



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

Draft MEETING MINUTES

January 20, 2021

Meeting held virtually via GoTo Meeting

PARTICIPATING on GoToMtg:

Committee Members:

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

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

Sam Mandell, MD
Shaughn Maxwell
Denise McCurdy
Brenda Nelson
Norma Pancake
Susan Stern, MD
Mark Taylor
David Tirschwell, MD

DOH Staff:

Melissa Belgau
Tony Bledsoe
Steve Bowman, PhD
Christy Cammarata
Eric Dean
Dolly Fernandes
Dawn Felt

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

Tim Orcutt
Melissa Stoddard
Sarah Studebaker
Hailey Thacker
Nate Weed

Guests:

Anne Benoist
Nicole Bird
Eileen Bulger, MD
Rinita Cook
Tyler Dalton
Janna Finley
Megan Grinnell
Jennifer Lataquin

David Lynde
Jim Nania, MD
Martina Nicolas
Tammy Pettis
Bryce Robinson, MD
Joseph Rodrigues
Sarah Schadler

Karly Schriever
Eduardo Smith Singares, MD
Tracy Stockwell
Zita Wiltgen

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

Minutes from November 20, 2020: Eric Cooper, MD

Handout

Motion #1: Motion to approve minutes from November 20, 2020 meeting.

Approved unanimously.

DOH Updates: Dolly Fernandes

Nate Weed, OCHS director, returned from his deployment to Chelan in support of their COVID response and was back in the office for the month of December. Nate has a strong background in Emergency Management, and he has recently been called to help on the Incident Management Team with COVID19 vaccination response. He is going to try to call in to this meeting.

Great news is that the Governor's budget for 2021-2023 did not include any reductions to EMS and Trauma, the regions or the Poison Center. The state revenue projections have improved, which helped to avoid those cuts in the Governor's budget. The House and the Senate still need to develop their budgets. The final budget will be released at the end of the legislative session.

Legislative and Rules Updates: Dolly Fernandes, DOH

The 2021 session began on January 11 and ends on April 25. It is being conducted virtually. This is the long session. Our first EMS bill for the session is HB 1276 which allows EMTs to work in Diversion Centers. Catie Holstein shared the draft bill with the Steering Committee at the last meeting. Representative Dan Bronoske is the prime sponsor. He is a new legislator who is also a firefighter/EMT from Pierce County. He is on the House Health Care & Wellness committee.

Dr. Cooper mentioned SB 5074 Establishing safe station pilot programs. This bill allows participating fire departments to be designated as "safe stations." These safe stations would provide basic evaluation by mental health professionals and substance use disorder professionals to connect patients to treatment support and services. Participation is voluntary.

EMS Rules: Catie Holstein, DOH

The next EMS Rules meeting is scheduled for January 21st at 9:30 am. Staff are currently working on WAC 246-976-330 which are the Ambulance and Aid Service record requirements. The stakeholders have reviewed 31 of the 33 sections of rules and are proposing revisions as needed. Catie is hoping to conclude the stakeholder rulemaking meetings by the end of February this year and then move into the next phase of rulemaking which is the CR 102 that involves significant analysis. The team is excited to be winding down this phase of rulemaking after almost three years.

WEMSYS Rules: Jim Jansen, DOH

Stakeholder meetings for rulemaking relating to WEMSYS and EMS data started in November. This rulemaking addresses WAC 246-976, sections relating to EMS data. The next two meetings will focus on EMS service responsibilities relating to data, including general responsibilities for data management, submission and specific data elements to be required. Next meeting is February 16th.

Committee News: Dolly Fernandes and Eric Cooper, MD

Dr. Erica Liebelt who has served as the Executive Director and Medical Director of the Washington Poison Center and a member of the EMS and Trauma Steering Committee, is leaving Washington to take a position as the Medical and Research Director of Medical Toxicology at the University of Arkansas for Medical Sciences and the Arkansas Children's Hospital. Dolly and Dr. Cooper thanked Dr. Liebelt for her excellent leadership of the Poison Center and service and contributions to the EMS and Trauma Care Steering Committee.

Min/Max Project Update: Dolly Fernandes, DOH

Handout – MinMax Report

Dolly provided an update on the Min/Max Project. The Min/Max Workgroup had its fifth and final meeting on November 24, 2020. Secretary Wiesman appointed the Min/Max Workgroup and tasked the workgroup with advising DOH on developing methodologies or options for determining need for additional Levels I and II trauma services. The Workgroup completed their work, and staff developed the Trauma Designation Min/Max Project report which includes the results garnered from this process.

The Workgroup's top ranked option for **Level I** is **Option 1**, which includes a comprehensive need determination using geographic proximity (or distance from other trauma centers), trauma volume, quality of care metrics and other criteria. The Workgroup's top ranked option for **Level II** is **Option C**, which starts with a geospatial assessment of need, and other criteria to be met including trauma volume, distance from other Level I and IIs, history of transfers, and risk-adjusted in-hospital mortality outcomes.

Secretary Wiesman asked DOH to report to him the results of the workgroup and that was done through the report. Since he was leaving at the end of last year, and we now have Dr. Shah as our Secretary, John Wiesman asked that the DOH trauma program brief Dr. Shah on this project and get his endorsement before moving forward. Dr. Shah's priority currently is on COVID and vaccines. DOH expects to be briefing him in a month. We anticipate the next steps to be rulemaking and that is what the DOH team has recommended in the report.

The workgroup provided an effective forum to develop options and solicit expertise and preferences. Rulemaking is done through stakeholder meetings that will include an opportunity for broader input from all stakeholders. The workgroup's input will be a place to start with rulemaking. It was helpful in surfacing some subjective criteria such as distance from other Level I and II trauma centers. We anticipate rulemaking will be a lengthy and challenging process, as we also will need to develop processes, applications, and what criteria to use. These issues will be vetted and debated in rulemaking, and time will be available to be thoughtful and careful to assure good planning for rules that will hold up well over the years. After Dr. Shah has been briefed, and agrees this is the direction to take, we will start scheduling rulemaking meetings.

Dr. Bax, Dr. Escobar and Dr. Mandell who were on the Min/Max Workgroup, voiced their concerns about the Min/Max project and the report. They were frustrated about not having the opportunity to review and edit the report before it was submitted to Secretary Wiesman. In addition, they pointed out that some members wanted the group to agree on a single recommendation via consensus and instead were asked to rank the options. There was also some concern that Option 1, as described in the report, did not include everything that the Workgroup had agreed upon.

Dolly explained that the DOH team had twelve days to prepare the report and submit to Secretary Wiesman before he left. This did not allow time for review and input from the Min/Max Workgroup. There were some concerns expressed about including the names of those who had proposed specific options as well as listing the names of the workgroup members in the report.

Questions were raised about the authorship of the report. It was explained that the title page of the report specifies that it is a DOH report that was authored by the DOH staff team as requested by Secretary Wiesman. Given the concerns raised about who was making the recommendations, DOH offered to add a disclaimer to the report that the recommendations and conclusions are those of DOH staff and not necessarily those of the workgroup or its individual members.

Another concern was the point made in the report indicating that the workgroup was made up primarily of members of Level I and II trauma centers who may have inherent biases as reflected in their ranking of the options. It was explained that the composition of the Min/Max workgroup reflected primarily clinicians from existing centers. Like the challenges of developing rules for Certificate of Need, other perspectives will be raised during stakeholder meetings. For example, these may include hospital administrators,

representatives of non-designated hospitals, insurers, and legislators. This is a complex issue that will take considerable time to fully flesh out details. The report is a beginning and would be most beneficial as a starting place for rulemaking.

The Steering Committee discussed ways to address these concerns and expressed interest in providing additional information for the report and/or editing it. Nate Weed offered the committee the opportunity to send him any comments or supplemental information they have on the project and report at Nathan.Weed@doh.wa.gov. Dr. Cooper also indicated as chair of the Steering Committee, members can email him questions and concerns at eric.cooper@snocountyems.org. The committee brainstormed on ways for providing feedback including sending a letter, preparing an addendum or a supplemental report. Dolly also offered the Workgroup to send her any additional information for the options that they thought were left out of the report.

STRATEGIC PLAN STATUS

Hospital TAC – Annual Report: Anthony Bledsoe, DOH
PowerPoint Presentation

Tony Bledsoe gave the annual strategic plan report for the Hospital TAC. Through the year the TAC identified and worked on four strategic objectives. These tasks included:

1. Use registry data to determine the impact of clinical practice guidelines and to determine the need to develop new guidelines,
2. Update the trauma designation application to reflect the new designation rules and to continue to streamline and improve the application, and from the ACS Recommendations:
3. Develop and disseminate contemporary resources, toolkits, and a how-to manual to support individual hospital and regional performance indicators activities,
4. Review, evaluate and make updates as needed to decision tools for triage and transport.

For 2021, the TAC plans to focus on the following

- Moving away from a single year annual strategic plan to a multi-year plan,
- Continuing to improve the use of data by the Hospital TAC
- Implementing recommendations from the ACS assessment and collaborating with other TACs as needed
- Better defining a strategic objective/task that gives credit to the work the TAC does

Hospital Data Presentation – Steve Bowman, PhD, Trauma Epidemiologist, DOH
PowerPoint Presentation

Steve presented data from the Trauma Registry on several hospital related topics:

- COVID19 suspected or confirmed cases by region, characteristics of these cases (admitted, transfers, mean age, mean ISS, 17.7% discharged to skilled nursing facilities)
- Psychiatric Cases and Trauma (by ISS, by payor – all payor and Medicaid)
- Overall Hospital Registry) mean ISS for 1995, 2000, 2010, 2019 goes from mean ISS of 10.2 in 1995 to mean ISS of 7.4 in 2019
- Percent of ED transfers sent to out of region hospitals in 2000, 2010 and 2019
- Penetrating trauma accounted for 10% of registry records in early years (1995 – 1999) and about 5% of records in the past 5 years (2015 – 2019)

- Penetrating trauma by ISS and Year indicate ISS <9 trending up while ISS of 9-15 and >16 going up only slightly
- ED discharges to home has increased from 5% in 1995 to about 32% in 2019
- Modified activations by ISS has increased for both ISS <9 and all ISS from about 15% in 1995 to 45% for all ISS in 2019 and 65% for <9 in 2019
- Modified activations and ED discharges to home by region
- Drug and alcohol screening and presence data indicating 35% of patients are screened for BAC, 20% for toxicology, 1/3 of those 65+ are likely to be tested for alcohol or drugs, and racial and gender disparities are observable in screening for alcohol and drugs
- Drugs found cannabis increased from 8.8% in 2002 to 26.9% in 2019, opiates decreased from 36.1% in 2002 to 9.5% in 2019 and amphetamines increased from 7/3% in 2002 to 14.4% in 2019
- BAC and toxicology screening by region

The committee suggested that the data be looked at from a health equity lens. Dr. Mandell, chair of the Outcomes TAC, indicated that the TAC is planning on doing that and developing performance measures.

WA Medical Coordination Center and Movement of COVID Patients Statewide - Mark Taylor *PowerPoint Presentation*

Mark Taylor is the Operations Director for Washington Medical Coordination Center and Dr. Mitchell is the Medical Director. Mark provided an overview of the center, its purpose and how it has been operating in terms of movement of COVID patients statewide. The goal of the center is to leverage the combined power of the state healthcare system to avoid any single facility from entering a crisis standards of care situation. Healthcare facilities call the WMCC when unable to support the patients they have and there is proactive coordination of census balance to restore hospital capacity. The WA Health Dashboard Information is a public facing dashboard that is actively being used by the DMCC for tracking COVID related patient information.

Regional Plan Reviews: Dolly Fernandes and Hailey Thatcher, DOH

It is that time to prepare for review of the EMS and Trauma Regional Plans. The EMS and Trauma law calls for these plans to be reviewed every two years by the Steering Committee. The committee then recommends changes to the department before the department adopts the plans. Six Steering Committee members have agreed to review the plans this time and they include: Beki Hammons, Peg Currie, Norma Pancake, Rhonda Holden, Tony Escobar, Joe Hoffman, Cindy Button and Chris Clem. A request was made for least two more volunteers. Each plan needs to be reviewed by at least 2 steering committee members. Sam Mandell, Cameron Buck and Denise McCurdy volunteered to help with the review of the plans. Hailey Thacker, EMS and Trauma Regional Consultant, informed the committee that the plans will be distributed to the reviewers in April and they will have 3 weeks to complete their review. Their review and input for improving the plans will be shared and incorporated in the plans as appropriate. The Steering Committee will receive the Regional Plans for final review and approval at the May 19th Steering Committee meeting.

Committee Business: Mark Taylor, Nominations Chair and Dolly Fernandes, DOH

Chair Annual Election - The EMS and Trauma Steering Committee Chair annual election is scheduled for the March meeting. The by-laws call for the chair of the Hospital TAC to lead the nominating committee. Mark Taylor will be leading that work. Mark Taylor asked the steering committee members to send him an email by mid-February if they are interested in serving as chair or if they would like to nominate a steering

committee member for the position. Dolly added that the chair position is open to any member of the committee, and the chair serves for a year, from September to September. Any member may serve up to three years as chair but is elected annually. Dr. Cooper has expressed interest in running for chair for this next year. The committee will be informed of all candidates interested in serving in this position, and the election will be held at the March meeting. marct@uw.edu

TECHNICAL ADVISORY COMMITTEE REPORTS

Hospital TAC: Mark Taylor, Chair

Catie Holstein sought input from the Hospital TAC on EMS rules and specifically some wordsmithing to the triage tool to include cardiac and stroke. The TAC strategic plan report today covered work being done.

Cost TAC: Eric Cooper, MD, Chair

The Cost TAC held a virtual meeting on January 4th. Revenue for the current fiscal year was sufficient to disburse pass-through funding (grants) based on the approved spending plan without any reductions. Revenue for the fund, for next biennium, is forecast to be approximately \$2 million below the current spending authority. The TAC reviewed a draft trauma care fund spending plan for the 2021-2023 biennium. Pending feedback on the draft, and possible minor updates with new revenue forecasts in February or March, the draft spending plan that has been emailed to Cost TAC and Steering Committee members will be included on the March meeting agenda for review and a vote. The TAC also added new strategies based on the ACS recommendations related to emergency care system financing.

Injury and Violence Prevention TAC: Mike Hilley

The IVP TAC has a meeting scheduled for February 22nd. Alan Abe has a full agenda planned for it with presentations on fall prevention at fire departments and ongoing work on the Fall Prevention Campaign.

Pediatric TAC: Tony Escobar, MD Chair

The TAC has canceled their meeting for today. They will have a joint meeting with the Outcomes TAC next month to review the pediatric data presentation for the March Steering Committee meeting. This is Tony's last year as Peds TAC chair, so he is actively trying to recruit for a replacement. It is also Tony's last year on the steering committee. The big discussion the TAC has been having is around pediatric drownings. Drownings are included in the trauma registry. The initial intent was for injury prevention reasons. The data on pediatric drownings suggests that trauma is in a significant minority. The flipside is that it does utilize trauma resources. The TAC is interested in looking at the pediatric data that is in the registry. There is room for a lot of discussion on how these patients are managed. That is what the TAC has been discussing lately.

The EMSC grant federal site visit has been rescheduled because of COVID travel restrictions. Their initial plans were for last September, then they rescheduled it for Spring, "after the pandemic was over", but it's not, so there is still a question whether that is going occur in the near future or not.

Outcomes TAC: Sam Mandell, MD Chair

Outcomes TAC last meeting was a joint meeting with the Hospital TAC to go over the data presented today. Outcomes TAC is interested in taking a deeper dive into trauma data from the health equity lens and plans to do a systematic look at measures for the emergency care system. The TQIP Collaborative is progressing well.

RAC TAC: Hailey Thacker, DOH

The RAC canceled their January meeting and instead will meet in March to cover some housekeeping and operational contract training. Much work is currently going on by the Regions as they prepare their Regional Plans.

Emergency Cardiac and Stroke TAC: Cameron Buck, MD, Co-Chair/Matt Nelson, DOH
The ECS TAC next meeting is February 16. The TAC needs to work on defining performance measures for Cardiac and Stroke. Matt has just completed the processing of the new cycle of cardiac and stroke applications. DOH met with AHA to get a better understanding of their fund-raising work.

Pre-hospital TAC: Catie Holstein, DOH
The TAC meets next on February 10th at 10 am and plans to work on vaccination planning for COVID, pilot program planning, lessons learned from the civil unrest and EMS involvement, and continue to work on incorporating the ACS recommendations into the PTAC strategic plan.

Medical Program Directors: Joe Hoffman, MD
The MPDs had a virtual meeting on January 4th and discussed COVID vaccination related issues and had a presentation by DOH on the disciplinary process and specifically how the investigations and legal departments at DOH conduct their work and responsibilities.

Meeting adjourned at 1:30pm.

DRAFT