

## Minutes

### Oregon Emergency Medical Services for Children Advisory Committee Meeting

Thursday, October 7, 2021, 9:02 a.m. – 11:13 a.m.



Virtual Meeting

**Teleconference line:** 1-669-254-5252 **Meeting ID:** 1601282499

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

<https://www.zoomgov.com/j/1603380406?pwd=TVITdWRudlZPSWtyOUFINmc0UXZHQT09>

**Committee Members Present:** Jeffrey Dana, Jackie DeSilva, Dr. Carl Eriksson, Dr. Brent Heimuller, Kelly Kapri, Todd Luther, Matthew Philbrick, Dr. Justin Sales, Dr. Christa Schulz

**Committee Members Absent:** Tamara Bakewell, Andrea Bell, Matthew House, Erik Kola, Danielle Meyer, Dana Pursley-Haner, Anna Stiefvater

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

**Public and Guests:** Joan Field, Peter Geissert, Dr. Matt Hansen, Ammara Molvi, Stella Rausch-Scott, Sabrina Riggs, Brittany Tagliaferro-Lucas, Rachel Wedin

**Meeting called to order:** 9:02 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.

**2. Review and Approve July 8, 2021 Minutes: Committee**

Did not meet quorum at time of agenda item. Minutes will be approved at January 2022 meeting.

**3. Committee Membership: Matthew Philbrick, Chair**

New Member Introductions:

- **Jeffrey Dana, At-large member:** Registered Nurse and Paramedic. Was a nurse for 10 years in the Tuality emergency room and then got a job with Gresham Fire and retired in 2018. Currently volunteering with Cascade Locks and Hood River Fire on their transport team. Has interest in pediatrics and glad to help with this Committee.
- **Dana Pursley-Haner, EMS Educator:** Dana was not able to attend today and will be introduced at January 2022 meeting.

**4. Health Emergency Ready Oregon (HERO) Kids: Brittany Tagliaferro-Lucas, OCCYSHN**

Development Updates: Buildout is well underway. The buildout includes public facing registration portal, business office login for review and activation of registration forms, search user login (hotline operators), and internal beta-testing expected to begin this winter.

Future development includes emergency preparedness tab (natural disasters and reunification) and clinician portal. Brittany shared a preview of the HERO Kids Registry online portal.

General Project Updates: Developing a Memorandum of Understanding with Oregon POLST Registry. Conversations with OHSU Emergency Communications Center and Dr. Carl Eriksson taking the lead on introductions.

OCCYSHN was awarded one of five HRSA Emerging Needs Grants, approximately \$249,000. The grant year is 9/1/2021-8/31/2022. HRSA Grant Focus:

- **Technology:** Intensive internal beta-testing and interoperability or the ability to connect the HERO Kids Registry to other systems.
- **Education:** Creation of education materials for families, EMS and ED providers, and other stakeholders. Workgroups begin meeting in November.
- **Evaluation:** Design and conduct surveys to gauge the usefulness of the HERO Kids Registry. Evaluate the feasibility and utility of connecting HERO Kids Registry to 911 dispatch systems.
- **Enrollment:** Aim to register 500 children/youth by the end of August 2022.

#### 5. **Pediatric Research: Dr. Matthew Hansen, OHSU**

Dr. Hansen is a Pediatric Emergency Medicine Physician and Associate Professor of Emergency Medicine and Pediatrics at OHSU and works with the Pediatric Emergency Care Applied Research Network. PECARN has been funded by HRSA for 20 years. PECARN performs high-quality, multi-center research into the prevention and management of acute illnesses and injuries in children across the continuum of emergency medicine healthcare. Many have dealt with practice changes due of PECARN studies.

PECARN PediDOSE study is being done locally. This study of fixed dose Midazolam for pediatric Status Epilepticus, treated in the pre-hospital environment, with the outcome of whether or not the child is seizing on arrival to the hospital. The study assesses whether child is seizing on arrival to ED, using an EEG point of care headband. The dosing regimen for this protocol is based on age and not length or weight, using four doses intramuscular or intranasal Midazolam. Anticipate that the study enrollment will start in April or May of 2022. Going through the regulatory requirements for the study. Will be doing a community consultation November 2021 - January 2022 to get feedback on study design and present to Internal Review Board. Reaching out to OCCYSHN to see if could join existing community meetings. Study is being done by a Step Wedge Design with every site randomly assigned when to switch from current protocol to the new protocol in the next four years.

PECARN T-REX study: Leading study and scored well on grant review. Will be reviewed by National Institute of Health next month. Study for pre-hospital treatment of wheezing or asthmatic children that applies the way children are treated in the emergency department to pre-hospital care.

#### 6. **Suicide Prevention Project: Matthew Philbrick, Chair**

**Mental Health First Aid (MHFA):** Rachel Ford and Matthew Philbrick met with Maria Pos on July 27<sup>th</sup> and August 9<sup>th</sup>. MHFA teaches the skills you need to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or is experiencing a crisis.

**ResponderStrong Mental Health Curriculum Training:** Matthew Philbrick provided the training on August 2<sup>nd</sup>. Attendees included EMSC Advisory Committee, State EMS Committee, EMS & Trauma Systems staff, and Health Security Preparedness and Response staff. Feedback was submitted after the training and summary document was shared with the Committee.

The EMSC Committee has been looking at this subject for over a year. The goal was to bring the MHFA training to the Committee but pivoted to look at other options due to the issues with MHFA virtual platform. The ResponderStrong training is built for the emergency responder community, those that have a diverse background in healthcare or have a mental health background.

**Question to the Committee:** Are we still interested as a Committee in pursuing this initiative?

**Discussion:**

- **How do we get the information to the agencies?**

**Suggestion:** meet the audience where they are expecting training, such as the Oregon EMS conferences and emergency nursing conferences and/or the NAEMSP chapter. This could be a pre or post conference topic for CEU training. Some physicians may be interested in doing a presentation. Providing education updates, actual training, and YouthLine and other resources for awareness.

- **How are we getting the info to the schools? Is there a way to push education to the schools?**

**Suggestion:** A summary of information was given about the school's response when reaching out to the schools with the Stop the Bleed trainings. Might be worth reaching out to some school districts within an Area Trauma Advisory Board (ATAB). If one school shows interest, then you will have the support of the school district and the ATAB. If there is a ready-made letter, several Committee members including Brent, Jackie, and Todd, will send to their school connections to raise awareness and start the conversation.

**Action Item:** Matthew Philbrick and Rachel Ford will draft a letter that includes some resources, solicit Committee member feedback, and then finalize letter. Then the final letter will be sent to the Committee to be sent out to contacts.

## 7. Pediatric Suicide Data: Peter Geissert, OHA EMS and Trauma Systems

In response to the requests of this committee for EMS suicide data, the team initiated a project to design and validate an EMS suicide case definition. No one has done this in a rigorous fashion using NEMESIS compliant data. There is no truth data set for ePCR data. It is impossible to quantify how accurate the definition is in identifying cases. The team is collaborating with Injury and Violence Prevention Program to code a sample of EMS records.

Review is being conducted by Robyn Ellis and myself. Coding (0/1) for suicide attempt, suicidal ideation, firearm, asphyxiation, overdose, jumping/falling, and a flag for EMS review. Reviewing inter-rater agreement to look at any points of disagreement. Reaching out internally or externally to EMS personnel to resolve ambiguous records. The resulting data set will allow the team to characterize performance of the case definition: Type I errors (false positive) and Type II errors (false negative).

- **Decision points:** Where sources disagree, will chose to trust the patient. Where the patient is unable or unwilling to speak, will take the report of friends, loved ones or witnesses into account.
- **Initial findings:** A large percentage of suicide related EMS patient encounters are not coded as such. Parsing and analysis of the narrative seems necessary to identify suicide related calls. Will attempt to create the simplest viable definition that balances sensitivity and specificity.
- **Challenges:** Distinguishing between suicide attempts and suicidal ideation. Filtering out recent history of suicide attempts. High degree of correlation between overdose and suicide attempts.

- **Revised Timeline:** Coding through November 2021. Inter-rater agreement assessment November 2021. Definition development November-December 2021. Present candidate metrics and preliminary findings January 2022.

**Question: Dr. Carl Eriksson:** In the future will this become a process that can be automated? **Peter Geissert:** Goal with the ESSENCE system is to be able to create a query where others can have access to flag records. Hoping to get something automatable.

#### 8. **PEDS-03: Documentation of Weight in Kilograms: Matthew Philbrick, Chair**

Background: Fear that medications are being administered without weight being documented in the patient care report. The data we are seeing is that medications are being administered and weight is not being documented. The number of agencies that have the weight documented is the same number of agencies that do not have the weight documented. The workgroup met August 18th. Peter Geissert shared some new data that identified gaps in the documentation of weight in kilograms for patients that were administered medications.

What can we do to gain support for the initiative across the state? The workgroup decided to move forward with drafting a letter, that if approved, will be sent to EMS agencies. This letter will go to the EMS Medical Directors, Operations Officers, EMS transport services' Pediatric Emergency Care Coordinators, non-transport EMS services and fire departments to ask them to include weight documentation as a patient care requirement for their agencies.

EMSC will be presenting tomorrow to the State EMS Committee to gain their combined support. A future goal is to gain the support of the Oregon chapter of the National Association of EMS Physicians.

**Comment: Rachel Ford:** Feedback is appreciated, if there is anything that needs to be changed.

**Feedback:** Reach out to EMS Medical Directors and the Higher Education Coordinating Commission and ask them to add it to their agenda. Ask EMS agencies to have electronic patient care report administrator update requirements to add patient weight in the data field before the report is completed. Add a device to gurneys that measures patient weight. Add to the letter, "For a quick fix turn on the weight field." Include State EMS Committee member names and titles in the letter.

**Action Item:** By January 2022 meeting, hope to have the support of the EMS Committee and will be prepared to send out the letter.

#### 9. **EMSC Program: Rachel Ford**

**National Pediatric Readiness Project Assessment:** The Oregon hospital response rate was 84.7% (50/59) and the national response rate was 70.9% (3,647/5,147). The Oregon EMSC program partnered with the Oregon Association of Hospitals and Health Systems to contact hospitals and encourage their participation. Big shout out to Danielle Meyer who was instrumental in Oregon's success. Danielle and Rachel met regularly to review the status of hospitals and discuss communication strategies.

Assessment data should be available in 2022. Rachel Ford will be reaching out to hospitals to request contact names and email addresses for nurse and physician Pediatric Emergency Care Coordinators or champions, to establish a connection and start including them in the emails about the Pediatric Readiness Program offerings and consider pulling together a regular newsletter similar to the one sent to the EMS agency Pediatric Emergency Care Coordinators.

**Pediatric Readiness Program:**

- August 12<sup>th</sup> *Acute Pediatric Burn Care* education session: 39 participants from at least seven organizations. Video recording and slides are available on the website.
- November 11<sup>th</sup> at 0800 Dr. Beech Burns, Emergency Department Medical Director Doernbecher Children's Hospital, will present *The New and Nuanced Ways to Evaluate Fever in Infants Aged Less than 60 Days*. Registration information is available on the PRP website. The education session will be recorded and posted for later viewing. Continuing education credit is available.
- April 1, 2021 through March 31, 2022 *Weight in Kilograms QI Initiative*: education sessions, bi-monthly check-ins, project toolbox, basecamp account, and hospital-level coaching are available. To participate, check out the PRP website or contact Rachel Ford.
- PRP team met in July and September and are also preparing for the first Annual Stakeholder Meeting scheduled for October 18<sup>th</sup>. Representatives from the Oregon Emergency Nurses Association, Oregon American College of Emergency Physicians, Oregon Pediatric Society, Children's Health Alliance, Oregon Association of Hospitals and Health Systems, OHSU Pediatric Nurse Practitioner Program, University of Portland School of Nursing and School-Based Health Centers have been invited to participate.

**NASEMSO Pediatric Emergency Care Council:** As the Pediatric Emergency Care Council Secretary and West Region Representative, Rachel Ford has worked with the Council officers to prepare for the 2021 Pediatric Emergency Care Council Annual Meeting. Identifying presenters for the 2-day meeting has been an involved process. On September 13<sup>th</sup>, the officers had to pivot to a virtual meeting when NASEMSO announced that they would be cancelling the Reno, Nevada in-person meeting. Thankfully a scaled down virtual version of the agenda had already been prepared. Outside of the prep work, Rachel has also participated in the NASEMSO West Region, Pediatric Emergency Care Council Officer, and the Pediatric Emergency Care Council Welcome Package Workgroup meetings.

**Oregon Emergency Nurses Association Pediatric Readiness Resolution:** The Oregon Emergency Nurses Association (OENA) resolution, *Increasing Pediatric Readiness in Oregon Emergency Departments*, was shared with the Committee and they were encouraged to review and share any comments or questions. Highlighted is a section of the resolution regarding the OENA Pediatric Readiness Committee Chair and the OENA Pediatric Committee Chair providing and coordinating initial training and resources to the core group of pediatric champions from each OENA chapter and assisting with training and resources for the hospital Pediatric Emergency Care Coordinators. OENA may work in tandem with the Oregon EMSC Program. The Pediatric Readiness Program team will be meeting with OENA representatives to gain a better understanding of the OENA goals, OENA pediatric resolution, and how to support nurse and physician Pediatric Emergency Care Coordinators.

**EMS Pediatric Emergency Care Coordinators:** The July newsletter was sent to all EMS transport agencies. There were some updated contacts after the 2021 EMS Service Renewal. On August 18<sup>th</sup>, Rachel Ford reached out to all non-transport EMS agencies and fire departments and asked if they would like to identify a pediatric contact. The September newsletter was sent to the EMS transport agencies as well as several non-transport agencies and fire departments. Rachel is looking forward to supporting their pediatric readiness efforts.

**PECC Workforce Development Collaborative:** The Pediatric Emergency Care Coordinator Workforce Development Collaborative (PWDC) kicked off the last week of August during the EMSC All Grantee

Meeting and will run through June 2022. The hope is that participation in the Collaborative will support the Oregon EMSC Program's outreach to prehospital and hospital Pediatric Emergency Care Coordinators and provide tools for development of EMS service agency and fire department-level and hospital-level pediatric readiness. Rachel Ford has requested a list of Oregon EMS agencies and hospitals that are participating in the Collaborative, so that the Oregon EMSC Program can connect and check-in and support their pediatric readiness goals.

**Health Resources and Services Administration (HRSA):** Due to format modifications in HRSA's reporting system, the Oregon EMSC Program was asked to resubmit the 2020-21 Performance Report. This was resubmitted on August 10, 2021. In late August there was a 3-day EMSC Grantee meeting that included a HERO Kids Registry poster and presentation. The poster was shared with the Committee.

**Committee Member Required Training:** For 2021, State Committee members are required to complete three trainings by October 31, 2021: (1) DAS - EIS - 2021 Information Security Training: Foundations; 2) OHA - DAS - 2021 Preventing Discrimination and Harassment in the Workplace; and 3) OHA - DAS - 2021-22 Public Records). Members must setup a Workday account and complete the trainings. Time commitment is approximately 90 minutes. Status of 16 Committee members (including state employees): 8/16 Committee members that still need to setup an account, 1/16 has completed the Information Security training, 2/16 have completed the Discrimination and Harassment training, and 3/16 have completed the Public Records training. If a Committee member is serving on multiple committees, they only need to complete the trainings once.

#### **10. AmeriCorps VISTA Member Project: Ammara Molvi**

Pilot Project with Lake County:

- Purpose: Improve 1) access and 2) sustainability of EMS agencies in Lake counties.
- Stakeholders participating: Lake District Hospital, North Lake County EMS, Paisley Disaster Unit, Silver Lake Rural Protection Fire District, Christmas Valley Rural Fire Protection District, City of Paisley Volunteer Fire Department, Lakeview Fire Department, Thomas Creek-Westside Rural Fire Protection District, Lake County Board of Commissioners, Lake County Emergency Manager, Lake County Public Health, and Lake County Sheriff's Department.

EMS Resource Toolkit

- Purpose: Comprehensive, one-stop toolkit with EMS resources.
- Resource areas include: Billing and Finances, Community Paramedicine/Mobile Integrated Health, COVID-19 Resources for EMS Providers, Equipment, Funding, Initial & Continuing Education, Mental Health, Policies and Procedures, Recruitment & Staffing, Simulations, and Telemedicine.
- Toolkit will be available on OHA EMS & Trauma Systems website soon.

**Questions: Rachel Ford:** Can you talk about the number of agencies and timeline? **Ammara Molvi:** Sent out the surveys 3 weeks ago and gave the agencies 4 weeks to turn them in. Have heard from 3 of the 4 directors, 10 staff surveys and from public health. Have not heard back from community partners; fire departments and sheriff's office. They still have another week and then Ammara will follow-up with them.

### **11. State EMS and Trauma Systems Program: Elizabeth Heckathorn**

- The EMS & Trauma Systems Program is moving its physical office to a new floor of the Portland State Office Building and will reside in Suite 465. All other information remains the same, including phone numbers, website, email addresses.
- Madeleine Parmley is the new Trauma Coordinator.
- Two program job postings coming soon: Compliance Specialist 1 will be part of the Professional Standards Unit team and help triage complaints and licensing requests and also an Administrative Specialist 1.
- Rebecca Long moved from Education to Professional Standards Unit Compliance Specialist 3.
- New formatting of EMS & Trauma Systems Program quarterly update.
- Increased work on ambulance licensing and surveys.
- Oregon Administrative Rules updates for applications, equipment, and ambulance construction criteria.
- EMS exams are moving forward. Four exams completed and more are scheduled. In-person, virtual and clinical sites have opened back up to onsite exams.
- Reviewing ASA plans and there are many new EMS Medical Directors.
- Dana Selover: EMS Modernization update - continuing to negotiate a workgroup and integrate learning from pandemic into the concept.

### **12. Committee Member Roundtable**

- **Kelly Kapri:** Working with EMS conference committees in Eastern Oregon and State of Jefferson for 2022. State of Jefferson will hold conference if in-person. Eastern OR will have in-person and virtual options.
- **Matt Philbrick:** Global Medical Response (GMR) provides significant outreach for mental health and support services, building a national peer team and national peer hotline. GMR is also strengthening partnerships on national level for deployment of mental health clinicians across the country.

### **13. Public Comments**

- **Joan Field:** Hoping to listen and learn. Will take some info back to our crew. Appreciate the work the Committee is doing.
- **Brittany Tagliaferro-Lucas:** Thank you for allowing for HERO Kids presentation and for the efficiency of the meeting.

### **14. Meeting Adjourned 11:13 a.m.**

#### **NEXT MEETING:**

**January 20, 2022**

**9:00 a.m. – 12:00 p.m.**

**Location: Zoom**