

CENTRAL REGION EMS AND TRAUMA COUNCIL

Minutes for May 11, 2022, 2:30pm-4pm

Attendees:

Mark Taylor	Krystal King	Eric Timm
Matt Gau	Josh Michael	Tom Rea
Barb Jensen	Cheryl Stromberg	Celeste Etherington
Karen Kettner	Karen Kettner	Cameron Buck
Brant Butte	Emily Agudo	Catie Holstein
Mark Blaney	Matt Keiser	Jeanne Schuppe
KC McCoy	Steve Pettit	Andrea Coulson
John Herbert	Andy McCoy	Katherine Bendickson
Jenna Hannity	Tracie Jacinto	Dmitry Sharkov
Christy Cammarata	Chantel Arnone	JP Faragher
Travis Omura	Chuck DeSmith	

1. Call to Order - Mark Taylor, Chair
2. Review of Minutes from 3.11.22, *Barb motioned to approve, Karen seconds*
3. Financial Report – *Brant Butte, Treasurer - provided an overview of current finances. We've transferred our bookkeeping to QuickBooks Online*
4. Appointments
 - a. Board of Trustees nominations & vote to take place via Survey Monkey or Google - *Two nominees, vote will take place via survey monkey or email in the next week.*
 - b. KC Emergency Management Advisory Committee (EMAC) - *Nominate alternate*
5. Reports and Updates
 - a. DOH

EMS Legislation Update

2022 legislation session in Washington State ended March 10, 2022.

The department is working on developing implementation plans for the legislation that passed this year.

HB 1893 regarding EMTs and Public Health and Provisional EMS Certification

We have updated our CR101 for rulemaking and started the approval process so we can begin work on this legislation after the effective date of law which is June 9, 2022.

SSB 5281 – Cardiac and Stroke Response System

The Request for Proposal (RFP) for the Department of Health Cardiac and Stroke study was posted on WEBS on 4/27, which is the state required electronic vendor registration

and bid notification system. Bidder interested in obtaining notification of state bidding opportunities, including those for the Department, should register on the Department of Enterprise Services website:

www.des.wa.gov/services/ContractingPurchasing/Business/Pages/WEBSRegistration.aspx.

Here, there are step by step instructions to guide you through the process. Announcement of the Apparent Successful Bidder will be made via WEBS. (Matt Nelson sent announcement 4/27, we can resend to ED to disseminate to group).

EMS and Trauma Rulemaking

Trauma Rules: In January 2021, the Department of Health filed a CR-101 with the Office of the Code Reviser to consider amendments to sections of WAC 246-976-580. The goal of this work is to establish clear requirements and criteria for assessing the need for new level I and II trauma facilities in the state. Trauma Rulemaking with stakeholders has concluded. The Trauma team is developing a "final" draft rule document required for the CR-102. Stakeholders have asked to review this document prior to moving forward, therefore I expect that meeting announcement to come in the next few months.

EMS Rules: With the addition of the new legislation that passed for EMS, DOH has drafted and submitted an updated CR101 which includes more specificity to the work we will do in rulemaking to address new requirements. We should receive approval by late May – early June. Then we'll conduct a few more rulemaking sessions with stakeholders to propose any new language and get your input. Our target date is to move to the CR 102 phase in August, hold a public hearing in November, and file CR 103 in December. If we can stay on track our new rules would be effective in February 2023.

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. WEMESIS rulemaking timeline is aligned with the EMS rulemaking process timeline.

- b. KC EMS - Defer discussion to Wall Times listed below.*
- c. NWHRN & WATrac - Scott Foster reported. NWHRN continues LHJ and Local Hospital weekly meetings and once a week WMCC/DMCC meeting. Lots of work around pediatric beds in the WATrac system, putting out a good pediatric bed summary 1-2 times per week. Working on how the DMCC and WMCC are going to coordinate going forward when we have emergencies in the future. This month work continues on hazard vulnerability assessments for all districts. As well as coordinating WATrac advisory committees for both West and East regions,*

preparing for larger steering committee meetings and updating definitions for bed types. Scott will begin patient tracking module training and basic use training for WATrac, as well as WATrac advanced user training.

- d. *Washington Medical Coordination Center (WMCC) - Mark Taylor, the WMCC is the center that has begun tracking patient movement across the state during the Covid-19 pandemic's impact on hospital capacity. Mark shared a graph showing the number of total COVID patients admitted and those on ventilators in WA State hospitals by day. Noting that the downstream impacts of the pandemics on hospitals persist. The number of hospital boarders is captured in WATRAC. Tracking call volume overall, still seeing a baseline number of calls related to hospitals that need support for specialty service care or higher acuity transfer needs. Ongoing high capacity, still some needs for resources. King County's impact continues to be high especially as related to the rest of the state.*

Comments: Bringing the census down such that the census is prepared for the next surge.

6. High Patient Census

- a. *Wall Times*

Defined as the time arriving at the hospital until the time care is transferred to the hospital and the EMS crew can go back in service. This has an impact on the crews availability for the system, for the patients, and for the hospitals to transfer and discharge patients.

How EMS transport service is approximately distributed: ALS 10%, Fire Department 20%, AMR 30%, TriMed 40%. This varies by geography.

AMR: Continues work on getting data out of ESO. Brant shared some data from CAD that shows how many units are waiting and how many minutes and what time of day. This metric currently includes a portion 'crew time' to finish paperwork and crew's needs. AMR is able to drill down into the specific cases and time required for hand-off.

Discussion around certain patient types, noting the mental health population, and variation by geography.

Clarification on the time interval being measured. For AMR there is a portion of that time that is related to the crew getting ready to go back in service.

TriMed: The 'At Destination' to 'Transfer of Care' is what has been presented. Since last week's discussion it was discovered that at times there is a transfer of care

signature occurring before there is a bed available. Lately the standard is 30-35 minutes, seeing peaks of 50+ minutes.

Dr. Rea: Private ambulance is spending half of their time 'at the wall' - the goal is to reduce that time to enable both private ambulances and Fire Departments to return to the community quickly. We ought to have a goal: 20mins, 15 mins, and is there a contingency plan if this time gets above a certain threshold (45 mins?)

Action time to make the wall times distributed on a regular basis to all stakeholders for transparency and accountability.

Further discussion around Diversion; can we make sure that the hospitals closest to that are on divert get the same email/text in real time.

Rea: would it be possible to think about doing something similar to WATrac.

Setting goals and reporting out to the Region.

Scott: In response to auto-divert notification for your own or surrounding hospitals, let Scott know and he can help.

Dr. Rea: The small group plans to go back and evaluate time intervals, and what those intervals represent. Continued work toward the goal of finding True wall time. Move toward a way to share this information at regular intervals. Finally working towards goals and contingencies.

7. Fiscal Year '23 Small Grants - *Stay tuned for grant announcements to come soon. We are working to get this process started sooner to allow more time to accomplish projects.*
8. Good of the Order & Adjourn - *Brant reminds that group that next week is EMS Week*

Next meeting scheduled for September 14, 2022 at 2:30 pm