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

Draft MEETING MINUTES

September 16, 2020

Meeting held virtually via GoTo Meeting

PARTICIPATING on GoToMtg:

Committee Members:

Cameron Buck, MD
Cindy Button
Tom Chavez
Chris Clem
Eric Cooper, MD
Peggy Currie
Scott Dorsey
Tony Escobar, MD
Bryan Fuhs, MD
Madeleine Geraghty, MD
Beki Hammons
Mike Hilley
Joe Hoffman, MD
Rhonda Holden
Tim Hoover
Michael Levitt, MD
Erica Liebelt, MD
Sam Mandell, MD
Shaughn Maxwell
Denise McCurdy
Brenda Nelson
Norma Pancake
Susan Stern, MD
Mark Taylor
David Tirschwell, MD

DOH Staff:

Alan Abe
Tony Bledsoe
Steve Bowman
Donna Bybee
Christy Cammarata
Eric Dean
Timothy Farrell
Dolly Fernandes
Dawn Felt
Jill Hayes
Catie Holstein
Jim Jansen
Kim Kelley
Ihsan Mahdi
Megan McCausland
Matt Nelson
John Nokes
Jason Norris
Tim Orcutt
Sarah Studebaker
Hailey Thacker
Adam Rovang
Nate Weed

Guests:

Brian Barcellona
Anne Benoit
Neil Broumley
Jennifer Brown
Eileen Bulger, MD
Kristyn Criss
Jeannie Collins-Brandon
Leah Salmon-Conroy
Rinita Cook
Rachel Cory
Tyler Dalton
Lisa Edwards
O'Neil Flannery
Megan Grinnell
Ravi Hira, MD
Paula Hudson
Thomas Lamanna
Dave Lynde
Caleb Mortlock
Mossakowski, Jackie
Jim Nania, MD
Martina Nicolas
Tammy Pettis
Heather Pounds
Thomas Rea, MD
Adam Richards
Wendy Rife
Bryce Robinson
Joseph Rodrigues
Sarah Schadler
Karly Schriever
Jenny Shin
Max Sevareid
Lynn Siedenstrang
Phyllis Smith
Becky Stermer
Traci Stockwell
Andrea Talbott
Karen Thomas
Alicia Webber
Zita Wiltgen
Libby Witter
Lynn Wittwer, MD
Deborah Woolard, MD

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

Minutes from May 20, 2020: Eric Cooper, MD
Handout
Motion #1: Approve minutes from May 20, 2020 meeting. Approved unanimously.

New steering committee member, Chris Clem was introduced. Chris is representing the Washington Ambulance Association. He is the regional director for Olympic Ambulance. He also serves on the West Region EMS and Trauma Council.

DOH Updates: Dolly Fernandes

In January Nate Weed, our Office Director of Community Health Systems was asked to help on the DOH IMT for the COVID19 response and was very actively involved with that work through July. He returned to OCHS for a few weeks and was deployed to Chelan Public Health District to help with COVID response through early December.

We are pleased to have Steve Bowman return to as our Trauma Epidemiologist. He has a long history with DOH, and the EMS and Trauma system and we are fortunate to have someone with his wealth of knowledge and experience back with us.

MIN/MAX PROJECT
The number one priority recommendation by ACS was that DOH establish a clear and transparent process of calculation of the minimum/maximum numbers for trauma centers in each region.

In January, Secretary Wiesman appointed a Min/Max workgroup to advise and propose methods for determining the min/max numbers for level 1 and 2. The first workgroup meeting was in February and then we had to pause because of the COVID outbreak. Now the agency is ready to resume, and the next workgroup meeting is set for September 29, followed by meetings on October 13, 27 and November 10th. The meetings will all be held online.

The workgroup will focus on three steps: 1) Identify the appropriate indicators that should be considered, 2) determine the criteria to which those indicators should be assessed, and 3) determine a model for incorporation of the indicators and associated criteria. We will be running the models that are discussed and validating the results.

GFS Budget Reduction:
Due to the expected reduction in revenue caused by the COVID outbreak, the Governor has asked state agencies to submit 15% of proposed cuts to GFS programs for FY 2021. The proposed budget reductions impact the DOH EMS and Trauma programs. The budget process starts with the Governor submitting his budget which may include these reductions. The Legislature will also be preparing their budgets. We should have a final budget by the end of the legislative session in 2021. Washington State faces a $4.5 billion budget deficit which is why these GFS budget reductions are proposed.

Proposed Legislation for Emergency Services: Catie Holstein, DOH

The Department of Health is pursuing a legislative proposal to expand the abilities of emergency medical technicians to practice in limited settings. The secretary has not yet decided if this proposal will move forward to the governor's office for approval, so our process is still in the fact-finding stage

The department is seeking the Steering Committee's feedback and input on this proposed legislation. It amends RCW 18.73.030 to define an Emergency Services Supervisory Organization (ESSO) and include diversion centers in the definition.

The statutory scheme of the statewide EMS & Trauma system is intended to only allow EMS personnel to deliver care in a prehospital setting or transport, under the direction and control of a Department of Health certified physician Medical Program Director (MPD), according to their EMS training, and the MPD patient care protocols. For that reason, affiliation with a licensed EMS agency such as a fire department or ambulance company is also required.

ESSO is not a license. It is a "recognition" implemented by Department of Health policy to allow organizations exempt from licensure in RCW 18.73.130 to meet the agency affiliation requirement. The last amendment would allow EMTs to participate in ESSO's.

This proposal supports innovative approaches to addressing issues of homelessness and behavioral health by allowing EMTs to work in diversion centers. This might be a burden in some of the small counties for both the MPDs and the organization.

EMS Rule-making Update: Catie Holstein, DOH

Rulemaking for the EMS WAC is continuing. Catie anticipates that they will be concluding their stakeholder meetings in February of 2021. Next meeting is September 17.

WEMSIS Rule-making Update: Jim Jansen, DOH

This rulemaking is for WEMSIS pertaining to the recently revised RCW 70.168.090. This is to require EMS services to report data to the WEMSIS system. Rulemaking began in July; we are delaying stakeholder meetings until November due to DOH staff capacity. The stakeholder meetings schedule will be posted soon.

ACEP Cardiac and Stroke legislative plans: Cameron Buck, MD

Dr. Buck announced that Kim Kelley will be retiring soon and thanked her for her great work with the Coverdell Stroke Program and for her commitment and passion for cardiac and stroke.

Dr. Buck shared that the ECS TAC continues to be committed to support cardiac and stroke systems. In 2010 a state law created an ECS system. It has not been well funded and lacks the ability to produce greater measurement and better outcomes.

Last year, several constituents and groups promoted legislation that got a hearing with the House Health Care Committee, however did not get out of committee. Washington ACEP and others will continue to advocate for a funded statewide cardiac and stroke system in 2021. They are meeting with key legislators about a funding system with a statewide registry and resources to help patients with earlier identification of the time critical illnesses.

The TAC supports the ACS recommendations including the recommendation to: Seek additional and sustainable system-wide funding to support the EMS Trauma, Cardiac and Stroke Health Care System and consider appointing a sub-committee of the steering committee to develop a strategy to develop system-wide funding. Dr. Buck and the ECS TAC believes this should continue to be a high priority and promote one emergency system of care.

ACS Recommendation Transition to Strategic Plan: Dolly Fernandes and Jim Jansen, DOH

The ACS gave DOH 90 recommendations and 19 priority recommendations. Then John Weisman decided to hold five forums across the state to get input from stakeholders. They were well attended.

The information was put into a matrix by Dr. Wiesman. He presented it to the steering committee in January. He asked for input including which TACs should take leadership for implementing the respective recommendations. Six members of the steering committee provided feedback.

Based on that input, the recommendations were disseminated to the respective TACs. Each TAC has gone over the recommendations a provided input for converting the recommendation into an objective for the strategic plan. This is the process for including the recommendations into the strategic plan. Jim Jansen developed a concise way of tracking the objective and strategies for the strategic plan and adding the 90 recommendations in a spreadsheet.

Dolly asked for the committees' suggestions and feedback for reporting on the strategic plan. The committee opted for a once a year rolled up report on the status of goals and objectives. In addition, the TACs report out at each steering committee and each TAC also does an annual report.

Dr. Mandell shared that the Outcomes TAC tried to take some of the larger and more complicated recommendations and organize them into measures so they can start talking about what time frame is reasonable for completing them. This is a preliminary step for organizing the measures to deal with the 90 recommendations. It takes organization and time planning. One of things the Outcomes TAC wants to look at is QI. Once that is done, the Outcomes TAC could make recommendations to the other TACs about data elements to analyze annually. It can be monitored by either the steering committee or the Hospital TAC.

The Hospital TAC were interested in knowing how they would be interworking with the other TACs. Dr. Mandell thought that a joint meeting with the Outcomes TAC and the Hospital TAC is the way to start. As they have ongoing discussions between Outcomes TAC and each one of the TAC on the quality measures, some of the recommendations may shift from one TAC to others that are monitoring their own benchmarks.

Dr. Tirschwell brought up that the ACS was biased in that it had robust recommendations for EMS and Trauma and only one for Cardiac and Stroke. Dr. Cooper agreed that Cardiac and Stroke could benefit from an assessment and possibly needs some metrics to measure performance and quality. The Steering Committee is very supportive of what Dr. Buck is doing with the ECS TAC and ACEP.

Strategic Plan Annual Report - Prehospital TAC (PHTAC): Catie Holstein, DOH, and Scott Dorsey, Prehospital TAC Chair

Catie Holstein presented the TAC mission, goals and structure including seven workgroups.
PHTAC is making good progress on their strategic objectives. In 2018, they reported 20% completion of the PHTAC strategic plan, in 2019 they were at 38% and this year the TAC has moved the needle to 63%. There are some strategies that were "suspended" because of insufficient resources or shifting system priorities. The TAC added a couple of new strategies for new work due to COVID and a federal grant.

Some of the ongoing work is the EMS Crisis Standards of Care. DOH is using federal grant funds to contract with a vendor to develop a statewide patient movement plan. This work will continue into 2021 and will be influenced by current work occurring with the Regional Health Care Coalitions.

The office continues to evaluate and implement regulatory waivers that reduce regulatory burdens on EMS and to allow them to contribute to emerging needs throughout the duration of the pandemic. Under the declared emergency EMS can conduct testing for COVID-19, perform vaccinations and assist with conducting routine respiratory assessments, within their scope of practice, for farmworkers to meet governors' requirements for agricultural employers.

Some of the challenges they face are provider burnout and lack of inter-facility transport resources, meaningful funding/reimbursement for EMS to conduct long distance transfers. Other problems are the multiple statewide emergencies, pandemic, response to areas where there is civil unrest, and wildfire events.

Catie discussed the objective related to EMS data and the use of the comprehensive WEMSIS data system for pre-hospital providers. The TAC has made major accomplishments to WEMSIS.

EMS education and training: Washington is in the 90th percentile for Paramedic programs nationally. Still, there is the increased burden of training to rapidly address COVID 19.

The TAC will prioritize work and response to the COVID 19 pandemic, they will continue rulemaking, adjust and respond to recommendation from ACS assessment. The TAC will continue to assist with improving the EMS data registry (WEMSIS), as well as work with the Rural EMS FLEX grant.

Covid EMS Impact: Ihsan Mahdi, DOH

The COVID-19 pandemic and subsequent stay at home order and statewide lockdown in the state of Washington were associated with an overall decrease in the number of 911 calls made through April 2020 with a gradual increase in the following months through August. While calls for incidents of cardiac events, strokes and trauma decreased with possible grave consequences of delayed care, calls for incidents involving suicides, opioid, and methamphetamine overdose have progressively increased. EMS data would be a good source of information about potential COVID-19 patients who refuse care and/or are released against medical advice.

Emergency Cardiac and Stroke Report: David Tirschwell, MD

The ECS TAC serves in an advisory capacity to EMS and Trauma Steering committee on cardiac and stroke care related issues. They ensure a comprehensive prehospital and hospital cardiac and stroke care is available to the citizens of Washington State through meaningful discussion, consensus-building efforts, and collaboration. The TAC evaluates and discusses the current systems of cardiac and stroke care, review processes related to emergent pre-hospital and hospital care. They also provide recommendations to the steering committee with the overarching goal of improving patient care and system performance.

Dr. Tirschwell presented the ECS TAC's strategic objectives for 2018 through 2020. He talked about the 2019 accomplishments the TAC has been able to achieve.

The Washington Coverdell Stroke Program, originally a five-year grant, has been extended one year until June of 2021. It focuses on quality improvement projects, training and education and public education on signs and symptoms.

Lastly, Dr. Tirschwell shared the TAC's future goals, including to apply for the next Coverdell Stroke grant.

Stroke Data Presentation: Meghan McCausland, DOH

Stroke remains the 6th leading cause of death in Washington and heart disease is the 2nd leading cause of death. In 2019, WA Hospital Discharge Data showed that there were 20,159 hospitalizations due to stroke and 41,988 hospitalizations due to heart disease. However, anecdotal reports both locally and nationally noted that during the start of the pandemic, hospitals were seeing less stroke and heart attack patients in the ED. As 2020 Hospital Discharge Data become available, this will be an area to track.

Washington data also revealed disparities when analyzing stroke and heart disease by race/ethnicity. The highest age-adjusted mortality rates for both stroke and heart disease are in American Indian/Alaska Native and Black populations in WA. There are also differences in stroke care when viewed by regions. Between 2015 and 2019, 15% of ischemic strokes occurred in rural regions in WA. However, stroke patients who lived in urban/suburban areas were 1.4 times as likely to receive the clot-busting drug tPA as compared to stroke patients living in rural regions. Furthermore, for both tPA and mechanical endovascular thrombectomy, a greater proportion of urban/suburban stroke patients received treatment as compared to rural stroke patients.

Data from the Get with the Guidelines Stroke Registry showed that 59% of stroke patients arrived by EMS transport as opposed to personal vehicle. Hispanics had the lowest percent of arrival by EMS (32%) as compared to other races/ethnicities in WA. Previous analyses have shown that using EMS services can get stroke patients to the hospital quicker than personal transport. Additionally, only 25% of stroke patients in WA arrived at the ED within 3 hours of the time last known to be well. Since stroke is time dependent, it is important to note that WA has room to improve on both these performance measures.

Clinical Outcomes Assessment Program (COAP): Ravi Hira, MD

COAP's purpose is to support all hospitals and clinicians in achieving the highest levels of patient care and outcomes.

COAP is a non-profit, physician led organization in the Pacific Northwest that lets providers know how they're doing as compared to peers across the region and provides a safe forum for discussing challenges in cardiac care. The organization collects clinical data to develop local knowledge. They help providers understand the patient population and identify local expertise and promising practices to share across the region.

COAP's purpose is to support all hospitals and clinicians in achieving the highest levels of patient care and outcomes.

Cardiac Arrest Registry to Enhance Survival (CARES): Tom Rea, MD, Jenny Shin, and Alicia Webster

The Cardiac Arrest Registry to Enhance Survival was established by the U.S. Centers for Disease Control and Prevention and Emory University to improve survival from cardiac arrest through out-of-hospital

cardiac arrest (OHCA) data collection in the United States. Communities that join CARES commit to entering cardiac arrest data from EMS agencies and hospitals into a national database in order to track their performance confidentially over time and improve the quality of patient care—and ultimately prevent needless deaths.

Without a uniform and reliable method of data collection, communities cannot measure the effectiveness of their response systems, nor can they assess the impact of interventions designed to improve OHCA survival.

Participation in an OHCA registry enables communities to compare patient populations, interventions, and outcomes with the goal of identifying opportunities to improve quality of care and ascertain whether resuscitation is provided according to evidence based guidelines. CARES was developed to help communities determine standard outcome measures for out-of-hospital cardiac arrest (OHCA) locally allowing for quality improvement efforts and benchmarking capability to improve care and increase survival.

TAC Reports

Hospital TAC: Mark Taylor, TAC Chair

They reviewed the ACS recommendations assigned to the Hospital TAC as well as those they will support. The next task is to figure out how to work with the other TACs in order to fulfill their obligations as the Hospital TAC.

Rehab TAC: Tim Orcutt, DOH

The TAC did not meet last month. The Rehab TAC is meeting next week for their regular September meeting. They plan is to develop objectives and action plan for implementing the ACS recommendations.

Outcomes TAC: Sam Mandell, MD, TAC Chair

Dr. Mandell is serving on the Mix/Max workgroup representing the Outcomes TAC. The TAC is moving forward with the TQIP collaborative. It will require trauma designated centers to sign updated data use agreements to get this started. More information to come on the first data report kick off meeting in the fall.

Prehospital TAC: Catie Holstein, DOH

The PHTAC held a well attended virtual meting on August 19. The TAC is continuing to participate in rulemaking and worked on the annual report and EMS data presentation for the Steering Committee today.

Injury and Violence Prevention TAC: Dolly Fernandes, DOH

The TAC held a virtual meeting on August 19. The focus of that meeting included presentations by 2 Fire Departments on their Fall Prevention programs. The TAC reviewed the ACS recommendations assigned to the IVP TAC and merged those into their strategic plan.

Cost TAC: Dolly Fernandes, DOH/Eric Dean, DOH/Eric Cooper, MD, Chair

The Cost TAC held a virtual meeting on August 31. They discussed plans for building the 2021 – 2023 Trauma Care Fund spending plan and reviewed the TAC's principles for the fund. The fund revenue went down in the spring. Based on current conditions and trends there should be sufficient funding to continue with the approved spending plan for the current biennium. A meeting will be scheduled in January and in March to continue working on the next biennium spending plan. Everyone is invited to participate, please email Eric Dean if you want to be included.

Pediatrics TAC: Tony Escobar, MD, Chair

The TAC had a meeting in July. They had an excellent presentation on a tool called PsyStart, which is used in disaster care for children and adults. It was very well attended and well received.

RAC TAC: Hailey Thacker, DOH

The TAC met virtually in July and finalized their regional plan guidance for the 2021-2023 strategic plan cycle. They reviewed the ACS recommendations assigned to the RAC TAC and worked on modifications to make them appropriate for strategic plan objectives.

Outcomes TAC: Sam Mandell, MD, Chair

They are working on the ACS recommendations to filter into a plan and make them a little more inclusive of the entire system.

Medical Program Directors: Jim Nania, MD, Chair

The MPDs are going to have their first virtual meeting in October. He is working with Catie Holstein on the agenda. The plan is to have quarterly two-hour meetings. They have had workgroups involved in the rule's revision. Scope of practice continues to evolve as well.

Meeting adjourned at 11:30 AM