compliance with state security standards. They need to move towards compliance to continue under their current security waiver. The waiver from the Office of the Chief Information Officer, WA Technologies, allows them to bring the data in under RAD's non-compliant solution. RAD has received four responses from vendors to the Request for Information (RFI) on the vendor's ability to meet the Trauma Registry requirements. The vendors have also provided estimated costs for system upgrades. RAD is reviewing the vendors' information now and researching funding mechanisms to afford these upgrades and changes.

**Cardiac and Stroke Evaluation Update:** Cameron Buck, MD

Dr. Buck thanked Dr. Sabbatini and the UW team for their presentation yesterday on the needs for a cardiac and stroke response system for Washington state. UW will submit the draft written report to DOH in mid-June. DOH will review the report and make modifications and recommendations as needed. The final report will be delivered to the Legislature by DOH by October 1, 2023.

Dr. Buck showed some of the slides from Dr. Sabbatini's presentation. It showed why data is important and that our systems of care need to be measured to show where the gaps lie. The slides included county-by-county mortality rates for cardiac arrests and ischemic stroke including disparities, the components of an effective registry, other registries and best practices.

The hope is that the report will stimulate legislative policy and funding for cardiac and stroke system for Washington state.

**Committee Business:**

**Bylaws Approval:** Cameron Buck, MD

*Handout*

The Steering Committee agreed that there is a need for a vice chair for the committee and the by-laws were 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 then decided to call for nominations and have the election of vice-chair at the next meeting. Dr. Buck asked the committee for a vote to accept the changes to the bylaws.

**Motion#2**

Accept all changes to the updated bylaws.

Approved unanimously.

**Vice Chair nominations and election:** Mark Taylor, Nominations Chair

There is a new position of vice-chair for the committee and nominations and a formal election need to be held for it. Dr. Tim Bax was the only nominee. Mark asked the EMS and Trauma Care Steering Committee members to write their vote in the chat box. Dr. Bax was unanimously voted into the vice-chair position.

**Recognitions:** Cameron Buck, MD and Dolly Fernandes, DOH

**Rhonda Holden**, WSHA – Rural Representative was recognized for completing her final term on the Steering Committee, having served the full nine years. Rhonda has been a champion of rural hospitals and was thanked for her contributions to improving the Washington system.

Dolly announced that with Rhonda leaving there will be a vacancy on the committee for a Washington State Hospital Association rural hospital representative. If you know of anyone who would be interested in this position, please contact Dolly. Applications will need to be coordinated through WSHA who need to endorse the applicants for this position.

Dr. Buck shared that **Zita Wiltgen** passed away unexpectedly last month. She was the Executive Director for the Southwest and SouthCentral EMS and Trauma Regional Councils for the past 18 years and a regular attendee of the Steering Committee meetings. Dr. Buck extended condolences to Zita's family on behalf of the Steering Committee.

**East Region Plan Changes - Spokane County:** Tamara Drapeau, Chair, Spokane EMS and Trauma Council

*Handout*

Spokane County currently has 2 ALS ambulance services with a state approved minimum number of 2 and a maximum number of 2 ALS ambulance services. There is a lack of coverage

in the very far north area of Spokane County, and there is a need for an additional ALS ambulance service based on response data showing a trend in the increased number of 911 calls and transports. The Spokane County EMS and Trauma Council is requesting the max number be raised to 3 to allow for an additional ALS ambulance service to serve this area.

**Motion#3:** Approve an increase of ALS ambulance service max by one to make it 3 and therefore allow an additional service to serve this area.  
Approved unanimously.

**Review/Approval of EMS & Trauma Regional Plans for 2023-2025:** Hailey Thacker, DOH  
*PowerPoint Presentation*

The process began last July with the EMS and Trauma regions receiving guidance and direction from DOH on formatting and content needed in the plans. The Regions finished their first draft plans at the end of February. In March the DOH Emergency Care System program experts reviewed the plans, checking for feasibility and completeness and provided their feedback.

The Regional Councils took the feedback into consideration and made changes and updates to their plans which were then sent to the Steering Committee reviewers in April. The plans with Steering Committee reviewers feedback then went back to the Regional Councils to incorporate their suggestions and input.

The Steering Committee reviewers received two plans each to review this year. There is a lot of detail in the plans, and the feedback they provided was extremely insightful. Overall, the reviewers found the plans to be well written, and detailed with accomplishments and challenges. Their goals were clear and well defined and went through the entire continuum of care.

**Strategic Plan Annual Reports**

Regional Administrators Committee (RAC): Hailey Thacker, DOH  
*PowerPoint Presentation*

Hailey provided background on the RAC TAC and explained that Washington law requires DOH to designate EMS and trauma care planning and service regions. There are 8 regions, and each region has a regional council. The regional councils elect a regional council chair and hire an executive director to manage the day-to-day administration and business of the regional councils. There are 6 executive directors for the 8 regions. In the interest of efficiency and cost savings, Northcentral and East regions opted to hire the same executive director, and Southwest and SouthCentral regions likewise had the same director. All 6 executive directors and the 8 chairs are the core members of the RAC TAC. They invite past members and representatives from the regional councils to attend the meetings when needed.

The RAC TAC Chair is Carly Bean who was appointed chair earlier this year. The RAC TAC mission and purpose is to advise the EMS and Trauma Steering Committee on regional emergency care system challenges, share information and best practices across regional systems and among regions to support an effective statewide emergency care system as outlined in the State Strategic Plan. They discuss challenges, work on solutions, wise practices and process improvements with DOH and other system partners and harness the group's intellectual capital.

Future work: the RAC plans to continue to improve engagement with regional healthcare partners and continue to work with DOH and system partners to improve the regional councils support on response to statewide emergencies and look for ways to improve regional QI activities.

The RAC had a turnover of 3 executive directors, plus the loss of one. This highlights the need for a desk manual to help with transitions and orienting those taking over.

Each EMS and Trauma Region shared a summary of their EMS and Trauma Regional Plan including their accomplishments, challenges and future regional planning work.

Dr. Buck called for a vote to approve the 8 EMS and Trauma Region's plans that were presented.

#### **Motion#4**

Approve all 8 EMS and Trauma Region's Plans for 2023-25.  
Approved unanimously.

#### **Injury and Violence Prevention TAC:** Marla Emde, DOH *PowerPoint Presentation*

Marla is the DOH-EMST Injury Prevention Specialist and she together with Mike Hilley, co-chair the IVP TAC which aligns closely with the Falls Prevention Coalition that is led by Stephanie Kunold, DOH.

The TAC works on community engagement, networking and coalition building to support regional and statewide injury and violence prevention programs and public awareness campaigns with the goal of reducing injuries and 911 calls. They identify and develop key stakeholders and partnerships for the delivery of community injury prevention programs and relevant trainings for stakeholders and partners. Meetings are held quarterly. They have made some new partnerships in the last year with Providence Mount Carmel, Providence St. Joseph, Community Health Plan of Washington, Target Zero Region 16, Sacred Heart Medical Center, NCOA, Lincoln County Hospital, Murdin Therapy, and the Lewis, Mason and Thurston Falls Prevention Coalition.

The TAC developed educational flyers called "Finding Our Balance, Prevent Slips, Trips and Stumbles". These customizable PDF versions are available in 13 languages on the DOH Injury and Violence Prevention website.

Marla shared the EMS and Trauma Regional Councils Injury Prevention Programs in Washington. She went on to explain future projects that the TAC plans to work on including Hospital Falls Prevention Discharge Packets, a monthly newsletter, social media campaigns.

**Injury and Violence Data Presentation:** Dana Drummond, DOH Epidemiologist  
*PowerPoint Presentation*

Dana Drummond, DOH Injury Prevention Epidemiologist, gave a data presentation on the latest trends in injuries for Washington state. The 10 leading causes of Injury Deaths among WA State residents (all ages) in 2021 were:

1. Unintentional poisoning - 33%
2. Unintentional falls - 20%
3. Unintentional Motor-vehicle traffic – 11%
4. Suicide by firearm – 9%
5. Suicide by suffocation – 5%
6. Homicide by firearm – 4%
7. Unintentional Natural environment – 3%
8. Suicide poisoning – 2%
9. Unintentional suffocation – 2%
10. Unintentional drowning – 2%

The death data is from death certificates, hospital discharge data from CHARS and emergency department data from RHINO. In 2021 there were 6,811 injury related deaths. There were about 50,000 injury related hospitalizations and 54% of these were due to unintentional falls.

**Drug Overdose Deaths:** The number of drug overdose deaths significantly increased from 2019 to 2021. This upward trend has continued through 2022. Synthetic opioids (including fentanyl) and psychostimulants involved in overdose deaths make up a substantial proportion of the overall overdose deaths. Overdose death rates were the highest among adult males between ages of 25 and 64 and among American Indian, Alaska, native and black, non-Hispanic populations. The rates of drug overdose ED visits are higher among young adults, ages 11 to 17.

**Suicide and Suspected Suicide Attempts:** Suicide death rates in Washington state have been above the national average in the last few years. Some communities are showing an increase in suicides such as American Indian/Alaska Natives, Asians, Blacks, people 19 and under, and people 65 and older.

**Homicides:** Homicides in Washington state remain lower than the national average but continue to increase each year.

**Firearm Related Deaths:** Since 2019, the percentage of suicides by firearms has been decreasing, while the percentage of homicides by firearms is increasing. In 2021, 69% of firearm

deaths were related to suicide and 31% of firearm deaths were related to homicides. Between 2017 and 2021, the East EMS region had the highest rates of firearm-related injuries, and the Central region had the lowest rate.

**Rate of fall-related deaths among WA State residents ages 65+:** In 2021, Washington state had the 15<sup>th</sup> highest rate of unintentional fall-related deaths among adults ages 65 and older. Over the last 20 years, the rate of fall-related deaths in Washington state has remained higher than national rates and rates continue to increase each year. Based on preliminary 2022 data as of last week, there have been 1,141 confirmed deaths due to falls among residents ages 65 and older, which is triple the number of deaths 20 years ago. Rates of all fall-related deaths are about the same between males and females. The highest rates of death among adults 85 and older.

**Trauma Care Fund Spending Plan 2023-2024 Review:** Cameron Buck, MD, Chair and Eric Dean, DOH  
*Handouts*

Prior to the start of each biennium the Cost TAC supported by Eric Dean, DOH, develops and recommends a spending plan for the Trauma Care Fund. The Cost TAC asked Eric to look for ways to increase funding support for rural services. Eric Dean drafted two spending models that were emailed to the Steering Committee and Cost TAC: 1) baseline 2) rural adjusted. Both spending plan models use the full Health Care Authority (HCA) appropriation to maximize federal match. The balance is distributed proportionately across provider types as DOH direct pass-through funding. The only difference between the two spending plans is that the location variables of the acute hospital participation grant disbursement calculation were adjusted to shift a larger proportion of funding to rural acute hospital trauma services. The rural adjustment resulted in small changes in average amounts per service.

The committee members indicated insufficient impact of relatively small changes in amounts to merit going with the rural adjusted plan.

**Motion #5:** Recommend approval of the baseline spending plan for the Trauma Care Fund for 2023-2025  
Approved unanimously.

### **TAC Reports:**

**ECS TAC:** Cameron Buck, MD, chair

The bulk of the discussion was getting the presentation from UW on the Cardiac and Stroke evaluation. They briefly talked about the need to at least readdress and reform a work group to work on the interfacility stroke guideline, which was worked on a couple of years ago, as well as



an opportunity to review and discuss the benefits of standardizing prehospital screening with the BEFAST tool for stroke.

**Hospital TAC:** Anthony Partridge, DOH

The TAC had a Violence and Intervention presentation by Dr. Deepika Nehra of UW and reviewed and approved the TAC's updated charter.

**Pediatric TAC:** Matt Nelson, DOH

At the previous meeting there was a presentation on Child Death Review, and another on the Star Program at Providence Sacred Heart.

**Outcomes TAC:** Bryce Robinson, MD, chair

They reviewed the data presentations that were given today and the next joint meeting will be with the ECS TAC and the Prehospital TAC to review their data presentations for the September Steering Committee meeting.

**Prehospital TAC:** Catie Holstein, DOH

The TAC met on Wednesday, April 20 and saw a presentation from Jenny Shin with King County EMS on recruitment and outreach by King County EMS to create a workforce that is more representative of people in their communities. The first program is a future women in Fire and EMS program. It is a two-day opportunity where women can learn about being a firefighter and emergency medical responder. There is information on how to apply, tips for interviewing and testing. They get exposed to live demonstrations and each fire department in King County hosts to spread the burden of training. The other is a strategic training and recruitment program called the Star Program that is a free. Both programs are good recruitment models for diversity, equity, and inclusion.

**MPDs:** Catie Holstein, DOH

The Medical Program Directors met on May 4, 2023. Most of the meeting was spent with Dr. Sabbatini who provided an update about the cardiac and stroke study, and she elicited input from the MPDs for the study. They also heard from Dr. Nania, who leads a verified responder and Pulse Point program.

Meeting Adjourned 1:24 pm.