CENTRAL REGION EMS AND TRAUMA COUNCIL
Minutes for January 11, 2023, 2:30pm-4pm

Attendees: *Mark Taylor, Randi Riesenberg, James Richardson, Brant Butte, Matt Gau, Vonnie Mayer, Traci Stockwell, Jim Whitney, Andrea Coulson, Barb Jensen, Kate Bendickson, Emily Agudo, Celeste Etherington, Chantel Arnone, Michael Pirri, Tom Rea, John Herbert, Mark Dollar, Marie Vrablik, Marla Emde, Michael Sayre, Eric Brown, Jessica Wall, Cheryl Stromberg, Kara Welchel, Bet Martin, Hailey Thacker, Adam Gallion, Dawn Felt, Bet Martin, Steven Pettit, Heath Ackley, Patrician Lynn Anderson, Sue Theiler, Cameron Buck, Susan Koppelman, Jamie Emert*

1. Call to Order - Mark Taylor, Chair
2. Review of Minutes from 11.9.22 - *Motion, Second. Approved.*
3. Financial Report – Brant Butte, Treasurer
4. Reports and Updates
    a. KC EMS - *Dr. Rea shared about a new study taking place, Pedi dose, more information attached to the minutes*
    b. NWHRN & WATrac- *Kara Welchel reviewed coming changes, see slides attached*
    c. WMCC - *Mark Taylor reviewed the volume of cases, both COVID and not, discussed funding. Dr. Mitchell will present more at Steering Committee. Visuals attached.*

d. DOH -*Hailey Thacker reviewed the following: EMS Rulemaking – EMS rules were opened November 2017. 33 sections in WAC 246-976 were opened to consider updates to align with current national standards, make regulations clearer and concise, respond to statutory requirements, streamline initial and renewal application processes for pre-hospital agency license and EMS provider certification. EMS held 40 stakeholder meetings between December 2017 and August 2022 which included review of the 33 sections, two new sections, and seven pieces of legislation that impacted rules. The EMS team updated the CR101 in May of 2022 to reflect the scope of new work due to legislation that had passed and revised the timeline for completion. Primary delay to rulemaking was the COVID-19 pandemic in which the EMS team was activated to the agency IMT and prioritized COVID work between March 2020 and March 2022. We are working very hard to finish our CR102 package and we appreciate your grace and patience as our workload is unprecedentedly high as our healthcare system is still experiencing impacts from the pandemic. Final draft version rules will be available for you soon. Anticipated date of updated effective rules is by March 2023.*

WEMSIS Rules: *Stakeholder meetings for EMS data system rulemaking concluded in March. The rules are in response to the amendment made to RCW 70.168.90 which requires licensed ambulance and aid services to report to the statewide data system. We are working on the draft for public comment then we'll move to CR-102 process. WEMSIS rulemaking timeline is aligned with the EMS rulemaking process timeline.*

Trauma Rules: *In Fall 2021, the Department opened WAC 246-976-580 (trauma designation process). The intent of the revision is to set in rule clear requirements and criteria for assessing access to level I and II trauma services and to define criteria to determine which facilities can apply as a new level I or II trauma service. The last rules workshop was January 4th, which concludes their stakeholders meetings for now. Rule related comments can be sent to the DOH Trauma Designation Rules Public Comments email address at* traumadesignation@doh.wa.gov *or to Tim Orcutt and Dolly Fernandes.*

5. Review and finalize Strategic Plan 23-25 - *Randi covered the updates for the Strategic Plan that will guide the work of the Council for the next biennium, July 2023 to June of 2025. Documents were sent out in advance with track changes and those added or modified were highlighted. Barb Jensen Motioned to approve this draft, Matt Gau seconds, no objections.*
6. Grant - Stop the Bleed with Valley Medical Center & Renton Schools - *Kate shared her experience of teaching Stop the Bleed to Renton School district staff.*
7. High Patient Census -
    a. Wall Times - *Hospital capacity remains a real challenge due to staffing in ED, acute and post acute settings. Hospitals continue to board in record numbers. Being a 'no divert' county currently experiencing a lot of divert in the last couple months. Continue to work to improve transitioning patients and looking for solutions during difficult times, not necessarily a fix for 100% of the time. The subgroup has proposed a solution that may already be occurring in some instances. This involves engaging EMT providers to manage multiple patients as they await transition to ED care. This solution is focused on helping EMS and the overall system. This will be piloted with private EMS partners at select hospitals during select peak times. There is a great need for a real time hospital turn-around wall time board. Perhaps something similar to the Thurston County dashboard.*
    b. Psych Patient Task Force & ED Psych Divert - *Celeste briefed the group on the outcome of last meeting and next meeting coming up on the 19th. This group will look at SBC, number of patients in each ED, question what metric could help understand and evaluate the issue and potentially measure a solution.*
8. Good of the Order - *AMR announced that they will sunset their services in Pierce County. Many employees are moving to other parts of the AMR operation. Chief Coulson noted that King County Medic One job posting will open February 1st.*
9. Adjourn

Next meeting scheduled for **March 8, 2023** at 2:30 pm

PediDOSE Trial for Seizure: A PECARN Study

King County Principal Investigator is Dr. Eileen Klein of SCH

The Pediatric Dose Optimization for Seizures in Emergency Medical Services (PediDOSE) study is designed to improve how paramedics treat seizures in children on ambulances. Seizures are one of the most common reasons why people call an ambulance for a child, and paramedics typically administer midazolam to stop the seizure. One-third of children with active seizures on ambulances arrive at emergency departments still seizing. Prior research suggests that seizures on ambulances continue due to under-dosing and delayed delivery of medication. Under-dosing happens when calculation errors occur, and delayed medication delivery occurs due to the time required for dose calculation and placement of an intravenous line to give the medication. Seizures stop quickly when standardized medication doses are given as a muscular injection or a nasal spray. This research has primarily been done in adults, and evidence is needed to determine if this is effective and safe in children.

PediDOSE optimizes how paramedics choose the midazolam dose by eliminating calculations and making the dose age-based. This study involves changing the seizure treatment protocols for ambulance services in 20 different cities, in a staggered and randomly-assigned manner.

One aim of PediDOSE is to determine if using age to select one of four standardized doses of midazolam and giving it as a muscular injection or nasal spray is more effective than the current calculation-based method, as measured by the number of children arriving at emergency departments still seizing. The investigators believe that a standardized seizure protocol with age-based doses is more effective than current practice.

Another aim of PediDOSE is to determine if a standardized seizure protocol with age-based doses is just as safe as current practice, since either ongoing seizures or receiving too much midazolam can interfere with breathing. The investigators believe that a standardized seizure protocol with age-based doses is just as safe as current practice, since the seizures may stop faster and these doses are safely used in children in other healthcare settings.

If this study demonstrates that standardized, age-based midazolam dosing is equally safe and more effective in comparison to current practice, the potential impact of this study is a shift in the treatment of pediatric seizures that can be easily implemented in ambulance services across the United States and in other parts of the world.

Ages Eligible for Study: 6 Months to 13 Years (Child)

Inclusion Criteria:

- Witnessed by the paramedic to be actively seizing, regardless of seizure type or duration; AND
- Under the care of a paramedic; AND
- Transported by an EMS agency participating in the study

Exclusion Criteria:

- A prior history of a benzodiazepine allergy; OR
- Known or presumed pregnancy; OR
- Severe growth restriction based on the paramedic's subjective assessment

WATrac

Washington System for Tracking
Resources, Alerts, and Communication

WATrac Advisory Discussion – Neonatal Bed Types

WATrac is funded by the
Washington State Department of Health (DOH)

Current WATrac Neonatal Bed Types

Current Neonatal Bed Types

	Definition
Nursery:	Available bed used to provide hospital services to a neonate
Neonatal ICU:	Beds that can support critically ill newborns, including ventilator support.

Proposed Changes

Definitions, Capabilities, and Provider Types[1]

Level of Care	Capabilities	Provider Types
Level I *Well Newborn Nursery*	✔ Provide neonatal resuscitation at every delivery ✔ Evaluate and provide postnatal care to stable term newborn infants ✔ Stabilize and provide care for infants born 35–37 wk gestation who remain physiologically stable ✔ Stabilize newborn infants who are ill and those born at <35 wk gestation until transfer to a higher level of care	✔ Pediatricians ✔ Family physicians ✔ Nurse practitioners ✔ Other advanced practice registered nurses
Level II *Special Care Nursery*	**Level I Capabilities plus:** + Provide care for infants born ≥32 wk gestation and weighing ≥1500 g who have physiologic immaturity or who are moderately ill with problems that are expected to resolve rapidly and are not anticipated to need subspecialty services on an urgent basis + Provide care for infants convalescing after intensive care + Provide mechanical ventilation for brief duration (<24 h) or continuous positive airway pressure or both + Stabilize infants born before 32 wk gestation and weighing less 1500 g until transfer to a neonatal intensive care facility	**Level I Providers plus:** + Pediatric hospitalists + Neonatologist + Neonatal nurse practitioners as appropriate

Proposed Changes

Enter slide info

Level III *NICU*	**Level II Capabilities plus:**[2] + Provide sustained life support + Provide comprehensive care for infants born <32 wks gestation and weighing <1500 g and infants born at all gestational ages and birth weights with critical illness + Provide prompt and readily available access to a full range of pediatric medical subspecialists, pediatric surgical specialists, pediatric anesthesiologists, and pediatric ophthalmologists + Provide a full range of respiratory support that may include conventional and/or high-frequency ventilation and inhaled nitric oxide + Perform advanced imaging, with interpretation on an urgent basis, including computed tomography, MRI, and echocardiography	**Level II Providers plus:** + Pediatric medical subspecialists + pediatric anesthesiologists + Pediatric surgeons + Pediatric ophthalmologists with appropriate qualifications
Level IV *Regional NICU*	**Level III Capabilities plus:** + Located within an institution with the capability to provide surgical repair of complex congenital or acquired conditions + Maintain a full range of pediatric medical subspecialists, pediatric surgical subspecialists, and pediatric anesthesiologists at the site + Facilitate transport and provide outreach education	**Level III Providers plus:** + Pediatric surgical subspecialists

Questions?

Any Questions?

Washington Medical Coordination Center Situation Report

Steve Mitchell, MD
Medical Director
smitchel@uw.edu

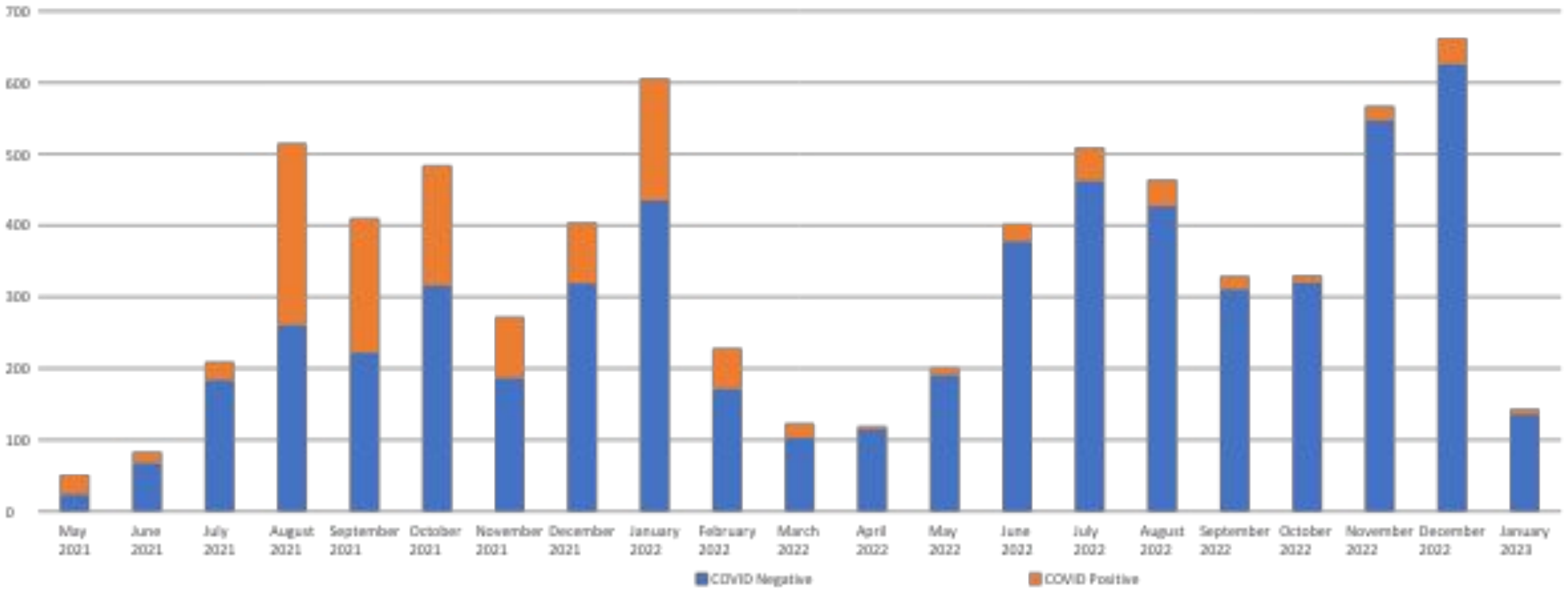
Mark Taylor, RN
Director of Operations
marct@uw.edu

January 10, 2023

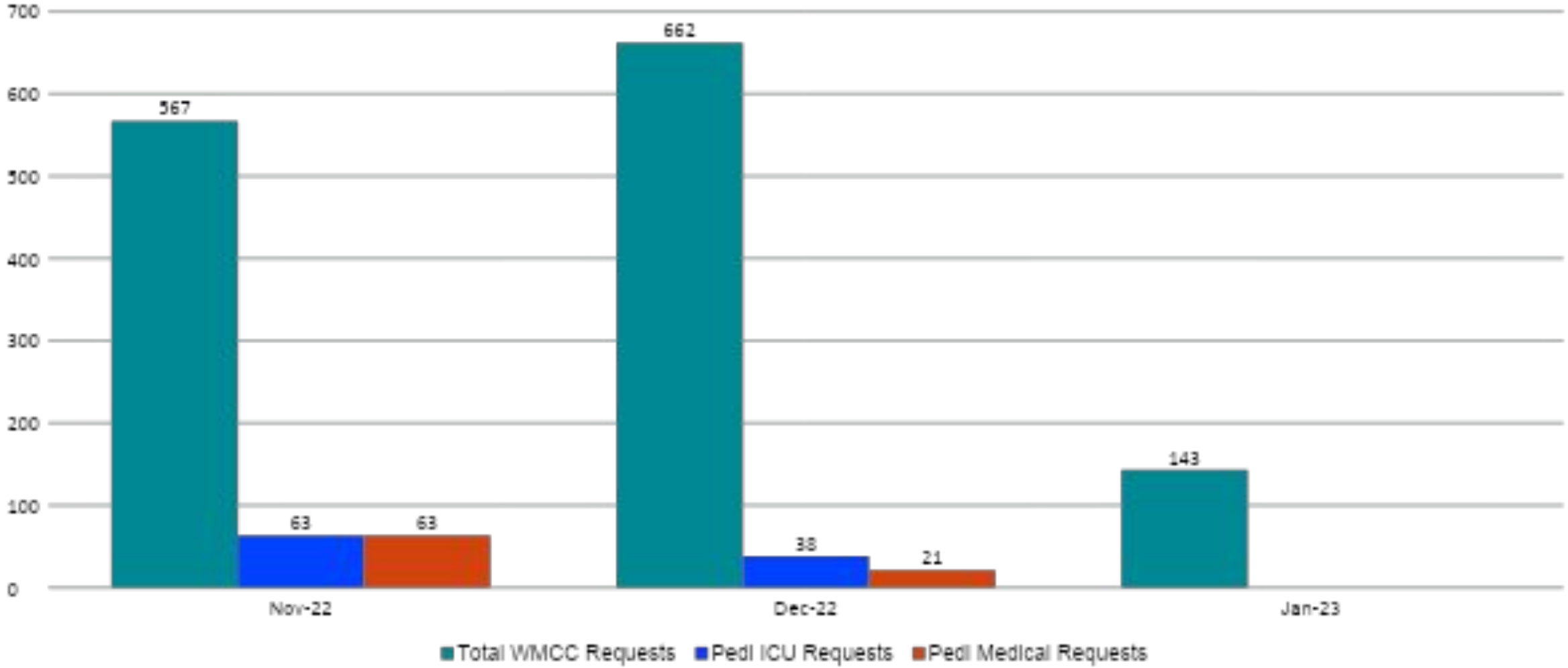
Maria Paulson, RN

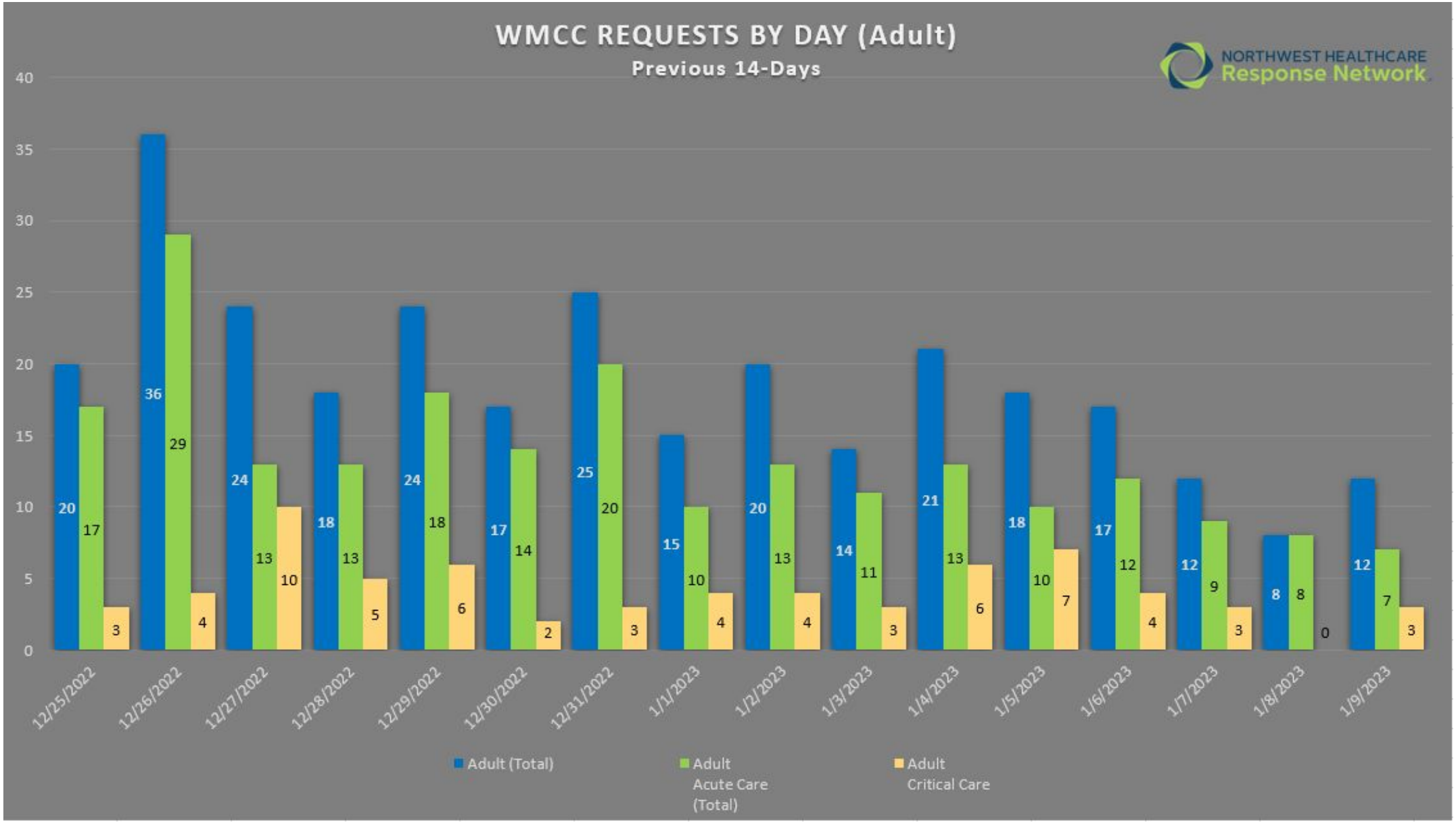
WASHINGTON
Medical Coordination Center
at Harborview Medical Center

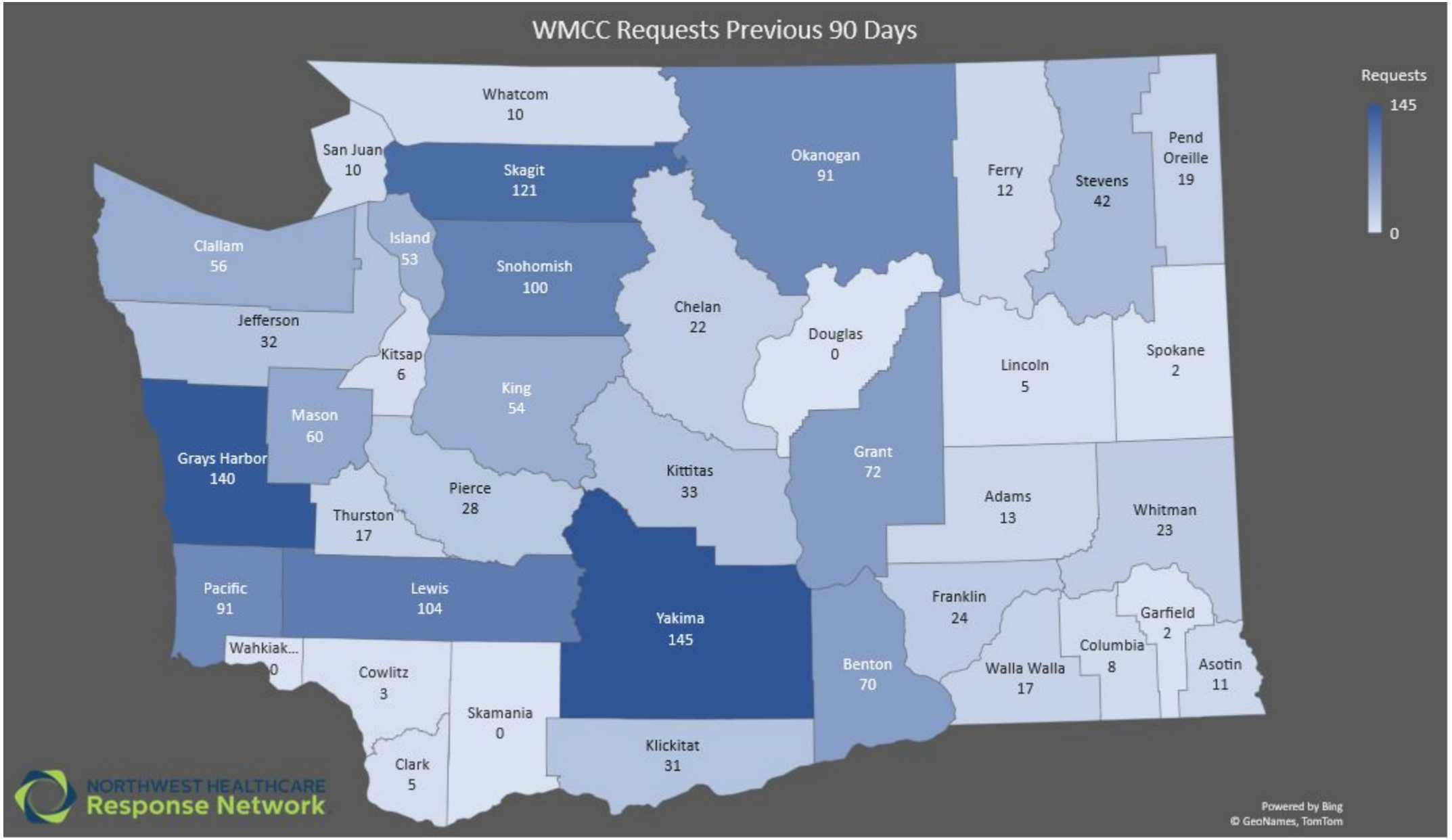
Total WMCC Call Volume by Month



WMCC Pediatric Situational Awareness January 10, 2023




WMCC REQUESTS BY DAY (Adult)
Previous 14-Days
NORTHWEST HEALTHCARE Response Network
40
35
30
25
20
15
10
5
0
20 17 3
36 29 4
24 13 10
18 13 5
24 18 6
17 14 2
25 20 3
15 10 4
20 13 4
14 11 3
21 13 6
18 10 7
17 12 4
12 9 3
8 8 0
12 7 3
12/25/2022
12/26/2022
12/27/2022
12/28/2022
12/29/2022
12/30/2022
12/31/2022
1/1/2023
1/2/2023
1/3/2023
1/4/2023
1/5/2023
1/6/2023
1/7/2023
1/8/2023
1/9/2023
Adult (Total)
Adult Acute Care (Total)
Adult Critical Care


WMCC Requests Previous 90 Days
Requests
145
0
Whatcom
10
San Juan
10
Skagit
121
Okanogan
91
Ferry
12
Stevens
42
Pend
Oreille
19
Clallam
56
Island
53
Snohomish
100
Chelan
22
Douglas
0
Jefferson
32
Kitsap
6
King
54
Lincoln
5
Spokane
2
Mason
60
Grays Harbor
140
Pierce
28
Kittitas
33
Grant
72
Thurston
17
Adams
13
Whitman
23
Pacific
91
Lewis
104
Yakima
145
Franklin
24
Garfield
2
Wahkiak...
0
Cowlitz
3
Skamania
0
Benton
70
Columbia
8
Walla Walla
17
Asotin
11
Clark
5
Klickitat
31
NORTHWEST HEALTHCARE
Response Network
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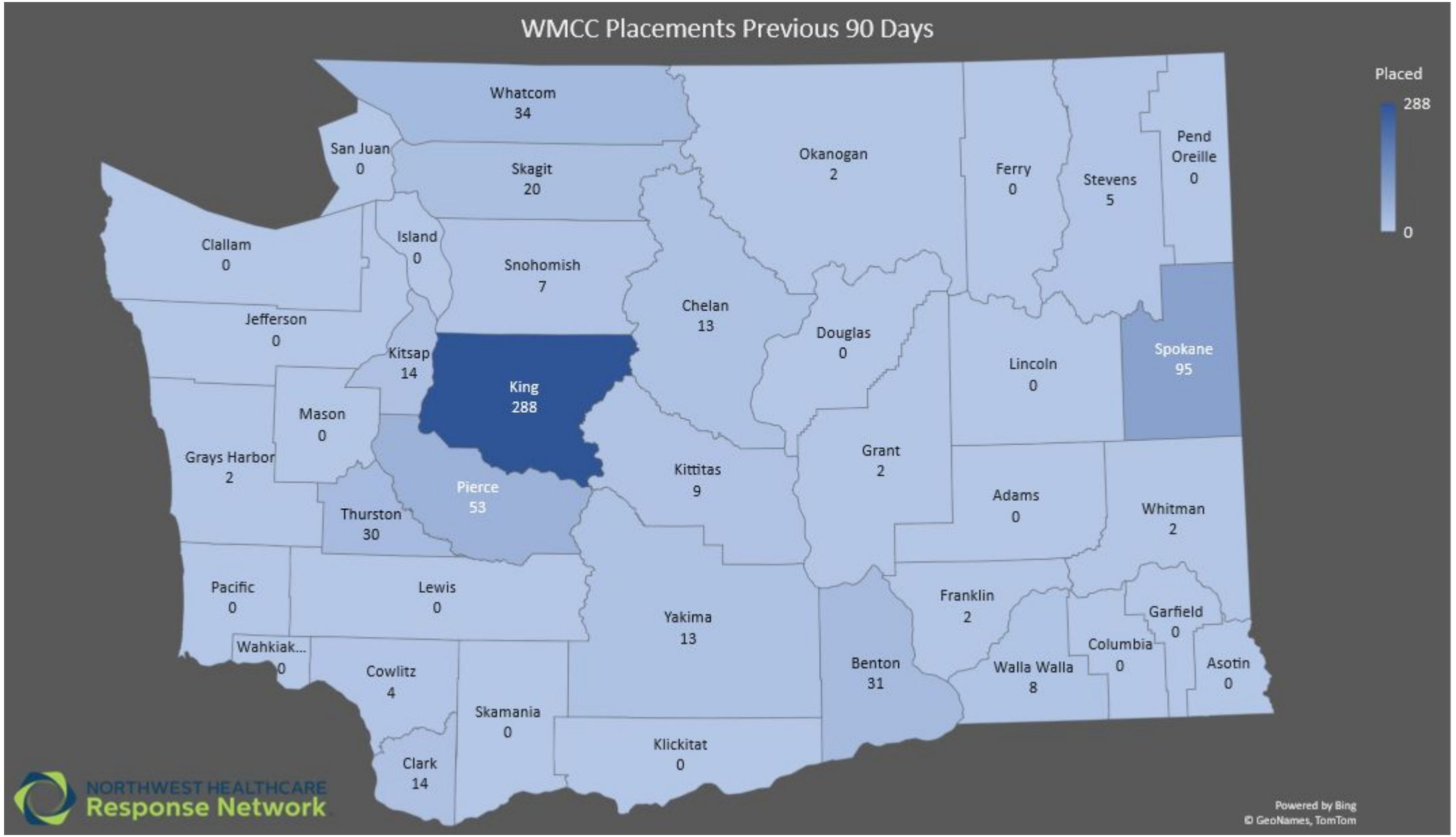
WMCC Placements Previous 90 Days
Placed
288
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Whatcom
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San Juan
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Skagit
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Snohomish
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Clallam
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Jefferson
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Kitsap
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Mason
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Grays Harbor
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Thurston
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Pacific
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Lewis
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Wahkiak...
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NORTHWEST HEALTHCARE
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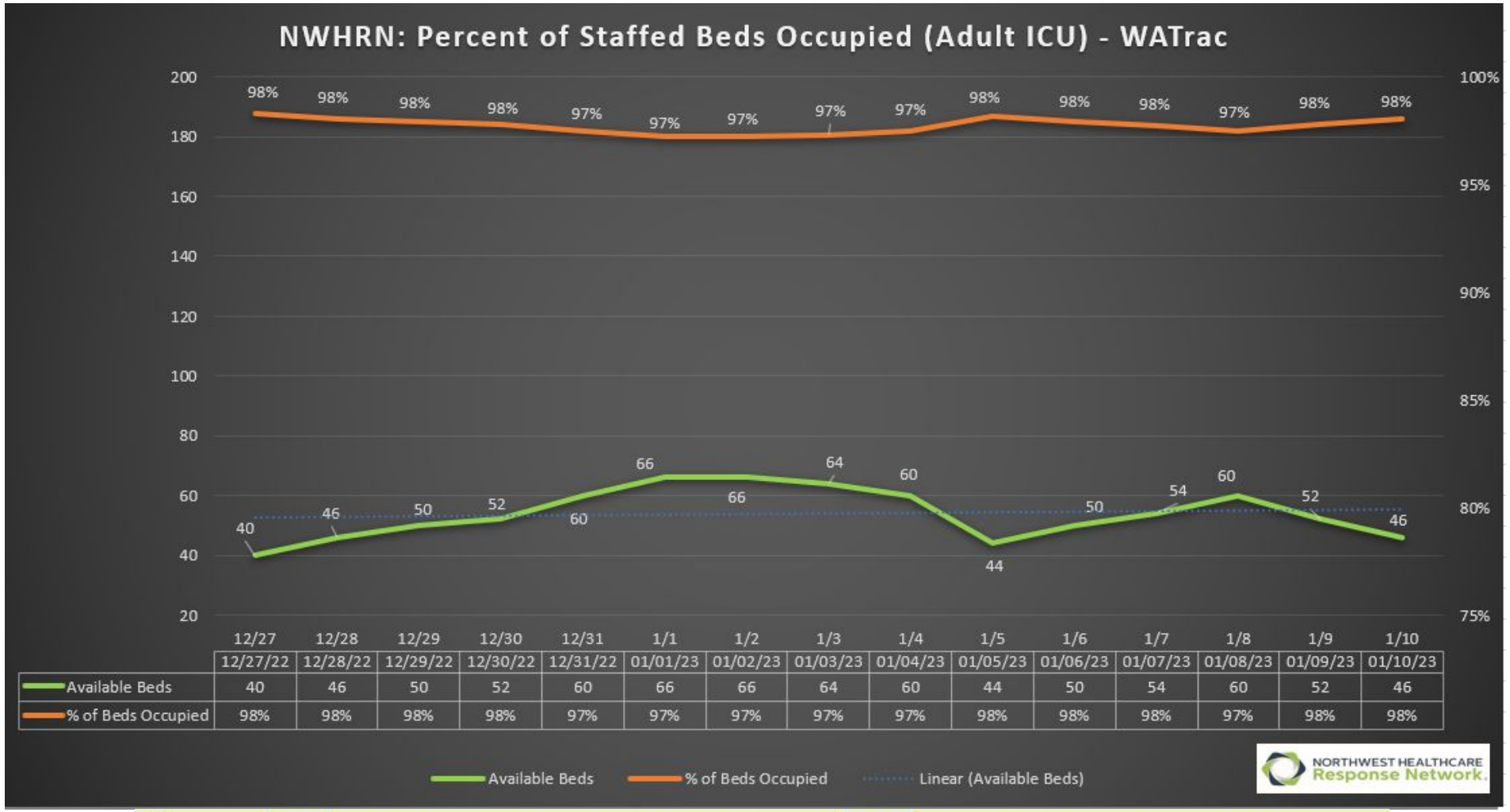
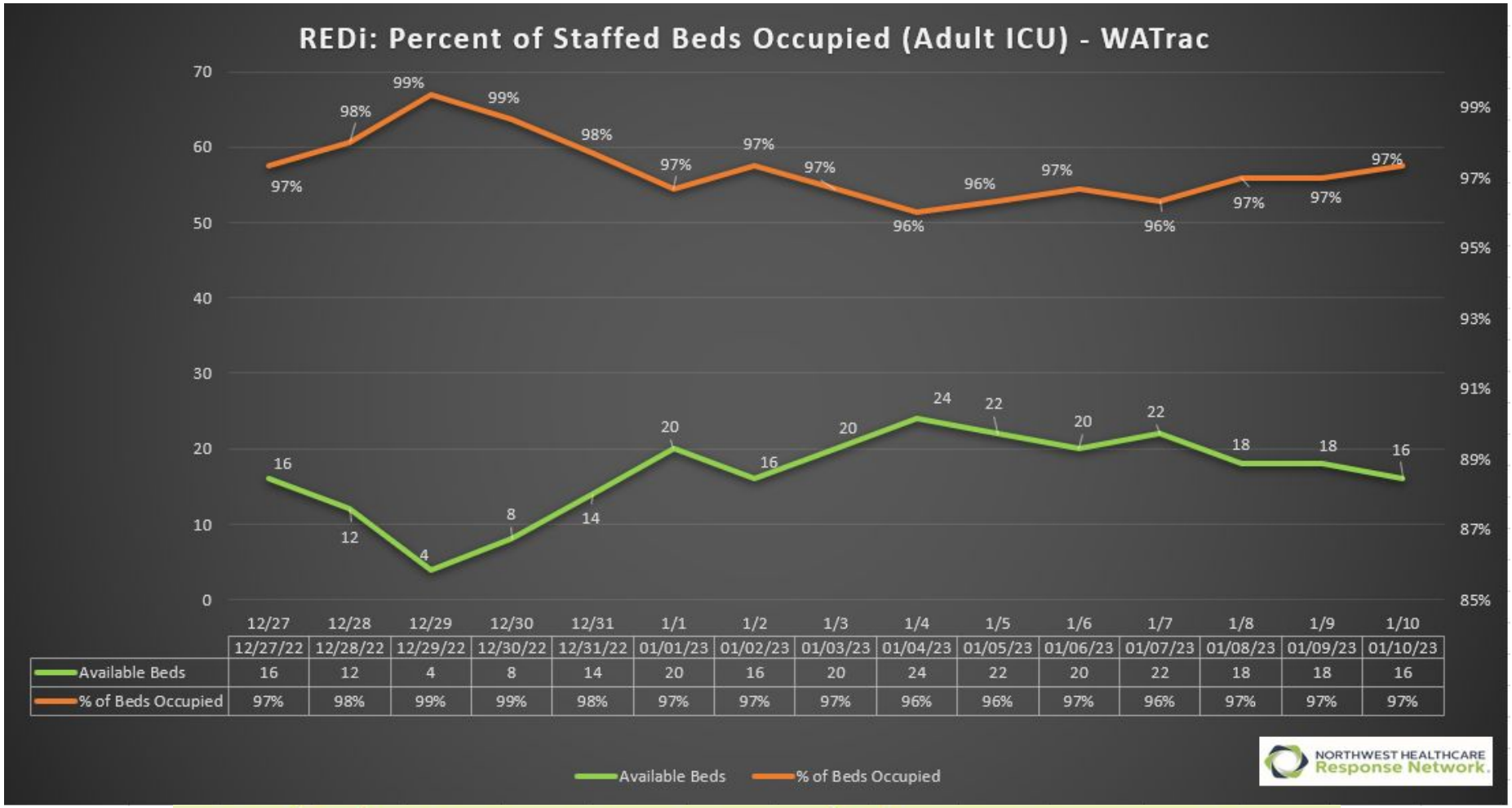
W. WA Adult ICU Occupancy and Open Beds (12/27/22-1/10/23)



** Of the 23 ICU Beds available in Western Washington 10 are in rural or critical access hospitals.

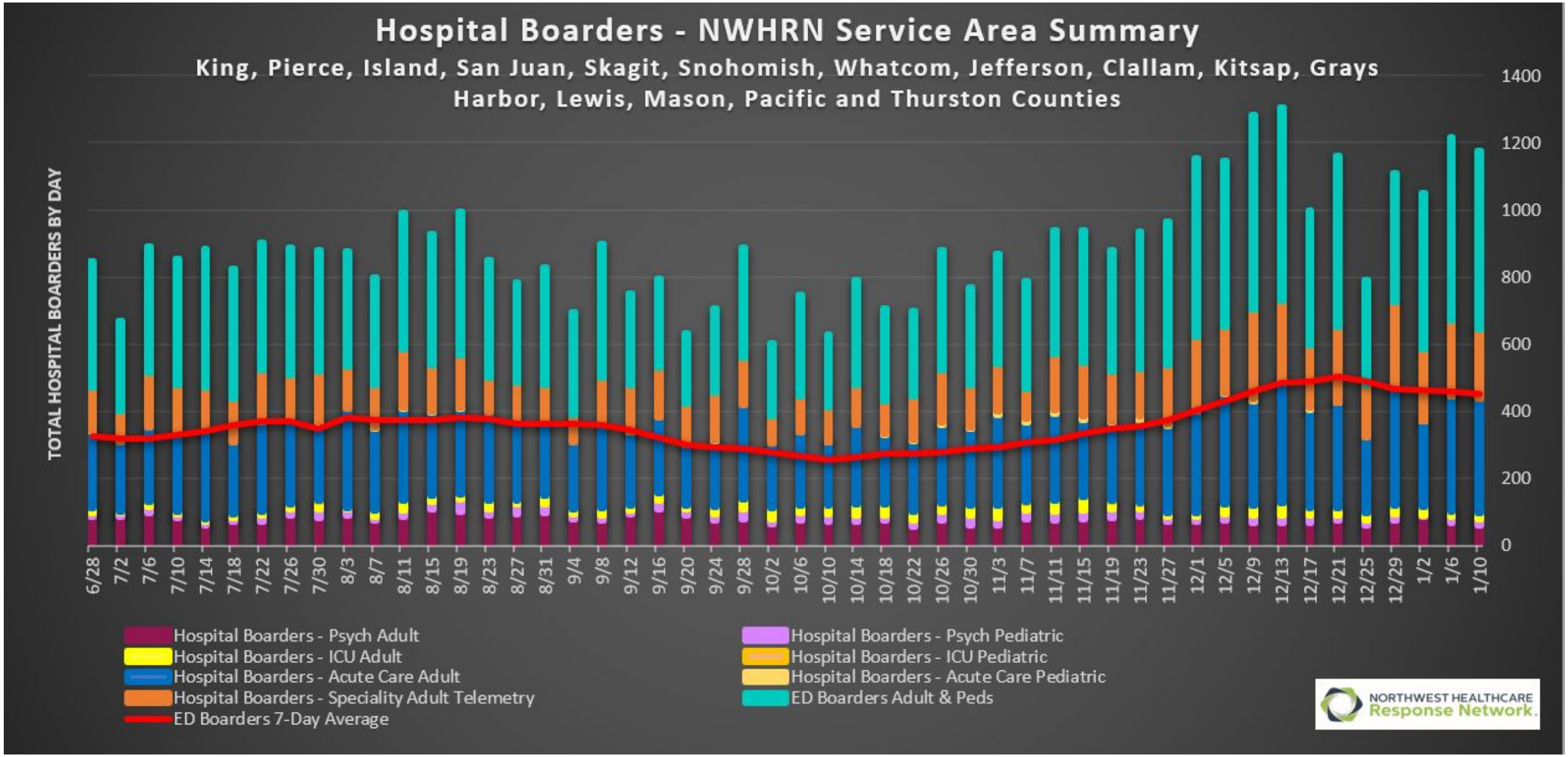
E. WA Adult ICU Occupancy and Open Beds (12/27/22-1/10/23)



** Of the 7 ICU Beds available in Eastern Washington 6 are in rural or critical access hospitals.

Hospital Boarders - NWHRN Service Area Summary

King, Pierce, Island, San Juan, Skagit, Snohomish, Whatcom, Jefferson, Clallam, Kitsap, Grays Harbor, Lewis, Mason, Pacific and Thurston Counties



2021- CREMS Grant to bring Stop the Bleed training to VMC staff and community

2022- CREMS Grant and partnered with RSD to bring kits and training to all RSD schools and staff

YOU CAN STOP THE BLEED AND SAVE A LIFE!

Did you know the number one cause of preventable death in trauma is uncontrolled bleeding? VMC Trauma Services is proud to bring STOP THE BLEED® training FREE to all Renton School District Employees regardless of position!!

The STOP THE BLEED® program was influenced by world events. In 2012, 20 children and eight adults were casualties from a tragic mass shooting at Sandy Hook Elementary School in Newtown, CT. A concerned local trauma surgeon convened a panel of national experts to evaluate the response to such emergencies. The group met several times and developed expert recommendations on how to improve survival for people with severe bleeding.

STOP THE BLEED® program is the result of a collaborative effort led by the American College of Surgeons Committee on Trauma to bring knowledge of emergency triage and life-threatening bleeding treatment to the public. Life threatening bleeding can occur anywhere at any time for any reason.

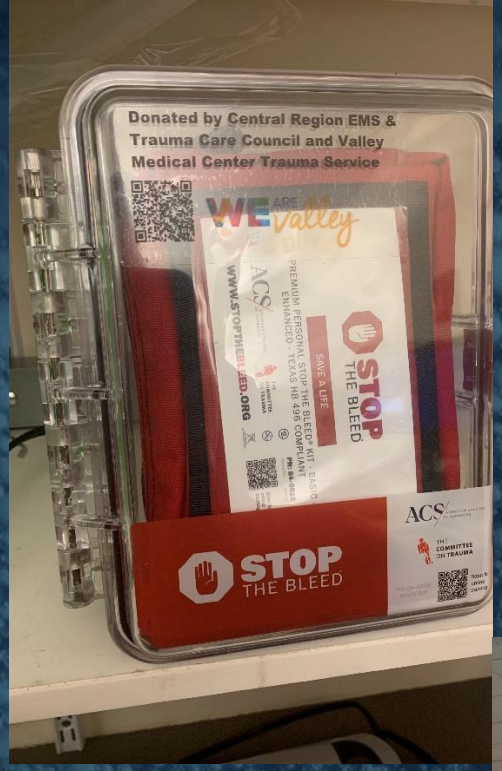
In the exciting 1-hour hands on training, you are taught how to identify life threatening bleeding and stop it by either direct pressure, packing the wound, and/or torniquet usage. The goal of Valley Medical Center Trauma Services is to train over 50% of Renton School District employees on how to stop the bleed and place STOP THE BLEED® kits in all 24 Renton School District Schools. Currently over 2.1 million people have learned to STOP THE BLEED and now you can learn to save a life too!

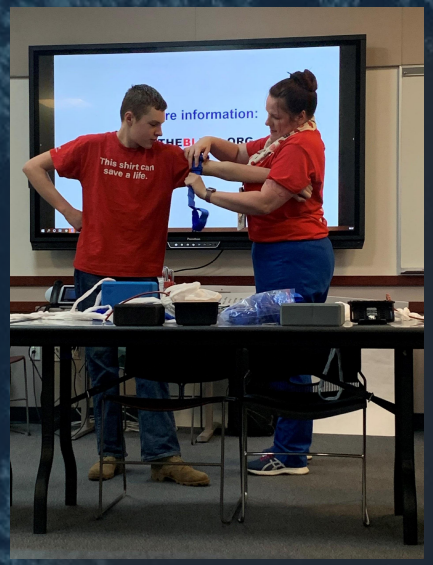
To schedule a free class, you will need to reach out to me to schedule. Due to the hands-on nature of the class, there are only 15 openings, and we need at least 8 signed up to have the class, multiple classes may be needed to train everyone.

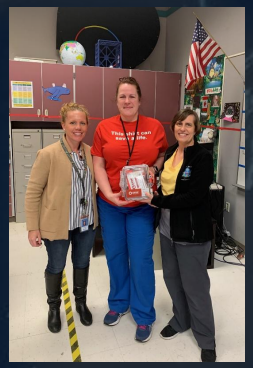
Email Trauma Program Manager Katherine_Bendickson@valleymed.org for scheduling info or visit https://www.stopthebleed.org/ for more information.

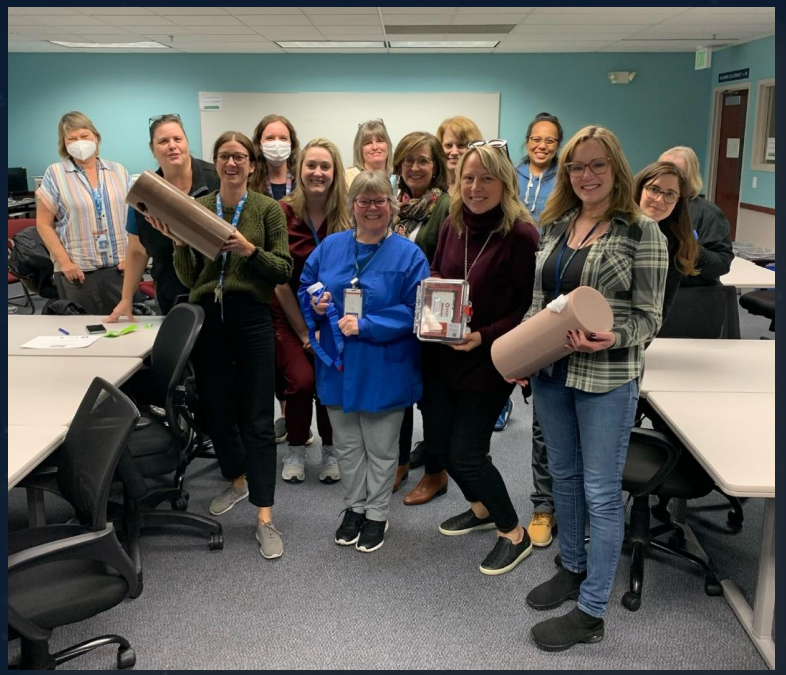
Thank you for your time and for educating our future leaders,

Katherine Bendickson
Katherine Bendickson RN, BSN
Trauma Program Manager
UW Medicine | Valley Medical Center









STOP THE BLEED®

- Valley Medical Center Trauma Services recently has partnered with CREMS (Central Region EMS & Trauma Care Council) to donate Stop The Bleed training to all Renton School bus drivers, administrators, RSD nurses, and 25 RSD school staff.
- Each of the RSD 25 schools will also receive a wall mounted Stop The Bleed kit curtesy of CREMS and VMC!

VMC Trauma in Renton Reporter in Dec:

- Stop the Bleed outreach with Renton School District, CREMS, and VMC!
- Full article at valleymed.org/trauma