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

MEETING MINUTES

March 18, 2020, 9:30 am – 11:00 am

Meeting held virtually via GoTo Meeting

PARTICIPATING on GoToMtg:

Committee Members:

Cameron Buck, MD	Mike Hilley	Susan Stern, MD
Cindy Button	Joe Hoffman, MD	Mark Taylor
Tom Chavez	Tim Hoover	David Tirschwell, MD
Tony Escobar, MD	Erica Liebelt, MD	Norma Pancake
Madeleine Geraghty, MD	Sam Mandell, MD	
Beki Hammons	Brenda Nelson	

DOH Staff:

Tony Bledsoe	Jill Hayes	Jason Norris
Ben Booth	Catie Holstein	Tim Orcutt
Christy Cammarata	Ihsan Mahdi	Hailey Thacker
Dolly Fernandes	Matt Nelson	Adam Rovang
Dawn Felt	John Nokes	

Guests:

Anne Benoit	Jim Nania, MD	Max Sevareid
Jennifer Brown	Martina Nicolas	Becky Stermer
Eileen Bulger, MD	Tammy Pettis	Traci Stockwell
Rinita Cook	Heather Pounds	Zita Wiltgen
Dave Lynde	Leah Salmon-Cory	

Call to Order and Introductions: Dolly Fernandes

Motion #1: Approve minutes from January 15 meeting. Approved unanimously.

DOH Updates: Dolly Fernandes, DOH

The Department of Health has been activated the Incident Management Team in response to COVID19. Several Department of Health employees from the Office of Community Health Systems have been rotated into the command center.

All Department of Health employees are telecommuting to support social distancing.

Legislative Updates: Dolly Fernandes, DOH

Dolly reported that two EMS bills passed:

- EHB 2755 - requires air ambulance claims data to be posted online by the Health Care Authority. This is in support of transparency in billing.
- SB 6534 - Establishes an ambulance transport quality assurance fee program for Medicaid funded emergency ambulance transports provided by private ambulance transport providers.

Bills that did not pass:

- HB 2462 - which would have established the recognition of EMS personnel licensure interstate compact.
- SB 6580 - which would have created an organ transport vehicle classification, licensed by DOH.

Cardiac and Stroke Legislative Update: Dolly Fernandes, DOH and Cameron Buck, MD

HB 2838 on Cardiac and Stroke did not pass. This bill would have provided authority for the Department of Health to establish and coordinate a statewide cardiac and stroke system of care. This bill was championed by ACEP introduced in the House and got a hearing. Dr. Buck, Dr. Nania, Dr. Geraghty, and Russ McCallion, representing the fire chiefs, provided excellent testimonies. The plan is for ACEP to take legislation forward again in 2021. Dr. Buck thanked everyone for their help and stated that a lot was learned and efforts next year will be more structured, advanced and focused.

EMS and Trauma Assessment Follow Up: Dolly Fernandes, DOH

Dolly reported that the Min/Max project has been postponed, as the department has to make COVID-19 the top priority at this time. Many of the workgroup members and DOH staff are now supporting COVID-19 response or caring for patients. Some progress was made by the Min/Max workgroup. The workgroup was appointed by Secretary Weisman in late January. DOH has sought balance on the workgroup by including all of the trauma medical directors from level 1 and 2, and the medical directors from the three level 3 trauma designated services in Central Washington. Also on the Min/Max workgroup is Dr. Cooper, Chair of the Steering Committee, Dr. Mandell, Chair of the Outcomes Technical Advisory Committee, as well as Zosia Stanley, representing the Washington State Hospital Association. The workgroup has been tasked with developing a methodology for assessing the number of level 1 and 2 trauma services for our state to optimize patient outcomes. The kick-off meeting was held on February 27. At this meeting the workgroup provided input on their preferences for meeting scheduling and began the discussion on assessment of need methodologies. DOH covered policy and legal framework for assessments of need in other states. The department also performed research and shared an annotated bibliography of work done on needs assessment for trauma centers across the state. The workgroup looked at results from the forums that were conducted across the state. These were presented to provide an overview of the system and inform on what other states are doing with regard to assessment of need for trauma centers. The next step is to begin modeling Min/Max methodologies. The project is now on hold, but will be resumed at a later date.

Committee Business: Dolly Fernandes, DOH

Dolly announced that Mike Hilley has been appointed Chair of the Injury and Violence Prevention TAC. She thanked Mike for serving in that capacity.

Strategic Plan Status Report: Pediatrics

Pediatrics TAC – Annual Report: Matt Nelson, DOH
Presentation

Matt Nelson presented the Pediatric TAC's Annual Report, highlighting the objectives of the TAC, strategic objectives, 2019 accomplishments, and future goals.

The Pediatrics TAC was formed to serve in advisory capacity to EMS and Trauma Steering Committee on pediatric care related issues. It works to ensure the most comprehensive prehospital and hospital pediatric care is available to the citizens of Washington State through meaningful discussion, consensus-building efforts, and value-based collaboration. It evaluates and discusses the current state of pediatric care, and provides recommendations to the Steering Committee with the goal of improving patient care.

Pediatrics TAC strategic objectives for 2017-2021 are to develop standards of care for pediatric medical emergencies, up to and including verification and a facility recognition program; increase ED pediatric readiness through trend analysis and intervention; reduce instances of pediatric window fall injury by raising awareness and collaborative efforts; support WRAP-EMS coalition to increase statewide pediatric disaster preparedness; continued implementation of EMSC performance measures.

Accomplishments in 2019 included: revised and updated pediatric inter-facility transfer guidelines/agreements and supported dissemination based on results of hospital survey; further bolstered committee membership with key partners; reviewed current trends in pediatric window falls data and collaborated with Stop @ 4" organization in efforts to reduce instances of window falls; supported Statewide EMS agency survey measuring pediatric care coordination and skills checks.

Successfully managed year 2 of the 4 year of EMSC State Partnership Grant; evaluated and approved new Strategic Plan which incorporates several new federal performance measures; reviewed pediatric readiness data and supported efforts to increase ED readiness; supported WRAP-EMS consortium to increase statewide pediatric disaster preparedness with members participating on key workgroups; engaging joint Pediatric/Outcomes Technical Advisory Committee meeting highlighting need to address pediatric window falls; supported work involved in EMS and Trauma Assessment by ACS.

Future goals are to continue implementation of Performance Measures for new 2018-2022 project period, support the Pediatric Readiness survey occurring in Summer of 2020, support ongoing efforts with WRAP-EMS, reduce injury from pediatric window falls, and revise the pediatric prehospital guidelines based on 2020 national recommendations.

Pediatric Data Presentation: Ben Booth, DOH

Ben Booth gave a PowerPoint presentation on data related to pediatric falls from buildings. Trauma registry data prior to 2015 could not be classified in more detail than falls from buildings so the presentation focused on this broad grouping for consistency over time. For perspective, data from 2018 showed 84% of falls were from windows. 17% of building falls across all ages were children under 5. Across all age groups, 20% were female, however across the pediatric group, 40% were female. These data are based off of 520 falls just in 2018. Death data were gathered from 2004-2018, involving 199 people. Very few falls resulted in death, especially in the 0-14 age group. Based on final treating facility, around 130 patients per year were treated for building falls in 2017 and 2018. Looking at patients that were not transferred to another facility, data shows 130 patients in 2017 and 2018. Splitting this out by age group the majority of these patients are between 0-4 years. The older the child the rarer it is that it is a building fall. Looking geographically at the data, the greatest number of falls occurred in the JBLM area, Spanaway, Parkland, Federal Way, Bellevue, Everett, and Bellingham. This could be due to economic issues, which is supported by the high proportion of these patients with Medicaid listed as their payer type. Falls are primarily happening during the summer months, which can be an indicator of residences not having air-conditioning. Most patients are showing up with low injury severity scores. Around 60-70% of building fall patients over the last 5 years had head injuries. When head injury does occur, it is more likely to be a minor severity head injury. Many patients are transported to facilities by private vehicle, the majority of these patients are transported by ground ambulance and very few are transported by air ambulance. Discharge data showed that 70% were sent home and a quarter of the patients were transferred to another trauma designated facility. Nearly all were sent home from the final facility.

Nasopharyngeal Swab Update: Catie Holstein, DOH

Department of Health has established a policy to allow EMS to perform nasopharyngeal swabbing. This will enable local health officials and hospital teams to ask for assistance from EMS workforce that may be willing and able to perform nasopharyngeal swabbing to test for COVID-19 if provided adequate equipment and support to do so. The policy removes regulatory barriers to EMS performing this skill and is described below and attached for your reference. State law limits emergency medical services (EMS) personnel to provide care in the prehospital emergent setting.

EMS personnel provide emergency medical care under the direction of county EMS medical program directors (MPD). The roles of the county MPDs are established in law. Each county has a physician appointed, certified, and contracted by the Washington State Department of Health. MPD's provide training and medical direction through written and verbal patient treatment protocols. MPD's may delegate authority to other physicians to help with training and supervision.

Current initial training for EMS personnel does not include nasopharyngeal swabbing, however Medical Program Directors may develop specialized training for skills and procedures with Department of Health approval under the provisions in WAC 246-976-024.

EMS personnel may only perform nasopharyngeal swabbing under the following conditions:

1. There is a state or local declaration of an emergency under the provisions of RCW 38.52. A local declaration must be made by the local authorized official. Since nasopharyngeal swabbing is

considered primary care and generally not an emergency condition, the law does not allow EMS to perform nasopharyngeal swabbing unless deemed an emergency.

a. An emergency incident mission number has been issued by the Washington State Department of Military, Emergency Management Division. (WAC 118-04-240)

b. The EMS personnel have received MPD approved specialized training to perform the skill.

c. The EMS personnel are acting under the medical direction of the county MPD or an MPD delegate physician such as the local health officer and a department approved MPD protocol is in place.

d. The EMS personnel are acting under the operational direction of the appointed incident commander or director of the local or state emergency management organization.

TAC Reports

Hospital TAC: Mark Taylor, TAC Chair

The TAC met online today. The TAC discussed issues on low capacity by rural trauma designated facilities to have physicians on site. The TAC determined that they did not have enough information to make decisions and want to look more in depth into the characteristics of the request. Another concern raised was the ongoing support received from DiCorp for trauma registries and that a significant portion of updates have not yet been added to the trauma registry software, causing issues for facilities. DOH will reach out to DiCorp and include time limits in future contracts with DiCorp on expectations for installation of the updates.

Rehab TAC: Tim Orcutt, DOH

The TAC met in January and presented two rehab specific guidelines on traumatic brain injury and autonomic dysreflexia. Both were approved by the steering committee as long as depression was included as one of the complications for TBI. This was done and the guidelines are now published on the DOH website. The TAC is currently reviewing the ACS recommendations from last April and is looking at ways to better determine which rehab facilities are offering specialty care, specifically for spinal cord injuries and TBI patients. The next meeting will be held online.

Outcomes TAC: Dr. Sam Mandell, TAC Chair

The Outcomes TAC was working with the Mix/Min workgroup which is now on hold. The TAC is now 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.

ECS TAC: Matt Nelson, DOH

The February meeting was canceled due to low attendance because it conflicted with the International Stroke Conference. The next meeting will be held virtually on April 21, 2020 and will be both cardiac and stroke. A lot of time has been spent on reviewing and updating the cardiac and stoke applications

over the past year. Re-categorization launched about a month ago. Applications were due in 60 days, an extension of 30 days has been given. That can be reassessed given everything going on with COVID19.

Prehospital TAC: Catie Holstein, DOH

Prehospital TAC last met on February 19, 2020. They reviewed and commented on the annual statewide national registry EMS report for certification examination scores. Washington continues to perform in the top 3% of the nation in certification testing scores for EMS responders. The TAC informed the department that they were interested in looking at EMS data from WEMSIS for their annual report this year that would inform the efficacy and compliance with a statewide trauma and cardiac triage tool. They are interested in evaluating data that can inform planning efforts around problems that contribute to capacity issues such as behavioral health transport and falls. They are also interested in evaluating data around the transfer of patients from level 1 trauma centers to see if there are any adjustments that need to be made to the trauma triage tool, regional patient care procedures or any other local policies and procedures.

Injury and Violence Prevention TAC: Dolly Fernandes, DOH

Mike Hilley has been appointed as the new Chair of the TAC. Alan Abe is the DOH Injury and Violence Specialist and he is working on bringing the IVP TAC back together sometime in the near future. They are looking at what to focus injury prevention effort on in the future.

Cost TAC: Dolly Fernandes, DOH

The Cost TAC meets on a needs basis. At this time there is no meeting scheduled.

RAC TAC: Tim Hoover, TAC Chair

The TAC met on March 17. They worked on their strategic plan for their annual report to the Steering Committee in May. They had a good discussion about how their meetings are run and how they can improve the efficiency of the meetings. The TAC will meet again on May 19, 2020.

11:00 AM Adjourn