

CENTRAL REGION EMS AND TRAUMA COUNCIL
Minutes for January 12, 2022, 2:30pm-4pm



Attendees: Mark Taylor, Barb Jensen, Karen Kettner, Matt Gau, Brant Butte, Randi Riesenber, Eric Timm, Chantel Arnone, Miki Pirri, Mark Blaney, Hailey Thacker, Emily Agudo, Andrea Coulson, Anthony Krause, Heath Ackley, Amy Moorhead, Mandy Schaff, Nick Gibbons, Cheryl Stormberg, Travis Omura, Eric Cooper, Erika Schroeder, JP Faragher, Tom Rrea, Katherine Bendickson, Rachel Weber, Jeanne Schuppe, Michael Sayre, Scott Foster, Onora Lien, Karissa LaClair, Lucia Chou, Ellie Maletta, Steve Petit, Jenna Hannity, Josh Michael, Cameron Buck, Erika Schroeder, Jon Herbert, Greg Lopez, Leslie Taylor, Lori G, Traci Stockwell

1. Call to Order - Mark Taylor, Chair - 2:32pm
2. Introduction of new members - *Dr. Pirri, Nick Gibbons, Chief Andrea Coulson*
3. Board of Trustees - one vacancy - *Inquire with Randi if interested, would be voted upon at next Regional Council meeting*
4. Review of Minutes from 11.10.21 - *Motion to approve: Barb, Seconded Karen*
5. Financial Report – *Current balance \$171,126 Estimated end of year balance \$135,825*
6. Reports and Updates
 - a. NWHRN - *Scott Foster provided an update, notably a new bed type for Boarding patients in ED. Has been well received by hospitals. There are also other boarding bed types to track outside of ED to track the use of unconventional spaces being used. Questions and discussion around what is the definition of an 'admit hold' - suggestion for a tip sheet to be created. This was developed and implemented quickly and responsively. Onora Lien added that this helps to provide a sense of scale and quantification of the issues beyond being generally very busy. This provides context for the conversations around a problem that has a severity that can be difficult to describe.*
 - b. Washington Medical Coordination Center (WMCC) - *Mark Taylor, who also serves as Director of Operations for WMCC provided context for what the WMCC does. They are tasked with finding resources for placement of patients due to overwhelm or specialty need across the state. WMCC call volume has gone up, not entirely related to COVID patients. They manage a centralized and triaged waitlist.*
 - c. KC EMS - *Dr. Rea would like to yield his time to Dr. Cooper's presentation and further discussion afterwards. Notes that there has been an increase in both ALS and BLS call volumes. Up 20% across King County, this is unique and was not seen with the Delta surge.*
 - d. DOH - *Hailey Thacker provide the following report*

EMS & Trauma Rulemaking: Trauma Rules: On January 8, 2021 the Department of Health (the department) filed a CR-101 (WSR-21-03-011 attached) with the Office of the Code Reviser to consider

amendments to sections of WAC 246-976-580. The goal of this rules work is to establish clear requirements and criteria for assessing the need for new level I and II trauma facilities in the state. There will be a series of rulemaking workshops held over the coming months to consider draft rules. The rules workshop schedule is attached to this email and included below. The rulemaking process is open to the public and the department encourages your input and participation. Comments can be submitted in addition to or in lieu of workshop meeting attendance. Please submit all rules comments to traumadesignation@doh.wa.gov. For more information or to learn more about how you can participate in the department's rulemaking process, please feel free to contact me at anthony.bledsoe@doh.wa.gov.

<i>Date:</i>	<i>Time:</i>	<i>Meeting Focus:</i>
<i>Thursday, 1/13/2022</i>	<i>9:00am-11:00am</i>	<i>Geographic Considerations</i>
<i>Thursday 2/03/2022</i>	<i>9:00am-11:00am</i>	<i>Volume/Subspecialty Volume Thresholds</i>
<i>Thursday, 2/24/2022</i>	<i>9:00am-11:00am</i>	<i>Quality/Outcome Requirements</i>
<i>Wednesday, 3/24/2022</i>	<i>9:00am-11:00am</i>	<i>Application Process</i>
<i>Thursday, 4/14/2022</i>	<i>9:00am-11:00am</i>	<i>Review Process</i>

EMS Rules: we have reviewed the 33 sections of EMS rules that we are proposing amendments to in WAC 246-976 for EMS rulemaking. We are drafting proposed amendments in the official format we are required to use and will make the draft available to stakeholders for review as soon as we are done. Then we will move into the CR102 phase of rulemaking.

WEMESIS 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.

- e. *Wall Times - Brant Butte/AMR and Matt Gua/TriMed shared reports on wall or dwell times that were distributed with the meeting packet. TriMed reports quantify the time of arrival to the time a signature for transfer of care is received. Whereas AMR reports document time of arrival to time leaving the hospitals, some time, perhaps 15 mins, could be subtracted to account for crew break time, cleaning rig, etc. Comments that it'd be great if these were the same metric and could be added together. This is not possible at this time.*
 - f. *WaTrac status updates & divert - Monthly reports being emailed to this meeting mailing list. Open to feedback if this is working well.*
7. *Managing Pre-hospital Patient Flow, Mitigating Surge, Ending Diversion - Dr. Cooper*

This presentation went over the history of diversion and EMTALA. Noting that this is not an EMS only problem but that EMS can be part of the solution. Washington is tied next to last in the number of ICU beds per population. Review of EMTALA rules and guidance from CMS.

Snohomish County has three main destination hospitals and uses First Watch and several dashboard slides were shown. Links to EMS articles shared in chat box and on slides:
<https://www.ems1.com/et3/articles/ambulances-held-hostage-should-we-stay-or-should-we-go-gtRkwCKqscPPWoHg/>

<https://www.ems1.com/ems-products/software/articles/ambulances-held-hostage-tFogQukZvazy76P7/>

Dr. Buck inquired what changed in Snohomish County: they got buy-in from hospital leadership and they have a system that works together. Still needing to do more around difficult to discharge patients.

Much discussion followed Dr. Cooper's presentation. Including what strategies area hospitals have done to mitigate the surge, such as postponing all elective procedures, selectively boarding patients in hallways, etc. A comment that some things, such as the canceling of elective procedures, should be done system-wide so that all hospitals are impacted to the same degree. Comments of recent instances of diversion for patient safety.

Further discussion on how to work with neighboring zone hospitals when on divert. Scott Foster noted that WaTrac could send an alert when a facility has gone on divert. This alert can go to hospital leadership as well. Dr. Rea suggested each hospital have a leader representative alerted. Please reach out to Scott Foster to have this set up. Scott continues to do a great job managing WATrac and user needs.

Dr. Sayre brings up a contingency plan to keep crews in service, improve turnaround times, questions around when to know when to trigger this process. Proposes a smaller group to discuss.

8. Regional use of ED Psych Divert
9. Psych Pt Task Force Meeting mid-March
10. Update on QI Committee Schedule in March
11. Mini Grants Awards -
12. Good of the Order & Adjourn

Next meeting scheduled for March 9, 2022 at 2:30 pm