



Oregon EMS and Trauma Systems Program Update - April 2009

The Department of Human Services Public Health Division Office of the Oregon Emergency Medical Services and Trauma Systems (EMS/TS) Program is open Monday through Friday, 8 a.m. - 4 p.m., in the Portland State Office Building, Suite 465, 800 N.E. Oregon Street, Portland.

DHS 30 percent budget reductions would eliminate the Trauma System and cut EMS programs

Below is the link to the Department of Humans Services 30 percent budget reduction options for the Public Health Division as published by the Oregon Legislature. Please be aware that at this point it is an exercise designed by the Legislature to obtain public input on program priorities. However, some level of budget reductions are expected given the current fiscal situation, and if some or all of the cuts are taken, it could mean significant changes for the EMS and Trauma Systems program.

www.leg.state.or.us/budget/agency_30_reductions/DHS.pdf

Priority items 48 and 81 propose reductions to the EMS and Trauma Systems Program. Item 48 would do away with the EMS database manager and item 81 would eliminate all General Funds resulting in elimination of the Trauma System Program, the Trauma Registry and the Mobile Training Units and all General Funds for the EMS for Children Program.

Priority 48 (page 7) would eliminate the **prehospital database coordinator** position who has coordinated the EMS Patient Encounter Database Project. The draft budget indicates that the data needs could be addressed by contract if additional fees are available. It would require a significant increase in certification and licensing fees to support an EMS Patient Encounter Database. Oregon currently does not have

information about the number of EMS patient encounters, where and when they occur, the type of care provided and where the patients are transported.

Enacting Priority 81 (page 13 on the chart) would mean that the EMS and Trauma Systems Section would lose all General Fund dollars (approximately \$1.7 million). This would eliminate the Oregon Trauma System and Trauma Registry, including all staff positions, services and supplies associated with the Oregon Trauma Program; the two Mobile Training Units and all staff, services and support provided by the MTU program; and would eliminate the General Funds associated with the EMS for Children Program.

The **Oregon Trauma Program** recently celebrated its 20th anniversary. The Trauma System is physicians, hospitals, hospital staff, ambulance agencies and other related organizations working together to provide the appropriate care for each individual trauma patient. Elimination of the **Oregon Trauma Program** would reduce incentives for hospitals to maintain structured trauma programs that review and improve trauma care, ensure the timely response of physicians who provide general surgery, neurosurgery and orthopedic surgery and other specialty care, and provide trauma resuscitation and transfer for patients requiring additional services. This would directly impact trauma services and the hospital positions for trauma coordinators and trauma registrars who provide trauma program services in the 43 Oregon trauma hospitals. It could also eliminate the option for ambulances to bypass the closest hospital, going instead to one with the needed staff and specialized care facilities.

This systematized care has resulted in the reduction of deaths and disability by providing a mechanism to identify trauma patients needing crucial services and either treating these patients in a local hospital or transferring them to a facility best equipped to provide the needed care. The important element in Oregon's trauma system is that almost every hospital eligible to participate in providing trauma care plays an active part in the Trauma System.

The Oregon State Trauma Registry is the only database in Oregon that tracks critically injured patients from the time of injury through their discharge from the hospital. This allows the EMTs, physicians and nurses who participate in trauma care to help identify, implement and evaluate improved methods of caring for their patients.

Elimination of the Oregon Trauma Program and associated General Funds would also eliminate support for the State Trauma Advisory Board and the seven Area Trauma Advisory Boards that meet to improve trauma care throughout Oregon.

The two **Mobile Training Unit (MTU)** personnel provide EMS education to rural EMS providers who would otherwise have to travel great distances to obtain specialty training typically available only in populated areas. Rural EMS agencies depend on the continuing medical education from the MTU staff to remain current with emerging medical trends and to improve patient care. Additionally, the MTU staff is a critical component in running the skills testing for paramedics, intermediates and basics and working on preparedness response activities for the EMS and Trauma Systems Program. Without the support of the MTU, rural first responders and EMTs could have a difficult time renewing their certification, resulting in fewer members of rural EMS agencies. The reduction in staffing could result in EMS agency closures, reducing access to emergency care in rural areas predominantly served by volunteers.

In 2012, the national EMS certification levels will change, which will directly affect the curriculum and scope of practice for Oregon EMS personnel. Without the MTU staff to work on revised teaching and certification testing standards, significant delays in the implementation of these changes could be expected.

Emergency Medical Services for Children Program receives \$130,000 in federal funds and \$200,000 in General Funds. Oregon has received EMSC federal grants since 1985. The proposed budget reduction would eliminate the General Funds from this program.

The EMSC Program uses General Funds to provide educational simulation exercises for pre-hospital providers and hospital nursing staff; educational mini-grants to EMS and hospitals to provide local pediatric education; school nurse disaster preparedness education; pediatric-specific speakers at the Oregon Emergency Physician Conference and Oregon School Nurses Association; scholarships for SafeKids Coalition members to attend the SafeKids State Conference; and funding for the annual Oregon EMS for Children's Conference.

General Funds are also utilized by the EMS Program to provide infrastructure and conduct quality improvement activities for the EMS System and EMS supervising physicians who provide care and oversight to patients whether they are children, the aged, patients with heart disease, or patients suffering the effects of stroke. Recent activities include systematized cardiac and stroke care that builds upon the lessons learned in the development and implementation of the trauma program.

The loss of General Funds would affect seven positions. In 2006 the Oregon NHTSA Evaluation recommended increasing investment in the emergency medical services and trauma systems programs. Eliminating seven of 16 positions and the elimination of the Trauma System, the EMS Patient Encounter Database Project staff, the Mobile

Training Unit and the General Fund support for the EMS for Children Programs would result in decreased services, increased licensing fees and increased morbidity and mortality.

The **Joint Committee on Ways and Means** will consider these reduction lists as part of the development of the 2009-11 balanced Oregon state budget. The **Joint Committee on Ways and Means will hold public hearings** in communities in Oregon to take public input on the agency proposed reduction lists. This is an opportunity to let your voices be heard on state program priorities.

April 20 – Lincoln City

Lincoln City Cultural Center
6-9 p.m.

April 21 – Portland

Portland Community College
Cascade Campus Moriarty Arts and Humanities Building Auditorium
6-9 p.m.

April 23 – Salem

State Capitol, Hearing Room F
(Video links to communities TBD)
6-9 p.m.

April 29 – Bend

Location TBD
6-9 p.m.

April 30 – Ashland

Southern Oregon University
Stevenson Union, Rogue River Room
6-9 p.m.

May 1 – Eugene

University of Oregon
Prince Lucien Campbell Hall, Room 180
1-4 p.m.

The Joint Ways and Means Committee members are identified on this Web page:
www.leg.state.or.us/comm/lfo/WaysMeansMembership.pdf

EMS agency license renewal

All ambulance agency and vehicle licenses expire on June 30, 2009. The ambulance service renewal application packets will be sent April 1. The process will be slightly different for agencies this year because some additional information is being requested as part of the renewal process. DHS-EMS/TS created a new electronic renewal application to allow for accurate data collection on ambulance agencies and vehicles.

For questions on ambulance service or vehicle renewal, call Justin Hardwick at 971-673-0576 or e-mail him at justin.hardwick@state.or.us.



Coming soon - EMT recertification

Recertification packets for all out-of-state residents have been mailed. Recertification packets for Oregon residents will be mailed the last week of March. If you don't receive your packet by April 10, 2009, go to our Web page, www.oregon.gov/DHS/ph/ems/; click on EMS Cert & Training on the right of the screen and follow it to the Forms Request link. **Please do not request a duplicate packet until after April 10, 2009.**

New this year:

1. Full background checks on all recertifying EMTs.

What this means: Certificate holders registered with law enforcement for a security clearance, a gun permit or any type of criminal conviction will have to be manually cleared. This may delay recertification.

2. Have you been out of Oregon for 60 or more consecutive days over the last five years?

If yes, then you will need to submit a fingerprint card with an additional fee of \$47.25.

Exceptions:

- Military personnel may submit a copy of their DD214, if it has been issued to you within the past 180 days in place of a fingerprint-based criminal history check.
- If you have previously been **fingerprinted for a criminal history check with our office** and have not since been outside the state for 60 or more consecutive days, you do not need to submit a fingerprint card.

This process will be repeated with every recertification year. The Department of Human Services (DHS) needs fingerprints for those who have been out of Oregon for 60 or more days because DHS uses the Oregon Law Enforcement Database to run background checks on all Oregon residents. The database does not check on problems in other states.

Do you have questions about the rapidly approaching recertification process? Check out our Web site in the Frequently Asked Questions section at: www.oregon.gov/DHS/ph/ems/.

While we are always happy to answer your questions and hear from you, the EMS/TS Program has limited staff for managing recertification. We may not be able to respond to your phone calls as quickly as we would like. By going to our Web page first, you can help us help you. In turn, we have more time to get your recertification applications processed quickly and efficiently.



RECIPROCITY STATS BY LEVEL AND YEAR

<u>Year</u>	<u>Paramedics</u>	<u>Basics</u>	<u>Total # of EMTs</u>
2008	74	160	234
2007	56	142	206
2006	43	103	146
2005	43	121	164
2004	29	126	155

New degree rules

EMS new rules went into effect in July 2008. The new rules no longer require an EMT to follow Oregon’s associate in applied science degree to become certified. Paramedics with any associate’s degree or higher from an accredited school are allowed to submit a sealed official transcript from their school and become certified.

Provisional agreement

In addition, paramedics are allowed to work in Oregon under a provisional while going to school to obtain a degree. The length of the provisional is based on how many credits the school states the EMT needs to obtain his or her degree.

Fingerprints and DD214s

The fingerprint process turnaround time from Oregon State Police has improved. Prior to 2007, the process took four to six weeks to receive the results. This response time has improved to seven to 10 days once we went to an electronic response from them.

Military personnel are allowed to submit a DD214 in place of a fingerprint background check if it has been issued within 180 days.

Response times

Basic with complete packet and DD214 = one to two days;
Basic with complete packet and fingerprints = 2 to 2-1/2 weeks.

Paramedic with complete packet and DD214 = one to two days;
Paramedic with complete packet and fingerprints = 2 to 2-1/2 weeks.

Paramedics needing provisional certification must sign an agreement with the director and should allow one week for mail time if they do not come in person to sign.



Nominations for EMS awards

We are accepting nominations for the 2009 Oregon EMS awards. Please see our awards Web site to download a nomination form and manual that defines the awards. Submit your nominations by June 30, 2009 at <http://egov.oregon.gov/DHS/ph/ems/recognition>.

place on the morning of Friday, May 29, in Portland. The afternoon session will be the Oregon ACC STEMI Summit. This multidisciplinary meeting will include networking and strategy development for improving STEMI outcomes. Discussion will include both urban and rural issues. Please e-mail or call Ritu Sahni, M.D., M.P.H., for more information.

Supervising Physicians/Medical Directors Forum

The spring Supervising Physicians/Medical Directors Forum will be paired with the Oregon Chapter of American College of Cardiology's STEMI Summit.



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