



**STATE EMERGENCY MEDICAL SERVICES
COMMITTEE
June 5, 2009
Meeting Minutes**



In attendance: Erin Burnham, J.D. Fuiten, Denise Giard, Victor Greiner, Jon Jui, Greg Marlar, Charles McCart, Kenny McGinnis, Bill McMillan, Raymond Moreno, Andrew Nicholes, Ameen Ramzy, Leslie Terrell, Jim Thomas

Absent: Douglas Gruzd (Excused), John Mack (Excused), Jennifer Mitchke (Unexcused?), Cathy Murphey (Unexcused)

Guest: Shannon O'Fallon, JD; Craig Newgard, MD, MPH

Staff: Maria Campbell, Philip Engle, Justin Hardwick, Bob Leopold, Kim Torris, Susie Werner

Meeting Minutes: Approved

Call to Order

- Election of Officers
 - By laws – Chair and vice chair serve for 2 years
 - Chair – Denise Giard, EMT-P
 - Vice Chair – Chuck McCart, MD

New Business:

- Chemult Variance Request –
 - Approved to have a first responder as a driver in the absence of an EMT-B or higher. Chemult only has 4 EMT-Bs and the need would only occur about 15% of the time.
 - Approved for 1 year with a revisit at that time.

Special Project Reports:

- EMS Patient Encounter Database presentation
 - Craig Newgard, MD gave presentation on pilot project on data collection.

- Collaborative project with funding from ODOT and collaboration with the state EMS office.
 - Phase One – to catalog all the transport agencies and data entry of one month of data from May 2008 from PCR's either electronic or hardcopy.
 - Phase Two – linking with outside data sources such as agencies that were unable to provide data prior, ODOT, etc.
 - 27,000 records (almost entirely electronic entries), represents 34 of the 36 counties
 - Image Trend provided us with data base and a web based PCR.
 - Finding include:
 - EMS calls throughout the state in one year estimated at 380K
 - 9% pediatrics (under age of 15), 44% geriatrics
 - Primary reason for calls: Injury 25% of calls, interagency transfers, and then chest pain
 - 90% of calls within 15 minutes overall state
 - Procedures generally performed: IV line 33% of patients, wound care and splinting
 - Oxygen and saline, aspirin, nitro were the medication most commonly administered
 - Dispositions 75% transported
 - Treated and released just under 4%
 - Future uses: Outcomes, use for finding better ways to respond; use of information by the state EMS office for legislation: tracking trends in stroke and stemi care; quality assurance
 - Many of the records may be duplicate calls from different agencies responding to the same call for example both transport and non-transport agencies are first response agencies but different providers.
 - Bob stated that to get a permanent system is estimated at \$250K.
- Vision 2012 Workgroup
 - Background
 - Joint task with the Oregon Medical Board, fire, private, in and out of the valley and others to look at the changes with the national registry and how the state should tackle

implementation of the EMS Education Agenda for the Future.

- Information presented was findings from the task force. There will be future stakeholder meetings are scheduled to receive comments.
 - The task force's intent was to set up goals that would reflect the successes of our educational program in Oregon and to maintain it.
 - It is unclear whether we are training enough providers in state and will have to increasingly rely on providers moving in from other states. Reciprocity is important.
 - The Dept of Transportation/NHTSA curriculum has been replaced by the National EMS Educational Standards. We are currently required by rule to follow the NHTSA curriculum.
 - After 2012 anyone wishing to become a Paramedic will need to graduate from a school that is nationally accredited.
- Proposal from the task force
 - Medical Direction is currently required for Basic, Intermediate, and Paramedic. We propose all levels, including Emergency Medical Responder, have medical direction. All agencies that are providing emergency care should have medical direction. All EMT schools should have medical direction. We also suggest that medical directors have some formal training or experience. Also require medical directors to get some CE to continue being a medical director.
 - For First Responder name would change to Emergency Medical Responder to follow the National Registry standard. An increase of 12 hours for original training. Change would be competency based curriculum. The instructor must be an EMR or higher as it is currently. No prerequisites for the class except to be 16 years of age. We currently have own in house written test. Practical we would use national skill sheets. We propose CE would be 12 hours every 2 years or maintain registry, require EMRs to have medical direction and to include Epi pen in the curriculum.

- EMT Basic to be called EMT. Must be 18. 150 – 190 hour original training course. We already require 8 hours of facility time which is more than national. Continue to utilize national registry for certification for written and practical. 24 hours of CE or maintain registry certification. Reciprocity requires national registry.
- Advanced EMT – In the standards of original training 150 – 250 hour curriculum. The instructors on the task force agree Oregon’s 164 hours should be over 200 hours. We currently have 24% less Advanced EMTs since last recertification. Advanced EMTs currently don’t learn rhythm interpretation or ALS; however, they can transport any patient receiving medication in a drip form as long as started at the hospital for an interagency transport.
 - Options:
 - Replace EMT-I with Advanced EMT with a couple of additions.
 - Don’t worry about Advanced EMT and keep Oregon EMT-I as they are.
 - Adopt the Advanced EMT as a new level that is between EMT and the current EMT-I.
- Paramedic – Basically not changed. Only key change after December 2012 will require schools to be nationally accredited and for the paramedics to be required to graduate from one of them. We currently have Chemeketa, OHSU, and AMR/National College of Technical Instruction. 1300 hours of competency based original training is required and to have a medical director. Maintain Association requirement here in Oregon and nationally registry certification. 48 hours of CE or maintain the National Registry card. For we reciprocity we currently require a National Registry card and associates degree and we will be required in future to take some experience into account.
- EMS Agencies – definition that anyone that responds to a medical emergency; anyone that employs personnel in that role; anyone that certifies EMT personnel; and anyone that provides initial training for those personnel.

Old Business:

- Report on Recertification on EMTS
 - As of 6/1/09, 4,226 recertified
 - Big change this year was the requirement to complete background checks on everyone recertifying.
 - Already have 22 applications that will be held up for investigations and these individuals have been issued extensions until investigations are complete.
 - Fingerprint background checks are back logged at OSP to 3 weeks from 1 week. Prepared to give extension letters for these individuals too.
 - A posting on website for individuals to check on their status in the process.
- Report on Re-licensing of Agencies and Ambulances
 - Currently over half of agencies have been renewed
 - A different process was tried this year with good results. The new process cut time in have for processing.
- Medical Directors Forum
 - Ritu stated the forum had 32 attendees and some presentations were from the DEA, post cardiac arrest care protocols, and the 2012 Vision of the Future presentation.
- Oregon Stemi Summit
 - Ritu also reported that the Oregon Stemi Summit was also well attended.
- Oregon Medical Board/EMT Committee
 - The committee set a scope of practice for providers for each level and rules around supervising physicians.
 - They also received the 2012 Vision presentation.
 - Two member terms expired – Rose Howe who was recommended to renew and Paul Rostykus whose term not eligible for renewal.
 - Housekeeping changes for scope of practice:
 - Clarification on the added EKG interpretation made specific recommendation concerning the Intermediate scope of practice. For paramedics the addition of interpretation of 12 lead. Emergency and non-procedures that can be provided by Intermediate have been corrected. The request to add a medication, called Dan

citron to the scope of practice. Official reading next quarter.

- A wording change in ORS 682 and ORS 333 need to be worked out between OMB and this committee.
- Review of Draft Weapons Policy
 - Weapons mace, pepper spray, stun guns, fire arms, etc.
 - Original draft policy came before the committee for the first time in March. The committee strongly advised that the wording be changed from “should not” to “shall not” permit the use of weapons.
 - Currently the State EMS office has no authority to mandate or regulate agencies storage or use of weapons. No specifications have been added since we are unable to regulate. A change could occur through legislation.
 - The feeling is that we want EMTs to be safe to respond to a scene. Need a policy that allows EMTs to stay in staging if it is believed that the scene is unsafe to enter. This policy should be separate from the weapons policy.

Committee Updates:

- Subcommittee on EMT Certification and Discipline
 - 3 candidates for certification were reviewed
 - New recertification process will possibly see more people with background issues to be reviewed.
 - The committee spoke about returning military personnel with issues and how to deal with them.
 - The make up of the committee will be transitioning.
 - Volunteers came forward and the committee will be decided outside of the meeting.
- Oregon State Ambulance Association Liaison
 - State weapons policy
 - EMS Committee meeting update
 - Budgets
 - legislation
- Oregon ACEP Liaison
 - No report
- EMSC Committee Liaison/Site Visit Review
 - No report
- Trauma Committee Liaison – Rule Changes

- No report

Forum:

- EMT Testing sites – The EMS office is still working with the colleges to take testing east of Bend. We don't have adequate coverage. Currently there are two colleges applying as Pierson testing sites.
- Next meeting suggested change due to Labor Day Holiday to September 11th

Meeting adjourned at 4:00 p.m.

Next meeting:

September 11, 2009

Room 1B

1:30 to Close of Business