

CENTRAL REGION EMS AND TRAUMA COUNCIL AGENDA for September 9, 2020, 2:30pm-4:00pm

1. 2:32pm Call to Order and Introductions- Mark Taylor, Chair

Christy Cammarata, DOH
Mark Taylor
NW Ambulance
Jeff Richey, ALNW
Dawn Felt, DOH
Paul Regalia, Cascadia
Rachel Cory, CREMS
Michael Sayre, MD, Medic One
Celeste Etherington, Evergreen
Scott Foster, NWHRN
Barb Jensen, Evergreen
Karen Kettner, Overlake
Jenna Hannity, St. Francis/Highline
Libby Witter, Valley Medical
Traci Stockwell, Auburn Medical Center
Alan Abe, DOH
Jason Norris, DOH
Will Robinson, Seattle Children's
Matt Gau, Tri-Med
Jessie Wall
Brant Butte, AMR
Jamie Emert, KCEMS
Tom Rea, MD, KCEMS

2. Financial Report – Rachel Cory

	FY20	FY21
P&L	\$7,118	(\$15,441)
Bal Sheet	\$132,700	\$133,073
Est Rec		\$152,880
Est Pay		\$171,625
Est end of year bal		\$114,328

3. Reports and Updates
DOH Update- Christy Cammarata:

[Rulemaking](#)

EMS Rulemaking Meeting: September 17th 2020 9:30AM Webinar only

The DOH continues to meet with stakeholders to propose amendments to sections of WAC 246-976. Meetings are occurring monthly. Webinar access is available. To learn more about meetings and how to

participate, please visit our website at

<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/EmergencyMedicalServicesEMSSystems/RulesDevelopment>.

WEMESIS Rulemaking

The rule-making process for the EMS reporting requirements signed into law in 2019 (SSB 5380 section 19) has begun. Stakeholders will have an opportunity to weigh in on the Washington Administrative Code beginning in October, which will define the rules for complying with the new requirements.

EMS Technical Advisory Committee and Workgroup Activities

EMS Education

- The voucher program has a limited number of EMT, EMR and AEMT vouchers available. Additional EMT vouchers will be purchased as funding becomes available.
- The Department of Health has updated the Washington State EMS Skills and Procedures List based on recent revisions to the national EMS scope of practice model and in consultation with the state EMS medical program directors and Prehospital TAC. EMS policies and procedures that may need to be reviewed and updated include department approved MPD protocols, county operating procedures, and patient care procedures. Changes should be adopted and reflected in protocols and other applicable documents by January 1, 2021.
- Reminder: Course applications should be submitted to DOH a minimum of 3 weeks before the course start date. Applications for courses with a start date less than 3 weeks in advance may not be approved. Approval letters for courses are sent from DOH to the training program director. Also, please send changes to approved courses to our general hsqa.ems@doh.wa.gov

EMS Cardiac and Stroke Technical Advisory Committee

The next round of categorization begins on 7/20 for SC and E regions. Due to the ongoing COVID-19 pandemic, applications are now due in 90 days instead of 60 days as they had been in the past. The due date is now 10/20/2020.

King County EMS- Tom Rea, MD: Leadership and EMS teams have adjusted to a roughly 25% reduction in call volume, which has gradually come back. They had dropped down to almost 2600 calls per week, and are now back up to about 3500 per week. They're monitoring EMS involvement with Covid patients. They see roughly half a dozen Covid patients per day. PPE use has been fairly constant, and there have been some innovative efforts to reduce and conserve PPE use. They've been able to hold steady in their stock, and they're working toward building up stock. Our EMS work force has stayed remarkably healthy during this pandemic, which is a credit to their on- and off-the-job behaviors. Leadership has staffed and organized three testing sites, which has been remarkable.

NWHRN- Scott Foster:

They're working with RC3 to assist with urgent patient movement to and from Eastern and Western Washington. It's been fairly uneventful for the last few weeks. RC3 will expand to become the Washington Local Coordination center, to serve more of the state.

They are monitoring the wildfire situation developing throughout the state.

They are also continuing talks with Eastern Washington to track how Covid is developing in Eastern Washington.

CREMS Grants Update- Rachel Cory: Reminder that CREMS grants are open, and applications are due November 2.

4. King County Fire District 2 Application- Jason Norris, DOH

KCFD 2 asked to include FD11 in their boundaries. They are currently licensed and about to expire. They've contracted with KCFD 2 to cover their area. KCFD11 doesn't have the equipment or personnel. Technically, KCFD2 needs to change their response area to include KCFD11. KCFD will let their license expire, so there would be no duplication of coverage. This would allow KCFD2 to provide primary response to KCFD11's area. This would not change our min/max numbers.

Motion to approve: Karen Kettner; Second: Barb Jensen. Motion approved unanimously.

Action: Rachel: obtain signatures, work with DOH to confirm the change. Update strategic plan? Would this need to be approved by the Steering Committee?

5. Cascade Training Center EMT-B Training Program Application- Paul Regalia, BSN, RN, MICP, President, Cascade Training

Cascade was established in 2002; provide training curricula including EMT and others. Currently training 85,000 people per year. There is an occasional need for referrals from DOH who need a one-off skills assessment. They're only applying for psychomotor skills and exam, not initial EMT or paramedic training. They'd be direct referrals from DOH and RC Health to verify skills. They're required to have EMS MD approval, which they have obtained. Mark: Does each course require approval? Dawn Felt: they're applying for a new program, under which, courses would be applied for. They'd be allowed to teach only skills and checkoff. Are each of the courses subject to review and approval by MPD, moving forward? Dawn: yes, as required by the National Registry.

Motion to approve: Jenna Hannity; Karen Kettner, second. Motion approved unanimously.

Action: Rachel- follow up with DOH to move forward.

6. Hospital Min/Max- Rachel Cory

Introduction- what is min/max, and why do we do it? Determining hospital min/max is one of the tasks that the EMS regions are tasked to do by WA state law. Every two years we review data surrounding trauma care in the region to determine if the level of treatment across the region is sufficient. Our goals for today are to get an idea of the data available, and to begin to determine whether the current trauma-designated hospital levels are sufficient to provide care for the region.

At this time, we can review data, ask questions, and make recommendations. The goal is to begin the discussion, determine what other information may be needed, and to return in November and vote on min/max levels.

As a reminder, the DOH workgroup on min/max had been on hold due to Covid-19, but they plan to reassemble soon, so we may be able to adjust our assessment in November depending upon guidance we may receive from the workgroup. We do not have any current applications for new or changed trauma levels.

Rachel gave an overview of the data provided by the DOH. Mark: Do we have enough data to determine whether we're adequately serving our patient population? Jeff Richey: is there any data on capacity at these hospitals to accept outside transfers from other counties?

Action: What additional data do we need? How many patients who are injured in Central Region bypass care here? What about the time it takes to access care? Are there capacity and/or time concerns (see Jeff's question)?

Council members: review the data, think about what else might be helpful in determining an efficient countywide system.

7. 2020-2021 Budget- Official approval needed

Motion: Jake Second: Celeste Etherington. Motion unanimously approved.

8. **Divert Report-** Rachel Cory

9. **Good of the Order and Adjourn- 3:46pm**

The next council meeting was scheduled for November 11, which is Veterans' Day. **Rachel will email the group to reschedule.**

***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.