

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

Draft MEETING MINUTES

September 21, 2022

Meeting held virtually by ZOOM

**ATTENDEES:**

**Committee Members:**

Ken Anderson  
Tim Bax, MD  
Carly Bean  
Cameron Buck, MD  
Cindy Button  
Tom Chavez  
Chris Clem  
Christine Clutter

Eric Cooper, MD  
Madeleine Geraghty  
Beki Hammons  
Mike Hilley  
Joe Hoffman, MD  
Rhonda Holden  
David Likosky, MD  
Shaughn Maxwell

Patricia McMahon  
Brenda Nelson  
Lila O'Mahony, MD  
Scott Phillips, MD  
Peter Rutherford, MD  
Mark Taylor  
Richard Utarnachitt, MD

**DOH Staff:**

Alan Abe  
Christy Cammarata  
Ian Corbridge  
Eric Dean  
Dawn Felt  
Dolly Fernandes  
Nicole Fernandus

Adam Gallion  
Catie Holstein  
Jim Jansen  
Jennifer Landacre  
Ihsan Mahdi  
Matt Nelson  
John Nokes

Jason Norris  
Tim Orcutt  
Ann Oxenbridge  
Adam Rovang  
Jeff Sinanian  
Sarah Studebaker

**Guests:**

Trixie Anderson  
Nadja Baker  
Melanie Brandt  
Paul Budrow  
Cheryl Burrows  
Jack Busch  
Angie Cook  
Rinita Cook  
Tamara Drapeau  
Lisa Edwards  
Kristy Gradel

Karen Kettner  
Bet Martin  
Carolynn Morris  
Jim Nania, MD  
Mary O'Hare  
Tammy Pettis  
Greg Perry  
Greg Perry  
Brian Pulse  
Wendy Rife

Randi Riesenberg  
Todd Schanze  
Eduardo Smith Singares, MD  
Cody Staub  
Tracy Stockwell  
Cheryl Stromberg  
Deborah Walker  
David Walker  
Marvin Wayne, MD  
Zita Wiltgen  
Deborah Woolard, MD

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

**Minutes from May 18, 2022:** Eric Cooper, MD

*Handout*

**Motion #1**

Approval of May 18, 2022, meeting minutes.

Approved unanimously.

**Welcome New Members:** Eric Cooper, MD

**Richard B. Utarnachitt, MD, MS**, is an ABEM board certified physician in both Emergency Medicine and Emergency Medical Services (EMS). He also serves as Medical Director and flight physician for Airlift Northwest, UW Medicine's air medical transport service. He is a Clinical Associate Professor in the UW Department of Emergency Medicine and core faculty in the UW Section of EMS. He is filling the position that Susan Stern, MD held on the Steering Committee.

**Ken Anderson, Fire Chief** with the Fire and Ambulance department in Sunnyside, Washington. He has been in this position for almost five years. Ken spent 25 years in the Baltimore area working with EMS critical care and flight, paramedics and other critical partners. Later he did research for John Hopkins University in Maryland.

**DOH and OCHS Updates:** Ian Corbridge, DOH  
*PowerPoint Presentation*

Positive news is COVID cases are declining. The Office of Community Health Systems (OCHS) is focused on supporting the healthcare facilities transition away from the waivers and pivot back to normal operations. Ian also is working with the Certificate of Need, the Construction Review and the Licensing Facilities programs at DOH to ensure that the healthcare facilities are meeting state licensing and compliance requirements. Bed capacity remains tight, and many hospitals are still operating at capacity. In some regions, bed capacity is not keeping up with demand. Some of the larger urban areas hospitals continue to operate at sustained rates of high occupancy. It has been that way for several months. Ian is working with others in DOH to make sure that the right regulatory structure and process is in place so hospitals can meet the bed needs of their community.

**Personnel Updates:** Dolly Fernandes, DOH

Tony Bledsoe has left DOH and taken a job with Washington Traffic Safety Commission. He was a DOH employee for eight years and we appreciate his service and great work with the Trauma Designation Program. His position will be advertised soon. Thanks go to Tim Orcutt and Anne Oxenbridge who are helping to fill-in on the work that needs to be done.

Alan Abe will be leaving DOH soon too as he plans to retire. The Injury and Violence prevention specialist position will soon be advertised. Dolly and Mike Hilley thanked Alan for his work with DOH and the IVP TAC for the last three years.

Xinyao deGrauw has reduced her hours to twenty percent and Ihsan Mahdi is helping with the Trauma Epidemiology work as needed.

## **DOH Rules Updates:**

### **Trauma Designation Rules:** Tim Orcutt, DOH

Tim gave an update on the revision of trauma designation WAC 246-976-580. The rules were opened in the fall of 2021 with the intent to set clear requirements and criteria for assessing how facilities can apply to be a level I and II trauma designated service. Five rules workshops have been held so far and the next workshop is on September 27. There has been very good participation and broad stakeholder input that is incorporated into the rules. DOH used the recommendations from the Trauma Medical Directors Min/Max Workgroup as a starting place for the revised language. The draft rules were sent out August 24, 2022 and are also posted on the DOH webpage. If you didn't get a copy and would like one, please contact Tim Orcutt. Please send comments to Tim, or you can use the trauma rules web address.

Tim added that he received questions about the new ACS trauma verifications standards which were published in spring of 2022. The department plans to update WAC 246-976-700 (trauma services standards) per the new ACS trauma standards, following the completion of rulemaking for WAC 246-976-580 that is currently open.

### **EMS Rules:** Catie Holstein, DOH

New legislation passed this year allows EMTs, and paramedics to administer vaccines as a partner with public health, and the addition of a provisional certification for EMS. DOH updated the CR101 to include the changes these new laws will require. Our goal is to conclude stakeholder meetings by the end of this month and move to the CR102 phase. We will draft the rules based on suggested changes and put together an economic impact statement and significant analysis as necessary. The goal is to hold a public rules hearing in the winter and file the CR103 in spring with rules going into effect by the end of spring 2023.

### **WEMSIS Rules:** Jim Jansen, DOH

The WEMSIS rule making is on a similar timeline as the EMS rules. The two processes overlap quite a bit, as we are making changes to the same rule sections and therefore, we are working in close coordination with the EMS program. We are also working on our CR102 package and plan to conclude the period of public comment by the end of 2022 and conclude our CR103 in spring 2023. We are looking to have the rules and requirements for reporting to WEMSIS completed and finalized at that time.

### **Trauma Registry Update:** Jim Jansen, DOH

The Trauma Registry is currently unable to accept data submissions due to a conflict of the current system with the State IT security standards. This followed a platform update at the

beginning of 2021 of moving from an Adobe Flash based system to a web-based system. The security requirement for the State requires data systems to be accessed through a Secure Access Washington Account (SAW account). The current vendor, ESO, does not have a system that complies with this standard that allows submissions to go through SAW. They have an alternate security system that is not in compliance with state standards, and we need approval to use this platform.

DOH has submitted a waiver request to the state security office to allow us to continue to use the current vendor's (ESO) system for one or two years, while they mitigate the issues and identify an alternate solution.

Hospitals have been submitting their trauma data to the current platform online to date. Jim said DOH has purchased the Version 5 Collector, and there is no problem with the hospitals submitting their data. What is changing is how data is submitted to the State after it is entered in Collector.

#### **Cardiac and Stroke Study Update:** Cameron Buck, MD and Dolly Fernandes

Much work is underway on this study. DOH hosted the first meeting with the Cardiac and Stroke Workgroup on 8/15/22 and shared with them the legislation requiring this study, goals of the study and process for selecting a consultant. The University Washington research team was the successful bidder for the cardiac and stroke study and DOH is now working on the contract with them to conduct the study. Dr. Buck shared that the UW team have already progressed to the actual study phase and had their first meeting with the Cardiac and Stroke work group on 9/20 where they outlined the goals of the study, timelines - which will be to deliver a report to this group, as well as the Legislature by October 1, 2023. The UW team also shared their methodology for the study which involves three phases and relies on stakeholder input. Phase 1 - characterize the aspirational ECS system for Washington State. Phase 2 - evaluate the current ECS system in WA state including strengths, limitations, and areas for improvement. Phase 3 - synthesize findings from phase 1 and 2 to make recommendations to the state on actions to support an optimally functioning ECS system. Dr. Buck will be the conduit between the UW and the Steering Committee and will be giving updates on the project to the Steering Committee.

#### **South Central Region Trauma Care:** Beki Hammons, RN; Eduardo Smith Singares, MD

Dr. Smith Singares is a Trauma Surgeon from the SouthCentral Region. It is a region that over 650,000 Washingtonians call home. The region has 4 level III trauma centers, but no level II. He shared that Harborview, the only Level I is more than 200 miles away. The closest Level II

is in Spokane, about 100 miles away. He believes lives are at risk without higher level trauma care in the South-Central region.

Kadlec Medical Center wants to pursue Level II trauma designation. That was their intent before the moratorium was placed in 2019 and were asked to hold off until the min/max project was done. The hospital has worked to meet the standards for Level II such as specialty care, neurosurgery, orthopedics, CT scans and are ready to make application. Dr. Smith Singares believes that the higher-level trauma care needs of the SC region right now are being denied by the moratorium.

Dolly was asked when the rules will be completed. She replied that DOH is hoping to wrap up the rules after the Trauma Designation rules workshop on 9/27 and then proceed to public hearing by the end of the calendar year if we can work out the last few outstanding issues. In addition, the next round of applications for trauma designation are due in December and site reviews for them scheduled in the spring of 2023. This impacts Kadlec's application for Level II trauma designation should the rules be delayed.

The committee decided that they wanted to support that Kadlec Medical Center be allowed to apply for Level II trauma designation and an exception to the moratorium on new applications to upgrade to a Level II, be made for Kadlec because of their geographic location in a recognized area of need.

**Motion #2:** Given the geographic location and need for higher level trauma care in the SouthCentral Region, the EMS and Trauma Care committee recommends to the Department of Health to grant an exception to the moratorium to Kadlec Medical Center so that they may apply for Level II trauma designation, independent of whether the moratorium has been lifted or not, by December 20, 2022.

**Motion approved.**

Motion passed unanimously.

**Committee Business:** Eric Cooper, MD

**Resignation:** Dr. Cooper announced that he is resigning from this committee and chair of the committee effective the end of November. He has been in Washington State for 17 years and is 21 years into his medical practice and is ready for change. He said it has been a highlight of his career to work with this committee. He thanked the countless number of great people who volunteer their time on this advisory committee and are a part of overseeing the emergency care system of Washington.

## **Nominations and Election of Chair, Mark Taylor, chair of Nominations Committee**

Mark Taylor announced that with Dr. Cooper resigning in November, the committee is in need of a new chair. We therefore will hold an election at the November meeting for a new chair and the elected chair will start in January. We normally hold the chair election every March. Under the circumstances, we will hold the election in November and forego the March election.

Please send Mark Taylor nominations for a new chair by Monday, October 24. The nominations need to be for someone who is currently a member of the steering committee. Members may nominate themselves. Dr. Cooper will attend and chair the November meeting. The Committee thanked Dr. Cooper for his leadership of the committee.

## **Strategic Plan Annual Report for 2022: Dolly Fernandes, DOH**

Dolly explained that the Emergency Care System strategic plan serves as the State Plan and is a dynamic plan that is updated continuously through the TACs. Annually, in September, the rolled up plan is shared with the Steering Committee. It currently goes to 2025. The vision and mission is that Washington has an emergency care system that reduces death, disability, human suffering and cost due to injury. Dolly described the five overarching goals of the plan and spoke about their priorities and objectives. Each TAC lead presented the current objectives and work their TAC is doing.

**Cost TAC:** Eric will provide a detailed presentation on the Cost TAC and Trauma Care Fund in November. The focus of the Cost TAC is on improving revenue to support the sustainability of the system and having strategies in place to mitigate the impacts of declining revenue. The newest strategy that they will be focusing on is exploring data to help focus on health equity issues and look at start slicing the pie in different ways in the face of declining revenue.

**Hospital TAC:** Tim Orcutt said that last year the TAC developed outcome and performance measures and based that on trauma registry data to evaluate the trauma care provided in the state. The measures were also incorporated into individual facility reports for levels three through five.

**Injury and Violence prevention TAC:** Alan Abe shared that the TAC has been focusing their efforts on reducing falls for older adults 65 years and older, since it is estimated that by 2030, the 65 and older population is projected to be over 71 million and the 75+ population is projected to be over 33 million.

There are 5 objectives: 1) To facilitate quarterly or annual network opportunities, 2) To support state or regional injury prevention policies, 3) To use relevant injury data to develop appropriate planning and program development, 4) To partner with various community-based organization for delivery of injury, and 5) To support relevant training with our partners through establishing networking opportunities or other state meetings.

Dolly shared that Alan will be leaving DOH towards the end of the year and thanked him for three years of outstanding service promoting injury prevention for the EMS and Trauma system. Mike Hilley, chair of the IVP TAC, added his appreciation for Alan's great work.

**Outcomes TAC:** Jim Jansen, DOH

The overarching objectives of the Outcomes TAC include data support to inform that EMS and trauma system moves patients effectively through the system, identify national benchmarks for trauma system and trauma (hospital) service performance and conduct focused evaluation studies to identify emerging issues affecting system performance.

Based on the ACS assessment recommendations, we have added to the Outcomes TAC plan: 1) Develop a master plan for system performance improvement on the state and regional levels to implement and complete data-driven performance improvement initiatives and 2) Ensure trauma, EMS, stroke and cardiac quality improvement efforts are occurring both regionally and statewide.

**Pediatric TAC:** Matt Nelson, DOH

The TAC's third objective is much of the work is guided by the EMS for Children State Partnership grant that Matt manages and is in the process of writing the next grant application. The grant is focused on Quality improvement and improving pediatric care statewide.

The TAC does annual surveys of the EMS agencies and hospitals. They use that data to support outreach efforts to try to improve their QI programs. Last year the TAC participated in a national survey on pediatric disaster readiness.

The second objective is to improve the EMS for Children Clinical guidelines. Anne Oxenbridge, DOH Nurse Advisor, together with several pediatric TAC members, provided clinical expertise to do a revamp of the pediatric inter facility transfer guidelines. Thank you for their work. It will be posted to the EMS for Children website soon.

**Regional Advisory TAC:** Christy Cammarata, DOH

The RAC has had a stellar year so far, and they have been focusing on the assessment and recovery post-COVID. Over the last year, three regional EMS and trauma care council executive directors either retired or resigned and now we have three new executive directors. Additionally, Chris Clem is the new chair for the RAC TAC.

The RAC TAC strategic plan involves standardizing patient care procedures, providing council education, and establishing wise practices for improving stakeholder engagement. All 8 regional EMS and Trauma Councils made improvements to standardizing their patient care procedures.

The RAC TAC also worked with DOH to develop and update training to support regional councils. The TAC is working to improve Regional Council appointment processes and engagement with stakeholders.

The RAC TAC will prioritize regional planning and recruitment and retention of council members going on in the next year.

**Rehab TAC:** Tim Orcutt, DOH

The TAC is working to increase awareness of the benefits of rehab care following illness or injury. They have spent much time on developing outcome and performance measures and identifying areas that need improvement.

The rehab registry data is being analyzed right now. The TAC plans to focus on developing new objectives, strategies and measures to further improve their strategic plan.

### **Strategic Plan Reports:**

**Prehospital TAC (PHTAC) Annual Report:** Catie Holstein, DOH

Catie introduced Shaughn Maxwell, Deputy Chief of EMS for South Snohomish County Fire and represents the Washington State Fire Chiefs Association on the Steering Committee and chair of the Prehospital TAC and thanked him and the members of PHTAC for supporting this strategic plan work as they continue to prioritize attendance to meetings, provide meaningful input, and volunteer to work on various projects.

PHTAC is comprised of 23 members representing state EMS and fire associations, EMS physician medical program directors (MPDs), EMS & Trauma regional councils, Fire/EMS Chiefs of ground and air EMS services, training programs, instructors and EMS providers.

Three areas where they want to improve membership is to recruit E-911, a state level emergency preparedness representative, and Tribal EMS representative(s).

There are six workgroups under PHTAC, each representing a specific aspect of EMS. Their strategic plan objectives are bundled in these workgroup areas.

PHTAC meets four times per year and will continue to meet virtually for the foreseeable future. In person meetings may resume at some point, but a virtual option will always be available.

The primary focus for EMS response during the pandemic was to continue to provide medical transport of patients to hospitals and between hospitals. The secondary focus was expanding their role to partner with public health to support testing and vaccination.

PHTAC helped develop guidance and input to the regulatory work, including agency request legislation to allow EMS to provide vaccine and testing in partnership with public health without the need for an emergency declaration. EMS was often the only healthcare provider resource available in rural communities to administer COVID testing, and improving access to care.

Catie shared the PHTAC strategic plan progress and reviewed the Rural EMS Sustainability Project grant and the lessons learned. A couple of rural providers expressed their appreciation for support made available through this grant.

### **Prehospital Data Presentation**

#### **Revised EMS KPI Report, Ihsan Mahdi, DOH Epidemiologist**

Ihsan Mahdi presented EMS Key Performance Indicator (KPIs) that were recently revised by a stakeholder workgroup led by DOH. He explained the KPI changes and measures data and asked for the committee's input to start producing the report regularly and posting it on the DOH website. There was discussion about sharing of the KPI reports, and it was decided to work with the Prehospital TAC on dissemination of the reports.

#### **Emergency Cardiac and Stroke Annual Report: Cameron Buck, MD**

The ECS TAC works on promoting a comprehensive prehospital and hospital cardiac and stroke system for Washington. The TAC evaluates the current systems of cardiac and stroke care, reviews prehospital and hospital related processes and make recommendations to improve patient care and system performance.

The ECS TAC will support the cardiac and stroke study to identify gaps in the system and make recommendations for improvement. UW is the consultant hired to conduct the study. The ECS TAC and all stakeholders will be key informants for the study.

The TAC will continue working on the emergency cardiac and stroke interfacility transport guidelines that started a year ago. The TAC continues to seek sustainable funding for our ECS system. The WA Legislature provided funding for a study and we hope the study will inform on gaps in the system and what is needed to improve cardiac and stroke care in WA.

Another body of work undertaken by the ECS TAC is identifying key performance indicators to track. This is one way of tracking how this component of the system is doing. Last, Dr. Buck presented the 2021 accomplishments and the future goals of the TAC.

**Note:** The data presentations for Stroke and Prehospital Trauma Triage Protocols were not presented as we ran out of time and decision made to present them in November.

**Trauma Fund Grant Disbursements for FY23:** Eric Dean, DOH  
*Handout:* Trauma Care Fund Spending Model 21-23

Eric informed the committee that the Trauma Care Fund revenue has dropped since the start of the pandemic resulting in Fiscal year 2023 spending plan reductions by about \$2.2m in order to balance the budget. This means that the Trauma Care Fund grants for SFY23 will be considerably less than previous years. Eric will send out this information to all stakeholders who receive these grants. Handouts on the Trauma Care Fund spending models for 21-23 were emailed by Sarah Studebaker to the Steering Committee and interested parties during the meeting.

Meeting adjourned at 1:30 pm

DRAFT