

Washington State Department of Health
Office of Community Health Systems
EMS, Trauma Care, and Injury Prevention Section
EMS & Trauma Care Steering Committee

DRAFT MEETING MINUTES DRAFT

Wednesday September 16, 2009
Red Lion Hotel
18220 International Blvd
SeaTac, WA 98188

ATTENDANCE:

Committee Members:

Mike DePalma	Mary Flick, RN	Lynn Wittwer, MD
Terry Thrall	Chris Martin, RN	Edward Mund
Edward Walkley, MD	Chris Caviezel	Linda Thomson
Ron Dire-Day	Sandra Horning	Kathleen Jobe, MD
	Gregory J Jurkovich	Eileen Bulger, MD

DOH Staff:

Dolly Fernandes	Janet Kastl	Kathy Schmitt
Mike Lopez	Ayuni Wimpee, DSHS	Carolyn Adams, DSHS
Scott Hogan	Pennie Klein	Kathy Williams
Eric Dean	Annette Meyer, DSHS	Sandy Stith, DSHS

Guests:

Bill Robertson	Anice Grant	Deborah Woolard
Zita Wiltgen	Lisa Stone	Lynn Pilkinton
Kim Burke	Susan Truscott	Theresa Tabarchenger
Linette Gahringer	Brian McMahan	Tammy Pettis
Merrili Owens	Merrili Owens	Denise Haun-Taylor
Robert Jacoby	Roxy Barnes	Barbara Clarke
Bob Berschauer	Steve Romines	Timothy Pohlman
Mark Taylor	Karen Kettner	Roger Casey
Anne Benoist	Rob Menaul	Barbara Edwards

1.0 Call to Order / Introductions: Edward Walkley MD, Chair

- Dr. Walkley brought the meeting to order at 9:30am

2.0 Approval of Meeting Minutes (handout): Committee

**Motion passed approving the July 15, 2009 meeting minutes.*

3.0 DOH Updates: Janet Kastl, DOH

- Steering Committee Membership: The Governor's office has not yet processed reappointments. If you are up for reappointment, you should keep attending

meetings until you receive notice of reappointment or are informed that your appointment has ended.

- **GSF State Budget:** The state is encountering revenue shortages. There has been an additional 2% reduction since our last meeting. This recent cut is to the OCHS section of rural health. One unfilled position to process rural health data has been eliminated and there will be a 10% reduction to AHEC contracts (2nd fiscal year of biennium). We have been notified by OFM to identify an additional 3% reduction that will be presented to OFM in November and considered by the Governor's office for the supplemental budget in the 2nd fiscal year.
- **Trauma Care Fund:** Revenue projections are lower than what we need to fund our spending plan. Dolly will be working with the Cost TAC to address this.
- **DOH is actively preparing for H1N1:** The department is projecting that 30 – 40% of agency workforce may be out due to illness this season. Work is being done to identify critical work that must continue in spite of H1N1 epidemic. A contingency plan is in development that would pull staff from other agency functions to keep primary functions up and running. The 1st level of alert has been identified; many staff are assigned to the Emergency Operations Center and to the call center.
- We are working with County MPD's to allow EMS providers to assist in the community if there is a declared emergency. The plan is to allow MPD's to give protocols and training to EMS providers to assist with immunizations.

4.0 2009 – 2010 Work Year GSC: Edward Walkley MD, Chair

- September is the beginning of the EMS and Trauma Care Steering Committee new year. A nominating committee will be put together in January for the election of the new Chairperson.

5.0 EMST Strategic Plan: TAC Chairs (handout)

- Dr. Walkley explained that it is his intent that the EMST Strategic Plan be reviewed once a year in September. The purpose will be to update and report on the status of each goal, objective and strategy. This is an opportunity to make sure that our goals and strategies remain appropriate. New objectives and strategies will be reviewed by the Steering Committee as they are developed.
- Dr. Walkley congratulated the EMST Steering Committee members, DOH staff and all the TAC members for the tremendous work that has gone into implementing the strategic plan to date. More than half of the objectives and strategies have been completed. Most have been completed by the due date. DOH staff were asked to stand and be recognized for their hard work in supporting the plan. Dolly distributed a handout that had all the goals, objectives, and strategies

organized by TACs. Each of the TAC chairs were provided this document and together with DOH staff leads, identified which strategies were completed, in progress, or needed changes in wording or timeline.

- Each of the chairs reported on the status of the goals, objectives and strategies assigned to their respective TACs. They identified completed strategies and made suggestions for reassignment to other TACs and changing due dates.

01.07.30 BREAK 01:29:00

Cont. EMST Strategic Plan

- DOH will make all of the changes, discussed during the meeting, to the Strategic Plan document, and distributed the revised version at the November meeting.

LUNCH

HSQA Strategic Plan: Janet Kastl, DOH (handouts)

- Janet announced that our division, Health Systems Quality Assurance, is in the process of developing a strategic plan for the new biennium (July 2010 – June 2013). She presented the strategic plan. Janet is responsible for getting feedback from the stakeholder community, including boards and commissions.
- The Committee was asked to divide into groups based on their interest in a specific goal in the plan. Each group was asked to identify the strengths, weaknesses, opportunities and threats for their goal and report those back to the committee. The following is a summary of their reports
- **Goal 1: Improve people's health**
 - **Strengths**
 - Improved prevention "culture" increased public responsibility
 - Proven strategies to improve outcomes
 - "Systems of care" developed
 - Plans written
 - Trauma system model
 - **Weakness / Threats**
 - Disease care model instead of prevention model
 - Difficult to evaluate efficacy of prevention
 - Difficult to translate research to community setting
 - When money is short prevention cut first
 - Hard for public to visualize long term benefits of prevention
 - Missing data and information to make good decisions (ex – pre hosp)

- Cost – public doesn't recognize price of care because they don't pay out of pocket
- Medical schools are focused on disease not wellness
- **Opportunities**
 - Economy won't sustain "disease model" and needs to move to prevention model
 - Apply trauma systems model across the health system
 - Return on investment of prevention is great
 - Develop "systems" that provide access to preventive services using the trauma systems model
 - Medical education system to focus heavily on wellness
- **Goal 4: Have an exemplary work force**
 - **Strengths (internal)**
 - Core competencies are identified for each position
 - Training available (any gaps?)
 - Multicultural competency training available
 - **Weakness (internal)**
 - 80% of evaluations on time
 - Financial support for training
 - Treat employees "fairly" needs definition
 - **Opportunities (external)**
 - Identify gaps in training
 - Improve tribal interaction
 - Identify customer feedback – source/mechanism
 - **Threat (external)**
 - Can't force application for employment
 - Draft diversity in workforce
 - Economic crisis – "do more with less", staff threat, "burn out", workload
 - Retirements delayed – economy issue
- **Goal 2: Enhance Patient Safety**
 - **Strengths**
 - Recognized need
 - Expert guidance from Governor Steering Committee
 - Evidence based practice
 - WA State strength
 - Inbuilt multilevel (hospital/EMS) QI
 - **Weakness**

- Reactive vs. proactive
 - Available staff
 - Lack of data
 - Definition variance
 - Adverse event/liability
 - Funding
 - Quality of data
- **Opportunity**
 - Capacity to do something about patient safety
 - Education
 - Change from punitive approach
 - Public interest
 - Other models (aviation, industrial, etc.)
 - Legislative process
 - **Threats**
 - Lack of data
 - Lack of funding
 - Lack of understanding
 - Ignorance regarding HIPPA
 - Public perception of reality (medial)
 - Liability
 - Bad patient care
 - Medicolegal issues
 - Legislative process
- **Goal 3: Make Every Resource Count**
- **Strengths**
 - DOH website
 - WEMISIS
 - Collector
 - **Weaknesses**
 - Slow not fully developed
 - Cumbersome not updated enough
 - Barriers in usage
 - Lack of system wide data
 - Lack of integration of current data collection systems
 - **Opportunities**
 - Meeting technology
 - Enhance what's currently in place for full usage
 - Pursue new technology

- **Threats**
 - \$\$\$
 - User knowledge (over 25 crowd)
 - Lack of system wide data
- **Goal 5: Deliver Exceptional Service**
 - **Strengths**
 - Responsive to call/email
 - Good with people
 - Consistent workforce
 - **Weakness**
 - Too imbedded within the bureaucracy
 - Timeliness in processing reports and responding (licensing designation)
 - Carry “no” stick – refuse to exercise authority
 - Inclusiveness can be a weakness/strength
 - Not functionally responding to complaints
 - “Bend” to make people like them
 - **Opportunities**
 - Bigger stick
 - Benchmark their responsiveness
 - Take a leadership role in gathering and reporting data
 - Site visits x3 per hospital – review site reviews and how well the site visits have been – are they per functionary and can be lengthened or really helpful
 - **Threats**
 - Lack of money
 - Political entrenchment
 - Technological advancements (lack of)
 - Concern about job security
 - Unresponsive to approve applications causes vacancies plus potential apathy

7.0 Regional Plan Amendments due to 10% Reduction: Janet Kastl, DOH; Dolly Fernandes, DOH

- There has been a 10% reduction to the regional grants. Each of the regions (regional administrators and regional chairs) were contacted by Karen Jensen and Janet Kastl and informed about the 10% reduction and asked to look at their plans and identify what they may not do over the next biennium that would have the

least negative impact to their region. The responsibility to identify the cut areas was given to the regions.

- Pennie Klein, DOH and Scott Hogan, DOH produced a summarization of the plan modifications: *Impact report of proposed regional plan modifications.*
- Steering Committee members and DOH staff who reviewed the original plans were asked to review the corresponding parts of the amended plans. All responded that the modifications presented were reasonable. The participating Steering Committee members were:
 - System Leadership – Chris Caviezel
 - System Development - Chris Martin
 - System Public Information & Education - Bill Hurley
 - Injury & Violence Prevention – Mike DePalma
 - System Finance – Dr. Morgan ... Dr. Walkley & Dolly Fernandez
 - Accute Hospital – Mary Flick
 - Pediatrics – Dr. Horning
 - Trauma Rehab – Linda Thompson
 - System Evaluation – Dr. Jurkovich
 - Prehospital – Ed Mund
- In general the themes were extending timelines & reducing the scope of work. There were some good, creative reductions such as contracting out work to reduce costs. There was also some coordination of work between committees at both the local and regional levels. There was also some reduction in meetings and figuring out different ways to get people to provide input.

Dr. Walkley asked for a motion to accept the modifications to the regional plans to accommodate the 10% reduction in funding.

**Motion approved to accept the regional plans as amended.*

8.0 Trauma Designation Rules: Kathy Schmitt, DOH

- The public hearing on the Trauma Registry rules took place this past Monday (09.14.09). The next and final step in formal adoption of the rules is preparing and submitting the CR103 documents. The CR103 documents will be filed by the end of September. The rules will take effect 31 days later.
- The CR 102 documents for the Trauma Designation Rules were filed September 2nd. The public hearing is scheduled for October 9th. The CR103 documents on these should be filed by the end of October and the rules should be in effect by the end of November.

9.0 Prehospital Rules: Mike Lopez, DOH:

- The final comments on the Prehospital Rules from the Licensing & Certification Committee were presented at the last Steering Committee meeting. Subsequently the public workshop took place with approximately 27 participants. The comments were taken back to Licensing & Certification Committee at the August meeting. The Licensing & Certification Committee charged the Education Committee with reviewing the concept of training programs and come back with a recommendation at the October meeting.
- The internal evaluation of Prehospital rules is also beginning at this time.
- This process is on track and is meeting timelines.

Meeting Adjourned

Next Meeting

Date: November 18, 2009

Location: Red Lion Hotel - SeaTac, WA

Motion Summary

**Motion passed approving the July 15, 2009 meeting minutes.*

**Motion approved to accept the regional plans as amended.*