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

MEETING MINUTES

November 17, 2021

Meeting held virtually via ZOOM Meeting

PARTICIPATING:

Committee Members:

Tim Bax, MD	Bryan Fuhs, MD	Patricia McMahon
Carly Bean	Beki Hammons	Lila O'Mahony, MD
Cameron Buck, MD	Mike Hilley	Bryce Robinson, MD
Cindy Button	Joe Hoffman, MD	Peter Rutherford, MD
Tom Chavez	Rhonda Holden	Susan Stern, MD
Christine Clutter	Tim Hoover	Mark Taylor
Eric Cooper, MD	David Likosky, MD	Ken Woffenden
Scott Dorsey	Denise McCurdy	

DOH Staff:

Tony Bledsoe	Jim Jansen	Tim Orcutt
Christy Cammarata	Jennifer Landacre	Sharon Pikula
Eric Dean	Ihsan Mahdi	Jeff Sinanian
Dolly Fernandes	Terri McReynolds	Sarah Studebaker
Nicole Fernandus	Matt Nelson	Hailey Thacker
Dawn Felt	John Nokes	
Catie Holstein	Jason Norris	

Guests:

Jena Best	Kristin Kaupang	Randi Riesenberg
Brandy Bookwalter	Karen Kettner	Becky Stermer
Eileen Bulger, MD	Carolynn Morris	Lt. Courtney Steward
Rinita Cook	Heidi Moser	Cheryl Stromberg
Michelle Corral	Jim Nania, MD	Leslie Thompson
Abigail Frazier-Cole	Mary O'Hare	Timothy Wade
Janna Finley	Jacob Riedel	Zita Wiltgen
Megan Grinnel	Greg Perry	Deborah Woolard, MD
Patrick Jacobson	Tammy Pettis	

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

Minutes from September 15, 2021: Eric Cooper, MD
Handout

Motion #1: Approve minutes from September 15, 2021 meeting. Dr. Cooper asked for the minutes be corrected to say that he asked if EMS personnel can get reimbursed for their services in administering vaccines and testing *outside* of a declared disaster.
Approved unanimously.

DOH Updates: Dolly Fernandes

COVID continues to be a priority for the Department of Health (DOH). The DOH Incident Management Team (IMT) is working diligently to address impacts of COVID and provide support caused by recent flooding and power outages. Staff members are actively engaged in COVID work. Dolly thanked Catie Holstein, Jason Norris, Dawn Felt, Eric Dean and Adam Rovang for actively helping with COVID response efforts at DOH.

We have a new director, Ian Corbridge for the Office of Community Health Systems. He has led the WA Health Program at DOH for the last year. Prior to joining DOH, Ian worked at the Washington State Hospital Association. He has a strong background with hospitals and hospital systems at state and federal levels. He will be a great advocate for the office and Department of Health.

Other news: DOH staff are continuing to work remotely. The best way to reach staff is by email.

EMS Rules: Catie Holstein, DOH

The DOH EMS team has reviewed 33 sections of rules proposing amendments to WAC 246-976. They are drafting changes in the official format. This work has been slow because the EMS team is assisting with COVID work. Catie's goal is to have the final proposed rules for the Steering Committee to review early in the new year.

WEMSIS Rulemaking: Jim Jansen, DOH

SSB 5380 was signed into law in the 2019 legislative session. Section 19 of the bill amended RCW 70.168.090, adding requirements for licensed ambulance and aid services to report patient data to the state emergency medical services (EMS) data system. The amendment also requires data on suspected drug overdoses to be collected for the purposes of identifying individuals to engage substance use disorder professionals for prevention, treatment and support.
Stakeholder workshops to discuss and develop proposed rules concluded in Spring 2021. WEMSIS staff are currently working on the next steps: the CR102 package which involves drafting rules language in approved formats, producing impact analysis and moving towards a public comment of the proposed rules.
These rules are expected to go into effect before 2023.

Trauma Registry Platform Changes: Jim Jansen, DOH

The Trauma Registry is currently undergoing some platform changes. These changes were necessary and are a required adjustment from EOS, the state trauma registry vendor. This has put a pause on DOH's ability to receive data submissions from hospitals since January 2021. DOH now has a

finalized contract with ESO and is in the implementation stages of getting the trauma registry back up and running and ready to receive data by January 2022. At that time RAD will do data quality checks on the submissions they receive and will work with the hospitals on data submissions. This is not a new platform for data entry into the system. The hospital registrars are still working with a familiar system. When it is time to submit the data to DOH, that is when changes may be seen in the system. RAD will be doing testing and making sure that process goes well. Right now, the most current year of complete data available is from 2019. RAD is hoping to be able to release 2020 data by mid-2022.

Dr. Cooper asked what DOH is doing on moving toward the automated import of registry data. Jim said he was not aware of plans to automate import of trauma registry data. Dr. Cooper suggested this may be something to consider for the future. Rhonda Holden asked what impact this would have on hospital trauma registrars and coordinators who input the data. Jim responded that DOH has been providing guidance to hospitals and registrars to continue to input their data into the system as they normally do and have it ready to submit. There will be work on both ends to get caught up with the data from 2021.

Trauma Designation Min/Max Rulemaking: Tony Bledsoe and Dolly Fernandes, DOH
PowerPoint presentation

The Min/Max workgroup had been meeting in 2021 and came up with their recommendations that are forwarded to rulemaking to assess the need and criteria for trauma designation of new levels I and II.

DOH filed the CR101 to open rulemaking early in 2021. Tony is working on a rulemaking schedule. Dr. Cooper encouraged all steering committee members to attend and participate in the rulemaking meetings. Tony provided an overview on what is a rule and the rulemaking process and went through the stages of rulemaking beginning with the CR-101 process, then CR-102 and finally the CR-103 and public hearing. Rulemaking can take 18-24 months or longer.

The rulemaking timeline is as follows:

January 8, 2021:
Inquiry (*CR-101) – Announced rule making intent. CR-101 officially filed (during TMD workgroup, in anticipation of rules work)
December 2021 - April 2022:
Interested parties work (rules workshops to get input)
July 2022:
Anticipate completion of Formal Proposed Rule (CR-102 – proposed rules, significant analysis, cost/benefit analysis)
August 2022:
Anticipate Public Hearing to be scheduled this month
November 2022:
Anticipated final rule adoption (CR-103)
January 2023: New rules in effect
Timeline is subject to change. This is a general estimation based on the anticipated work, required waiting periods, and rules processes.

What will these rules do: 1) Give all stakeholders an opportunity to provide input on what the criteria, standards and qualifications should be for new level I and II trauma centers in Washington state; 2) help support getting the right patient to the right care in the right amount of time; 3) further develop and nurture a system that focuses on access to care, care quality, and program/system sustainability; and 4) consider and develop operational procedures for implementing processes, criteria, and standards related to these rules.

EMS and Trauma Regional Plan Changes, West Region: Greg Perry and Patrick Jacobson
Handout

West Region EMS and Trauma Regional Council Executive Director, Greg Perry, presented a Prehospital min/max trauma verification change proposal on behalf of Lewis County EMS Council. The county and region assessed the current and projected EMS trends in the county and propose to adjust their min/max numbers as follows; AIDV-BLS Min: 1 Max:21, AMBV-BLS Min: 8 Max: 21, AMBV-ALS Min: 1 Max:8.

Presenters commented that Lewis County's Min/Max numbers have not been revised for several years, despite several agencies upgrading their level of service. Two agencies formed an RFA, and one agency is currently in the process of upgrading their level of service. It was also explained that this change will meet the current demand in the county but will need to be reassessed in 2023 as the population increases. With the industrial park now being built, and the expectation of even more growth, it is assumed that increases in calls for service will soon follow.

Motion #2: Motion to approve the proposal adjust their min/max trauma verification numbers for Lewis County as follows:

AIDV-BLS Min: 1 Max: 21
AMBV-BLS Min: 8 Max: 21
AMBV-ALS Min: 1 Max: 8.

Approved unanimously.

Strategic Plan Status Report
Cost TAC: Eric Dean, DOH

The fund provides financial support to hospitals, physicians, prehospital and rehabilitation services in the trauma system. It is revenue-based with a $5.00 surcharge on traffic infractions, and $6.50 fee on the sale or lease of new and used cars from dealers. The legislature appropriates biennial funding to DOH and the Health Care Authority based on projected revenue. The annual budget is about 19 million; 7.5 million in Medicaid match and 11.5 million distributed in state funds ($4m through DOH and $7.5m through HCA).

Eric explained the spending plan and how and when funds are disbursed. This can be found in detail by googling "Washington trauma fund". The spending plan is based on OFM approved revenue forecasts. Vehicle sales fee revenue was lower during the COVID 19 shutdown this spring and summer but has since recovered. Moving violations fee revenue is down and has not recovered. The risk of a second shutdown may further influence the revenue and require changes to the spending plan.

DOH is required to maintain the spending either below the level of the appropriation or the spending limit set by the legislature, or the revenue received, whichever is the lower of the two. DOH is continuously monitoring the fund, and every two years the Cost TAC develops a spending plan for the subsequent biennium. Then it comes to the Steering Committee for approval.

The Cost TAC updated the strategic plan. It was updated to add Goal 5: Work toward sustainable emergency care funding, enhance workforce development, and demonstrate impact on patient outcomes. The Objective for Goal 5 is: Identify, recommend, and implement strategies to support emergency care system sustainability. Eric went over the strategies to the Cost TAC work plan. The TAC is investigating data sources such as the All Payors database to conduct gap analysis and develop a plan to build or acquire necessary infrastructure if viable.

Trauma Care Funds distribution by Health Care Authority, Michelle Corral, HCA

Michelle Corral explained how the Trauma Care funds are distributed by HCA. Level I, II, and III trauma designated hospitals are eligible to receive reimbursement from the trauma care fund to improve compensation for care of Medicaid Trauma patients. Fifteen million dollars for current biennium was appropriated by the legislature for trauma care. This appropriation can only be increased by legislative action.

HCA's annual supplemental payments to **hospitals for trauma services** total $11million, **including federal match** and are distributed in five distributions.

- Beginning of the service year is defined as July 1—the state fiscal year (SFY).
- Payments are made quarterly with the first payment made 3-6 months after the SFY begins. Caps for each quarter are at $2.2 million and final distribution one year later. WAC 182-550-5450

HCA's annual **physician trauma payments** total $4 million, **including federal match**.
HCA pays an enhanced payment per claim based on the Injury Severity Score (ISS). Requires trauma condition codes. Currently paid 275% of base rate. For an eligible trauma service, payment is currently calculated as: Trauma care payment = Base rate x 275%
Enhanced rates for trauma care services provided to a Medical Assistance client with an ISS of:

- 13 or greater for adults
- 9 or greater for pediatric patients (age 14 and younger)
- Less than (a) or (b) for trauma patient received in transfer by Level I,II,III trauma center

Rehab TAC: Tim Orcutt, DOH, Rehab TAC

Tim provided an overview of the Rehab TAC. The four level I rehab facilities (two pediatric facilities) are: Harborview (Seattle), Good Sam (Puyallup), Providence St. Luke's (Spokane) and Seattle Children's. The level II facilities are Confluence (Wenatchee), Kadlec (Richland), Prov Regional (Everett), Prov St. Mary (Walla Walla), Lourdes (Pasco) and Southwest (Vancouver).

Each of these Trauma rehabilitation facilities have a three-year designation. Their designation processes are solely application-based. DOH requires rehab facilities be accredited by the Commission on Accreditation of Rehab Facilities (CARF). Chris Clutter is the new Rehab TAC chair. The Rehab TAC mission is to improve long term outcomes of patients through statewide

collaboration, education, and research. Tim shared the TAC's strategic plan for 2021 through 2025 and went over the TAC goals, objectives and strategies.

A big accomplishment of the Rehab TAC is getting data from all designated Rehab facilities. They were successful in getting the data from the software vendor, Uniformed Data Systems. They were lucky because all the facilities were using the same vendor and the vendor was agreeable to providing the data to DOH on a quarterly basis per a contracted arrangement. DOH will get a first data set in January 2022, backdated to 2019.

Tim explained that prolonged insurance authorizations is the biggest challenge for Rehab facilities. Another challenge is restricted visitor policies related to COVID which makes family member participation in discharge planning and teaching difficult. Most facilities have staffing issues, including high staff vacancies.

Dr. Eric Cooper suggested the Rehab TAC quantify the bottlenecks and challenges in objective number 6. He added that moving patients out of the hospital into rehabilitation and skilled nursing facilities in a timely and efficient manner is imperative. It was shared that WSHA and the Healthcare Authority are working on this issue.

UW Medicine Post-COVID Rehabilitation and Recovery Clinic: Kristin Kaupang, Inpatient Rehabilitation Therapies, Harborview Medical Center
PowerPoint Presentation

The mission of the UW Medicine Post-COVID Rehabilitation and Recovery Clinic is to improve clinical and functional outcomes and quality of life for people recovering from COVID-19. In May 2020 Harborview started seeing COVID patients needing additional services upon discharge such as ICU-acquired weakness, post intensive care syndrome, impairments to physical function, cognition and mental health. They provide a comprehensive evaluation and coordinate care that integrates research and clinical best practices. The demand continues to grow for these services with the clinic seeing over 300 patients per month. Their goal is to achieve medical and emotional stability in partnership with medical specialties and primary care. In the summer of 2021, the Rehab Psychology group started offering structured 6 session telemedicine to groups to address the most common psychological and behavioral needs of their patients. It has been very successful.

Trauma QI Guidelines: Tim Orcutt, DOH
TQIP Toolkit presented

Tim shared the Trauma Quality Improvement Guideline toolkit guideline developed by the Hospital TAC subcommittee and expressed his appreciation for their contributions to this work.

The ACS assessment in 2019 recommended that this Trauma Quality Improvement guideline/toolkit be developed to facilitate improvement of trauma quality improvement processes. The toolkit discusses the challenges of trauma quality improvement and provides an overview of "Continuous Quality Improvement or CQI". A big part of the continuous quality improvement process is recognition of issues impeding quality improvement. One of the issues frequently seen at trauma facilities is lack of documentation of their quality improvement efforts. Many facilities have good

quality improvement processes; however, they do not document them well. The guidelines include a section on documentation and provides recommendations and methods for documenting processes. Last Tim brought up the DOH webpage and showed where all the guidelines are posted.

Committee Business: 2022 EMS Meetings: Dolly Fernandes, DOH

Dolly shared the EMS and Trauma Steering Committee 2022 Meetings and TAC Meeting dates handout. This serves as a resource to the committee members and interested parties to know dates for meetings coming up. The committee asked if contact information for the DOH TAC leads could be added to the handout so that they may be contacted when someone wishes to be added to their distribution list for meeting announcements and log-in information. Dolly encouraged new committee members to join a TAC and get involved in the work being conducted by that TAC.

TAC Chair appointments: Eric Cooper, MD

Dr. Cooper shared a need for a chair for the Outcomes TAC and at the last meeting he asked for volunteers. He stated that the Outcomes TAC is expanding its focus on trauma outcomes, to include cardiac and stroke outcomes. He sees a need for a chair and vice-chair for the Outcomes TAC and is appointing Dr. Buck chair and Dr. Robinson vice-chair to lead this work. Both Dr. Buck and Dr. Robinson indicated they were happy to work together.

The Trauma Guidelines Workgroup is also in need of a chair. Discussion ensued on whether this is a TAC, workgroup or subcommittee of the Hospital TAC. Mark Taylor and Dolly Fernandes recalled that it was a subcommittee of the Hospital TAC and recommended that it continue be a subcommittee of the Hospital TAC. Dr. Tim Bax offered to chair this subcommittee and support it as needed. Mark indicated that it would work well if this subcommittee worked on the guidelines development and then brought the guidelines to the Hospital TAC and Steering Committee for approval.

Technical Advisory Committee Reports:

Hospital TAC: Mark Taylor, chair
The Hospital TAC met this morning from 8:00 to 9:00 am. They had an outstanding presentation by Xin-Yao DeGrauw, the new DOH trauma epidemiologist. They looked at performance measures relating to surgeon arrival time for full trauma team activations and time to transfer for various injury severities of trauma patients at level III, IV and V facilities. Tim presented the Trauma tool kit/guideline at the Hospital TAC meeting. The toolkit will be incredibly helpful for the hospitals. Then finally they went over some process work regarding how they will track action items through the Hospital TAC.

Injury and Violence TAC: Mike Hilley, chair
They had a meeting in September. It was mostly around fall prevention. They discussed fall prevention programs such as "Finding your Balance" program that is going on statewide. The meetings tend to be well attended by representatives around the state interested in fall prevention. They decided to combine the Injury and Violence Prevention TAC and Fall Prevention Workgroup meetings. They will be meeting next on March 9, 2022 to look at falls' statistics by county.

RAC TAC: Hailey Thacker, DOH
The RAC did not meet in November. They will reconvene on January 18, 2022 to review their strategic plan and progress made in the last few months, including Regional Council membership appointment strategies.

Cost TAC: Eric Dean, DOH
Last meeting was in August. No updates since report just provided to the steering committee today.

Emergency Cardiac and Stroke: Cameron Buck, MD, chair
Meeting was scheduled for yesterday but cancelled. The next meeting is February 15. Dr. Buck shared that there will potentially be a cardiac and stroke legislative bill proposed in 2022 with support from ACEP. He has a skeleton draft of a bill with sections that would support a trimmed down version asking for funds to support an assessment of cardiac and stroke and a demonstration project. They are asking DOH to conduct a study or assessment of the current system as it relates to cardiac and stroke statewide. They are engaging King County QI on a demonstration project that would be part of this overall analysis of feasibility and to showcase the value of a sustained and permanent statewide registry for cardiac and stroke disease. Dr. Buck thinks the chance of this being successful this session is probably 50 percent.

Prehospital TAC: Catie Holstein, DOH
Did not meeting in October. Next meeting is February 17, 2022.

Outcomes TAC: Jim Jansen, DOH
Cancelled the last meeting. Next meeting is joint meeting with the Hospital TAC the first or second week of January depending on schedules.

Medical Program Directors: Joe Hoffman, MD
The MPDs met in October and spent much of the meeting discussing HB 1310 concerning use of force by law enforcement. Impact of this legislation and reduction in law enforcement to secure the scene for EMS is impacting EMS care of injured patients. Catie Holstein is working with MPDs to prepare guidance for EMS response to unsecured scenes and uncooperative people.

Adjourned at 12:43.