

Minutes

Oregon Emergency Medical Services for Children Advisory Committee Meeting

Thursday, April 8, 2021, 9:01 a.m. – 11:05 a.m.

Virtual Meeting

Teleconference line: 1-669-254-5252 **Meeting ID:** 1604891869

Please join the meeting from your computer, tablet, or smartphone:

<https://www.zoomgov.com/j/1604891869?pwd=bzBTOEIDMHNvbUNuMjZ3bWFSSy9odz09>



Committee Members Present: Tamara Bakewell, Andrea Bell, Jacqueline DeSilva, Dr. Carl Eriksson, Dr. Brent Heimuller, Matthew House, Kelly Kapri, Marisa Marquez, Danielle Meyer, Matthew Philbrick, Dr. Christa Schulz, Anna Stiefvater

Committee Members Absent: Erik Kola, Todd Luther, Dr. Justin Sales

Oregon Health Authority EMS & Trauma Systems Program Staff: Rachel Ford, Elizabeth Heckathorn, Dr. David Lehrfeld, Julie Miller, Dr. Dana Selover

Public and Guests: Mimi Boumater, Peter Geissert, Prachi Patel, Brittany Tagliaferro-Lucas, Sabrina Riggs, Marvin Rosen, Tracy Sloat, Rachel Wedin

Meeting called to order: 9:01 a.m. by Committee Chair Matthew Philbrick

Discussion and Conclusion of Each Agenda Item:

1. Confirm Attendance: Matthew Philbrick, Chair

Committee members, guests, and members of the public confirmed attendance.
Shared news about Camillie Storm's passing and gave condolences.

2. Review and Approve January 7, 2021 Minutes: Committee

Minutes were reviewed. No changes noted.
Jackie DeSilva motioned to accept minutes and Danielle Meyer seconded. None opposed.
Motion passed.

3. Committee Membership Update: Chair

Tribal EMS Representative: After the January meeting, the EMSC Program received notice that Troy Thom needed to resign from the Committee. We want to thank Troy for serving as the Tribal EMS representative.

Current vacancies: **EMS Training Director or EMS Educator and Tribal EMS Representative.** All applications will be considered, but in order to have representation from across the state we would like to recruit individuals who live and/or work in the following counties: Morrow, Umatilla, Union, Wallowa, Baker, Malheur, Hood River, Wasco, Sherman and Gilliam. Please click [HERE](#) to apply or contact Rachel Ford for details.

4. PEDI-DOSE Trial: Dr. Matthew Hansen (OHSU)

Dr. Hansen was unable to attend but sent the following report: The PEDI-DOSE trial of standardized

midazolam dosing for children with ongoing seizures was recently funded. This is a PECARN trial. The Portland metro EMS agencies will be participating. We anticipate enrollment will start in around March or April 2022. We will be spending the next year preparing for the trial.

5. Health Emergency Ready Oregon (HERO) Kids: Tamara Bakewell and Brittany Tagliaferro-Lucas (Oregon Center for Children and Youth with Special Health Needs (OCCYSHN) - Title V)

HERO Kids is a voluntary, no cost registry. All children are eligible for registration, but there will be a special focus on medically fragile, medically complex, and children and youth with special health needs (CYSHCN) as these children will benefit most from the system and often have more information that would need to be relayed to emergency medical services (EMS) and emergency department (ED) providers.

The HERO Kids Registry will allow families to record critical details about their child's health that will inform EMS and ED providers. HERO Kids will utilize the infrastructure and existing technology of the Oregon POLST Registry.

Emergency Medical Services for Children Innovation and Improvement Center (EICC) Learning Collaborative: 6-month, \$55,000 grant

- **Aim:** By the end of the Telehealth Collaborative, the Oregon Team will have started beta testing, introduced the HERO Kids Registry to stakeholders, and requested and received feedback.
- **Structure objective:** By June 2021, HERO Kids Registry will be in the beta test phase.
- **Process objective:** By June 2021, the project will solicit and receive feedback about HERO Kids Registry content and user interface from 100% of identified stakeholder organizations from urban, rural, and frontier Oregon.
- **Outcome objective:** By June 2021, HERO Kids Registry health information fields will be selected based on stakeholder feedback.
- **Advisory Team:** hospital-based providers, EMS network representative, state representatives, telehealth provider, family representatives, youth representative, rural health representative, and project co-leaders.

Current state of development: Grant proposals have been submitted. An introductory video and youth representative's story are posted on the website, www.herokidsregistry.org. The Registry vendor and Project Manager are actively soliciting input from national and state EMS providers.

Next steps include determining Registry data points, information gathering from family and user groups, beta testing, EICC Learning Collaborative Advisory Team June meeting, and seeking additional funding. For questions, input, suggestions, or to volunteer send an email to herokids@ohsu.edu.

Questions and Comments: Many Committee members showed appreciation.

- Brent Heimuller asked if there was a need for more parent involvement and volunteers? Tamara: Yes, if you want to make a warm introduction to families who might find this helpful, please do. Especially for those families who have children with mental health condition and have utilized EMS for a mental health crisis.

6. Pediatric EMS Data Report & Suicide Data: Peter Geissert, Oregon Health Authority EMS & Trauma Systems Program

Peter is still working to address the January 2021 EMSC Advisory Committee member questions and requests:

- Peds EMS and Suicide data: empty areas of data (e.g., other, not recorded/blank, N/A)
- Suicide data: why firearm injury is not in the report
- Suicide data: availability to public, Committee and OHA Suicide Prevention program
- Updated Peds EMS Data Report HTML

During the April meeting, additional deliverables were identified by the EMSC Advisory Committee:

- Reporting weight-based meds: breakout by age
- For quality measures, look for variation by geography, age, agency size, volunteer/career providers, etc.
- Contact NEMSIS (Clay Mann) regarding suicide data: narrative review for firearm injuries, pairing firearm injuries with intentional or accidental

Questions for EMS Data:

- Matt Philbrick: What is the data source? Can it be broken down geographically? Peter: This is all EMS data. We are actively working on breaking down data geographically. This spring we will be doing an assessment. Once vendor issues are resolved we will go to the agencies to work out reporting.
- Jackie DeSilva: Are all agencies reporting to OREMSIS? Peter: About 90%. There is turnover in agencies and there will always be a bit of a turn in numbers reporting.
- Matt Philbrick: Looking at Compass measures, are there chart completion rules? Some are entering weight, and some are not. Weight is one of the most demographic pieces of info.
- Dr. Dana Selover: What are the ages? Peter G: Through age 18.
- Jackie DeSilva: It would be good to look at a subgroup, for the Committee to look at age breakouts.
- Matt Philbrick: It would also be good to look if this data is all pediatric patients or only pediatric patients that are transported. Peter: The denominator is the administration of the weight-based medication by EMS. It was not whether they were transported or not.
- Dr. Christa Schultz: Many EMS agencies use Handtevy, based on age ranges and not weight range. Bend Fire & Rescue uses Handtevy. Wondering if some of the agencies that use this are not recording weights because of this method of administering medications.
- Dr. Carl Eriksson: Handtevy gives you a weight estimate. It may be that EMS is bypassing that step if they already have the medication dosage and they already know the appropriate weight.

Questions for Suicide Data:

- Matt Philbrick: How effective is the filtering from impression to narrative? Is there comparative data with other states? Does this show up in other NEMSIS reporting criteria? Peter: Working on the efficiency of pulling the data. Numbers with diagnostic codes are very low. Working from the CDC definition that is designed for ED data. Gathered definitions from NEMSIS. In the diagnostic codes, none of the firearm codes have intent. Need to take a firearm data and see if there is a match to intent for suicide. Has to do with the codes that are included in the state list. There are specific codes related to suicide attempts and suicide ideation.

7. Suicide Prevention Project: Rachel Ford

New Website: The new [Healthcare Provider Mental Health and Crisis Support](#) webpage offers state and national helplines, ready-to-use tools, webinars and other resources to support physical and mental health.

Question Persuade Refer (QPR): Through a collaboration with Lines for Life, the EMSC Program was able to offer the QPR training to the 700+ sworn members of the Oregon State Police. EMSC Program also scheduled three trainings for EMS and hospital providers. The March 16th and April 7th trainings

were a success! If you have not yet signed up, you may still register for the April 14th training.

Mental Health First Aid (MHFA): Matt Philbrick has recently become a trainer and has offered the first training to the 9 EMSC Advisory Committee members that expressed interest. It is looking like July 1st will be the best date, but still waiting to hear back from a couple of Committee members.

Connect Postvention: Through a collaboration with Kris Bifulco from the Association of Oregon Community Mental Health Programs we are offering a 1-day training to EMS and law enforcement on May 17th 8:00am-1:30pm. Maximum 35 participants.

Alliance to Prevent Suicide Transitions of Care Committee: Continue to attend monthly meetings. They are turning over the Committee to new leadership. Rachel will keep the Committee posted.

Comments: Matt Philbrick: Limiting the MHFA training to committee members. Max of 8 participants, not more than 10. If you have not had the opportunity to do the QPR training, it is a great training that refers to the right resource. It is meant for the lay person. Good to remove stigma from the topic of suicide.

8. EMSC Program Update: Rachel Ford

Pediatric Readiness Program (PRP), www.pedsreadyprogram.org: The team continues to meet every other month and work to meet objectives. In February, the program provided an education session and a 2-day workshop. The education session was titled, *Suicidal Children in the Emergency Department: Strategies to Evaluate and Manage within a Strained System* and 135 participants attended from 28+ organizations. The workshop was titled, *University of Continuous Quality Improvement* and there was participation from 8 organizations. Video recordings and slides are available on the website.

After the *Suicidal Children in the Emergency Department* session, several resources were posted, including a new Psychiatric Referral Resource List, new SW Washington Mental Health Crisis Line DHS Resource List, and an updated version of the Oregon County Mental Health Crisis Line DHS Resource List. To find, search under Behavioral Health.

On April 1st, the Weight in Kilograms QI Initiative launched. It includes bi-monthly education sessions and check-ins, project toolbox, Basecamp account, and hospital-level coaching. To participate, checkout the website or contact Rachel.

Annual EMS Survey: The survey was administered January 6 - March 19, 2021. There were 118/325 agencies or 36.3% that completed the survey. This is much lower than usual, but this was expected with the modified COVID-19 communication strategy.

National Pediatric Readiness Project (NPRP) assessment: The NPRP assessment launches May 1st and will be sent to ED Nurse Managers to complete by July 31st. The NPRP assessment has been updated based on the 2018 Joint Policy Statement. The Oregon EMSC program, in partnership with Oregon Association of Hospitals and Health Systems, will be pushing for 100% participation from the 59 Oregon hospitals with Emergency Departments.

Equipment requests: PEDIATAPES and Pediatric Assessment Resource Sheet requests were fulfilled for Lake Health District, Glide Fire District, and Dexter Rural Fire Protection District. Many of the request have been in response to the Pediatric Emergency Care Coordinator newsletters that highlight the availability of the FREE equipment.

National EMSC Data Analysis Resource Center (NEDARC): Rachel continues serve on the NEDARC Board, and recently provided feedback in preparation for the NPRP assessment.

National Association of State EMS Officials (NASEMSO): Rachel continues to serve as the Pediatric Emergency Care Council Secretary and West Region representative. Recent activities include reestablishing the NASEMSO West Region bi-monthly meetings, Pediatric Emergency Care Council Steering Committee, Full Council, and Officer meetings, as well as the Safe Transport Committee meetings.

AmeriCorps VISTA: This is Prachi Patel's last EMSC Advisory Committee meeting. Prachi's service year ends May 10th. EMS & Trauma Systems program will be welcoming a Year 4 VISTA, Ammara Molvi, who starts April 12th. Rachel and other team members have been working to get the transition documents, Orientation Plan and Work Plan ready for Ammara. There will be a one month overlap between Prachi and Ammara's service years, which will allow a warm handoff of the project.

9. AmeriCorps VISTA Member Project Update: Prachi Patel

- **Background:** Rural EMS has a lack of traditional healthcare providers and experiences differences in resources and sustainability. A better understanding of the reasons for the differences between rural and urban EMS to find solutions. Efforts to gather more information include the 2019 Rural Listening Tour and 2019, 2020 and 2021 EMS Agency Renewal Surveys.
- **Purpose of Pilot Project:** Gain better understanding of EMS agencies and the EMS system at large that contribute to agency instability and use the results to target resources and funding to support EMS agencies.
- **Wheeler county:** Surveys were designed to better understand each agency and the county, working with a small sample size, and often using specific and qualitative questions. Results are most useful when shared with the agencies and stakeholders to inform decision making, rather than applied broadly.
- **Method - Modified Informed Community Self-Determination (ICSD):** Surveys designed for agencies and community partners provided a targeted way to assess organizational characteristics. Questions covered operations, finance, staffing, quality, and public relations. Additional surveys were sent to public safety, political, and healthcare representatives.
 - **EMS Director Survey:** 41 Questions about organization and call schedules. Questions covered a written call schedule, budget and billing, incident response, community involvement, recruitment, etc. Sample size: 2. Trends across agencies and areas of need included continuing education, billing training, equipment, and technology, hiring and recruitment, staffing, and lack of budget.
 - **Volunteer EMS Provider Survey:** 21 questions that were more qualitative questions, such as factors that affect recruitment and retention of personnel, morale, community integration, as well as training, staffing and equipment needs. Sample size: 8. Trends across volunteer responses and areas of need included lack of internal structured training program, EMS equipment and vehicles, compensation, staffing and recruitment, financial management, and personality conflicts.
- **Next Steps:** Present survey findings to agencies to inform next steps. Share targeted funding and resources. Use this pilot project as a model for other Oregon rural and frontier counties and EMS systems.

Question: Matt Philbrick: Were the trends listed in any particular order? Prachi: No.

10. House Bill 2076: Dr. Dana Selover

Bill has been converted into HB 2076-3 and this amendment replaces all the language in the introduced bill. The Ambulance fee increase will move forward and there will be an advisory committee or workgroup. Will be bringing the report to the legislature in 2022. HB 2076 originated in 2010 with Senate Bills 234 and 106.

The amendments to HB 2076 will be reviewed during upcoming work session.

Ambulance Fees: Requires OHA to issue a license to the owner of an ambulance service or the owner of an ambulance that applies for a license under ORS 6832.045 and that OHA finds are in compliance with the requirements of the rule. Modifies language regarding the expirations of an ambulance service license or ambulance license. Modifies language regarding the transfer of a license. Removes the \$10 fee for a replacement license. Modifies ambulance fees. The amendments apply to licenses issued or renewed on or after the operative date of January 1, 2022. OHA may take any action before the operative date to ensure requirements of this Act are met.

EMS Modernization Workgroup: Requires OHA to establish a temporary advisory committee to make recommendations to create a comprehensive integrated statewide emergency healthcare system identifying incidents requiring emergency services and delivery of individuals to those services. Requirements for membership of the advisory committee. Requires the advisory committee to analyze the current emergency healthcare system and recommend framework for modernization and evaluation and sets evaluation criteria. Allows the advisory committee to seek industry consultation. Requires the advisory committee to submit a report including evaluation findings and recommendations to the Legislative Assembly no later than August 31, 2022. Requires OHA to provide staff support to the advisory committee. Requires all state agencies to assist, provide information and advise the advisory committee to the extent permitted by laws relating to confidentiality. Section 4 of the Act is repealed on January 1, 2023.

Dana thanked Rachel for reviewing the EMSC section of HB 2076. Dana asked that the Committee review the EMSC section of the bill to see what else is needed to go in Statute, what will need to be put in Rule, and to make sure it aligns with the HRSA grant.

Questions and Comments:

- Matt Philbrick: What would you like to see from the Committee for support? Can the committee get the most up to date copy of the HB? Dana: Any support that you can bring from the associations or partners that you work with is always helpful. Will work with Rachel to get on the agenda to spend time reviewing the EMSC portion of the bill. Will also be working with subject matter experts. Yes, will work with Rachel to get that to you.
- Jackie DeSilva: Some Area Trauma Advisory Boards (ATABs) are aware of these changes. ATAB 5 is starting to include various people to meet these recommendations. Dana: We will look to the ATABs regarding set agendas, communication, and operations perspective.

11. State EMS & Trauma Systems Program Update: Dana Selover and Elizabeth Heckathorn

EMS licensing team is in the midst of provider, agency, and vehicle licensing renewal. LEDS background checks integrated and running smoother. Refer to quarterly reports for overview of EMS and Trauma Systems Program activities.

House Bills (HB) and Senate Bills (SB): In addition to EMS Modernization bill, there are Wildfire, COVID-19, data reporting, race and ethnicity data, and emergency preparedness bills. Other bills of note include the Senior EMS Innovation Around Long-term Care Facilities (HB2397), Ground Emergency

Medical Transport (SB331), EMS Transport of Police Dogs (HB2650), and Advance Directive Registry (SB219). EMS cannot use an advance directive the same way they use a POLST, because they are physicians' orders.

Recruitment: Two Professional Standards Unit Compliance Specialist 3 positions and one administrative position.

AmeriCorps VISTA Member: New VISTA member, Ammara Molvi, will be joining the team April 12th. Ammara will be a 4th year VISTA. The program received an exception due to COVID for a 4th year VISTA member.

Questions:

- Matt Philbrick: Is there a plan to continue remote meetings indefinitely? Remote platform is working well, but curious if the state has any plan to change that moving forward and what it looks like? Dana: Remote meetings will be a part of the future. Have not come down on what it looks like yet. OHA is looking at what it means for staff to come back to work and deciding who will work where in the future. For 2021, most meetings will continue to be virtual and/or offered virtually. There is no definitive answer at this time.

12. Committee Member Roundtable

- Jackie DeSilva: Introduced Rachel Wedin, the new Asante Rogue Regional Pediatric Care Coordinator. Rachel works in the emergency department and is the part-time Pediatric Care Coordinator.
- Brent Heimuller: Is there a timetable of when we can meet in-person? Matt P.: Not for 2021 but will discuss for 2022. David Lehrfeld: 30% of Oregonians have had one dose of COVID vaccine just 3 months in. We do not know what that will look like in the future, but it is hopeful. Matt P: Our agency put out guidance for in-person meetings that is dependent on vaccination status (one or two doses plus 2 weeks), digital copy of vaccination card, and attendee numbers limited.
- Tamara Bakewell: Still working with families using the paper-based product, *Planning for Health Emergencies: A toolkit for families of children with special health needs*. Just booked a May workshop with The ARC Oregon. Free workshops for families are available. Contact Tamara if you want to set one up.
- Matt Philbrick: The impact you have is greatly appreciated. See you in 3 mos.

13. Public Comments

- Rachel Wedin: Thank you for inviting me and I am looking forward to attending.

14. Meeting Adjourned 11:05 a.m.

NEXT MEETING:

July 8, 2021

9:00 a.m. - 12:00 p.m.

Location: Zoom