



EMERGENCY CARE SYSTEMS

Emergency Care System Goal

Get the right patient

To the right facility

In the right amount of time



EMS Legislation

1971 Paramedic certification (RCW 18.71)

1973 EMT certification, Ambulance & aid service licensure (RCW 18.73)

1979 Medical Program Director (RCW 18.71)

1980 Regional Councils and system implementation (RCW 18.73)

Trauma System Legislation

Mid 80's Trauma leaders / trauma workgroup

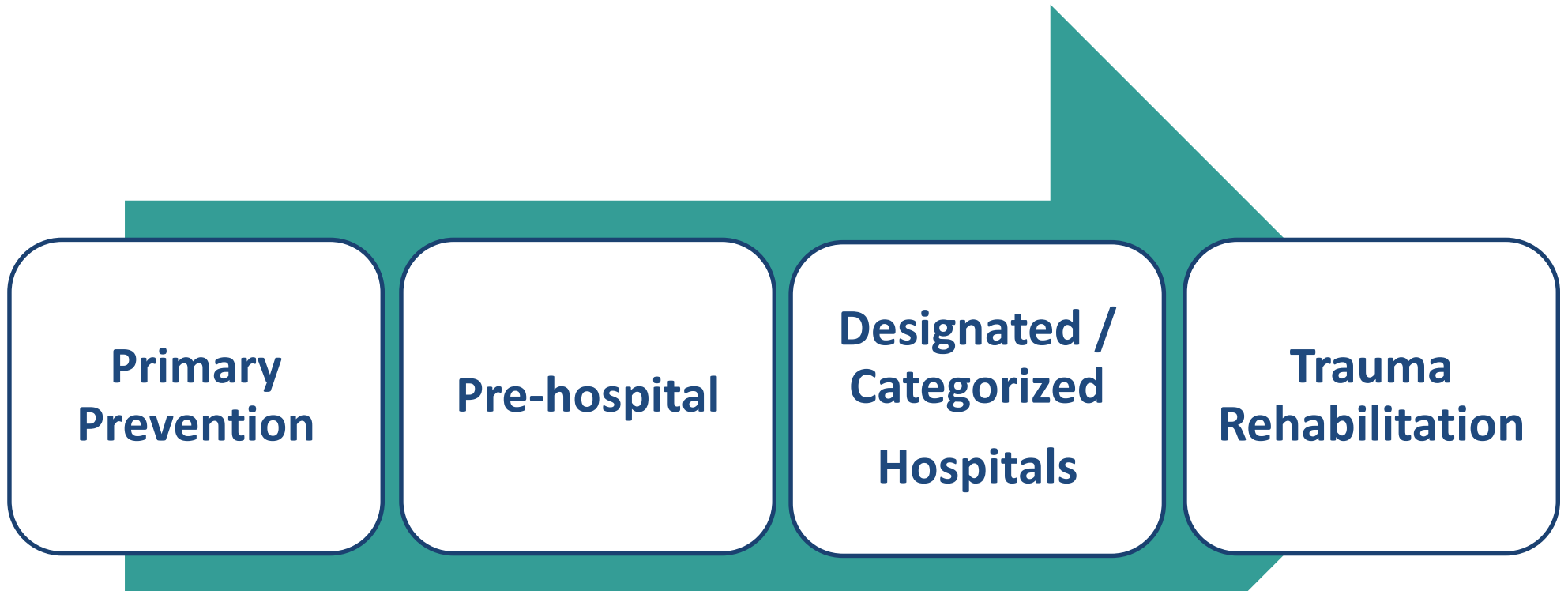
1988 Trauma Care Study Act

1990 Trauma System Act

1997 Trauma Care Fund Act

2010 Emergency Cardiac and Stroke Care

Emergency Care System Continuum of Care



System Snapshot

- **2018**
 - 497 EMS services
 - 16,523 certified EMS responders
- **2017**
 - 511 EMS services
 - 16,118 EMS certified responders

System Snapshot 2018

- **Trauma**
- 82 Trauma Designated Services:
 - 1 Level I
 - 8 Level II
 - 23 Level III
 - 36 Level IV
 - 14 Level V
- 15 Trauma Rehab Designated Services

System Snapshot

Emergency Cardiac and Stroke:

- Level I Cardiac – 34
- Level II Cardiac – 54
- Level I Stroke – 10
- Level II Stroke – 32
- Level III Stroke – 46

State EMS Strategic Plan 2018-2021

Vision

Washington has an emergency care system that reduces death, disability, human suffering, and costs due to injury and medical emergencies.

Mission

We work to maintain and strengthen an accessible, efficient, high quality, well-coordinated, statewide emergency care system.

State EMS Strategic Plan 2018-2021

Challenges

Rapidly changing healthcare environment, limited and declining resources, increasing demand, workforce shortages, barriers to quality assurance and improvement, unequal access, rapidly changing technology, drivers of public expectations, and sustainability of community collaboration.

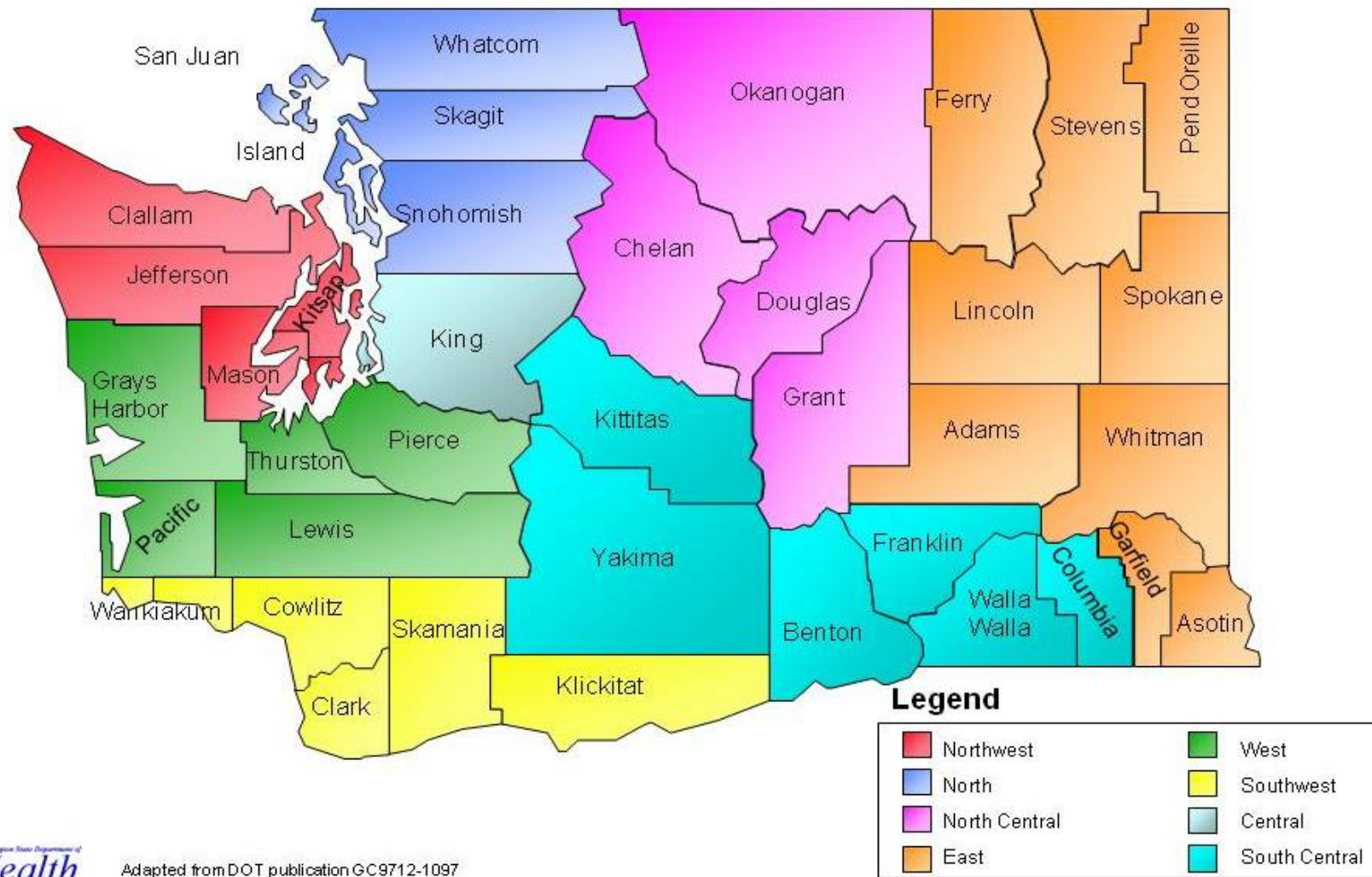
Priorities

Quality, cost, access, data driven decision making, education and outreach, improving integration and collaboration, resource and workforce development, regulatory adjustment.

Goals

1. Increase access to quality, affordable, and integrated emergency care for everyone in Washington
2. Prepare for, respond to, and recover from public health threats
3. Promote programs and policies to reduce the incidence and impact of injuries, violence and illness
4. Promote and enhance continuous quality improvement of emergency care systems for Washington
5. Work toward sustainable emergency care funding, enhance workforce development, and demonstrate impact on patient outcomes

Washington State EMS Regions



Adapted from DOT publication GC9712-1097

Washington State Emergency Care System Regions

What Do the EMS Regions Do?

Pre-hospital

Identify need and distribution of EMS services

Identify need and distribution of EMS education

Hospital

Identify need and distribution of trauma hospitals / rehab

System Evaluation

Use data to evaluate need and distribution

Regional Plans

Strategic Planning

Patient Care Procedures



WHAT IS THE RULEMAKING PROCESS AND
WHAT RULES ARE WE WORKING ON?

Statutory Authority To Do Rules

[RCW 43.70.040](#)

[RCW 18.71.205](#)

[RCW 18.73.081](#)

[RCW 18.73.140](#)

[RCW 70.168.050](#)

What is a Rule?

A rule is an enforceable order, directive, or regulation that:

- Subjects someone to a penalty or sanction for violation;
- Sets license or permit qualifications; Conditions to renew, deny or revoke licenses or permits;
- Sets agency hearing procedures or practices;
- Sets qualifications to receive a public benefit or privilege;
- Sets standards for goods to be sold or distributed in Washington.

What is a Rule?

A rule helps define and clarify an enforceable requirement when the underlying statute is broad or unclear.

A rule cannot conflict with or go beyond the authorizing statute.

What May Trigger Rulemaking?

- Passed Legislation
- Office of Community Health Systems' discretion
- Petition (see RCW 34.05.330)
- Court Order, Federal law or rule changes
- Changes in technology or national standards
- Governor's directives

Rulemaking Process

Administrative Procedures Act - Rulemaking consists by law of three parts:

Step	Process	Activity
CR101	Preproposal inquiry	Public outreach and stakeholder work occurs (workshops, drafts, informal input).
CR102	Proposal	The product that goes forward for public hearing and final testimony from the public.
CR103	Adoption	Final rule is adopted, filed with the Code Reviser's Office, and becomes effective 31 days later unless another effective date is specified in rule.

What Rule(s) Will Be Discussed for Possible Revisions?

[WAC](#) 246-976-010 through -310, -330 through -400, -890, -920, -960 and -970-Emergency medical services (EMS) and trauma care systems are rules that are opened under a CR-101 for consideration of possible revisions.

The Department of Health (department) is considering updating the EMS sections of the chapter to align with current national standards, streamline application processes, and respond to legislative requirements. New sections may be added as required.

Rules Process – Roles and Responsibilities

Members of the public, interested parties, and key stakeholders offer recommendations to DOH staff for possible rule revisions, repeals, or new language to existing rules.

DOH Program Staff take all public comments and recommendations into consideration, develop drafts and proposed rules in accordance with the Administrative Procedure Act (chapter 34.05 RCW).

EMS & Trauma Steering Committee approves draft and proposed rules going forward as formal rules packages for filing with the Code Reviser.

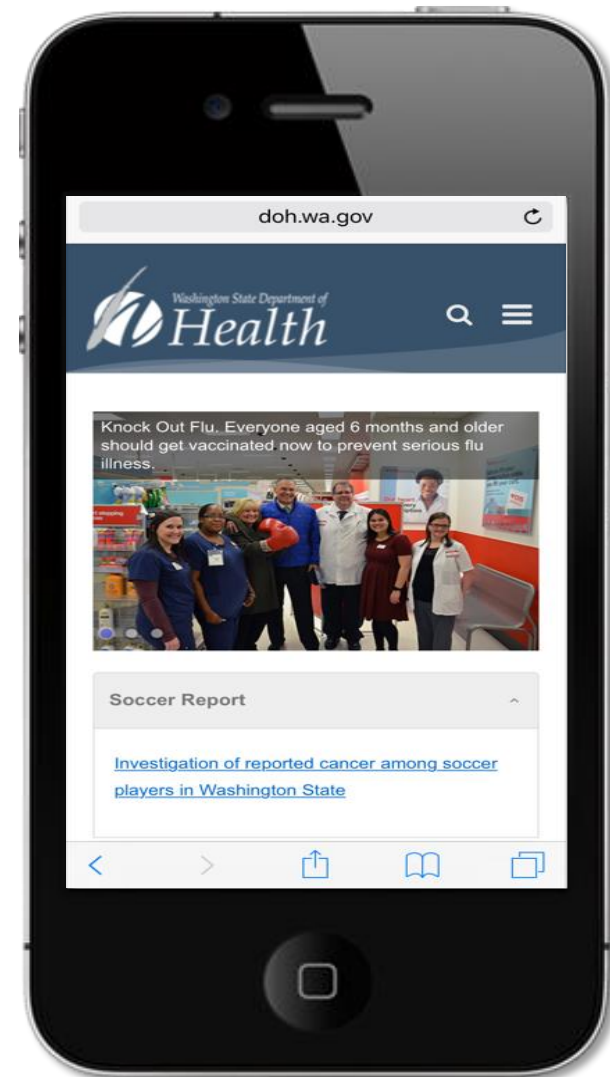
Secretary must review and approve proposed and final rules for adoption. (RCW 18.130.065)

Stakeholder Meeting Guiding Principles

- Ensure public safety
- Make evidence based recommendations
- Be efficient, innovative, and transparent
- Leverage knowledge and partnerships
- Consider statewide impact and equity

How to Stay Informed

- Visit DOH [Website](#)
- Subscribe to [GovDelivery](#)
- Email comments to HSQA.EMS@doh.wa.gov
- Attend workgroup meetings
- Contact DOH EMS Staff



Current Projects

- Legislation session
- Rulemaking
- State EMS & Trauma Care Assessment
- FLEX Rural EMS Assessment
- Revised stroke triage tool
- Regional Planning Cycle
- Air Medical Plan Updates
- EMS Scope of Practice
- POLST Curriculum update
- Updates to Regional Patient Care Procedures
- Improvements for Rural EMS
 - Vouchers for NREMT testing
 - [EMS for Children Video](#)
 - [Volunteers in EMS](#)
- WEMESIS
 - [NEMESIS Data Video](#)
 - Data quality projects

National EMS Initiatives

- [EMS Scope of Practice Revision](#)
- [Fatigue in EMS Risk Management](#)
- [National EMS Clinical Guidelines](#)
- [REPLICA](#)
- [EMS Agenda 2050](#)
- [Amendment to the Controlled Substance Act](#)

Trends and Challenges

- Opioid Poisoning increasing, especially heroin
- Firearm injuries remain steady
- Senior falls increasing
- Access to rehab and Use of technology in rehab care
- EMS triage for endovascular strokes can be challenging for rural areas
- Medication dosage errors increasing among pediatrics
- Community Paramedicine /Mobile Integrated Health is expanding
- Pediatric splenectomies in non-pediatric facilities decreasing
- MPD succession planning
- Workforce shortages in rural systems
- Changing healthcare landscape: mergers, ACA, insurance, workforce,
- Hospital diversion / surge capacity
- Reimbursement for EMS

Medical Program Director

Regulatory Framework

- [RCW 18.71.212](#) – Medical Program Director Certification
- RCW 18.71.215
- RCW 18.71.220
- [WAC 246-976-920](#) – Medical Program Director

Ambulance Service License and Verification

- DOH manages distribution of resources through EMS & Trauma Care Regional planning
- Prescribe trauma response areas
- Prevent inefficient duplication of services – Min/Max
- Process to amend license applications if changes are made
 - Consolidations
 - Mergers
 - Dissolutions

Q & A



Washington State Department of

Health