

CENTRAL REGION EMS AND TRAUMA COUNCIL AGENDA for January 8, 2020, 2:30pm-4:00pm

Call-in Only

United States: +1 (872) 240-3212

Access Code: 781-021-621

Tracy Larrabee- Auburn MC
Juliette Campbell, Snoqualmie Valley Hospital
Jenna Hannity, CHI Franciscan
Chris Martin
Nicole Siegel, NWH
Christy Cammarata
Dave- Bellevue Fire
Mark Taylor- HMC
Carolyn Maurseth- Highline
Jeff Richey- NWH
Celeste Etherington
Onora Lien, NWHRN
Karen Kettner
Barb Jensen
Brant Butte, AMR
Will Robinson, SCH
Libby Witter- VMC

1. **2:32pm Call to Order and Introductions-** Chris Martin, Chair
Chris let the group know that she plans to retire at the end of February, and will step down as chair. Thank you for your service, Chris!

2. **Review & Approval of Minutes-** Chris Martin, Chair
Motion: Matt Gau, Second: Barb Jensen. Minutes unanimously approved.

3. **Financial Report –** Rachel Cory
FY19
P&L \$23,021
Bal Sheet \$146,279
Est Rec \$101,920
Est Pay \$96,036
Est end of year bal \$152,160

4. **Reports and Updates**
 - Falls Prevention Coalition- Carolyn Maurseth. No new updates; no meeting since the last council meeting.

DOH Update- Christy Cammarata:

Report to Regional Councils

12/01/2019 - 1/01/2020

Rulemaking

- The DOH is conducting stakeholder meetings to update and develop proposed language for sections of WAC 246-976. **The next meeting is January 16th, 2020 9:30-11:30am.** (They are forecasted to begin review on Specialized Training (WAC 246-976-024) and SEI approval (WAC 246-976-031).

EMS Education

- The 3rd round of the Initial NREMT pilot program is complete. Since the programs launch in January 2018, an estimated 110 vouchers have been awarded to rural volunteer EMS services across the state. Program FAQ and application can be found on our website.

ACS EMS and Trauma Assessment

As many of you are aware, the American College of Surgeons conducted an assessment of Washington's EMS & Trauma System in April 2019. The written assessment report was released this summer and offered recommendations for improvement. The Department of Health has hosted forums across the state to engage stakeholders and gather community feedback on the assessment from EMS and Trauma care providers, community members, legislators, Tribes, and others. The most up to date and the final ACS report can be found by going to our DOH website.

Cardiac and Stroke Program Updates

- A couple upcoming announcements for the beginning of the year:
 - Cardiac and stroke recategorization will begin in January 2020 starting with the North, Northwest, and West regions. These applications will be available online and will be due back to the DOH in March.
 - A statewide EMS survey will begin January 2020. The survey will be sent to all 911 responding EMS agencies and it will center on pediatric care coordination and skills checks.
- Scott Foster- WATrac Advisory Meeting approved the Psych Saturation color status divert code. This is now a full-time feature of WATrac. It's been used very well. They had a DMCC recommendation from Good Sam that some of the WATrac terms are getting dated; they're looking at it and will make a proposal to see if they can update the nomenclature to match the present national standard. Some new beds are being used, such as a step-down unit, which is between an ICU and med-surg unit. February 14 will be the first WATrac steering committee. Dr. Cameron Buck and Barb Jensen will be there representing Central Region. They continue to have good conversations from the CCTA regional group (terrorist attach coordination), and they've had some good demonstrations of the WATrac patient tracking modules. They've been coordinating with EMS, which is an exciting development.
- NWHRN- Onora Lien- CCTA grant- two exercise opportunities are coming up for non-EMS healthcare agencies to participate in. They've been able to engage EMS in their patient movement planning in general, including EMS partners' participation on the NWHRN board.

5. **Regional Council Board Positions-** Rachel Cory.

6. **Grant Proposal-** Rachel Cory

Motion: Matt Gau; Second: Barb Jensen. Unanimously approved.

7. 2020 Meeting Survey Responses- Rachel Cory

- a. Jenna from St. Francis and Karen Kettner. Keith Keller- their emergency management meeting is in the morning, so it would be difficult to coordinate the two.
- b. Rea Berg, VMMC- evening would be better.
- c. Chris- would it make sense to have a zoom meeting, to ensure that people are able to see what's being presented more easily?
- d. What about QA? They'd like to align with the in-person meeting, and are willing to follow the council meeting if they change times. They're trying to build attendance and participation.

8. Divert Report- Rachel Cory

9. Good of the Order and Adjourn

- a. Brant Butte: QAF bill- it's a way to raise the Medicaid rate from an average of \$135 per trip for BLS patients. If anyone has any legislative contacts, they'd appreciate spreading support of the QAF bill. They plan to have a legislative day to support the bill as well.
Action: Please send info to Rachel so that she can disperse to the group.
- b. Chris- we should also keep our eyes on the balanced billing issue, because it could have significant impacts on all healthcare agencies.

***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.