

CENTRAL REGION EMS AND TRAUMA COUNCIL
Minutes for November 8, 2023, 2:30pm-4pm



Join Zoom Meeting

<https://zoom.us/j/97581144144?pwd=c1ZYMHViQ3Y4VkNVMXdIZnJcEt3UT09>

Meeting ID: 975 8114 4144 Passcode: 438273

Attendees:

1. Call to Order - Mark Taylor, Chair 3:05
2. Review of Minutes from 9.13.23 - *Karen motions, Barb 2nds, all approve.*
3. Bylaws - review proposed changes - *Mark reviewed reason for updates and the group reviewed in detail the changes using track changes in the document, which was sent to the group 30 days in advance, as per current Bylaws. Karen motioned to approve, Barb seconds, all in favor. New bylaws are adopted.*
4. Financial Report – Brant Butte, Treasurer - *Randi reviewed finances, all normal expenses and grant reimbursements are occurring.*
 - a. Seeking one Council member to join the Finance Committee - *As per new Bylaws, Patirica (Trixie) Anderson offered to join and assist.. The group discussed if the member needed to be a primary, alternate or formal member of the council. Since this committee does not make any financial decisions, rather just reviews the finances, consensus to move forward. Trixie will join the newly reorganized Finance Committee, thank you.*
5. Reports and Updates
 - a. KC EMS - *Dr. David Murphy stood in for Dr. Rea with the following report:*
Opioid-related efforts: *We are currently expanding a leave-behind naloxone program across the county with various fire departments to provide a life-saving resource to patients and bystanders identified to be at risk of overdose. In anticipation of the opening of community resources (Eg. Crisis Care Centers), we are also working closely with interdisciplinary colleagues to build out selection criteria and process for EMS alternate destination transport for patients with acute substance use disorder and/or behavior health issues. In addition, we have begun a*

preliminary exploration of prehospital MOUD (Suboxone). In addition to various regulatory and training hurdles, the critical aspect and ultimate success of all of these efforts lies with linkage to care for comprehensive wraparound services that are largely still in evolution and reside outside the domain of EMS—highlighting the need for close partnership.

FACT Study: *This winter, we will launch a county-wide randomized control trial evaluating aspects of CPR care—specifically comparing chest compression rates as well as EMT-airway management for out of hospital cardiac arrest.*

TXA (tranexamic acid): *Also starting this winter, TXA is being added to the medication arsenal of ALS paramedics. The medication helps stop bleeding, and studies have shown a time dependent benefit—hence early (prehospital) administration. Indications for TXA use are traumatic hemorrhage and OB-related hemorrhage, and physiologic criteria for use fall along lines of those who currently would receive field whole blood transfusion.*

Prehospital pediatric seizure study: *We are beginning a retrospective evaluation of prehospital Keppra (Levetiracetam) use since its roll out ~4 years ago for enhanced treatment of refractory seizures. This study is centered on a pediatric cohort and being done in partnership with researchers at Seattle Children’s Hospital.*

- i. *Infectious Disease Plan update (Helen Chatalas) - Helen provided background and update to infectious Disease Plan. Changes, updates and additions made to better organize the document and address lessons learned from the COVID-19 Pandemic.*
- b. *NWHRN & WATrac - Susan Koppelman and Kara Welchel provided updates. Kara updated on WATRAC updates such as the inclusion of a diversion reason for L & D divert. WATrac is testing and implementing SMS texts in addition to email alerts. The Steering committee meeting and user group meeting discussing possibilities of adding a new Psychiatric Saturation status. This needs a definition, how it will be used and what it means. The designation will require the input of a reason and comment.*

Discussion continued here on further on this topic. Such as potential to change language to behavioral health, and what is the best nomenclature. There was a proposal to create this as an informational status only, giving a 'heads up' to EMS. Suggestions to set a time limit on this status. Suggestion to get broad stakeholder feedback, set parameters on the use of such a status, create guidance on what it means. For example, what resource needs would trigger such a status: social workers, available beds, seclusion capabilities, 1:1 monitoring, etc. Suggestion to use percentages or ratios if considering the use of bed count. Questions around if this would replace 'ED Psych Divert' or be in addition to.

First Hill stakeholders shared that in the First Hill Psych Saturation status this is not divert and patients can still request a hospital if they have a medical home.

- c. DOH - Scott William provided a report. Full DOH report included in the meeting packet.
 - d. WMCC - Mark Taylor reports that call volume is relatively low, anticipating an increase as we head into respiratory illness season.
 - e. EMAC
6. Psych Patient Task Force - Discussion occurred above during WATrac update.
 - a. ED Psych Divert & Psych Saturation designations
 7. Small Grant report: King County Search and Rescue (Jennifer Brenes) - Tabled for next meeting due to time.
 8. Good of the Order
 9. Adjourn

Next meeting scheduled for **January 10, 2024** at 2:30 pm