**CREMS Meeting**

**March 13, 2019**

**Attendees:**

Libby Witter- VMC

Alan Abe- KCEMS

Dr. Sky Enguis- St. Francis

Jenna Hannity- St. Francis

Carolyn Maurseth- Highline

Rachel Weber- Snoqualmie

Jamie Cameron- Snoqualmie

Chris Barnhart- Swedish-Issaquah

Lauren Abel- DNP student

Celeste Etherington- Evergreen

Brant Butte- AMR

Greg Sim- AMR

KC McCoy- AMR

Onora Lien- NWHRN

Barb Jensen- Evergreen

Karen Kettner- Overlake

Mark Taylor- HMC

Dr. Sayre- Seattle Fire

Dr. Buck- VMC

Bellevue Fire

Chris Martin- Chair

Rachel Cory- ED

Via phone:

Matt Gau- Tri-Med

Jeremy Yoder- NW Ambulance

Christy Cammarata- DOH

Aaron Traynor- Auburn/Covington

**Minutes:**

Motion: Karen Kettner, Second: Barb

Minutes unanimously approved, with the addition of Celeste Etherington under attendees.

**Reports and Updates:**

**DOH Update:**

# Rulemaking

* The DOH is still holding stakeholder meetings to amend sections of WAC 246-976. Next meeting is March 21st from 9:30-11:30am

Education Update

* Voucher applications for initial EMT certification examination are still being accepted through the initial NREMT voucher program. Application and program FAQ is found on our DOH website.

Rural EMS Assessment Project

The DOH and Office of Rural Health Systems received a grant to support a project to conduct a state-wide assessment of EMS with a focus on rural communities. The first step was to send out an assessment tool in the form of a survey for EMS supervisors to complete. Thank you to all of our EMS supervisors who participated in that.

*The purpose of the assessment is to:*

*(1) Help inform where best to allocate any available funding*

*(2) educate policy makers on challenges facing rural, suburban, and urban communities,*

*(3) Inform strategic planning efforts at state, regional and local levels, and*

*(4) Provide agencies with a roadmap for improvement.*

DOH Projects

The Washington State Stroke Triage Tool for EMS was recently revised. The revisions were minor and the new tool has been posted to the DOH website. We are still finalizing the implementation and communication plan, but more information will be made available soon.

*The change to the tool includes increasing the treatment window of thrombectomy for severe stroke patients with large vessel occlusion (LVO) to 24 hours thus increasing appropriate EMS transport time as well. It adds a third column to the treatment algorithm for that specific patient.*

**AMR Strike and Disaster Planning:**

Onora Lien- how can NWHRN partner with us to develop a disaster plan? How do we get organized and coordinate in the event of a disaster?

Chris: what is the mechanism to get all the hospitals together on a call to share and give information in the event of this kind of disaster? County relies on NWHRN to coordinate all groups (so this could happen in the future, rather than CREMS handling the process).

Karen Kettner: smaller groups were coming up with plans, and not all plans included the big picture.

**Action:** Can NWHRN come to future meeting to present on emergency declaration, and the possibilities for our roles as partner agencies in the event of an emergency? Disaster planning 101. NWHRN routinely on meetings. Follow up from May 1 AMR debrief at KCEMS.

Christy Cammarata: will check with Catie and Nate Weed about plans to debrief at DOH-level.

**Public Education:**

Alan: National cardiac arrest convention happening later this year. Thinking of holding CPR Sunday to educate citizens for how to do hands-only CPR. Stop the Bleed? Can we do a mass Stop the Bleed education?

Opioid work? Distracted driving? Target Zero task force? We could tag along with them?

Stroke awareness. Hands-only CPR. Pediatric populations: mental health and suicide? Water safety, life jackets.

**Action:** Falls prevention task force? They put together a resource list, maybe we could fund a website? Add Falls as recurring report on future meetings. Falls prevention day? Follow up with Carolyn. Where could the event be held? They could post videos on the website.

Pierce County is looking into getting a 501c3. Fire Education group could be used

Falls prevention group: Cancer Care Center- 4th Friday of every month from 10-12. Pierce County puts on a fall prevention week in September. Outside venue. They put on a presentation and go around to nursing homes and SHAG housing.

**Action:** Check with Will about Children’s. Bring options to next meeting for vote.

**Divert Report**

WATrac administered by NWHRN and the Spokane PHD on behalf of the state. There’s a desire to create more standardization across the state. If the goal is to reflect what’s happening downtown, is there language we can use that makes it obvious that it’s downtown-only? We wanted to let go of psych divert option completely.

Celeste: our goal was to remove “divert” from the term altogether. Onora: can it be geographically specific? Psych saturation may become the new “psych divert.” Could NWHRN provide some options? First Hill- Psych Saturation, for example.

**Action: Invite Scott from NWHRN to meeting on Friday.**

What’s happening with delivering psych patients to non-ED facilities? Now the law is such that it’s only Medicaid patients. Dr. Sayre: the number of ALS calls has remained flat, but the low-acuity calls have gone up. Exploring options with mobile crisis team. We’re continuing to explore several options; for example, putting a nurse in the 911 center to try to avert unnecessary calls. Brant: they’re working with Tacoma Fire to use Lyft for patients who have non-emergent needs. AMR is paying for Lyft, $300-$400 per month. 20-30 transports per day are non-EMS transports.

South King County: 150 non-emergent responses per month. BLS hands off patients to CARES. Relatively successful pilot; delivering patients to sobering centers. PSF- Puget Sound Fire. Many departments have a lot of FD CARES programs, or similar programs. Model is hand-off from BLS to FD CARES.

Brant: we’ve never asked Navos about whether they would take patients. This is a potential opportunity.

Approval of Minutes:

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Signature Date