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

MEETING MINUTES

March 17, 2021

Meeting held virtually via GoTo Meeting

PARTICIPATING on GoToMtg:

Committee Members:

Tim Bax, MD	Scott Dorsey	Denise McCurdy
Cameron Buck, MD	Tony Escobar, MD	Brenda Nelson
Cindy Button	Bryan Fuhs, MD	Scott Phillips
Tom Chavez	Beki Hammons	Eric Roedel, MD
Chris Clem	Rhonda Holden	Susan Stern, MD
Eric Cooper, MD	Mike Hilley	Mark Taylor
Peggy Currie	Sam Mandell, MD	David Tirschwell, MD
	Shaughn Maxwell	

DOH Staff:

Melissa Belgau	Catie Holstein	Jason Norris
Tony Bledsoe	Jim Jansen	Tim Orcutt
Steve Bowman, PhD	Jennifer Landacre	Melissa Stoddard
Dolly Fernandes	Matt Nelson	Sarah Studebaker
Nicole Fernandus	Anne Newcombe	Hailey Thacker
Dawn Felt	John Nokes	Nate Weed

Guests:

Anne Benoist	Megan Grinnell	Tammy Pettis
Eileen Bulger, MD	Mike Lopez	Sue Poyner
Brian Burns	David Lynde	Bryce Robinson, MD
Rinita Cook	Carolynn Morris	Tracy Stockwell
Tyler Dalton	Jim Nania, MD	Zita Wiltgen
Marites Descargar	Martina Nicolas	

Call to Order and Introductions: Eric Cooper, MD, Chair
Dr. Cooper introduced and welcomed two new steering committee members, Dr. Eric Roedel and Dr. Scott Phillips.

Minutes from January 20, 2021: Eric Cooper, MD
Handout
Motion #1: Motion to approve minutes from January 20, 2021 meeting.
Approved unanimously.

DOH Updates: Dolly Fernandes

COVID10 remains the top priority for DOH. Dr. Shah has hit the ground running on his first 90 days as Secretary of DOH. He has been immersed in the leadership of the COVID 19 work. Sometime in the future we will invite him to come to one of the steering committee meetings so that he can meet the committee.

The Office of Community Health Systems has submitted the Coverdale grant application. It is a three-year competitive grant, at approximately $600,000.00 per year. The DOH stroke team worked very hard on this application and appreciate Dr. Tirschwell, Dr. Geraghty, Dr. Nania and everyone else who provided letters of support.

Legislative Update: There are three legislative bills that DOH is tracking that would be of interest to the committee. Then first one is HB1276, which allows EMTs to work in Diversion Centers. The bill has passed out of the House Committee on Healthcare and Wellness and has moved to the Senate, where it has a hearing this Friday with the Behavioral Health subcommittee.

The other bill is SB 5074, Establishing Safe Station pilot programs. This bill allows participating fire departments to be designated as "safe stations". These safe stations would provide basic evaluation by mental health professionals and substance use disorder professionals to connect patients to treatment support and services. That bill has passed out of the Senate, and now in the House, awaiting a hearing.

The third bill is SB 5198. The one allows ambulances in rural areas to use non-medically trained drivers. It has passed out of the Senate and has moved to the House. It had a hearing on March 11.

On the operations side, the House and Senate budgets have not been released yet.

EMS and WEMSIS Rules: Catie Holstein and Jim Jansen, DOH

EMS Rules: The EMS stakeholders have reviewed the 33 sections of EMS Washington Administrative Code. The DOH EMS team are currently drafting the proposed amendments into the official required format. The draft rules will be available for stakeholders to review when done. Then we will move to the CR102 phase of rulemaking.

WEMSIS Rules: EMS data-system rule making stakeholder workshops concluded on March 15, 2021. That was the final stakeholder meeting for the CR 101 phase. Next DOH will be preparing the draft rules for release to stakeholders starting next month and then will move on to the CR102.

Min/Max Project Update: Dolly Fernandes, DOH
Handout – Min/Max Report

At the last meeting, the steering committee provided DOH some valuable feedback on the Min/Max report and the Min/Max workgroup. Also, the trauma medical directors on the workgroup sent DOH a letter with their feedback. DOH appreciates the feedback. Dolly has talked with many of the workgroup members to get their input and suggestions about what we can do. Dr. Shah has also been

briefed on the Min/Max work. DOH has decided to reconvene the Min/Max workgroup to work to get it right and flesh out the workgroup's recommendation. Dolly is looking for a date that works for everyone for a meeting. The next phase will be rulemaking.

COVID19 Response/Emergency Preparedness Update: Nate Weed, Acting Emergency Preparedness and Response Assistant Secretary, DOH

DOH has been in COVID response for over 400 days. A year ago, DOH received a phone call that a person on a plane had a viral respiratory illness that looked like the virus in China. The person was going to Snohomish County. So, DOH set up a modest response to an infectious disease. DOH does this all the time, at least six times a year. They activate the command structure and mobilize agency resources to support outbreak investigations. Then things changed and DOH ended up in a full command support of the public health lab, focusing on testing to detect COVID19 cases and started quarantining and contact tracing.

In the spring, DOH expanded the command statewide and included emergency management, Department of Enterprise Services, and DSHS since many of the outbreaks were in care facilities. That escalated into setting up some field hospitals as alternate care facilities. PPE were being rationed and many facilities were moving into crisis levels of care.

Things evolved though the summer and there was a little downtick in cases. Then in the fall, came the second wave. The case numbers were going up quickly with many more hospitalizations. This caused a lot of work for DOH. In December the vaccine became available and the focus shifted to getting vaccines out quickly. Now there is a push to get schools back open. So far in Washington, there has been 340,371 confirmed cases, 20,490 hospitalizations and 5,149 deaths.

DOH systems have been improved, increased in capability, and a ton of people have been hired to do contact tracing and help with isolation and quarantine. DOH has partnered with Microsoft and Amazon and other companies to make sure that the information systems can be built and put together in ways that ensures they don't break every time they are tried out.

The COVID pandemic has shed light on our gaps and deficiencies. In the last 15 years there has been a decrease in our nation's public health capacity, social services and safety net features in our communities that keep people safe from these sorts of things. The Federal Government is starting to step in. CMS increased the Medicare payment for COVID19 Vaccine Administration. This will help more providers to provide the vaccine. Currently, there are 15 enormous operations going on at DOH related to COVID.

This is our opportunity to make our systems better, be creative and get out of the box. We can do that, and we can do it effectively. At the end nobody is going to care about how well our information system worked during the pandemic. They will care about the morbidity and mortality associated COVID, and that will be the final scorecard.

Catie Holstein commented that EMS has been one of the most flexible and nimble of professions during the pandemic. Expanding scope of practice to perform testing, vaccination, operating as lab couriers, standing up teams to conduct daily medical assessment of farmworkers and quarantined residents, dedicating staff to monitor people in corrections centers, alternative care facilities and isolation and quarantine facilities, standing up mobile vaccination teams to bring vaccinations to the

most vulnerable populations in the communities, and conducting statewide long distance transport of patients even though the reimbursement of those transports does not even cover the staffing cost of the transport. EMS pivoted to respond to the pandemic while rapidly standing up new infection control practices, attending required additional training, mitigating wildfire season, enduring primary exposure to prolonged civil unrest, during a pandemic where they had the least access to PPE and the least amount of financial incentive.

There is no doubt that EMS wants to help. With that said, in the interest of pointing out opportunities for improving our response model, having one statewide stakeholder forum from which response planning flows to and from, would be one way to reduce duplication of effort and decrease time to implementation of practices.

In the context of EMS and a statewide approach to establishing and managing access to transport assets, Catie observed that working through the current incident response framework the biggest challenge has been the lack of access to key EMS stakeholders to provide input into the work in the various state, regional, and local forums where EMS was needed. EMS is a finite resource and were spread too thin. EMS would have benefited from having one central stakeholder forum at a state level where ideas such as statewide patient movement could be circulated. Where concepts could be fleshed out and actionable items and activities can be modeled and then implemented at regional and local levels.

Currently, there are three separate systems that have been externally navigating. The EMS & Trauma Care System, Emergency Management, and Public Health. All three of these systems have state, regional, and local layers and input to an approach to do the work and Emergency Management and Public Health at regional and local levels have lacked consistent access to key, relevant EMS stakeholders to inform their work. EMS efforts were immeasurably duplicated in attending meetings in various forums. State Disaster Medical Committee, Health Care Coalition Meetings, Regional Emergency Management Coordination Meetings, Regional EMS & Trauma Care Council Meetings, local meetings with EMS, EM, PH, Ad Hoc and Subcommittee meetings of these forums. There are too many forums for the resources that we can commit to provide input. There must be a better way.

At a regional level, the Regional Healthcare Coalition and Regional EMS & Trauma Care Council model was changed a few years ago, and EMS experienced a loss of funding that supported EMS regional preparedness and response efforts. Some of the people changed, some of the relationships were re-defined, and the structural integrity in a multiple disciplinary regional approach to preparedness and response efforts changed.

Amending and strengthening our regional approach to this work is a good idea. It can decrease duplication of effort, create economies of scale, and has other benefits. Other states have successfully used a regional approach to assuring statewide access to care. To do that, Catie suggested we need to bring the primary components of the three systems mentioned earlier together in one statewide forum where leader intent can be heard, clarified, and carried forth. Where decision makers can hear input from key stakeholders before funding decisions are made. Where successful models of various activities can be shared and cascaded to regional and local levels.

Dr. Bulger expressed her appreciation for the overview of the challenges for EMS. She commented that emergency care evolved in the response to the pandemic and the Washington Medical Coordinating Center (WMCC) has been a model for the country. The WMCC centralize and

coordinate within the hospital system and distribute patients around the state in a way that no single hospital is overwhelmed, and that's how we can maintain the capacity to serve our patients in the EMS and Trauma system. This is a model that has been recognized at the Federal level. The next phase is to incorporate EMS. That challenge is well highlighted. It is an infrastructure that we need to support and carry forward for any type of major response. Whether it be an earthquake, pandemic or any other thing that we are challenged with in a medical response.

Committee Business: Election of Chair: Mark Taylor, Chair, Nominations Committee

Mark Taylor announced that it is time to elect a chair for the EMS and Trauma Care Steering Committee. Three members were nominated, two declined and one, Dr. Cooper, is interested in serving another year. This means Dr. Cooper is running unopposed. The committee voted to elect Dr. Cooper as chair of the EMS and Trauma Care Steering Committee.

Motion#3: Vote to elect Dr. Eric Cooper as chair of the EMS and Trauma Care Steering Committee. Motion approved unanimously.

Upcoming vacancies: Dolly Fernandes, DOH

Six positions on the steering committee will be vacant in August. These members will have one more meeting with us, the May meeting. They are Norma Pancake, Lynn Siedenstrang, Brenda Nelson, Dr. Tirschwell and Dr. Escobar. Dan Hall, representing the State Patrol, has resigned from the position. The State Patrol will be providing us with a replacement. DOH will begin recruiting very soon with the goal of having the vacancies filled by August 2021. DOH is always looking for diversity and balanced representation from across the state.

Regional Plan Changes: East Region Adam County EMS Min/Max proposal: Mike Lopez, Chair, East Region EMS and Trauma Council

The East Region EMS and Trauma Care Council proposed a modification of the minimum/maximum number of Trauma Verified ALS Transport Services in the current, East Region EMS and Trauma Care Plan. This proposal addresses the desire of East Adams Rural Ambulance Service to upgrade to the ALS level and assumes a strategic focus by recognizing a similar need exists in the western portion of the county. Currently, the East Region Plan identifies a minimum of 0 and a maximum of 0 ALS Transport services in Adams County. The proposed modification is to increase the minimum number of ALS Transport services in Adams County to 1 and the maximum number of ALS Transport services in Adams County to 2.

Motion #2
Motion to approve the changes in the East Region Adams County Min/Max numbers.
Motion approved unanimously.

Southwest Region – Cowlitz EMS Min/Max Change: Zita Wiltgen, SW EMS and Trauma Region Council

Clark County Fire & Rescue recently completed a legal merger of the City of Woodland EMS & Fire Response area in Cowlitz County. The change in the agency name to Clark-Cowlitz Fire Rescue, prompted the need to become verified. The increase in the ALS AMB verification from six (6) to seven (7) will correctly reflect the number of verified services currently operating in Cowlitz County and allow Clark-Cowlitz Fire Rescue to obtain the verification to continue service.

Motion # 3
Motion to approve the changes in the Southwest Region Min/Max numbers.
Motion approved unanimously.

Regional Plan Review: Hailey Thacker, DOH

Hailey Thacker shared a brief presentation describing the process for the Steering Committee Region Plan Review. Instructions and guidelines will be sent to the reviewers by March 29th. The review begins on April 2nd and reviewed plans need to be returned to the department by April 23rd.

Pediatric TAC Annual Report: Tony Escobar, MD

Dr. Escobar commended the Pediatric TAC for their strategic plan accomplishments. He also thanked Matt and said they partnered well, and he is pleased to see many projects of the Pediatric TAC come to fruition over the years. What's important to note is that they also looked at medical and trauma conditions and prehospital partnerships.

The TAC works to ensure that we have the most comprehensive prehospital and hospital pediatric care available to the people and children of Washington State, with the overarching goal being to improve pediatric care.

Current Goals of the Pediatric TAC:

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. Promote behavioral health training and education related to COVID-19 pandemic
4. Support WRAP-EMS coalition to increase statewide pediatric disaster preparedness.
5. Continued implementation of EMSC performance measures.

2020 Accomplishments of the Pediatric TAC:

- Supported pediatric care efforts related to COVID-19 Pandemic through collaboration with DOH Emergency Preparedness and Response (EPR) section and other partners (Goals 2, 3, 4)

- Facilitated webinar with guest speaker Dr. Tanya McGuire to discuss pediatric behavioral health during COVID-19 (*Proposed strategy*)
- Facilitated statewide EMS agency survey measuring pediatric care coordination and skills checks (Goal 5)
- Through EMSC, provided $34k to West and North Central regions for pediatric equipment and education (Goals 2, 5)
- Successfully managed year 3 of the 4 year of EMSC State Partnership Grant (Goal 1)
- Began Pediatric TAC chair succession process (Goal 1)
- Reviewed pediatric readiness data and supported efforts to increase ED readiness to prepare for National Pediatric Readiness Assessment (Goal 2,4)
- Supported WRAP-EMS consortium to increase statewide pediatric disaster preparedness with members participating on key workgroups. (Goals 2, 5)
- Support Outcome TAC with identifying key pediatric outcome metrics (Goal 2)
- Supported work involved in EMS and Trauma Assessment by ACS (Goal 2)

Future Goals/Objectives:

- Continue implementation of Performance Measures for new 2018-2022 project period.
- Support Pediatric Readiness survey occurring in Summer of 2021.
- Continue to support mental health efforts related to COVID-19 pandemic.
- Support ongoing efforts with WRAP-EMS.
- Support efforts for succession of Pediatric TAC chair.
- Review data from 2021 EMS agency survey and identify areas of opportunity.

Pediatric Data Presentation: Steve Bowman, PhD, DOH
PowerPoint Presentation

Steve Bowman presented pediatric trauma data including: Process of care indicators, proportion of trauma pediatric trauma patients receiving definitive care at level I and II pediatric trauma centers, injury mechanisms for pediatric patients, and breakdown of deaths by mechanism, and additional detail on pediatric drowning and falls. Steve also provided an update on COVID-19 and trauma with a look at the distribution of trauma patients across Washington who presented with a COVID-19 diagnosis (suspected or confirmed).

TAC Reports:

RAC TAC: Hailey Thacker, DOH

The RAC met on 3/16. Their meeting focused on strategic planning and preparing for the annual report for Steering Committee in May. They also had a presentation from Jason Norris on the prehospital agency licensure process which promoted a good discussion. The RAC will meet again in May.

Hospital TAC: Mark Taylor, Chair

They meet just before the steering committee meeting every two months at 8:00 am. The TAC discussed the ACS recommendations that were assigned to the Hospital TAC. It was recommended

that there be statewide evaluation and QI process for the trauma system. Out of that, there has been some discussions about regional trauma evaluation measures. There are no trauma site reviews in 2021 due to COVID. Plans are underway for DOH to conduct virtual site reviews in 2022. A Hospital TAC subcommittee will assist with developing site evaluation and details around what the virtual process might look like. Anyone who is interested in participating should email Tony Bledsoe.

Prehospital TAC: Scott Dorsey, Chair

The TAC met on February 10th. They talked about work around EMS vaccine planning and statewide patient movement transport in the context of COVID, lessons learned, and next steps for a pilot virtual paramedic class and are now working on incorporating recommendations from the ACS Assessment into the Prehospital strategic plan.

Cardiac TAC: Cameron Buck, MD, Chair

ECS TAC had a combined meeting towards the end of February. They had a data presentation related to EMS and COVID cases and volumes. Then they had a couple of presentations where they reviewed coronary angiography, basically a meta-analysis, looking at utilization of catheter intervention in that patient population.

Dr. Tirschwell presented an article on comparing pre-hospital stoke scales to detect intracranial LVOs in suspected stroke patients. That was a prospective study, and the conclusion was that in Washington we use the LAMS tool which does relatively well compared to some of the other tools. The next TAC meeting is for Cardiac, and that will be followed by Stroke. Goals for these meetings is to develop measurements or identify what they think are the key performance measures from a data standpoint for cardiac and stroke.

IVP TAC: Michael Hilley, Chair

The Injury and Violence Prevention TAC met on February 22nd, with 38 attendees from DOH staff, fire departments, ambulance, 13 hospitals and DSHS, AAA, occupational therapists, and some community centers to talk about fall prevention. The TAC decided to break into a couple of subcommittees to follow up on this work: a) Branding and Awareness for a Fall Prevention campaign. They will be meeting on March 23 b) Intervention/Operationalize this work -- they will be meeting on March 29th .

MPD Report: Jim Nania, MD, Chair

The Medical Program Directors are meeting virtually each quarter. They got some good information and guidance about vaccine administration for COVID19 and the DOH disciplinary process for certified providers. They got good guidance regarding what to do when issues regarding discipline or problems with providers come up. The MPD group will be meeting again on April 19th.

Outcomes TAC: Jim Jansen, DOH

The TAC reviewed Steve Bowman's pediatric presentation seen today. They also reviewed performance measures proposed by DOH. The next step is to get input from the Hospital on these proposed performance measures. Then next TAC meeting will be on April 21.

Rehab TAC: Tim Orcutt, DOH

The TAC has been working on a list of rehab specific services for each facility in the state, as directed by our strategic plan and recommended by ACS. They plan on sharing the list with acute care facilities so they can better consult and refer patients to rehab services. The TAC is also working on forming a subcommittee to improve rehab data quality. Over the last few years there has been a bit of decline in the quality of data from the rehab data submission. The subcommittee met last week, and they had some good ideas and suggestions to improve the data quality.

Meeting adjourned at 1:00 pm.