

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

MEETING MINUTES

May 19, 2021

Meeting held virtually via GoToMeeting

PARTICIPATING on GoToMtg:

Committee Members:

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

Bryan Fuhs, MD
Madeleine Geraghty, MD
Tony Escobar, MD
Beki Hammons
Mike Hilley
Joe Hoffman, MD
Rhonda Holden
Tim Hoover

Sam Mandell, MD
Shaughn Maxwell
Denise McCurdy
Brenda Nelson
Scott Phillips, MD
Eric Roedel, MD
Susan Stern, MD
Mark Taylor
David Tirschwell, MD

DOH Staff:

Alan Abe
Tony Bledsoe
Christy Cammarata
Eric Dean
Dolly Fernandes
Nicole Fernandus
Dawn Felt

Dawn Felt
Catie Holstein
Jim Jansen
Jennifer Landacre
Ihsan Mahdi
Megan McCausland

Matt Nelson
Tim Orcutt
Jeff Sinanian
Sarah Studebaker
Hailey Thacker

Guests:

Katherine Bendickson
Anne Benoist
Eileen Bulger, MD
Brian Burns
Christine Clutter
Rinita Cook
Rachel Cory
Tyler Dalton
Marites Descargar

Janna Finley
Megan Grinnell
Scott Isenman
Karen Kettner
Mike Lopez
David Lynde
Christopher Montera
Carolynn Morris
Jim Nania, MD
Martina Nicolas

Tammy Pettis
Sue Poyner
Rene Ralston
Bryce Robinson, MD
Karly Schriever
Becky Stermer
Cheryl Stromberg
Tracy Stockwell
Timothy Wade
Zita Wiltgen

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

Minutes from March 17, 2021: Eric Cooper, MD

Handout

Motion #1: Approve minutes from March 17, 2021 meeting.
Approved unanimously.

DOH Updates: Dolly Fernandes

2021 Legislative Bills – Two EMS bills we were tracking have passed. The first bill adds an organization type that can use Non-Medically Trained Drivers. The second bill relates to Emergency Supervisory Service Organizations (ESSO) and diversion centers. The third bill, SB 5074 which would have allowed participating fire departments to be designated as "safe stations" did not pass. There were no cuts or enhancements to the budget for EMS and Trauma.

Personnel Updates:

Steve Bowman has left DOH. He took a position at the University of Arkansas Medical School. Jim Jansen is working actively to fill that position. Erika Stufflebeem is hired to fill the trauma registrar position.

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

EMS Rules: The EMS stakeholders have reviewed 33 sections of EMS Washington Administrative Code. Catie meets weekly with her team members to draft proposed rule amendments in the official format required. They are one-third of the way through the work and anticipate being done by end of June. Then Catie will make the draft rules available for the stakeholders to review. The rules should be finalized and published by the end of the year.

WEMSIS Rules: WEMSIS stakeholder rules meetings concluded in March. Jim is now drafting rules for public review and expects to be done by the end of June. He anticipates the rules will be finalized by mid-2022.

Min/Max Team Update: Dolly Fernandes, DOH

The Min/Max Workgroup reconvened on April 21 to work on their recommendations. They made some progress refining the report, however, did not finish. A meeting is scheduled for June 8th to finish up. Then the recommendations will help with rulemaking which will start in the fall with stakeholder rulemaking meetings. The Steering Committee will be kept informed on meeting dates and all are encouraged to attend and participate in the rulemaking. The intent is ensuring that all steering committee members, stakeholders and the public have an opportunity to engage in this process. These are going to be difficult rules to write as we not only need to work on the criteria and standards, but also need to figure out how to operationalize them into rules.

Committee Business: Dolly Fernandes, DOH and Eric Cooper, Chair
Handout

Member Terms on the EMS and Trauma Care Steering Committee: Dolly gave some history about the membership appointments. This committee was created in 1990 with the passing of the EMS and Trauma System legislation. It called for a Governor appointed advisory committee. Appointments were done by the Governor's office for the first 20 years. In 2010, Governor Gregoire decided to move several committees to state agencies. The EMS and Trauma Care steering committee was moved to the Department of Health and appointments made by the Secretary of Health.

The Governor appointments were for a term of three years, and a member can have two reappointments of three years each, if the member is interested in being reappointed. This means that a member can potentially serve on the committee for nine consecutive years. The law, RCW 70.168.090 says "A term is three years and an appointed member may serve no more than a period of three years." The number of terms was *not* specified in the law. However, the procedure by the Governor's office and continued by Department of Health, is to allow three terms.

This procedure has been to count the time the position, and not the person, has served on the committee. If a person leaves the position before their three terms are up, the person filling the vacancy serves until the end of the previous person's term. This is the current convention of how terms are managed. It was the way the Governor's office did it, and what DOH has continued to use. This convention for counting appointment time based on the position's time on the committee is impacting some current members time on the committee causing their term to expire in less than nine years.

Dolly asked the committee to consider advising that the convention for appointments be changed to base it on the members actual year of appointment and not the position and memorialize this convention for appointments in the bylaws. The Committee decided it needed at least a month to review and consider bylaw changes and opted instead to provide their advice now to base appointments on when a member is appointed. This change can be addressed at the September Steering Committee meeting and bylaws updated then. This would allow for the committee to have at least 30 days to consider changes to the bylaws and make a formal amendment in September. It was pointed out that the original appointments were staggered to ensure all member appointments did not expire at the same time.

Motion #2: Effective immediately Department of Health should base terms of committee members on their date of appointment and not when the position was appointed. This will allow the appointed member to serve 3 terms of 3 years each. This will be followed by a formal amendment to the Bylaws to clarify this convention for counting terms.

Approved unanimously.

Recognitions:

Dr. Cooper, Dolly Fernandes and committee members thanked the following individuals who are nearing the end of their term on the Steering Committee, resigning or retiring. Their dedication, knowledge and contributions to building the Emergency Care System are greatly appreciated.

Term Ending

Dr. David Tirschwell, MD/Stroke
Norma Pancake, Washington State Firefighters Association
Lynn Siedenstrang, Trauma Rehabilitation
Tony Escobar, MD/Pediatrics

Resigning or Retiring

Sam Mandell, MD/American College of Surgeons, WA Chapter
Cindy Button, Prehospital
Dan Hall, Washington State Patrol
Anne Benoist, West Region EMS and Trauma Council
Rachel Cory, Central Region EMS and Trauma Council

Review/Approval of EMS and Trauma Regional Plans for 2021-2023:

EMST Region Executive Directors and Council Chairs

Each region presented their 2021 – 2023 Strategic Plan, which indicates the work they plan to accomplish this biennium. The plans were reviewed by DOH program staff and Steering Committee members and input provided for improvement. The Regional Councils revised their plans based on the suggestions and feedback received. The plans will go into effect July 1, 2021.

Motion #3: Approve all eight regions 2021 – 2023 Strategic Plans.

Approved unanimously.

Strategic Plan

Annual Reports: Regional Administrators Committee (RAC):

Hailey Thacker presented the annual report for the RAC Technical Advisory Committee for 2020 – 2021. The RAC is represented by the eight EMS and Trauma Regional Councils and includes the Regional Council chairs and the six executive directors. The chair of the RAC TAC is Tim Hoover. The RAC TAC is responsible for identifying system needs, system planning and coordination and recommending system improvements. Accomplishments this year include continuing to assess and improve processes, implementation of regional Patient Care Procedures and the air ambulance transport plan and guidelines for care of mental health and chemical dependency patients. Future work includes updating their strategic plan to include recommendations from the ACS assessment and working with system partners to respond and recover from COVID 19.

Injury Prevention: Alan Abe, DOH

Alan went over the goal, vision and objectives of the 2020 – 2025 Injury and Violence Prevention TAC Strategic Plan. Alan is leading a campaign focused on prevention of older adult falls. This project is titled: “Finding our Balance: Preventing slip, trip and stumbles.” It is a multi-year project to reduce falls statewide. Alan presented data and key points about falls in 2019/2020 as follows:

- All EMS responses averaged about 70,000 to 90,000 per month compared to EMS response to falls in patients 62+ where the average per month ranged from 6,000 to 8,000
- EMS responses related to falls in patients 62+ statewide averaged 9%
 - a. In 2019 Douglas county had the highest rate at 19%, lowest rate was Kittitas 5%
 - b. In 2020 Garfield had the highest rate at 20% (but it maybe because they increased their data reporting to DOH). Douglas county as still at 19%, lowest was Kittitas 5%
- EMS responses to related to fall patients 62+ by location – falls in the home was the highest at around 59% and 62% respectively
- EMS responses to related to fall patients 62+ by destination - ED had the highest at around 60% for both years
- EMS responses to related to fall patients 62+ by patient disposition - Transported had the highest rate at around 58% for both years
- All EMS responses by gender averaged about the same - females had slightly higher responses by a thousand per each year
 - a. EMS responses for fall patients 62+ Females had about 15,000 more responses per year compared to males
- Fall related ED visits 62+
 - a. ED visits per 10,000: highest rate - North Region; lowest rate - NW Region

In 2021 and beyond, the TAC and Alan will continue implementing the multi-year fall prevention program for older adults. The TAC will also develop fall prevention public awareness materials and messaging. They are piloting the implementation of these fall prevention interventions with 11+ fire departments, hospitals, and non-profit groups.

Trauma Care Fund Spending Plan 2021 – 2023: Dr. Eric Cooper and Eric Dean, DOH

Handout

Dr. Cooper informed the committee that the Cost TAC met earlier this year to work on the development of the Trauma Fund spending plan for 2021 – 2023.

Eric Dean shared the draft Trauma Care Fund spending plan for next biennium 2021-2023 and talked about how it was developed with the Cost TAC starting in November 2020. It is based on forecasted revenue and projections as well as carry-forward fund increases. The committee was asked for their recommendation for approval of this spending plan.

Motion #4: Approve the Trauma Care Fund spending plan for 2021-2023.

Passed unanimously.

Technical Advisory Committee Reports:

Hospital TAC: Mark Taylor, Chair

The Hospital TAC reviewed their hospital data with the goal to identify 3-5 metrics for the TAC to focus on. The TAC identified transfers (ED Length of stay prior to transfer, double transfers, and transfer after admission), Screening Brief Intervention and Referral to Treatment (SBIRT), risk-adjusted mortality and hospital events (complications) as their preferred metrics to focus on.

Pediatric TAC: Tony Escobar, MD, Chair

They are meeting in the next hour. Dr. Escobar's term on the steering committee is ending and with that he will be retiring as the chair of the Pediatric TAC. The TAC is discussing the need and appropriateness of including pediatric drowning in the Trauma Registry and may recommend that it be removed. Dr. Escobar recommended Denise McCurdy for the next chair for the Pediatric TAC.

ECS TAC: Matt Nelson, DOH

The Cardiac TAC met in April to formulate their performance measures as requested. Stroke TAC will meet in June to do the same for Stroke performance measures. The TAC will also provide input for the data and annual report presentations for cardiac and stroke for the September steering committee meeting.

Rehab TAC: Tim Orcutt, DOH

The Rehab TAC chair, Lynn Siedenstrang, was absent and Tim Orcutt provided the update. The TAC has been working on implementing their strategic plan objectives and action items. The TAC has developed a rehab specialty services tracking document which highlights the specialty services offered at each rehab facility. The TAC plans to share this document with each acute care facility that consults for rehab care. In addition, the TAC has been working on a plan to improve the rehab data collection process which they hope to have completed and be able to share at the steering committee update in November 2021.

Outcomes TAC: Sam Mandell, MD, Chair

Dr. Mandell reminded the committee that each TAC is asked to come up with 3 – 5 performance/outcome measures for their component of the system. The intent is that these measures would be tracked and serve as indicators for **system performance**. The Outcomes TAC was asked by the Steering Committee to advise on ways to measure system performance and this was considered to start this work. Dr. Mandell thanked the committee and DOH for their commitment to building a strong EMS and trauma system. He has enjoyed working with everyone and will miss Washington. This was Dr. Mandell's last meeting with the Steering Committee as he leaves for Dallas, Texas in July.

Meeting adjourned at 12:45 pm.