

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

MEETING MINUTES

March 15, 2017
Creekside Conference Room
20809-72nd Avenue South, Kent, WA

ATTENDEES:

Committee Members:

Sam Arbabi, MD	Dan Hall	Shawn Maxwell
Cindy Button	Beki Hammons	Russell McCallion
Rob Coffman	Denise Haun-Taylor	Norma Pancake
Robert Conroy, MD	Rhonda Holden	Erika D. Schroeder, MD
Tony Escobar Jr., MD	Tim Hoover	Susan Stern, MD
Mark Freitas	Erica Liebelt, MD	Mark Taylor
Madeleine Geraghty, MD	Sam Mandell, MD	Melody Westmoreland

DOH Staff

Steve Bowman	Catie Holstein	Matt Nelson
Tony Bledsoe	Dawn Felt	Jason Norris
Ben Booth	Dolly Fernandes	Sarah Studebaker
Bethany Cox	Mohamed Elaseiti	Kathy Williams
Eric Dean	Jim Jansen	

Guests:

Kelly Allen	John H. Glenn	Brian Pulse
Anne Benoist	Kurt Hardin	Adam Richards
Bob Berschauer	Susie Johnson	Cynde Rivers
Eileen Bulger, MD	Traci Larrabee	Elizabeth Skelton
Barb Carrier	Denise McCurdy	Caesar Ursic, MD
Erick Cooper	Chris Martin	Zita Wiltgen
Rachel Cory	Martina Nicolas	Deborah Woolard, MD
Rinita Cook	Tammy Pettis	Martin Zamazal
Tyler Dalton		

Call to Order: Sam Arbabi, MD

Review of previous meeting minutes: Sam Arbabi MD, Chair

Handout: Minutes from the January 18, 2017, EMS and Trauma Care Steering Committee meeting.

Motion #1: Approve January 2017 meeting minutes.

Approved unanimously.

DOH Updates: Dolly Fernandes, DOH

Steve Bowman has been with DOH for 3 months and immersed in legislative and program issues. It is good to have him back in this leadership role. One big issue DOH is working on is Behavioral Health Integration, the legislative proposal for moving management and credentialing of behavioral health facilities from DSHS to HCA and DOH. The Injury and Violence Prevention Program officially transitioned to the Prevention and Community Health Division two weeks ago although they are physically in the same location for now.

Legislative update: Dolly Fernandes, DOH

HB1614/SB5289 -Impaired Driving deals with modifying impaired driving provisions and refers to blood draws to determine alcoholic or drug content. The statute listed 18.73 refers to EMS Personnel (First Responders and EMTs) and does not fit within their scope of practice. DOH has requested an amendment to correct statute to RCW 18.71 (Advanced EMTs and Paramedics).

SHB1258 -Requires the Department to create a statewide training program for first responders responding to cases with Disabled people are present at the scene of an emergency. We will be reviewing training programs and best practices from the state and other states. We will need to have thoughtful consideration regarding any definitions of a disabled person that would be part of the training program.

ESHB 1358 –Requires the HCA to adopt standards for reimbursement of healthcare services provided by Fire Departments for in home care provided to people that do not meet the threshold for an EMS transport. Currently, there is no reimbursement for care provided that does not result in a transport and incentivizes transporting individuals over providing care. Arizona recently passed a similar bill.

SSB 5751- Municipal Ambulance Personnel requires an ambulance service established by a municipal corporation with insufficient personnel, with approval from DOH to use EMS transportation drivers that do not have a medical license. The driver must be 17 years of age or older with a valid driver's license with no restrictions; they will not be allowed to provide care to patients and must be accompanied by a licensed EMT. Catie Holstein notes that the legislature has heard interest in changing the age from 17 to 18, and allowing the individual to provide care to the degree that they are trained in.

ESHB 2114 – Bob Berschauer spoke on this balance billing protection legislation. It relates to protecting consumers from charges for out-of-network health services. It modifies requirements related to coverage of emergency services provided at an out-of-network emergency department. Bob raised a concern that sometimes labs at ERs, or EMS Transport are not in-network providers for insurances. He indicated the bill would require a 30 minute turn around response from an insurance company if preauthorization is required (post stabilization) and if insurance providers do not call back within the time period it would be considered approved.

Air Medical Rules: Catie Holstein, DOH, informed that amended air medical rules will go into effect 4/13/17.

Trauma Designation Rules: Tony Bledsoe, DOH, informed that CR 101 has been filed to revise Trauma Designation Rules. He anticipates this work to run through September.

Committee Business-Chair Election: Denise Haun-Taylor, Nom. Com Chair

Election of the chair for the Steering Committee is required annually in accordance with statute. Committee bylaws state that the nominating committee is made up of TAC chairs and they submit nominees for chair. Denise Haun-Taylor served as chair of the nomination committee. Dr. Arbabi was sole nominee for the Chair. The Steering Committee voted for Dr. Sam Arbabi to continue as chair the EMS and Trauma Care Steering Committee for 2017 – 2018.

Motion #2: Dr. Sam Arbabi serve as chair of the EMS and Trauma Care Steering Committee for another year.

Approved unanimously.

2016 Flu Surge – Dolly Fernandes, DOH

Handout: January 20, 2017 Letter from John Wiesman to Hospitals & Health System Administrators regarding influenza

Handout: Influenza Frequently Asked Questions for Hospitals

Last meeting Dr. Arbabi asked that the Hospital and Pre-Hospital TACs to continue discussion on the flu surge and report back. In the meantime, the Department of Health has also been working on this issue and generated a letter from Secretary of the Department of Health, John Wiesman, and a FAQ on it. Dolly Fernandes stated that DOH is going to be working with the Washington Hospital Association on this issue and will include the EMS and Trauma Care Committee in this work and discussions. She acknowledged that it is a multi-faceted problem and we need representatives from several groups at the table to help find solutions. Dolly agreed to look into the possibility of a DOH support letter for statewide no-divert. She pointed out that there is a need for guidance or procedures on no-divert to go with the letter and we need to work on and develop these first.

Hospital TAC Divert Follow-up – Denise Haun-Taylor, Hospital TAC & Russ McCallion, Prehospital TAC

Hospital TAC Report: Denise Haun-Taylor stated that more information was needed to support a statewide no divert policy and there is a difference between no-divert and never-divert. She shared that each region faces different issues and border counties with other states are impacted differently. Hospital Administrators included in the discussion.

Chris Martin reported that the Central Region EMS and Trauma Council discussed hospital diversion at their last meeting and summed it up in three issues: 1. Need a statement of support for no divert. 2. There are hospitals that have beds but are not using them, and 3. There is a need for improving communication between the hospital and prehospital systems. This might be alleviated by an electronic system that connects the hospitals and EMS so they could know their capacity. Dr. Eileen Bulger raised the difficulty hospitals are facing with placing discharged patients and shared that Harborview Medical Center is working on partnering with Skilled Nursing Facilities to take these patients.

Dr. Madeline Geraghty stated that the Spokane Diversion Committee has been working on local best practices for hospitals going on no-divert. Spokane area started the practice of designating an hour on and an hour off for divert. This does cause a backup for EMS at the hospital taking patients and puts EMS out of service while they are waiting to hand-off patients at the hospital. She advocated for more data and metrics from the regions to see what is working.

Dr. Susan Stern suggested looking for holistic approaches to meet the healthcare needs of the state as well as local solutions as each region is different with diverse issues. She recommended reviewing the necessity for Certificate of Need (CON) and related bed capacity issues. She added the need to address the lack of Long Term Care facilities, Skilled Nursing Facility beds, and hospital beds because of the changing and aging population.

Dr. Caesar Ursic pointed out that he sees this as a supply versus demand issue. We have too many patients for too few beds. Need a systems solution.

Beki Hammons added that Critical Care Hospitals are limited to 25 beds for patients.

Pre-Hospital TAC Report: Russell McCallion stated that EMS pre-hospital has to respond to 911 calls and take the patient to an appropriate healthcare facility. When hospitals go on divert, the EMS transport time is lengthened by an average of 45 minutes costing an estimated \$60,000 a month in delayed services. Need local solutions for local problems. There is a big off loading and boarding problem and we need to look at lessons learned. It is a hospital issue that is impacting prehospital.

Melody Westmoreland suggested that reimbursement and care of the mental health patient be considered in this discussion and that it is important to include representatives from the Health Care Authority and Insurance in the discussion.

Dr. Arbabi concluded the discussion and asked the EMS and Trauma Regions to discuss this issue with their councils and bring back to the next meeting suggestions for best practices for patient discharge, surge plans and hospital and prehospital response.

In summary this is what the Regions need to bring back:

1. What are hospitals and prehospital in your region doing in regards to surge?
2. What are hospitals doing to communicate with other hospitals and prehospital during a surge?
3. What creative solutions are going on in your region for handling surge?

Trauma Fund Spending Plan 2017-2019 – Sam Arbabi MD, Chair & Eric Dean, DOH
Handout: Trauma Care Fund 2017-2019 Biennium Spending Plan Model

Dr. Arbabi presented the Trauma Care Fund Spending Plan for 2017-2019. Handout provided. The Cost TAC met prior to this meeting to work on the spending plan. The spending plan model followed the prior approach to maximize federal match by holding HCA spending stable and balancing remaining revenue through proportional distribution of the DOH grants. The TAC recommends this spending plan for 2017-2019. Handout provided. A vote by the Steering Committee to use this spending plan is needed. Dr. Arbabi added that the revenue for the 2017-2019 is forecast to be about \$500,000 less than the current biennium.

Motion #3: Approve use of the proposed Trauma Care Fund Spending Plan for 2017-2019.
Approved unanimously.

Pediatric TAC Annual Report: Tony Escobar, MD, Pediatric TAC Chair, Matt Nelson, DOH
Handout

Matt Nelson and Dr. Escobar presented an overview of the Pediatric TAC's 2016 accomplishments and the strategic plan goals for 2017. In 2016 EMSC partnered with the National Center for Shaken Baby Syndrome and the Period of Purple Crying to fund a bus campaign in 2 counties, created an EMS education video and supported King County's dosage standardization project. 2017 is an EMSC grant writing year and they would also like to expand pediatric dosing standards created with King County to more of Washington State. Integrating EMSC performance measures to increase pediatric EMS skills and have an appointed pediatric care coordinator at each agency. Future goals for EMSC include new performance measures, facilities recognition program, and key indicators.

Pediatric Data Presentation – Splenectomies in Children: Ben Booth, DOH

In 2002 the EMS & Trauma Steering Committee established QI initiative and guidelines favoring non-operative management of spleen injuries because non-operative management is more effective in children compared to adults, and splenectomy rates are higher for children treated at a non-pediatric facility than in pediatric facilities. Ben Booth presented information from a 20 year period looking at splenectomy rates, transfers to pediatric facilities, and how the injuries rate on the Abbreviated Injury Scale (AIS).

Pediatric Data Presentation – Traumatic Brain Injuries in Children: Ben Booth, DOH

Ben Booth presented information on traumatic brain injuries in Children under age 15. The information reviewed hospitalizations, deaths, transfers between hospitals, and how the injuries rate on the Abbreviated Injury Scale (AIS). Ben also presented information on bicycle related mechanism of injury between patients that were not wearing a helmet and those wearing a helmet.

Pediatric Non Accidental Trauma: Tony Escobar, MD, Pediatric TAC Chair

Dr. Escobar presented the research that Mary Bridge has done regarding “red flags” that should result in a screening for pediatric non-accidental trauma. Looking retroactively at their previous response to non-accidental trauma they were able to create metrics, like number of patients and length of stay, to evaluate their response to their red flag system. PowerPoint presentation.

South Central Region/ Walla Walla Min-Max, Zita Wiltgen, South Central Region Trauma Council

District 5 in Walla Walla County has seen a steady upward trend in total EMS calls and transports over the past five years. Of those transported in 2015, 45% were considered ALS calls. District 5 is also being asked to provide mutual aid to surrounding BLS and ALS agencies. District 5 has the capability to provide ALS care. Increasing the maximum ALS verified service from 1 to 2 will allow District 5 to upgrade to the ALS level.

Motion #4: Increase the maximum number of verified ALS ambulances services in Walla Walla County from 1 to 2.

Approved unanimously.

North Region/ Skagit County and City of Mt. Vernon Min-Max, Martina Nicolas, North Region Trauma Council

Call volume in Mount Vernon has experienced a 130% increase and a population increase of 53% over the last 20 years. This increase will benefit from additional service and upgrade from BLS to ALS.

Motion #5: Increase the maximum number of verified trauma services in Skagit County from 3 to 4. This increase is to accommodate BLS to ALS for City of Mount Vernon.

Approved unanimously.

East Region/ Lincoln County Min-Max, Adam Richards, East Region Trauma Council

An increase in trauma verified services is needed to address the reduction in provider availability for Wilbur Fire Department. Almira needs an additional transport agency to better cover the large area that is rural. The increase in min-max numbers would support public safety.

Motion #6: Increase the maximum number of BLS verified Ambulance from 6 to 8 and increase BLS verified Aid from 2 to 3. Approved unanimously.

Review of EMS & Trauma Regional Plans, Kathy Williams, DOH

The Regional plans have been mailed to the 15 committee members that volunteered to be reviewers and an email with instructions has been sent to them. Reviewers are asked to complete their review and submit completed review forms to Kathy and Eva by mid-April.

TAC Reports:

Outcomes TAC – Sam Arbabi: Next meeting will be a joint meeting with the RAC TAC and Injury and Violence Prevention TAC around 2-3 weeks before the next Steering Committee Meeting.

Hospital TAC – Denise Haun-Taylor: The TAC report was essentially a discussion on hospitals going on no-divert during recent flu outbreak.

Regional Advisory Committee TAC – Melody Westmoreland: Thanked Committee Members who are reviewing the Regional Plans. The TAC met yesterday and discussed the processes around appointing an MPD, the Patient Care Procedures that will be created as a result of the alternative destination legislation (1721), and best practices around training council members. Zita Wiltgren added that the Southwest Region will be hosting a training for Council leaders on effective ways to do Regional Plan work, on April 24 and 25, 2017. Dr. Arbabi agreed to attend the meeting at Skamania Lodge on April 24.

Injury and Violence TAC – Mark Freitas: Aimee D’Avignon has started sending out an IVP newsletter. Committee has been using GoToMeeting to host their meetings online and connect with guest speakers. They are working on the IVP annual report presentation for next Steering Committee meeting and are looking at ways to do peer recognition within the group.

Prehospital TAC – Russ McCallion: Last TAC meeting included a presentation on ambulance crashes which indicated the high mortality rate for EMS personnel involved in a crash. They also had presentations of the stroke triage tool and WEMSYS V3. The annual MPD meeting will take place June 5th.

Emergency Cardiac & Stroke TAC – Matt Nelson: The TAC will be meeting on Tuesday, 3/21, and will be addressing requirements for intervascular care by prehospital.

Committee Business: Dr. Arbabi asked the committee if they would like to continue with the new change of ending meeting at 1 pm and taking a short 15 minute break. The Committee supported continuing with this schedule of ending meeting at 1 pm.

Meeting adjourned at 1:00 pm