

EMS & TRAUMA SYSTEMS

PORTLAND STATE OFFICE BUILDING | 800 NE OREGON STREET, SUITE 465, PORTLAND, OREGON 97232-2162



State Trauma Advisory Board Quarterly Meeting Minutes

2023 Quarter 1 | January 13, 2023

Chair Ron Barbosa, MD | Vice Chair Vacant

Appointed Board Attendance

Y	Ron Barbosa, MD	Level 1 Trauma Surgeon
Y	Mac Cook, MD	Level 1 Trauma Surgeon
N	Daniel Sheerin, MD	Level 1 or 2 Orthopedic Surgeon or Neurosurgeon
Y	Justin Sales, MD	Level 1 Emergency Medicine Physician
Y	Heather Wong, RN	Level 1 Trauma Program Manager Nurse
Y	Jennifer Serfin	Level 2 Trauma Surgeon
Y	Amy Slater	Level 2 Trauma Nurse Coordinator
VACANT	VACANT	Level 3 Emergency Medicine Physician
VACANT	VACANT	Level 3 Trauma Nurse Coordinator
Y	Abigail Finetti, BSN, RN	Level 4 Trauma Nurse Coordinator
VACANT	VACANT	Urban Area Trauma Hospital Administration
VACANT	VACANT	Urban Area Emergency Medical Services Provider
N	April Brock, MSN	Rural Area Trauma Hospital Administration
N	Michael Lepin, Paramedic	Rural Area Emergency Medical Services Provider
VACANT	VACANT	Public Safety Answering Point Representative
N	Aaron Ott	Public Member
N	Joel Carmody	Public Member
N	Jim Cole, Paramedic	EMS Committee Representative

Oregon Health Authority Attendance

Dana Selover, MD; David Lehrfeld, MD; Stella Rausch-Scott, EMT; Peter Geissert; Rebecca Long, P; Leslie Huntington, P; Madeleine Parmley, RN; Rachel Ford; John Crabtree; Robbie Edwards; Yesenia Rosario; Justin Hardwick; Veronica Seymour; Andy Nunes; Mellony Bernal; Nick May

Public Attendance

Kali Dubois, Misty Wadzeck, Kim Fletcher, Danny Freitag, Frank Ehrmantraut, Matthew Edinger, Pamela Halbrook, Jamie Diercks, Tara Buhr, Emily Weber, Kathy Tompkins, Ashley Watson, Stephen Long, Carrie Allison, Katie Hennick, Thomas Gregan, Megan Lundeborg, Susan Steen, Ethan Lodwig, Mindy Stinnett, Leslie Engelgau, Linda Sheffield, Renae Mefferd, Joey Van Winckel, Peter Rosenberg, Emily Weber, Matt Philbrick, Jean Benson, Jeremy Buller, Anthony Huacuja, Daniel Hull, Randi Saucier, Melissa Levesque,

Timbra Burrup, Kali Dubois, Judi Gabriel, Peter Rosenberg, Lauri Martinich, David R, Lucas Bradshaw, Karla Rutherford, Tiffany O'Byrne, Andrea Greenlaw, Libby Windell, Bet Martin, Thomas Gregan, Brittany Tagliaferro-Lucas, Randi Saucier, William Scott, Jonathan Jones

Call to Order - Ron Barbosa

The meeting was called to order. A roll call of the committee was taken, and quorum was not met. The agenda was presented, and no changes were requested.

Amani Atallah was introduced as the new EMS & Trauma Program Manager.

Membership - Stella Scott

Vacant positions:

- Level 3 Emergency Medicine Physician
- Level 3 Trauma Nurse Coordinator
- Urban Area Trauma Hospital Administration
- Urban Area Emergency Medical Services Provider
- Public Safety Answering Point Representative

The state uses the Office of Rural Health map as the definition and guide for Urban and Rural areas. Office of Rural Health Urban, Rural and Frontier Map: <https://www.ohsu.edu/media/881>

ACTION	Continue to recruit for the vacant positions.
--------	---

Vice Chair/ EMS Committee Representation - Ron Barbosa

Vice Chair vacancy – Rhonda Fischer left her position and no longer sits on the board. Her role as Vice Chair will be filled for the completion of the term. Quorum was not met during the meeting, so this action item was moved to the 2023 Quarter 2 meeting.

EMS Committee AD HOC representative. Dr. Ron Barbosa will sit as the Ad Hoc representative on the state EMS Committee.

ACTION	Vote for a Vice Chair position at the next meetings.
--------	--

Review/Approve Minutes - Ron Barbosa- pending

Quorum was not met so the approval of the 2022 Q4 minutes will be completed at the 2023 Q2 meeting.

Oregon Trauma Registry Data- Andey Nunes

OTR 2023 Change Implementation

Pre-Existing Condition and Hospital Events element updates

- known validation issues in present implementation (review is blank)
- unknown resolution timeline from ESO

TQIP validation issues

- Lowest ED SBP was retired but validation rule needs to be updated



Questions/discussion on annual data standard updates?

(slides 5-20 *NTDB 2023 Updates* provided for reference only)

NTDB 2023 Updates

ALL DATA ELEMENTS: Notes in the Additional Information section to "INCLUDE" and/or "EXCLUDE" certain values have been moved to the Description.

NEW DATA ELEMENT (Emergency Department Information)

PRIMARY TRAUMA SERVICE TYPE

DESCRIPTION

The primary service type responsible for the care of this patient.

ELEMENT VALUES

1. Adult
2. Pediatric

ADDITIONAL INFORMATION

- The primary service type responsible for trauma evaluation and care of the patient.
- This element will be used to determine which eligible Trauma Quality Programs report (adult or pediatric) the patient will appear; report age criteria will still apply.
- Adult trauma centers that do not have a separate pediatric service must report *Element Value* "1. Adult."
- Pediatric trauma centers that do not have a separate adult service must report *Element Value* "2. Pediatric."

DATA SOURCE HIERARCHY GUIDE

1. Triage/Trauma Flow Sheet
2. History and Physical
3. Discharge Summary

ASSOCIATED EDIT CHECKS

Rule ID	Level	Message
22501	1	Value is not a valid menu option
22502	2	Element cannot be blank
22540	1	Single Entry Max exceeded

NTDB 2023 Updates

Pre-Existing Condition element updates

- **Retired:**

- Angina Pectoris
- Mental/Personality Disorders (replaced by new data elements)
- **New:**
 - Bipolar I/II Disorder
 - Major Depressive Disorder
 - Other Mental/Personality Disorders
 - Post-Traumatic Stress Disorder
 - Schizoaffective Disorder
 - Schizophrenia

NTDB 2023 Updates - UUID

Universally Unique Identifiers (UUID) are used in NEMESIS v3.5.0 to identify and track agency resources and patient care reports within an agency over time.



NTDB 2022 UUID applied **only** to the ePCR for the incident scene transport to ED.

NTDB 2023 Description Change for UUID data element

The universally unique identifier (UUID) of the patient care report (PCR) of **each** emergency medical service (EMS) unit treating the patient **from the time of injury to arrival at your hospital**.

Proposed Quarterly Topics:

Q1 – Implemented data standard changes, preview coming year

Q2 – Non-accidental trauma injury dashboard (new)

Q3 – Summer injury dashboard (update)

Q4 – Data standard changes (discussion)

impacts for data collection and reporting

2022 TraumaOne account verification:

Completed:

- Verified staff TraumaOne access for 20/43 hospitals
- Deactivated 21 outdated accounts
- Updated registrar list for training notifications

Maintenance:

- Maintain registrar list as new accounts are added and deleted
- Next annual verification scheduled for November 2023

Trauma Band System Assessment

2023 Timeline

- | | |
|----|--|
| Q1 | <ul style="list-style-type: none">• Assess Trauma Band Data in OTR and OR-EMSIS<ul style="list-style-type: none">• Frequency of patients/records with no trauma band assigned• Frequency of duplicate band numbers for different patients and different incidents |
| Q2 | <ul style="list-style-type: none">• Frequency of multiple band numbers for same patient/incident• Assess spatial and temporal patterns• Develop and implement report template for hospital and agency specific trauma band data quality reporting |
| Q3 | <ul style="list-style-type: none">• Review assessments and update lifecycle narrative• Develop QI strategies and publish report• Revise internal protocol for administering and monitoring Trauma Bands in OTR |

2023 OTR data dictionary:

<https://app.smartsheet.com/b/publish?EQBCT=3db32e1bb3fd468e95221e1e78580acd>

Support Request Form: <https://app.smartsheet.com/b/form/36d565736e314e7981f4897528b1822f>

Access Request Form: <https://app.smartsheet.com/b/form/a484dfdcf8e94d2aae5029e746f799f0>

EMS/TS Trauma Quarter (newsletter) Report:

https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EMSTRAUMASYSTEMS/Documents/OHA_EMS_TS_Program_Update.pdf

ACTION	
--------	--

2023 Goals – Rob Barbosa, David Lehrfeld, STAB Committee

Dr. Lehrfeld and Dr. Barbosa led a discussion with the committee around potential projects that the committee would focus on for the year.

A review of past projects from the committee included:

Pediatrics splenectomy rates. There was 10% overall pediatrics splenectomy, and they propagated guidelines, measures, and authored reports and over a decade got that rate down to about 1%, which was the national recommendations.

STAB Clinical guidelines like East guidelines or t-quip guidelines for treating various traumatic injuries that were adopted by individual programs and ATABS.

The Stop the Bleed campaign: The State focused on providing training to all areas and make sure that everyone has the adequate equipment. It was an initiative across the State and the ATABs focused quite a bit of energy doing prevention and training.

The ATABS have been involved in all sorts of prevention measures. ATAB projects:

- Stop the bleed
- Helmet programs
- Car seat programs
- Drowning prevention programs.

During the pandemic ATAB 1 tried to reduce the amount of unnecessary transfer for big one TBI. ATAB 3 was working on limiting prehospital crystalloids and in trauma patients.

There has been a lot of interest in the legislature and in the medical community regarding TBI from the entire continuum of prevention all the way to rehabilitation, prehospital treatment, hospital treatment of major and minor TBI.

Dr. Cook requested a workgroup to create a statewide system for a Trauma Patient transfer's guide. This would include identifying whether the patient's transfer is unnecessary or necessary. The quality care facilities came up with the idea of just having a master list and when the resource became available, you would be notified. Instead of calling all the different facilities, constantly and that has evolved into what we call the organ medical coordination center.

It's been almost a decade since Arizona published their EPIC study, which had to do with a prehospital bundle for Traumatic Brain Injury (TBI) for prevention, preventing hypertension, and hypoxia. There's a nationwide effort to expand that out to other States. It was published in 2015. There's the t-quiPs, tbi guidelines for hospital treatment, emergency department and inpatient treatment. We could look at that and see if any of those are applicable. If STAB and ATAB, and the programs want to adapt that and build dashboards for it to monitor it. There's a ton of room to work in the TBI area.

We want to build off the work group from the previous meeting which is set guidelines for set statewide expectations for the catastrophically injured and include the minimally injured.

STAB can publish a TBI guideline that can be adopted by the ATABS and that we can use our statewide registry to monitor our performance. (BIG 1 – Brain Injury Guideline)

These are recommendations from the State trauma advisory Board to the ATABS, and they take with them with what they have in their local ATAB in their region, and have an additional conversation potentially about that, and that's how that splenectomy project worked, the map filled in everywhere in Oregon and it was a progressive conversation so it's not a rule that we're suggesting

or a mandate, but some guidelines from taking the expertise at the State trauma advisory board and sharing that with the regions, and seeing what they do with it, and how they implement it.

Validating the Brain Injury Guidelines -

https://journals.lww.com/jtrauma/fulltext/2022/08000/validating_the_brain_injury_guidelines__results_of.3.aspx

ACTION

Workgroup was created at the last meeting to further work on creating guidelines for lower levels to support end of life discussions with families.

Workgroup:

Mac Cook

Abigail Finetti

Ron Barbosa

Misty Wadzeck

Tiffany O'Byrne

Workgroup to grow on the current a statewide transfer guideline:

Libby Windell -Salem Hospital

Matt Edinger

Tara Buhr

Alexis Moren (Salem Health)

Committee Update - Jim Cole, Rachel Ford/ Matt Philbrick

EMS Committee (Jim Cole):

Matt Philbrick- EMS Children:

Hero Kids Registry is the Health Emergency Ready Organ Kids program is a collaborative project between the Oregon center for children and youth with special health needs in the Oregon EMSC here Kids provides real time information to us Providers and ED Providers with sensitive patient information that helps in the provision to care of a pediatric population specifically in Oregon, up to the age of 26.

It provides the information to the front-line providers whether it's prehospital or hospital setting, with relevant information that helps in the permission of care. That comes through either in a process similar to the pulse registry with a registration number that you can provide, or in an after of an interface.

There's an increase in app downloads from first response agencies which means an increase in utilization. We're starting to hear some success stories come through related to hero kids. Those have been shared on the various social media platforms.

There's a registration link for a webinar on the 16th of February, called superheroes of small stuff.

It was being documented that pediatric patients were receiving a weight-based medication, and no weight was documented. The goal as a committee, was to see if we can impact that. One of the most effective was a letter writing campaign. It was wildly successful, and they've sustained some long-standing, positive impacts from that. Now many of the agencies are functioning a 90 to 100% compliance range for making sure that those pediatric weights are documented, and that that change has been sustained for several months.

The goal as a committee is to look at other measures that might be impacted by similar measures that would include respiratory o one which is for any pediatric patient that is receiving a primary or secondary impression documented on a ePCR. That they receive a respiratory evaluation, and that evaluation would include documentation of a respiratory rate and SPO2. The Second, one is asthma, o one, and that's for any pediatric patient that receives the field diagnosis or the documentation of a primary impression as asthma or secondary impression of asthma, that they receive a beta agonist as part of the treatment 5.

Hero updates have been sent to Stella and she will be sharing with the ATABS.

ATAB Updates - ATAB Representatives

ATAB 1:

- Mac Cook has just been appointed vice chair.
- Goal for the year is to look a little bit more at how our data is falling in our catchment areas.

ATAB 2:

- No changes to the plan this past year. Main areas of discussion have been challenges with transferring patients within our region as well as just within the State in general.
- New leadership changes coming up soon.

ATAB 3:

No Updates

ATAB 5:

- Made some changes to the Qa Session itself, some formatting changes and then what to do with their data presentation, and with the data elements going forward.
- 2023 focuses are to continue to Stop the Bleed program and push that out to the entire Medford school district, all their teachers and ancillary staff sometime in August and then trying to bring the nurses talk tough program back down into the valley.
- An mci trail that's supposed to be happening in June.

ATAB 6:

- There will be some leadership changes.

ATAB 7:

No updates

- Working on updating their ATAB plan and deciding what data we they want to look at and then just renewing membership.

ATAB 9

No updates

Director Update – Dana Selover & David Lehrfeld

The administrative rules- Exhibits 2 and 3 for field triage guidelines and hospital trauma triage guidelines. Everything submitted has been received. This Rules review and changes has been deferred till a later time in 2023. Exhibit 4- the gray book will include a RAC and is currently being reviewed in-house. If you have any comment or questions send to Stella or Mellony Bernal.

Health System Surge- We're still working with ESF8.

The strain is really across the whole system. It's in the EMS realm, in the hospital realm but it's also in the post-Acute realm in adult foster homes, in home care, home health, hospice, all long-term care facilities, there are problems and there's blockages when those problems exist specifically for EMS and Trauma. Our EMS agencies are small and it's hard for them to build capacity to take that into consideration.

Anyone who has either has ambulance agency, licensing vehicles, or Ems provider that you send your email queries or call the general hotline. Those are constantly monitored.

We are also working with health, security, preparedness, response, ESF8 partner at public health, to work on a patient movement task force. We're looking at for Ems mobilization, an analog to the fire conflagration.

The legislative session is in full swing. Workforce and workforce adjacent bills, nursing, licensing, compact education, and training incentive, incentives to do the training support both financial and for trainees, whether all the way from home care to nursing and beyond are all showing up in bills. Senate Bill 495- A bill to regulate urgent care centers which would be a change. It would impact, all of ems and trauma indirectly and our health facility licensing group. Setting standards, doing inspections, doing complaint investigations.

Public Comment - Ron Barbosa

Meeting was adjourned

These minutes have not been approved by the State Trauma Advisory Board.

QUARTER 4 REPORT | PUBLISHED JANUARY 2023

Data timeline for this report September 1 - November 30, 2022

EMS & TRAUMA SYSTEMS

PORTLAND STATE OFFICE BUILDING | 800 NE OREGON STREET, SUITE 465, PORTLAND, OREGON 97232-2162



EMS & Trauma Systems Contact information:

www.healthoregon.org/ems | 971-673-0520

Oregon EMS & Trauma Systems | EMS.TRAUMA@dhsosha.state.or.us

Oregon EMS & Trauma Data Section | EMS.Trauma.Data.Team@dhsosha.oregon.gov

Oregon EMS Professional Standards Unit | EMS.PSU@dhsosha.state.or.us

CONTENT:

<u>EMS & Trauma Systems Manager's Update</u>	2
<u>Professional Standards Unit (PSU)</u>	3
<u>Ambulance Licensing</u>	4
<u>Ambulance Service Survey</u>	4
<u>Education & Examinations</u>	5
<u>OHA EMS & Trauma Systems Committee</u>	6
<u>Trauma Program</u>	6
<u>Oregon Emergency Medical Services for Children (EMSC)</u>	7
<u>Oregon EMS Information System (OR-EMIS)</u>	8
<u>Oregon Trauma Registry (OTR)</u>	8
<u>Ambulance Service Area (ASA) Review</u>	10
<u>Medical Director/Supervising Physician Approval</u>	10
<u>Cardiac Arrest Registry to Enhance Survival (CARES)</u>	11
<u>Get With The Guidelines - Stroke Registry</u>	11
<u>Rule and Legislation Update</u>	12

General EMS & Trauma Systems Manager's Update



Welcome!

Our office is pleased to announce Amani Atallah as the new EMS and Trauma Systems Program Manager.

Amani comes to our section from the Covid Response and Recovery Unit, where she served as Operations Manager for the COVID-19 Therapeutics Program in the Covid Response and Recovery Unit, Oregon Health Authority in 2022 and Project Manager for the same program in 2021. Her achievements there were notable and we look forward to her leading our experienced team of EMS and Trauma professionals.

She is a nationally registered and Oregon licensed Paramedic and has a 12-year background in Emergency Medical Services and Bachelor of Science in Emergency Management from Concordia University. She gained her initial Paramedic and EMS education in Illinois.

Her recent clinical experience comes from her time working for American Medical Response (GMR) Multnomah County (Oregon). Her experience includes working as a Lead Paramedic, Project manager for Emergency Operations Plan and a member of:

- Emergency Response Team
- Safety Committee
- Affinity Groups
- CISM Peer Counselor
- Safe Stretcher Instructor
- CPR instructor for multiple organizations

Professional Standards Unit (PSU)

PSU Projects

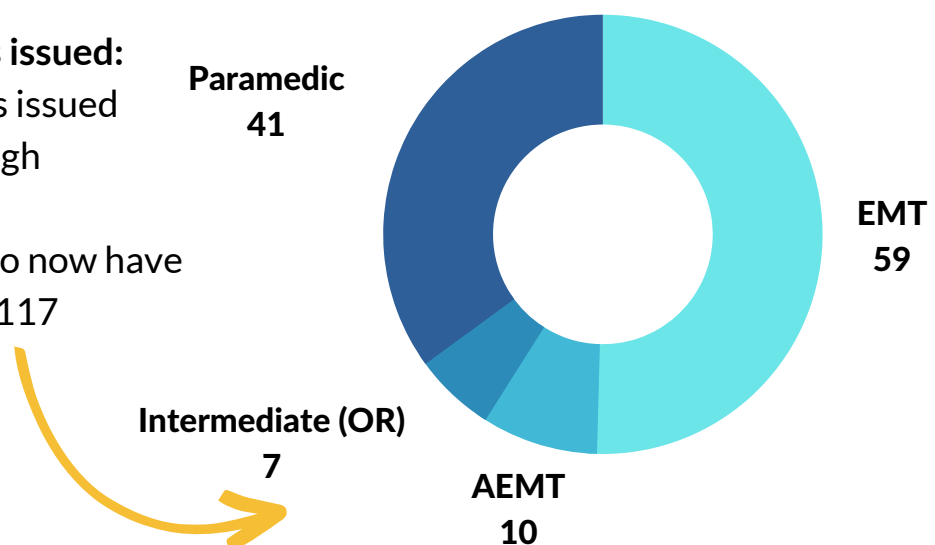
- Working with the EMS team to revise and update EMS Provider applications for improved design, function and value
- Current rule revision and new rule development projects:
 - Initial EMS Provider education
 - Licensure of military spouse or domestic partner
 - Ambulance service and vehicle licensure requirements
 - Oregon Medical Board Scope of Practice changes
- Rebecca Long serves on the Department of Public Safety, Standards, and Training (DPSST) Telecommunications Policy Committee and attends quarterly meetings
- Justin Hardwick represents the PSU on quarterly National Association of EMS Officials (NASEMSO) meetings
- Justin Hardwick, Rebecca Long are working on two cases to bring before for the License and Discipline Subcommittee (scheduled for January 12, 2023)

Emergency Initial Provisional License (EIPL) Renewal Applications

Out of state EMS providers were allowed to pursue an Emergency Initial Provisional License (EIPL) to assist the state of Oregon during the pandemic. This license had reduced requirements for providers with an out-of-state license but expired sooner than a normal license. When Governor Brown declared the end of the state of emergency on April 1, 2022, the EIPL program was discontinued. However, providers who still held an EIPL license were permitted to renew that license once and obtain a 6-month extension. *The OHA EMS & Trauma Systems Office continues to issue EIPL renewals and expects to continue receiving such applications until the second quarter of 2023.*

EIPL renewal applications issued:

- Total EIPL applications issued from 4/10/2020 through 3/31/2022: 418
- Initial EIPL holders who now have full Oregon licensure: 117



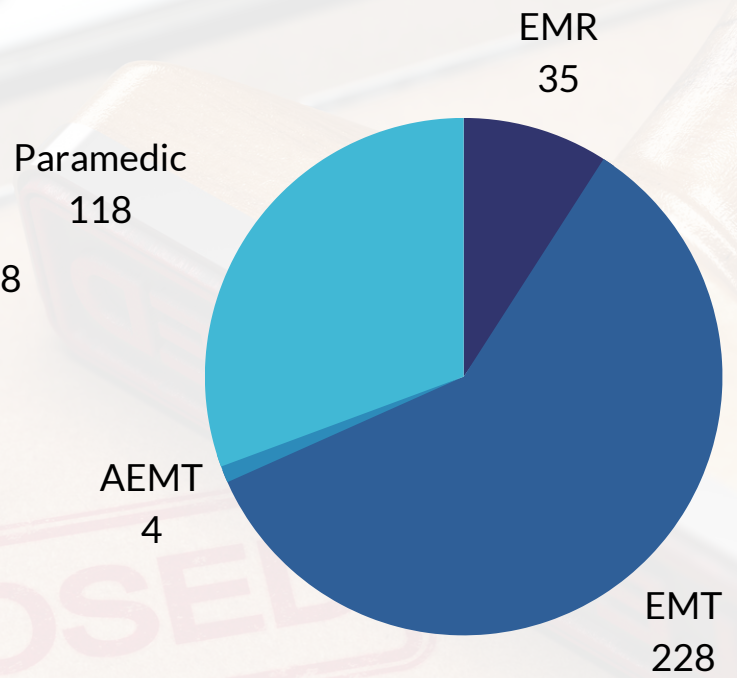
Summary of regulatory activities

- Investigations opened: 25
- Investigations closed: 35
- Investigations pending: 113
- Licensees currently on probation: 8
- Licensees reinstated: 8
- Continuing education audits completed: 8
 - EMR : 4
 - EMT: 2
 - Paramedic: 2

Actions

- Letter of concern issued: 14
- Letter of reprimand issued: 2
- Probation (stipulated agreement): 5
- No action taken / background cleared for approval: 11
- Closed inactive: 4
- Civil Penalty issued: 1

EMS Initial License Issued



Ambulance and Services Licensing

New Ambulance Services

- Initial Service License Applications received: 2

New Ambulance Vehicles

- Initial License Applications received: 15
- Initial Licenses issued: 16
- Exception documents reviewed: 3

Agency License Surrender

Two ambulance services submitted a surrender of their ambulance service license and ambulance vehicle license to OHA-EMS.

Variance/Waiver

- Variance/Waiver requests received approved: 0
- Number of ambulance services currently utilizing rural staffing [OAR 333-255-0070](https://www.ohio.gov/search?q=OAR+333-255-0070) (4): 10

Ambulance Service Surveys

- Initial ambulance service survey conducted: 1
- Annual ambulance service surveys conducted: 8

Ambulance Application and Form Updates

- The Initial Ambulance Service License Application is under revision and will soon be available by request in the License Management System to active users.
- Updated survey checklists can be found on the [Ambulance Service and Licensing, Forms and Application webpage](#).
- Ambulance services will soon be able to use a secure SharePoint process to upload pre-survey documentation for OHA-EMS review. This process will be followed by a virtual or on-site survey of the facility, records and ambulance vehicles.

Education & Examinations

Course Applications Approved

- EMR: 5

College course applications (2022-2023 academic year)

College course applications were processed at the beginning of the academic year.

Summary of the courses scheduled and in progress for the 2022-2023 academic year are:

- EMT: 34
- AEMT: 5
- EMT-I: 2
- Paramedic: 10

Education and Exam Projects

- Completed the first major joint review of the EMS education accreditation rules with staff from the Higher Education Coordinating Commission. The accreditation rule revision will be coordinated and timed with the revision of the OHA-EMS education rules in 2023.
- Review of the State EMT licensure exam: a competency framework is being explored with the community colleges. Sections of the draft competencies are being tested in some EMT courses.

Committee Information

All meetings have moved to a virtual platform. Information on how to join a meeting can be found [HERE](#).

2023 State Meeting Dates: January 12, 13 and 14

Open committee positions

EMS for Children Committee

- Tribal EMS representative

State Trauma Advisory Board

- Level 3 Emergency Department Physician
- Urban Area Hospital Administrator
- Urban Area EMS Provider
- PSAP (911 Dispatch Center) representative

EMS Committee

- Emergency Department Physician

Stroke Care Committee

- EMS Provider who works for a licensed EMS agency
- Rural Healthcare Provider who provides emergency care of stroke

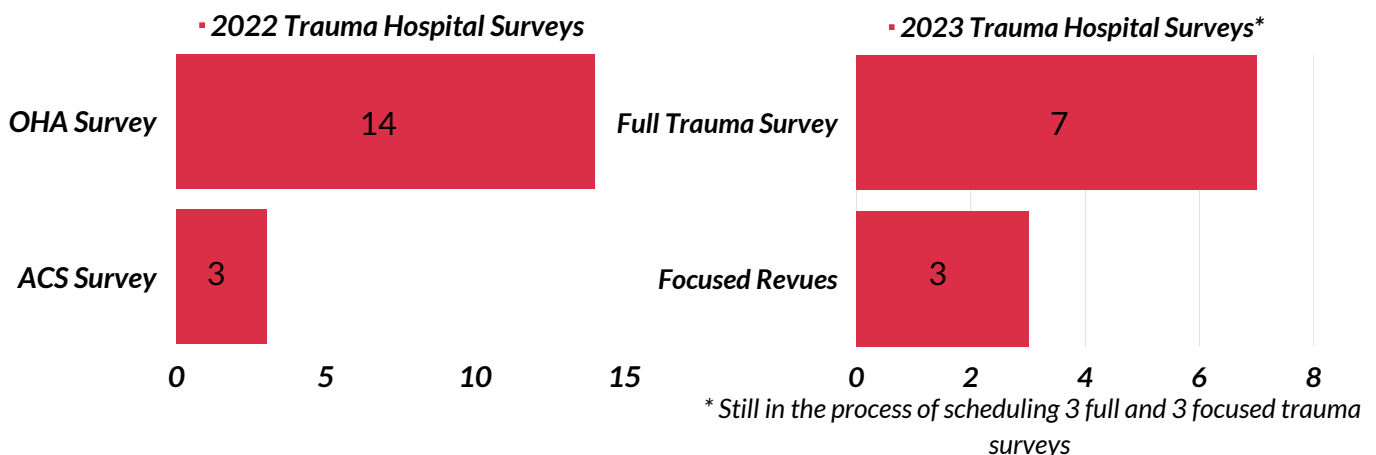
For position information see the [Committee website](#) for requirements and application.

Trauma Program



Oregon continues to experience a health care surge and workforce challenges. Oregon trauma hospital programs may request to postpone currently scheduled trauma surveys, due to the surge. Trauma Program may request a deferral of their survey date due to health system surge. Please contact the Oregon Trauma Coordinator for further instructions.

Trauma Program Manager/Coordinator and Registrar meetings are ongoing. Please contact the Trauma Program Coordinator for more information.





Oregon Emergency Medical Services for Children (EMSC)

HERO Kids Registry

Health Emergency Ready Oregon (HERO) Kids is a collaborative project between the Oregon Center for Children and Youth with Special Health Needs and Oregon EMSC. HERO Kids provides real-time information, for Oregon children and young adults through age 26, to EMS and ED providers. Information is available on the [HERO Kids website](#).

Pediatric Readiness Program

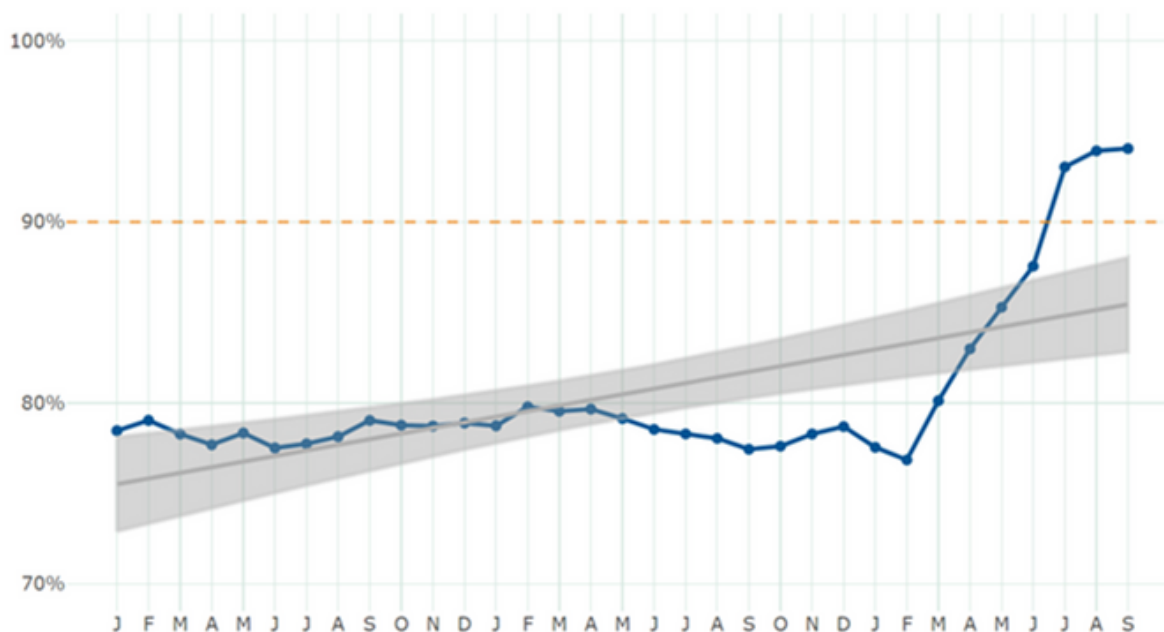
The Collaborative Problem Solving: Rethinking Crisis Responses session, as well as 35 other recorded sessions, are available at www.pedsreadyprogram.org. Register for February 16th 1200-1300 session, *Superheroes of the Small Stuff: An Evidence-Based Approach to Common Pediatric Illnesses in Emergency or Urgent Care Settings*. CME/CE available for live and recorded sessions.

Documentation of Patient Weight in Kilograms

In March, July and November 2022, letters that included individual agency and statewide EMS data were sent to all EMS transport agencies. Agencies have been quick to respond, and positive results have been seen at the agency- and statewide-level.

In September 2021, statewide pediatric weight documentation was 80%. By September 2022, documentation was up to 94%. Many agencies are documenting 90-100% of all patient weights. The EMSC Program Manager will conduct outreach to agencies that have opportunities for improvement, with the hopes of supporting agency-level efforts.

Documentation of Patient Weight in Kilograms, Oregon 2020 - 2022



Oregon EMS Information System (OR-EMSIS)

Oregon Trauma Registry (OTR)

Quality Improvement

The License Management System Quality Improvement (LMS REVAMP) project to address past challenges, update and modernize the licensing process is ongoing. This project involves reviewing and revising the applications for each license level. Of the 28 applications and forms being updated, 11 have been completed while 10 others are in progress. Work on this project is on schedule and is projected to continue through the first quarter of 2024.

[Project timeline documentation](#)

NEMSIS 3.5

The NEMSIS 3.5 implementation is underway. The NEMSIS 3.5 transition will require coordinated effort between the Oregon EMS & Trauma Systems program, EMS agencies, and ePCR vendors. The first agencies submitted NEMSIS 3.5 data in the 4th quarter of 2022. A schedule for agency transition is under development. For more information about NEMSIS 3.5 and the Oregon implementation plan resources are available through our web site or at the links below:

- [NEMSIS 3.5 Implementation Factsheet](#)
- [NEMSIS 3.5 What You Need to Know \(Video\)](#)
- [NEMSIS 3.5 Data Element Changes in Oregon \(Video\)](#)
- [NEMSIS 3.5 Data Element Changes in Oregon \(Slides\)](#)
- [NEMSIS 3.5 FAQ](#)

NEMSIS 3.5 Agency transition check lists:

- [State ImageTrend System \(pdf\)](#)
- [Agency Other system \(pdf\)](#)

Data Quality Assurance

The annual review of TraumaOne accounts is 50% complete. Each trauma center received their current TraumaOne registrar list. Half of the trauma centers have confirmed their account status.

An application for exploring trauma band distribution in OR-EMSIS and the OTR was developed and demonstrated for proof of concept. Data team work on dataset documentation, data quality monitoring tools and reports is ongoing.

Oregon Trauma Registry RFP

A major focus for the EMS & Trauma Systems Program is the Oregon Trauma Registry Request for Proposal (RFP) process. The RFP is the bidding process through which vendors compete for contracts and is a requirement by the Department of Administrative Services (DAS). DAS Procurement Services (PS) has assigned a contract writer, and the process is underway.

Data Strategic Plan

The 2023-26 Oregon EMS & Trauma Systems Program update of the [data strategic plan](#) is complete. The new strategic plan incorporates information collected through interviews with community partners and revised objectives, goals, and metrics to guide our strategic direction over the next three years.

Data Reports, Dashboards and Partnerships

The Oregon EMS & Trauma Data Team has been engaged in reporting work around the following:

- The OHSU student worker performance metric project is almost complete. NEMSQA measures for Hypoglycemia, Stroke and Seizure will be added to Oregon EMS & Trauma reports and dashboards.
- Data on EMS calls related to ATV and offroad vehicle accidents was compiled and presented to the Oregon Parks and Recreation ATV Advisory Committee
- Trauma Annual Report under review, anticipated publication in Q1 2023
- Multnomah County EMS Trauma Quality Project
- OHSU project "Using Machine Learning to find a life-saving needle in a haystack of children's emergencies"

Data Integration Projects

- The Oregon EMS & Trauma Data Team are in planning stages to make updates to the OR-EMSIS – Oregon Trauma Registry integration to bring it into compliance with NEMSIS 3.5 national data standard update.
- Continued efforts on the License Management System / OR-EMSIS linkage, allows for bidirectional data exchange and single sign-on for users of both systems. Since the start of the project, the linkage has been completed for 269 agencies. This work is expected to last until July 2023, at a pace of approximately 30 agencies per month.
- The Oregon EMS & Trauma Systems Program has initiated a project with Oregon-Idaho High Intensity Drug Trafficking Area (HIDTA) to integrate EMS data into the Overdose Detection Mapping Application Program (ODMAP). This will provide a resource for monitoring trends and spatial patterns in drug overdose events.



Ambulance Service Area (ASA) Review

In accordance with [OAR 333-260-0020\(7\)](#), the OHA EMS & Trauma Systems Program reviews county Ambulance Service Area (ASA) plans for compliance with state regulations at least once every five years. The OHA EMS & Trauma Systems Program is working with counties to ensure all ASA plans have been determined to be compliant with state rules within the past five years. Counties with outdated approvals are being prioritized for review.

Currently Under OHA Review

Klamath
Washington
Lake
Linn
Baker
Sherman
Lincoln

Counties with approved plans

Clatsop
Malheur
Wasco
Morrow

Returned for Requested Revisions

Crook
Harney
Hood River
Josephine
Lane
Marion
Wallowa
Gilliam

Counties prioritized for review

Benton	Jackson	Umatilla
Clackamas	Jefferson	Multnomah
Columbia	Polk	
Coos	Tillamook	
Curry	Union	
Deschutes	Wheeler	
Douglas	Yamhill	
Grant		

Medical Director | Supervising Physician Application Approval

- **Dr. Brian Clothier (MD28407):** Willamette Valley Transport, Inc (License Pending)
- **Dr. George Apostolopoulos (MD172560):** Boardman Fire Rural Fire Protection District (2503)
- **Dr. David Richards (MD20593):** Baker City Fire & Rescue
- **Dr. Jakob Freid (MD28480):** Kingsley Field Fire Department (1812)
- **Dr. Michael Murray (MD12716):** Corbett Fire District #14 (2609), Mt Hood Meadows Pro Ski Patrol (1408), Timberline Professional Ski Patrol (0332), Mt. Hood Ski Bowl (0335), Mt. Hood Community College (2615)

CARES



Oregon CARES registry has completed the 4th quarter audit. In preparation for the 2022 final push agencies were contacted to confirm participation.

Deadlines for 2022 data submission are:

- January 31, 2023 – All participating EMS agencies must submit previous years cases.
- February 28, 2023 – All participating hospitals and dispatch centers must submit previous years cases.
- April 2nd week – National team shuts down access and extracts all 2021 data for reports.
- May – Oregon Agencies and Hospitals receive annual report

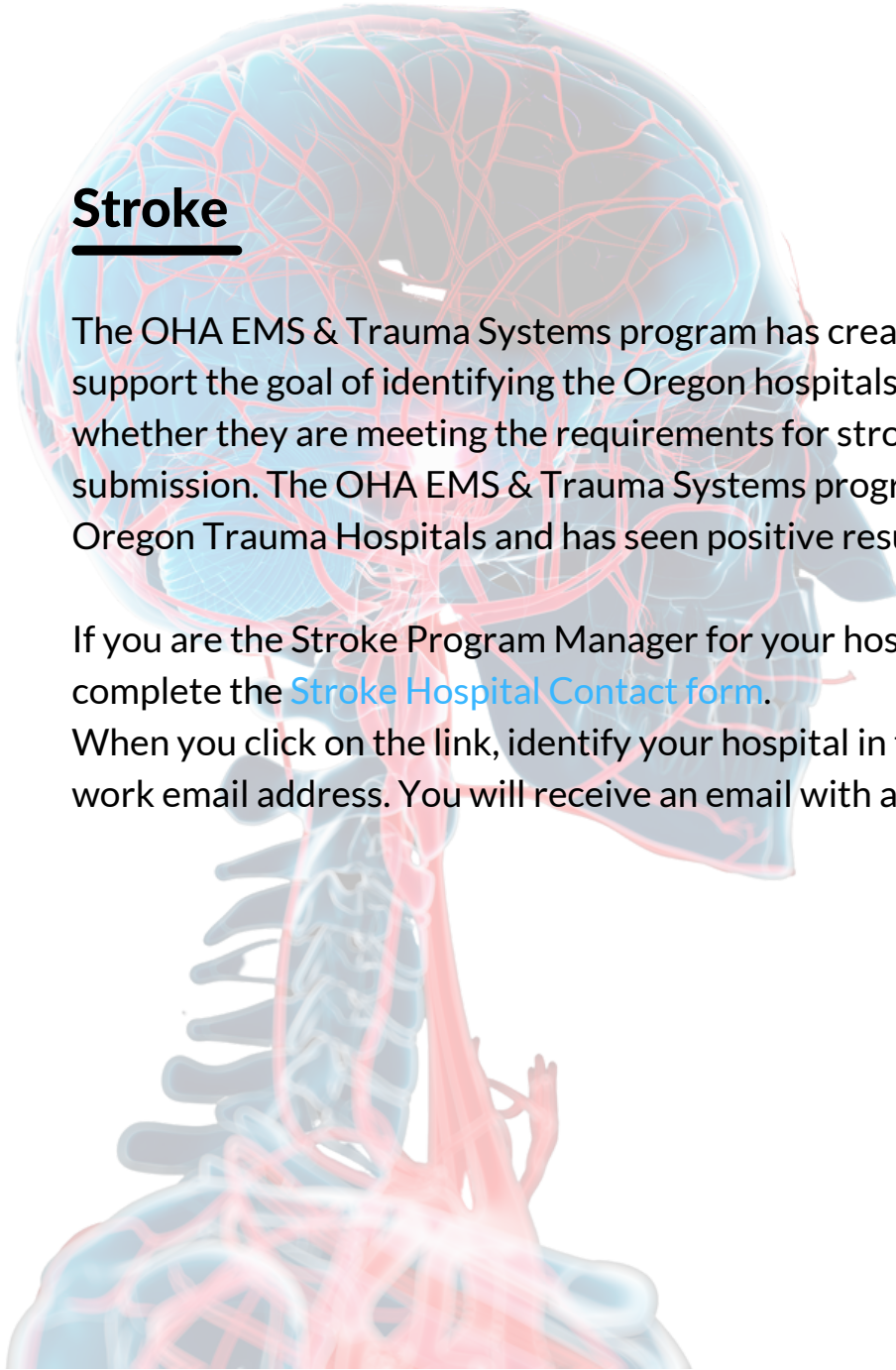
Oregon Resuscitation Academy is coming back! Join us at the [Eastern Oregon EMS Pre-Conference](#), February 16 - 17th. For more information please contact our office.

Stroke

The OHA EMS & Trauma Systems program has created an easy-to-use form to help support the goal of identifying the Oregon hospitals with Stroke Certification, and whether they are meeting the requirements for stroke management and stroke data submission. The OHA EMS & Trauma Systems program is using the same form system for Oregon Trauma Hospitals and has seen positive results.

If you are the Stroke Program Manager for your hospital, please take a moment to complete the [Stroke Hospital Contact form](#).

When you click on the link, identify your hospital in the drop-down box and enter your work email address. You will receive an email with an update request.



Rule and Legislation Update



Legislation:

HB 2417 – Mobile Crisis Intervention

The Health Systems Division filed a Notice of Proposed Rulemaking in response to passage of HB 2417 (2021 Oregon Laws, Chapter 617) relating to [community-based mobile crisis intervention services for behavioral health patients](#). A public hearing was held on November 15, 2022, and the written public comment period ended on November 21, 2022. Staff will share information on the status of permanent rules when more information becomes available.

Administrative Rules

Exhibit 2 and Exhibit 3 Rule Advisory Committee

A Rule Advisory Committee (RAC) was convened by the EMS and Trauma Systems Program to discuss proposed changes to OAR 333-200-0080. The program is updating the revised National Guideline for Field Triage of Injured Patients (Exhibit 2) and the Trauma Team Activation Criteria (Exhibit 3) to incorporate changes based on the revised field triage criteria. RAC meetings and state updates were held 2022 Quarter 4. Meeting notes can be found on the EMS and Trauma Systems Rulemaking Activity webpage under [Rule Advisory Committees in Progress](#)

After considering the comments received, the program has decided to delay the rule filing and will continue to work with the RAC on possible amendments.

Serving on Rule Advisory Committee

Persons and communities interested in serving on future RACs are encouraged to complete and submit a [RAC Interest Form](#). RACs are an important process that allow members of the public and communities, who are affected by administrative rules relating to EMS regulatory functions, to provide input.

[General Interest in Participating in Rulemaking Advisory Committees](#)