

CENTRAL REGION EMS AND TRAUMA COUNCIL

Minutes for May 12, 2021, 2:30pm-4pm

Zoom Meeting:

Participants:

Rachel Cory
Ann Kellogg
Mark Taylor
Brant Butte
Anthony Krause
Barb Jensen
Cheryl Sromberg
Rachel Weber
Matt Gau
Krystal King
Keith Keller
Jenna Hannity
Jeff Richey
Jason Norris
Greg Tryon
Emily Aguto- UWMC NW
David Manley
Christy Cammarata
John Tanner- Snoqualmie
Scott Foster
Celeste Etherington
Andy McCoy
Rea Berg
Dr. Cameron Buck
Jenna Hannity
Jim Jansen
Karen Kettner

Topic: Regional Council Meeting

Time: May 12, 2021 02:30 PM Pacific Time (US and Canada)

Join Zoom Meeting

<https://washington.zoom.us/j/2841485614?pwd=Mmx1cWs0TVlBeENKbEdGWG1wYUIXUT09>

Meeting ID: 284 148 5614

Passcode: CREMS

One tap mobile

+12063379723,,2841485614# US (Seattle)

+12532158782,,2841485614# US (Tacoma)

- 1. 2:30pm Call to Order and Introductions-** Mark Taylor, Chair

2. **Review of Minutes**

Motion: Barb
Second: Karen

2. **Financial Report** – Rachel Cory

	FY20	FY21
P&L	\$32,701	\$14,292
Bal Sheet	\$157,852	\$175,347
Est Rec		\$50,960
Est Pay		\$45,160
Est end of year bal		\$181,147

3. **Reports and Updates**

DOH Update- Christy Cammarata

**Report to Regional Councils
May - June 2021**

2021 Legislation Related to EMS

SHB 1276 has passed into law. The law allows EMT's to work in Diversion Centers.

SB 5198 has passed into law. The Law allows an additional organization type (an association made up of two or more municipalities) to use non medically trained drivers with approval from DOH.

EMS Rulemaking Meeting:

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 Rulemaking:

The rule-making process for the EMS reporting requirements signed into law in 2019 (SSB 5380 section 19) has concluded. Thank you to all stakeholders that participated in this important work. We are now in the CR102 process and will be updating stakeholders as needed.

Steering Committee Recruitment has ended

The Department of Health was recruiting for ten positions on the Emergency Medical Services and Trauma Care Steering Committee. The committee provides advice to the secretary of health on issues related to the Emergency Care System. The secretary of health appoints all members. The next steering committee meeting is scheduled for Wednesday May 19, 2021 and will be held via GoTowebinar.

King County EMS- Rachel Cory (in lieu of Dr. Tom Rea)

In general, the EMS system has done well over the past quarter. Our EMS call volumes have resumed to pre-pandemic levels. We have been able to mitigate workforce and workplace COVID infections, and the EMS providers have been a key component of the region's testing and vaccination efforts.

As we look ahead, we need to really lean in on "all the other stuff" with regard to training, QI, and planning - some of these items have needed to take a back seat during the pandemic and I am hopeful that we can diversify our efforts as vaccination gains traction.

Brant Butte: AMR is starting to see longer wait times at EDs; this feels like a return to normal.

Matt Gau: Corroborates the information that Brant presented. Credited ED managers with responding quickly when this issue is brought up with a specific hospital ED.

Mark: Hospital occupancy is very high within King County and beyond. Some is pandemic-related, and some is due to delayed care throughout the population. As we return back to normal, we should resume our normal processes of monitoring those times.

Dr. Buck: suggest that CREMS take more impactful action to mitigate this issue. How can we hold our system accountable? Without data, we won't know the problem. ICU bed availability is a contributing factor. This could lead to a threat of diversion again.

Action: Can Brant resume presentation of hospital wall time data in future meetings?

NWHRN- Scott Foster

Ops section brief. They are running standing weekly meetings about the Covid outbreak. 1pm local health jurisdiction and conference call on Thursdays r/t the Covid outbreak. Local HDs from each county can talk to agencies about what they're seeing. Coverage of the vaccination programs has been a highlight recently. Big focus now is on the new age group approved by the CDC (12-15 year olds). More to come; NWHRN will continue to support these efforts.

WATrac; seeing a lot of surge throughout western Washington. 22 hospitals earlier this week showed no ICU availability. NWHRN call these hospitals and find that the full ICUs are not necessarily Covid-related. More serious issues recently in the north district; there was more critical surge earlier this week. They are working with hospitals to respond and activate surge plans as necessary.

Mark: WMCC received a call from St. Joe's in Bellingham about an increased number of patients boarding in their ED. Alert to the hospitals in the rest of the region was appreciated so that other hospitals in the region could prepare. Hospitals in the SW region also reported struggles with trying to find resources. Tacoma facilities are particularly challenged with Covid patients.

The group discussed the use of "treat and transfer" in the comments section of WATrac, and if there were a way to monitor the use of this designation.

4. Eastside Fire and Rescue License Application

Review and vote

In 1999, Eastside F&R was established under an interlocal agreement. In 2021, those same partners formed a governmental nonprofit, which led them to establish a new tax ID, UBI, etc, and obtain a new license from the DOH. None of the services have changed in level or kinds. Eastside needs us to review and approve this license application in order to move forward.

Motion: Matt Gau; Second: Karen. Motion approved unanimously.

5. **Divert Report-** Rachel Cory
Dr. Buck- "patient capacity reached." Could King County use this to replace "ICU treat and transfer?"

6. **Good of the Order and Adjourn**
Rachel Cory announced that she would be leaving the position of Executive Director as of July 31, 2021. More information about recruitment will be forthcoming.

Adjourn: 3:23pm

***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.