CENTRAL REGION EMS AND TRAUMA COUNCIL
AGENDA for November 13, 2019 2:30pm-4:00pm

Call-in Only
United States: +1 (646) 749-3112
Access Code: 971-722-597

1. **2:31pm Call to Order and Introductions**- Chris Martin, Chair

2. **Review & Approval of Minutes-** Chris Martin, Chair
   Motion: Rea Berg
   Second:Barb
   Minutes unanimously approved

3. **Financial Report –** Rachel Cory

	FY18	***FY19***
P&L	*$25,673*	*$13,511*
Bal Sheet	*$157,574*	*$137,302*
Est Rec		*$127,400*
Est Pay		*$112,542*
Est end of year bal		*$152,160*

4. **Reports and Updates**
   - King County EMS- Dr. Tom Rea- N/A
   - Falls Prevention Coalition- Carolyn Maurseth. Not much to report- participated in a few events during falls month, which went well. The resource list for different areas was popular with patients and other agencies. They're looking at putting together a presentation on falls prevention. They're still working on the 501(c)3 application. There will be no meeting in December.
   - DOH Update- Christy Cammarata. The upcoming ACS forums are Nov 19 forum- Spokane. Added one more forum- Dec. 12 in Wenatchee.
   - NWHRN- Onora Lien. Two efforts getting underway relating to pediatric surge planning. UCSF leading one multi-state review. If people are interested in participating, let Onora know. In Western Washington, we're starting to look at pre-hospital-through-hospital surge strategies that will help maximize surge for pediatric patients, both for pediatric and non-pediatric facilities. They are interested in EMS participation in this effort as well. Scott Foster: WATrac patient tracking module- Nov 26 from 1-2:30. Open to hospitals, EMS, public health agencies. They'll do a final review of the Psychiatric Saturation color code with the advisory committee on Dec. 17. Psychiatric surge occurs throughout the whole length of the I-5 corridor; Scott has had mini-projects across the regions to try to track beds at different hospitals in different regions.
   - Psychiatric Patient Task Force- Celeste Etherin gton. Most recent PTF meeting was held on October 30. Senate bill 5720 didn't go through; there's a new rule removing gun rights for patients who are involuntary committed. Other legislative updates: 2019-2021 capital construction budget- $33M for behavioral health teaching hospital, 150 beds, administered by the UW. $118M set aside for community-based mental health treatment centers. $24M for residential placement and case management. Trueblood decision- boosting staffing, outpatient restoration services for mental health patients in jails. SB5054: reciprocity for

mental health professionals to move here from out of state. The group discussed suicide screening tools; the Columbia Scale is the most commonly used. Some hospitals expressed concerns and frustration with getting patients evaluated while in the ED, and having to wait until DCRs arrive before they can medicate patients. NWH: Geropsych units will be upgraded significantly. Census and capacity will be affected in February. Won't be in full capacity until June 2020.

5. ACS Forum Follow-Up Group Discussion

- Snohomish: Resource investment. Rea Berg: Improving technology to support QI projects. How can we make things more transparent? Mark Taylor: participated in the access discussion in Snohomish and Tumwater. Focused on two elements: do we have adequate trauma service access, and is there a need for additional level I trauma services? How do we define what those Level I services are, and do we have adequate coverage? There is a gap in services in higher level services, particularly in the center of the state. How do we differentiate between a Level I and Level II, considering that the clinical care is very similar between the two? Aside from complex spine, pelvic, and facial repairs, they're similar. The number of those cases are relatively few, and does it make sense to add another Level I, considering that we need to maintain skill levels in the providers who treat these patients? The common theme at the two forums was that our system seems to work well overall, with the exception that we have a gap in high-level trauma care in the middle of the state. Chris Martin: Does it make sense given the population to put a Level II there? There were differing opinions at the Yakima forum, so we're hopeful that the DOH will come back with a plan after the remaining forums.

6. Grant Proposals- Rachel Cory, Group Vote

The group unanimously approved the following grants:

Prevention:

- $5,000- Bellevue Fire Dept. Falls Prevention
- $2,500- Valley Medical Center, Falls Prevention

Training:

- $3,000- Bellevue Fire, Competency-based training
- $690.50- KCFD#20, Training Hardware
- $3,000- Redmond Fire, ALS/BLS consortium drills

7. Divert Report- Rachel Cory

BLS Hours: 73:38
ALS: 2:50
BLS/ALS: 0
Psych Divert: 1596:49
Psych Saturation: 3044:30
Services Down: 21:24

8. 3:20pm Adjourn

APPENDIX I KING COUNTY HOSPITAL NO MEDICAL SURGICAL DIVERSION POLICY EFFECTIVE MAY 31, 2011

Ambulance diversion is defined as an active statement by a hospital, whether verbal or via WaTrac ED Status, that patients arriving by ambulance will not be accepted. King County hospitals have unanimously adopted a No Diversion Policy for all medical and surgical patients effective May 31, 2011.
Hospitals may close their emergency departments only in an internal emergency such as facility damage or lockdown. There may be circumstances where an advisory to prehospital agencies will allow ambulance

services to make transport destination decisions in the best interest of their patient; for example when a hospital reports "CT down" or "specialty care unavailable." Prehospital service may use this information to make an appropriate transport decision. The decision on where to transport a patient will remain at the discretion of the prehospital provider unless directed to a specific facility by medical control.