CENTRAL REGION EMS AND TRAUMA COUNCIL

Minutes for November 9, 2022, 2:30pm-4pm

**Attendees:** Mark Taylor, Randi Riesenberg, James Richardson, Brant Butte, Matt Gau, Vonnie Mayer, Charles DeSmith, Traci Stockwell, Barb Jensen, Kate Bendickson, Mark Blaney, Emily Agudo, Chantel Arnone, Michael Pirri, Tom Rea, John Herbert, Mark Dollar, Ellie Maletta, Marla Emde, Alan Abe, Michael Sayre, Josh Michael, Eric Brown, Cheryl Stromberg, Kara Welchel, Kelly Hill, Hailey Thaker, Jason Norris, Bet Martin, Steven Petti, Jim Whitney, Patrician Lynn Anderson, Cameron Buck, Candice Murdock

1. Call to Order - Mark Taylor, Chair - 2:32pm
2. Review of Minutes from 9.14.22 - Motion by Karen, second Barb.
3. Financial Report – Brant Butte, Treasurer - Brant reviewed current standing of finances and transactions, including total balance and project end of year balances. One small grant paid out so far to Kirkland. Randi updated on the small grants, all grant agreements have been signed and folks have until June to complete and invoice for projects.
4. Reports and Updates
   1. KC EMS - Has had a strategic initiative around the gather of data electronically, as opposed to the outdated paper forms, and the use of electronic data and public facing dashboards, this data continues to help inform stakeholder and public health.

SAMHSA grants, EMS has seen a marked increase in overdose. Public Health has been awarded a grant, a 4 year program, that integrates EMS and the many strategies to be used. Currently in formative stages, will convene a working group to develop and implement potential programs. Will continue to update this group as the project progresses.

Question around how to retrieve missing run sheets and reasons that may be.

* 1. NWHRN & WATrac - Kelly Hill updated the group. NWHRN is currently working on the pediatric surge, has created a workgroup around this. Continually reevaluating their level of activity. Also working on Ebola plans, looking at older plans and see where things left off. Current capacity and system strain. Discharging patients continues to be an issue, doing legislative work to further advocate for resources.
  2. WMCC - continues to respond to high census and speciality care needs, work continues. Working with pediatric specialists to enhance pediatric care transfers. Questions about the distribution of calls. Answer, less than 5% of patients have COVID at time of transfer, will provide more on call distribution next time. Across the state the distribution matches the population centers. An overall commentary on the fragility of the hospital system in Washington.
  3. DOH -EMS and Trauma Rulemaking

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. Final draft version rules will be available for you by end of this year. Anticipated date of updated effective rules is February / 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. Six rule revision

workshops have been conducted with broad stakeholder input. In addition, recommendations from the Min/Max workgroup were incorporated. The proposed draft rule was mailed out in August and again on November 2, 2022. It is also posted on the DOH Trauma Designation

Rules webpage.

A second updated rule draft will be distributed in November 2022.

The next Trauma Designation Rules Workshop will be on January 4, 2023 (10am-12pm).

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.

Cardiac and Stroke -The first round of 2023-24 ECS recategorization will begin in Feb of '23 with the N, NW, and W regions participating. The EMSC state partnership grant application was submitted, if awarded, the new project period would begin on 4/1/23.

1. Approve updated Patient Care Procedures - Reviews the minor changes to facility names that were sent out with the meeting packet. This is something we do every two years to review PCPs. Karen motioned to approve these minor changes, Barb seconded.
2. Pre Hospital Min / Max - Mark presented a powerpoint on the PreHospital Min / Max and provided some background to the process. Call times were reviewed for public ALS and BLS, response times and volumes were provided by TriMed and AMR. Times are fairly stable the last several years with an overall uptick as to be expected due to congestion. Jason Norris, DOH, commented that he has 4 AID-BLS verified services, Randi will double check the numbers. Nothing to be done at this time regarding the AMB - BLS numbers, however we will move this up in the next Strategic plan to evaluate it sooner than later. Discussion on AID ALS, comment that there would be no benefit to the system to have an additional non-transporting ALS agency, this would simply create another unnecessary handoff.

Motion to change AID - ALS to Zero Min and Max.

1. Next Strategic Plan 23-25

Randi provided a timeline of the upcoming two year strategic plan. Council members should expect a draft strategic plan to review in December. A draft will be voted upon at the January Council meeting before being sent to DOH and on to the Steering Committee. Of note, we will continue work on the high patient census and wall times, as well as the Psych Pt Task Force. Other ideas include keeping Council membership up to date and representative of all aspects of the system.

1. High Patient Census
   1. Wall Times - Hospital census remains a challenge. Many thanks to all hospitals for their efforts in reducing long wall times. Last meeting there was discussion on a 30 minute goal or limit. The Region has expanded and dialed in the ability to monitor and report wall times. Reports will be repackaged in a more digestible format going forward. We will continue to measure with a 30 minute wall time goal in mind. Will follow up and send out a Hospital Best Practice document that was created after pooling together feedback from all regional hospitals on how they can best transfer patients from EMS.
   2. Psych Patient Task Force & ED Psych Divert - The Task Force met October 12th, at this working meeting the group decided to begin to find and look at data that would in some way measure the impact of the behavioral health patient population and a data point that could potentially help to evaluate the outcome of future solutions. The group discussed potential data metrics around DCR patients that are referred, detained and not detained, and any involuntary pt. placed by DCR and assigned to a facility. Next meeting is scheduled for Thursday January 19th at 1pm. We hope to have some data on this topic to send out to the group in the interim. If you’d like to join this working group please reach out.
2. Good of the Order
3. Adjourn 3:48

Next meeting scheduled for **January 11**, **2023** at 2:30 pm