CENTRAL REGION EMS AND TRAUMA COUNCIL

MINUTES for September 8, 2021, 2:30pm-4pm

**Participants:** Alan Abe, Emily Agudo, Chantel Arnone, Katherine Bendickson, Mark Blaney, Cameron Buck, Christy Cammarata, Juliette Campbell, Jamie Emert, Celeste Etherington, Dawn Felt, Scott Foster, Matt Gau, Jenna Hannity, John Herbert, Catie Holstein, Barbara Jensen, Keith Keller, Karen Kettner, Krystal King, Anthony Krause, David Manley, Caleb Marshal, Jason Norris, Giovanni Paladini, Mike Pirri, Matt Plourde, Tom Rea, Randi Riesenberg, Susan Schoeld, Traci Stockwell, Cheryl Stromberg, Mark Taylor, Eric Timm, Andy Young

**1. 2:33 Call to Order and Introductions-** Mark Taylor, Chair

**2. Review of Minutes** Motion: Gau; Second: Jensen

**3. Financial Report –** Randi Riesenberg

 **Financial Report-** Based on FY 21/22 Draft Budget

 **FY21 FY22**

**P&L** $ (15,694) $(21,215)

**Bal Sheet** $ 138,786 $ 110,278

**Est Rec** $152,880

**Est Pay** $ TBD

**Est end of year bal** $ TBD

**4.** **2021/ 2022 Budget** - Randi presented the proposed budget, minor changes had been made from last year's budget. Reviewed and shared. Motion to approve: Keller, Second: Kettner

**5. Reports and Updates**

NWHRN - Scott Foster gave an overview of what NWHRN does. Noted that weekly coordinating calls have resumed in which Local Health Jurisdictions report out. Bed capacity is being monitored and tracked in WaTrac. WaTrac is being pushed to do what it wasn’t built to do.

KC EMS - Dr. Tom Rea provided a report on the impact of the recent heat wave. This event set a single day record for number of both ALS and BLS calls, a doubling of both, and an increase in drownings.

DOH - Catie Holstein gave the following Legislation updates:

**SB 5198** amends RCW 18.73.150 to allow volunteer ambulance services established by an association made up of two or more municipalities in a rural area with insufficient personnel to use a non-medically trained person to drive an ambulance with approval from the department, and maintains the requirements that (1) the driver must be at least 18 years of age and possesses a valid driver’s license with no restrictions; (2) an emergency medical technician accompanies the driver; and (3) allows the driver to provide medical care to patients to the level they are trained.

We have completed our implementation for this legislation. We’ve updated our processes, guidance documents and website to include the new organization type. More information about non medically trained drivers can be found at: [Use of Non-Medically Trained Ambulance Drivers :: Washington State Department of Health](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FLicensesPermitsandCertificates%2FFacilitiesNewReneworUpdate%2FEMSAgencyandVehicleLicensingandVerification%2FUseofNonMedicallyTrainedAmbulanceDrivers&data=04%7C01%7Cchristy.cammarata%40doh.wa.gov%7C02668ef27e444b7269e708d97317b184%7C11d0e217264e400a8ba057dcc127d72d%7C0%7C0%7C637667367862231468%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=9DNX1cL5vUZchG1MBEzlBnZk%2BCFj4bRHUxryvNPMp0M%3D&reserved=0).

**SHB 1276** passed which allows EMTs to work with Emergency Services Supervisory Organizations including Diversion Centers. We have identified the components needed for implementation of this law. We are preparing documents and staging the work needed to solicit your input on minimum standards for ESSO’s and the process for recognition. Depending on our capacity with pandemic related work, we hope be ready in October to share our drafts with you.

**EMS Rulemaking**

**EMS rules -**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. We are 2/3 of the way through cross walking proposed amendments into the CR format.

**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.

**Statewide EMS Protocol Workgroup.**

The DOH has established a statewide EMS Protocol Workgroup as a subgroup to the statewide MPD workgroup.

The purpose of the protocol workgroup will be to establish and maintain statewide minimum standards and guidance to assist MPDs in the development of MPD Patient Care Protocols and County Operating Procedures.

Membership includes a minimum of one MPD per region, although all MPDs are welcome to participate. An MPD may designate another physician or person that is a certified EMS provider who has sufficient experience in EMS practice and protocol development to participate in addition to themselves or on their behalf.

Dawn Felt, DOH EMS Education and Training Consultant has been assigned to lead the EMS Protocol workgroup. The first meeting was held on August 24th from 1PM to 3PM. The group will meet monthly. The first guidance document being developed is Guidelines for EMS Response to People Experiencing Behavioral Health Emergencies.

**Governors Proclamation** – Healthcare workers and vaccine - DOH has established guidance regarding the Governors Proclamation for healthcare worker vaccine and we have sent it to our EMS distribution lists. You can find the guidance on the COVID pages of our DOH website. We recommend checking the guidance occasionally as it may be updated as new information becomes available.

DOH Statewide Injury Prevention Awareness campaign - Alan Abe provided a presentation of a multi-year state-wide fall prevention campaign to reduce fall related 911 calls and ED visits: Finding Our Balance, Prevent Slips, Trips & Stumbles. In the past two years data shows that most falls occur at home, and most pateints are transported to an Emergency Department. A social media campaign was shared as well as checklists that are available. More information can be found at [www.doh.wa.gov/findingourbalance.gov](http://www.doh.wa.gov/findingourbalance.gov) or email Lori Clary or Alan Abe – alan.abe@doh.wa.gov

Rebuilding Together Fall Prevention - Caleb Marshal shared the outcomes of a 2019 grant that he received along with Seattle Fire Department to replicate the One Step Ahead program doing in-home assessments, referrals, and recommendations to decrease fall risk and home health hazards of frequent 911 callers. With this funding they have been able to serve and assist more individuals than anticipated. Those identified through the SFD partnership have been invited to complete an application for other services. This partnership has expanded to fire safety prevention across all referrals. They are committed to continuing their partnership with SFD.

**6. High Patient Census & Long ED Wait times**

Need for extensive collaboration and coordination. This problem needs better data and transparency. Regular and more frequent report outs on diversion could be helpful. Consider what data is needed for rebalancing the system and level loading if this data might exist already.

Many folks weighed in on this multi-faceted issue. A sub-group was suggested to further explore this issue and possible solutions.

**Action item: A subgroup to be formed.**

**7. QI Committee Schedule and Leadership**

The QI Committee has not been meeting regularly since the pandemic as well as Dr. Sam Mendel’s departure. The Council has been looking for new Medical Director Leadership, an opportunity for a new leader. Dr. Rea suggests looking into a different time, Dr. Buck suggests perhaps a shorter QI meeting, consider changing format to case presentation.

**Action item: Seeking Medical Director Leadership**

**8. Psychiatric Patient Task Force** – Reminder that a meeting is scheduled October 14th 2:30pm

**9. Survey of EMS Training Needs** – Note that this was in our strategic plan.

**10. Good of the Order and Adjourn**