EMS AND TRAUMA CARE STEERING COMMITTEE

Meeting Minutes

May 20, 2020, 9:30 am – 12:00 pm

Meeting held virtually via GoTo Meeting

ATTENDEES:

Committee Members:

Tim Bax, MD
Cameron Buck, MD
Cindy Button
Tom Chavez
Eric Cooper, MD
Peggy Currie
Scott Dorsey
Brian Fuhs, MD
Madeline Geraghty, MD
Beki Hammons
Dan Hall
Mike Hilley
Rhonda Holden
Tim Hoover
Sam Mandell, MD
Shaughn Maxwell
Brenda Nelson
Norma Pancake
Lynn Siedenstrang
Susan Stern, MD
Mark Taylor

DOH Staff

Alan Abe
Melissa Belgau
Tony Bledsoe
Donna Bybee
Christy Cammarata
Eric Dean
Xinyao DeGrauw
Dawn Felt
Dolly Fernandes
Nicole Fernandus
Carolyn Ham
Catie Holstein
Jim Jansen
Ishan Mahdi
Matt Nelson
John Nokes
Jason Norris
Tim Orcutt
Hailey Thacker
Mary Whittington

Guests:

Jennifer Brown
Eileen Bulger, MD
Lori Clary
Chris Clem
Rachel Cory
Rinita Cook
Scott LoParco
David Lynde
Carolyn Morris
Eric Nilson
Julie Rabeau
Joseph Rodrigues
Leah Salmon Conroy
Sarah Schaler
Karly Schriever
Sandra Smith-Poling, MD
Becky Stermer
Traci Stockwell
Timothy Wade
Marvin Wayne, MD
Lynn Wittwer, MD
Deborah Woolard, MD

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Adam Richards
Bryce Robinson, MD

Call to Order and Roll Call: Eric Cooper, MD

Motion #1: Approve minutes from March 18, 2020.
Approved unanimously.

Dr. Cooper announced that this is the national EMS Week and thanked all emergency care providers for their work, especially during this challenging time of COVID 19.

DOH Updates: Dolly Fernandes, DOH

Staffing Updates: Ben Booth, Trauma Epidemiologist, is leaving the Department of Health. He has accepted a position with the Federal Drug Administration in Maryland. His last day at DOH is June 5, 2020. Jim Jansen thanked Ben for his almost four years of service providing excellent data analysis and research for the trauma system.

Rules Update:
EMS Mandatory Reporting: Jim Jansen informed that the Opioid Overdosing legislation passed in 2019 requires mandatory reporting by EMS. Jim plan to start the rulemaking process for it this month and holding stakeholder meetings to work on these rules from October 2020 to February 2021. He asked for input from the steering committee on whether DOH should delay the stakeholder meetings due to COVID19. The committee indicated that DOH should proceed with the rule-making process and make sure all parts of the state are aware of rules and can provide input. DOH should post meeting announcements and rules on the DOH website and share information on stakeholder meetings through listserves.

EMS Rules: Catie Holstein shared that progress is being made on updating the EMS rules and right now they are working on the training section of the rules, including OTEP and Continuing Education.

Trauma Designation policy changes due to COVID 19: Tony Bledsoe shared a DOH policy statement to allow for leniency on continuing education and meeting attendance requirements for trauma designated services. Due to the physical distancing requirements related to the COVID-19 pandemic response resulting in the closure or rescheduling of continuing education (CE) programs, certification programs, peer review meetings, and quality assurance meetings, the Department of Health has determined that obtaining or maintaining these requirements is impossible or impractical at this time. As a result, the Trauma Designation Program will not withhold trauma designation renewal on that basis alone for the upcoming designation year.

EMS Waivers due to COVID19: Catie Holstein informed the committee that Governor Inslee has issued the healthcare worker licensing proclamation on waivers to health care regulations to help increase capacity in the healthcare system while addressing COVID19. The DOH EMS section has shared the information on these waivers with stakeholders through distribution lists and posted them on the DOH website. Waivers include: Waives requirement to complete education/training to reactivate an EMS certification that have been expired for two years or less; waives AIDS education requirement for EMS personnel; waives CE requirements for military returning to active status; provides temporary extension of EMS certifications; provides variance to EMS reciprocity requirements for cognitive exam in WAC 246-976; provides variance to ambulance staffing standards; provides variance to OTEP for quarterly training; exemptions to use of EMS AID and other vehicles to transport patients; deferral of FBI fingerprint cards and out of state credential checks for certification

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applications; EMS authorized to perform nasopharyngeal swabbing to test for COVID19; EMS authorized to perform venous blood sample to test for COVID19.

Dr. Cooper asked if there was consideration to give EMS responders continuing education credit for training related to COVID response. Catie Holstein responded that consideration could be given, however, the concern is the burden, cost of continuing education and the high burn rate of providers. As a regulatory agency, the Department of Health's primary concern is that EMS providers can demonstrate competency in providing emergency care. Catie asked Dr. Cooper to help come up with solutions for how DOH can ensure that EMS responders competency in these high risk but low frequency skills can be met and at same time not over burden them with CE. Dr. Cooper agreed to work with the Medical Program Directors to address this issue.

South Central Region Plan Changes:
Handout mailed to Steering Committee members.

Hailey Thacker, DOH introduced Zita Wiltgen, Executive Director, EMS and Trauma South Central Region Council who presented a prehospital trauma verification min/max proposal on behalf of Benton and Franklin EMS and Trauma Councils. The proposal is to increase the maximum number of verified BLS Ambulance Service from 1 to 2 and increase the ALS Ambulance from 8 to 9 in Benton County and decrease the BLS Ambulance Services from a minimum of 1 to 0 and decrease the maximum from 2 to 1 for Franklin County.
Motion #2:
Motion approved unanimously.

Strategic Plan Status Reports:

IVP TAC Annual Report: Dolly Fernandes, Alan Abe, Xinyao DeGrauw, Carolyn Ham, DOH
PowerPoint Presentations

Dolly presented the Injury and Violence Prevention Annual Report for 2019 – 2020. The goal of this component is to protect people from violence, injuries, and illness in the homes, neighborhoods, and communities. To achieve this the EMS and Trauma Regions and IVP TAC will use data, best available research evidence, financial and human resources, and expertise of partners to develop, implement, and evaluate strategies to reduce injuries.

Injury and Violence Prevention Strategic Plan Accomplishments included:
1. EMS & Trauma Regions report in regional plans top 3 injuries occurring in their regions.
2. Injury Prevention work and success stories reported in regional plans.
3. Injury Prevention participated in the ACS Assessment and got recommendations for improving program(s).
4. DOH Injury Prevention halftime position was filled by Alan Abe December 2019.
5. Alan is now working with the IVP TAC on identifying the EMS and Trauma system injury prevention program needs and where best to focus prevention efforts.

Alan Abe, DOH EMST Injury Prevention Specialist asked the committee five questions:

1. Where should the EMS and Trauma system focus our injury prevention efforts? Should we target a couple of injury issues or a variety of injury issues?
2. What does the data tell us?

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3. Are there other partners who can assist with reducing these injuries? Should we look for-profit or nonprofit organizations to help us.
4. Should we start with small pilot projects with one or two EMST programs or should we create a statewide awareness campaign or injury issue?
5. What injury has the highest use of the 911 system and hospital ED.

The committee indicated that falls is a leading cause of injury given the growing baby boomer population.

Alan shared that he would like to bring in some key players and organizations to the table to start the conversation on fall prevention if that is the direction we would like to take from a systems perspective.

Xin-Yao DeGrauw, Department of Health Injury and Violence prevention epidemiologist presented injury data. Xin-Yao explained that her role is to support the injury and violence prevention team at the DOH. Her Powerpoint presentation focused on falls in older adults. She shared data on falls in Snohomish County, EMS data on response to falls, state falls data on hospitalizations and death, and medical cost and work loss cost of falls.

Carolyn Ham with the DOH Fall Prevention program presented on the fall prevention program she leads: Finding our balance Washington state action plan for older adults falls prevention. Last year they sponsored or supported 9 trainings in rural and underserved areas; 8 clinics and agencies providing Otago; Tribal Nations engaged in Tai Chi project with Wisdom Warriors; classes added in three counties that had no fall prevention programs; Bilingual classes added in SE WA; and research on falls prevention in people with dementia is occurring in Washington state. Carolyn shared that she is trying to help CMS better connect with services that help people who have fallen. She shared the Community Living Connections patient referral form and encouraged EMS to use it to refer patients who have fallen.

Alan presented the EMS and Trauma Region's injury prevention accomplishments in the last year.

West Region:

- **Thurston THRIVES** – successful suicide prevention for Bush Middle School-expanded to Pizza Klatch and Hoquiam middle school. Due to success, awarded $40K from Thurston Co Health
- **Gig Harbor Fire & Medic One** – fall Prevention equipment for home assessments and fall safety equipment, developed social media fall prevention campaign
- **Pierce County fall Prevention Coalition** – brochures, banner, advertisement for fall prevention day tabling event
- **Pacific Lutheran University** – funds for SWIFTFEET 253 and SAIL fall prevention group exercise programs
- **Lewis County FD 2** – open water rescue equipment for first responders
- **NISSA** - 50 cribs and sheets for low income families

Central Region:

- Established a fall prevention workgroup –considering becoming a 501 C3 non profit
- Funded Bellevue FD Tai Chi /fall prevention classes
- Valley Medical Center fall outreach campaign

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- KC EMS Fall prevention program – 2017/18 reviewed 108 participants who previously called 9-1-1 for a fall incident. The program reduced both the overall number of 9-1-1 calls and fall-related incidents, as shown in the graph to the right.

East EMS and Trauma Region:

- Partner with 17 senior center/housing/activity partners to do SAIL classes impacting approximately 340 older adults.
    - Held training at EWU PT program. 36 students were trained.
    - Held training at SFCC OTA program. 16 students were trained.
    - Held training at EWU Exercise Science program. 71 students were trained.
    - Provided assistance to Beth Bremer, Doctorate in Nursing student, to implement the STEADI tool at local Kaiser Permanente locations.
- Partner with evidence-based programs to create and strengthen instructor network and conduct fidelity improvement activities
    - Performed 1 Refresh and Revise event with 7 attendees
    - 24 SAIL class observations
    - Created East Region SAIL Instructor Hub SharePoint site and email distribution list with 222 members

North EMS and Trauma Region:

Supported these injury prevention programs:

- Fall Prevention
- Safe Kids Northwest
- Child Passenger Safety
- Water Safety Fair "Splashtacular"
- Helmet distribution for bike and sports safety

Conclusion: Alan concluded with the following recommendations for fall prevention:

1. First responders who respond to a 9-1-1 fall incident could provide education, assessment, referral to resources or a brief intervention
2. Emergency Departments are a logical place for multifactorial fall risk assessment and intervention
3. In-home fall risk assessments, prevention education and related interventions
4. As most falls occur at home due to loss of balance, slipping and tripping, home modifications and safe ambulation training by an occupational or physical therapist are likely to be effective strategies
5. Nearly three quarters of older adults with fall injuries sought treatment at a doctor's office/clinic, fall assessment and intervention should be incorporated in the primary care settings

A question was asked if the Trauma Registry had data on elderly fall patients who die and were on anti-coagulation medication. The response was that while the data exists, it may not be helpful as many who are on anticoagulation medication also have comorbidities that could have contributed to their death.

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RAC TAC Annual Report: Hailey Thacker, DOH
PowerPoint Presentation

Hailey Thacker presented the annual report for the RAC TAC for 2019 – 2020. The RAC is represented by the eight EMS and Trauma Regional Councils and includes the Regional Council chairs and the six executive directors. The Executive Directors are hired by the regional councils to oversee daily operations as well as monitor the contract the councils have with the Department of Health. Other members include pre hospital and hospital representatives and the chair 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, revision of regional PCPs and updated the stroke triage tool, updated state air ambulance transport plan, and participation in the ACS forums. Future work includes continuing to update and revise PCPs, any activities related to COVID response and any activities related to ACS recommendations for the regions.

Roundtable on impact of COVID19 on the Emergency Care System, Eric Cooper, MD
PowerPoint Presentation
Dr. Cooper presented on the impact of COVID19 in Snohomish County. He presented on operations during COVID and use of PPE, data on how patients presented in terms of symptoms, primary and secondary impressions, temperature, call volume and call type data, and future concerns that included:

- Call volume increasing
- PPE needs will increase
- Pressures to Donn/Doff/Decon and time constraints
- Potential for longer TATs at hospital
- Volume
- Decontamination of rooms
- PPE
- D/Cs to LTC facilities
- Time and Requirements for Training
- Postpone versus eliminate
- Credit for training on PPE/Decon/Infection Control/Employee Health
- Fire training
- PPE (burn rates for in person training)

Roundtable:

Beki Hammons (SC Region): the ability to bring in health testing and the use of PPE and trauma volume has been easier to manage. We also saw a decrease in behavioral health related cases in the emergency department with an uptick in these cases last week.

Brian Fuhs, MD (East Region): We saw fewer cardiology cases during this time and some staff were furloughed. Fortunately no exposures to COVID in the cardiology department. Looking forward to seeing data and reports to help inform the future.

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Cindy Button (NC Region): Central Washington has been isolated and peaceful, however we are preparing for summer activity and managing the COVID which presents a public health hazard with people pooping in the woods. The US Forest Service and guide groups are doing campaigns on managing bodily waste when facilities are closed and you want to climb and hike. Restaurants have limited capacity and meat markets are sold out. Preparing for phase 2 and people escaping the Puget Sound area and coming over here where they do not feel that they need to follow the rules. That is causing a lot of stress on our community. People are not calling 911 for routine problems they are only calling 911 when they are extremely sick, not wanting to go to hospital right now.

Denise McCurdy (East Region): The first week for trauma we saw an increase in suicides. We had three in one week two were successful. Overall trauma volume has gone down a bit.

Madeleine Geraghty (East Region): Provided a PowerPoint presentation showing a significant drop off in strokes throughout the US based on data from Washington University in St. Louis and Stanford University. American Heart Association, and stroke associations have done a great job putting the word out to get people to go to the ED when exhibiting stroke or heart attack symptoms. We need to continue tracking this data.

Mark Taylor (Central Region): Regional coordination of patient movement is critical. We need to be thinking about the next wave of COVID on the west side and coordinate with the regional center on the east side. We need to ensure the balanced placement of patients at long term care facilities to avoid devastating impacts to inpatient facilities. We need crisis standards of care models. We also need to monitor techniques and Dr. Cooper's earlier presentation showed some strategies for monitoring EMS calls which is going to be key to identifying hotspots. Again, thinking regionally before patient placement and ensuring that individual facilities do not find themselves in a situation where they don't have the capacity to take care of large inflow of patients when we have other facilities that have capacity to help absorb that load.

Peggy Currie (East Region): Kudos to the WA State Hospital Association for the campaign last week to try to impress people that they would be safe when they went to the hospitals and that healthcare providers are taking extra precautions to keep people safe. Sacred Heart Medical Center received a couple of COVID patients from the diamond princess cruise liner. This allowed us to ease into it and address staff fear due to the variability and isolation recommendations from CDC and others which made it a bit challenging. Lab testing accessibility was very challenging continues to be strained. We have noticed continuing low volumes in our Emergency Department with a significant increase in telehealth visits.

Sam Mandell, MD (Central Region): The American College of Surgeons committee on trauma is working on addressing some of the regional coordination issues having grown up around trauma and trying to bring a national level awareness to enhance future preparedness for events like this as well as other mass casualty or large scale incidents. Secondly, Harborview is still fully open for trauma and we are accepting transfers as usual. So no changes there. When asked if Harborview saw a change in trauma volume, Dr. Mandell indicated there was a dip in overall volumes, the total number of patients down by about 100 to 150, compared to this time last year. Still seeing 30 to 40 severe trauma admissions a week. Significant traumas coming in; burns are mixed, seeing some smaller but significant burns present later than ideal, around 2-3 weeks after the incident. Those patients report that they were afraid to come to the hospital for COVID.

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Scott Dorsey (North Region): Dr. Cooper laid out the message from Snohomish County. There was a lot of great collaboration that started early at least on the pre hospital side of things that really helped patients going down the right path. Good leadership from Dr. Cooper and the county fire chiefs.

Tom Chavez (East Region): Challenges include trying to conform to the OSHA requirements while maintaining PPE requirements and social distancing. They used both rain gear and trash bags based on what was happening on scene. We have really good community support. One technology company purchased a few 3D printers and offered face masks for EMS/Fire personnel. The challenge is PPE slowly coming in. We are adapting and overcoming in Spokane. We have had to rapidly assess and put protocols and guidelines in place for the safety and well-being of our providers. In consideration those two aspects, Tom thanked DOH for being flexible and supportive.

Tony Escobar, MD (West Region): From the pediatric standpoint, it has been different. We do not have as many kids affected by COVID19 or who are asymptomatic. Seattle Childrens had their first case that was publicized. As far as therapies go, steroids are important for management. Additionally across the country there is concern that we are not seeing the usual numbers of child abuse victims. This is similar to what we are hearing about heart attacks and stroke. We are very concerned that these kids are trapped in the home and child abuse cases are down. Seeing some horrific cases of child abuse when they finally make it to the Emergency Department. The Pediatric West Region consortium including Washington has been actively participating in disaster preparedness for kids. No change in our trauma volumes and still seeing a significant volume of trauma at Mary Bridge specifically and may see more with the lifting of the Governor's restriction on elective surgery. We are pre testing every child going to have elective surgery and emergency surgeries.

Norma Pancake (West Region): Represents the Firefighters Association and briefed on Pierce County activity. We have seen a cobbling down of EMS calls but when we do get calls it is for the acutely ill people. We are spreading the word through the hospital association that EDS are open and ready to respond. Doing weekly calls with our EMS agencies to check on their personnel status, and their number of COVID calls. We have a good relationship with our Health Department and it is better now with the health department actively working on plans for the future and Department of Health regarding vaccination because that will be huge. We are looking at crisis centers of care from an operational standpoint. I know that one entity wishes to develop separate patient care protocols to treat each patient in each category but that might not be the best way to do it for us, because that would mean learning a different protocol. We are looking at how to adjust rather than create new protocols. My other life is part of emergency management. There we are working with agencies on their PPE needs. Make sure that you know go through your county or city Department of Emergency Management and request PPE because it is slowly coming in bulk from the Emergency Management Division at the state.

Tim Bax, MD (East Region): I might be the only committee member that is in private practice. My group was 27 doctors and we are about a $30 million a year company. We have $4 million worth of loans available to us to help pay the bills and we furloughed almost half of the people we hired. So similar to other business owners, this has been a really big hit for our company. We're still providing emergency services and provide all the emergency services for three of the four hospitals in Spokane and, and we have seen more perforated appendices, more terrible gall bladders and more delayed injuries. I appreciate hearing from all the other

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participants in the healthcare system. This is one of the things I love about this committee. There is a lot of pain going around the state for all of us.

Lynn Siedenstrang (West Region): COVID seems to have put a strain on rehab. At the rehab center at Multi Care we have admitted several COVID positive patients. We are finding significant impacts on patient's neuro cognitive skills. We are starting to gather data to understand the impact COVID has on Rehab and long term effects.

Eileen Bulger, MD (Central Region): as a former steering committee member I want to thank everybody for the incredible work that you have been doing. It has been incredibly stressful for the healthcare community and I think that part of our success in Washington has been built on the long standing collaborative relationships we have built through the EMS and trauma system. I cannot say enough about how the hospitals have come together across the US to tackle this issue and I think we can use this as a framework to improve our disaster response going forward. The idea of regional coordinating centers on both sides of the state that have situational awareness on what is happening throughout the healthcare system, monitoring for outbreaks in long term care facilities, and distributing patients in a way that does not overload any single hospital. My hope is that that this will give us a way to manage such outbreaks moving forward so that we are not in a position where we have to shut down or stop elective surgery or be compromised in any way for emergency care. I think we can preserve that because of our great relationships. From my perspective that is really our vision moving forward, that we continue this level of data sharing, collaboration, coordination and situational awareness so that we are not in a situation in the fall with another outbreak where we all of a sudden have to shut down our hospitals and do nothing but COVID.

Dr. Cooper thanked all for sharing. He added that there has been a financial impact from COVID on many organizations. We will not be quite the same when we go back to "normal". Everybody's job has gotten harder. Moving forward we have concerns about infection control and PPE usage. We need to remember to access wellness programs and get emotional support when needed because life is harder and we want to make sure that we stay healthy to do the work we do.

Dr. Cameron Buck asked about bed tracking systems during this pandemic and questioned why there appeared to be several systems and not a single unified system. Discussion ensued on the need for resources to be invested in the development and coordination of data tracking for disasters. There was also recognition that the new tracking system has been working well.

Meeting adjourned at 12:00 noon.

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