

Oregon Emergency Medical Services for Children Advisory Committee Meeting Minutes



2022 Quarter 4 | October 13, 2022

Chairperson Matthew Philbrick

Vice Chairperson Christa Schulz, MD

Appointed Committee Member		
Committee Member Name	Committee Position	Present, Absent or Vacant
Tamara Bakewell	Family representative	Absent
Andrea Bell	Nurse with pediatric experience	Present
Jeffrey Dana	At-large member	Present
Carl Eriksson, MD	Pediatric Emergency Preparedness representative	Present
Jennifer Eskridge	Injury Prevention representative	Present
Matthew House	EMT/Paramedic currently practicing, ground level provider	Present
Kelly Kapri	Highway Traffic Safety representative	Absent
Joann Lundberg	Behavioral Health representative	Present
Todd Luther	Emergency Department Manager	Absent
Danielle Meyer	Hospital Association representative	Absent
Matthew Philbrick	EMS Patient Transport representative	Present
Dana Pursley-Haner	EMS Educator	Present
Justin Sales, MD	Emergency Physician	Present
Christa Schulz, MD	Pediatric Hospitalist	Present
Vacant	Hospital Trauma Coordinator	Vacant
Vacant	Physician with pediatric training	Vacant
Vacant	Tribal EMS Representative	Vacant

HRSA EMSC Grant Required Committee Members		
Committee Member Name	Committee Position	Present, Absent or Vacant
Rachel Ford, MPH	Oregon EMSC Program Manager	Present
Dr. David Lehrfeld	OHA EMS Representative - Primary	Present
Dr. Dana Selover	HRSA EMSC Grant Point of Contact	Absent
Vacant	OHA EMS Representative - Secondary	Vacant

Oregon Health Authority EMS & Trauma Systems Program Staff
Peter Geissert, Julie Miller

Guest Speakers and Members of the Public
Jacinta Cruz (NW Oregon Health Preparedness Organization), Frank Ehrmantraut (Polk County Fire District), Danny Freitag (Santiam Hospital and Ambulance), Caitlyn Huber (Bend Pediatric Nurse),

Thomas Kofoed (Clackamas County EMS), Erik Kola (Registered Nurse, Qualified Mental Health Professional), Linda Sheffield (Trauma Nurse Coordinator Santiam Hospital), Pamela Shepard (CMA), Amy Sturgeon (Washington County Public Health Emergency Preparedness), Brittany Tagliaferro-Lucas (OCCYSHN)

Call to Order | Matthew Philbrick, Chairperson
Start Time: 9:06 a.m.
Committee Roll Call

Approve July 2022 Minutes | Chairperson
July 2022 Minutes were reviewed. No changes noted. Motion to approve minutes as written: Jeffrey Dana. Second: Dana Pursley-Haner. None opposed. Motion carried.

Committee Membership | Chairperson
Resignations:
Erik Kola: Thank you Erik Kola for 8 years of EMSC Advisory Committee service, leadership, and behavioral health contributions and expertise! Erik shared appreciation for all the efforts made by this Committee to include mental health and behavioral health, support health and wellbeing in our culture, and people dedicating their time to make our world better place.
Dr. Brent Heimuller: Thank you Brent Heimuller for 2½ years of EMSC Advisory Committee service.
Appointment:
Joann Lundberg: Welcome Joann Lundberg to the Behavioral Health representative position! Joann is a licensed professional counselor, board certified art therapist, with the official title of Child and Family Therapist. Joanne works with many different families with diverse backgrounds, including work with the Latinx community, cultural competency, and humility. Joann is looking forward to contributing to this Committee.
Vacancies: The EMSC Program is seeking applicants for the Hospital Trauma Coordinator, Physician with pediatric training, and Tribal EMS representative positions. Help is requested in identifying candidates to fill these positions. All applications will be reviewed, with the aim to have Committee member representation across Oregon. Committee member application: [LINK](#)

Committee Member Roundtable | Chairperson
Andrea Bell: Salem Health's focus is on high volume due to what is called Backwards Winter with RSV cases. Quite a few with Enterovirus that were admitted that needed transfer to Portland for critical care. Much higher number of cases due to new strain of that virus with most of the kids being older. Another focus is on safe sleep due to several deaths in Marion County. Having monthly meetings with the case workers to cover what is being done in the hospital. Planning for Monkey Pox cases.
Comment/Question:
• Matt Philbrick: What does a Monkey Pox response look like when you get a case? **Answer:** The treatment is non-researched based. Have treatment protocol for adults but not for children. Gathering

information for children. Currently if there is a child with Monkey Pox, Salem Health will transfer care to OHSU.

Jeffrey Dana: Volunteer at Cascade Locks Fire and EMS. Work at Portland Fire Community Health Division as a Community Health Nurse. Two areas of focus for Community Health Division, Portland Street Response behavioral health calls and Community Health Assessment Team lower acuity calls. The last couple of weeks several pediatric clients have been added. They have run away or are not in their normal home. Trying to make a connection with them so they have someone they can trust and can go to.

Dr. Carl Eriksson: Rachel Ford and Carl heard back from the EMSC Innovation & Improvement Center (EIIC). Carl had asked if they would be willing to pilot Hospital Disaster Preparedness Checklist. Currently, the EIIC does not want to participate. There will be discussion about whether to push for participation. There was some surprise about not wanting to participate, as the new EMSC grant has a distinct focus on disaster preparedness. Also noted that RSV may hit particularly hard this year.

Jennifer Eskridge: Recently returned from maternity leave. There is a lot of enthusiasm for Poison Center community outreach and events. Dr. Ben Hoffman from OHSU is spearheading an effort with Safe Kids Oregon and some other Oregon pediatric injury prevention practices, to improve Oregon's life jacket law to prevent child drowning. Currently children 12 years and under are required to wear a life jacket in a boat, but not in an inflatable watercraft or water toy. Proposing a revision of the state law in the upcoming February session, stating that U.S. Coast Guard floatation device will be required for children 15 years and younger for boating and when floating on a non-boat watercraft.

Comment/Question:

- Dr. Carl Eriksson: Ben Hoffman is the President-elect of the American Academy of Pediatrics! Great opportunity to shine a light on issues important to Oregon children.
Action: Jennifer Eskridge will share drowning information with Rachel Ford, who will then share it with the Committee.

Joann Lundberg: Current case load has pretty high acuity. Mental health providers have backlog in trying to access higher level of care, especially in the Medicaid program. Level D services (Crisis Diversion) have a month to a month and a half waitlist. A couple of clients have Oregon Department of Human Services - Child Protective Services involvement due to lack of community services. There seems to be a lack of psychiatric management in a timely manner which can result in an emergency.

Matt Philbrick: Over the next several months there are several EMS conferences. October is Oregon EMS Conference, March is State of Jefferson EMS Conference, April is Timberline EMS Conference. Great opportunities for Pediatric specific training for children and CE opportunities.

Justin Sales: Dealing with very heavy volumes and preparing for a heavy and aggressive flu season for children.

Dr. Christa Schulz: Seeing in general a lot of sick children in Bend and Eastern Oregon. Enterovirus needs and the need to transport several with BiPap or intubation to Portland, are at higher numbers this time of year than other years. AirLink is back in full service. Running into difficulties with interfacility transfers. For staffing purposes there are no inner transfers for pediatric patients between 10 p.m. and 6 a.m., which means more critically ill children being in outlying hospitals.

Dr. Matt Hansen: Rachel Ford reported for Dr. Matt Hanson that PediDOSE Study which is studying dosing of midazolam for pediatric seizures launched in Washington and Clackamas Counties on October 3rd.

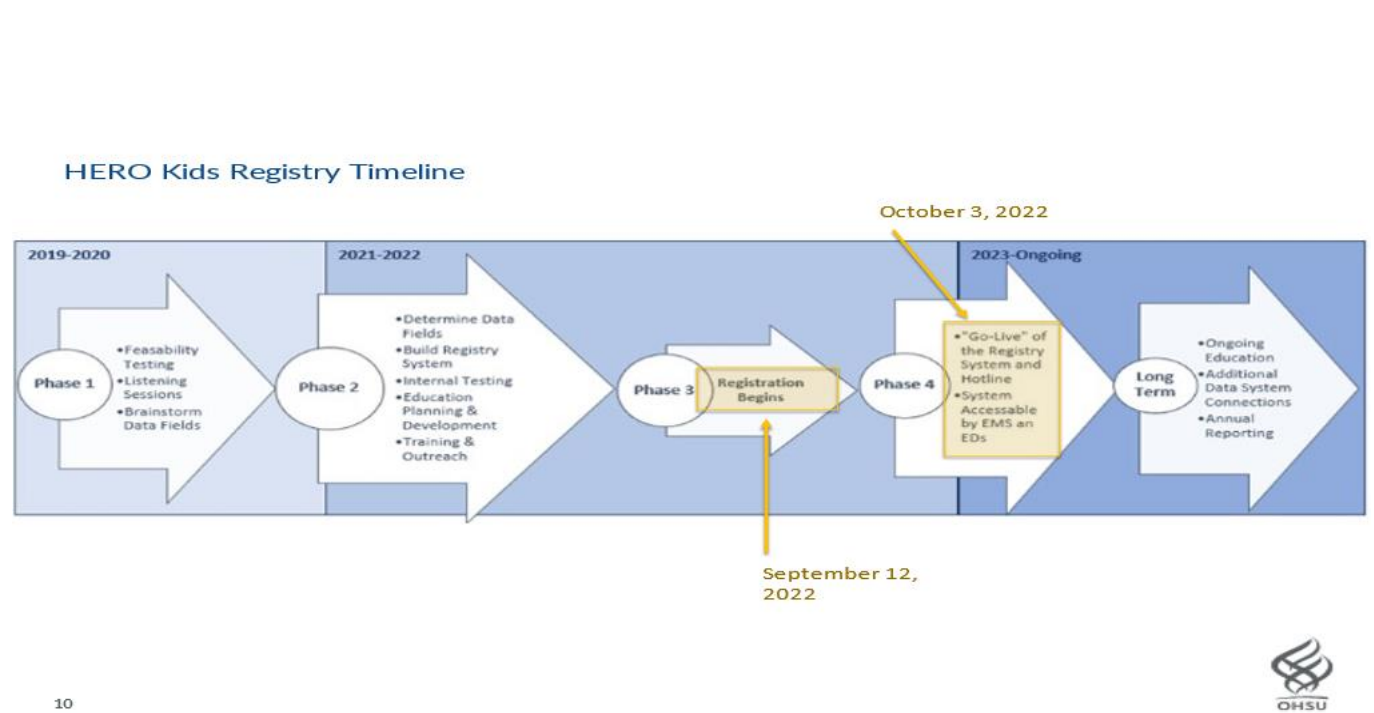
Comments/Questions:

- Justin Sales noted that there was a delayed start and hoping to launch on Oct 17th.
- Dr. Carl Eriksson noted that Dr. Hansen received a grant to look at EMS Pediatric Champions and to study the effectiveness of that intervention. There might be an opportunity for him to tell the Committee about the grant.

Action: Rachel Ford will ask Dr. Hansen about presenting grant information at January meeting.

Dr. David Lehrfeld: Two pediatric Monkey Pox cases in Oregon

Health Emergency Ready Oregon (HERO) Kids Registry | Brittany Tagliaferro-Lucas, OCCYSHN



10

Timeline: Go-Live October 3, 2022

Launch Update: Registration opened September 12, 2022. EMS and emergency department education and hotline information shared with 561 EMS and 127 Emergency Department contacts September 26-28, 2022. EMS and emergency department access to HERO Kids on October 3, 2022.

EMS App Launch: Oregon Registries for Emergency Medical Services (OREMS) app will be available October 20, 2022. The app is held within the same “container” as the Oregon POLST Registry app. EMS will be able to simultaneously search both registries. The app is Android, IOS, and Google compatible. Visit the HERO Kids booth at the Oregon EMS Conference to learn more or get setup.

Media and Social Media Campaign: HERO Kids is starting a media and social media campaign, including local TV news interviews. Several social media posts were shared. Questions for the Committee: What are you hearing about Hero Kids Registry? Are there any common questions? What suggestions do you have for getting the word out?

Comments/Questions:

- Dr. David Lehrfeld: If your two main targets are EMS and emergency departments, you will want to be at the EMS conferences and the Oregon American College of Emergency Physicians Conference.

- Dr. Christa Schulz: EMS group here is very excited about this. They said they do not use POLST very much, but now they are going to because of this. The main question from our pediatric group is as a Pediatric Hospitalist, can I do the same thing as an ED physician and get this information as well, or is this only allowed to EMS and ED? **Answer:** At this time, it is only available to EMS and emergency department providers.
- Dr. Carl Eriksson: Will there be opportunity in the future to make this available to other doctors? It would be a welcome modification. **Answer:** Yes, there is opportunity to expand this to ICU doctors and Hospitalists. It will need to be reviewed by legal.
- Dr. Christa Schulz: Treatment is started in the ED, and we continue while they are admitted and having access to this could be beneficial. **Answer:** This is a compelling use case.
- Dr. David Lehrfeld: Wondering if there could be something like what Oregon Prescription Drug Monitoring Program has with a universal logon? Then everyone could access the information through their account. **Answer:** The Collective Medical portal requires individual logins. In the future, HERO Kids may be able to develop a provider search portal or expand the Oregon Registries for Emergency Medical Services app to ED providers. These options would still require individual logins for tracking and ensuring privacy.
- Jennifer Eskridge: Poison Center works closely with EMS and hospital providers to treat poisonings in children, and this information may be helpful with treatment recommendations that toxicologists provide. **Answer:** Will bring these comments back to leadership group.
- Joann Lundberg: Can see that this could be helpful to some of the mental health clients that make use of multiple systems of care. Example: Clients with complex mental health needs, there sometimes is intensive care coordination provided through the county. Or there may be wraparound services integrated with the medical side or mental health. Sometimes there are high frequency EMS services or emergency department visits due to disabilities. Getting this information out to the counties would be a great way for children to benefit from the program. **Answer:** HERO Kids is working with the counties and providing education to behavioral health groups. Will also be presenting to OHSU Novel Interventions in Children's Healthcare group in November.

Future Development & Presentations:

Development for FY23: Electronic Emergency Protocol Letter integration with Emergency Department Information Exchange. System improvements will be based on user feedback.

Presentations & Booths: In October the team will be presenting at Oregon Deafblind Family Weekend, staffing a booth at Oregon Rural Health Conference, presenting at State EMS Committee and State Trauma Advisory Board, presenting at EMS Medical Directors Forum, staffing a booth at Oregon EMS Conference. November 2022 - June 2023 there will be a monthly learning session open to families, providers, and anyone interested in learning more about HERO Kids. For more information visit www.herokidsregistry.org.

Comments/Questions:

Rachel Ford: Information sheet for Public Safety Answering Points was drafted with help from Keith Endicott.

Action: Rachel Ford will send Linda Sheffield OREMS app information as requested.

EMSC Program | Rachel Ford

Health Resources and Services Administration (HRSA):

The EMSC State Partnership Notice of Funding Opportunity posted on August 9th. The application is due November 7th, but per HRSA's guidance the application should be submitted no later than November 3rd. This is a 4-year grant and for the first time in over a decade the funding was increased from \$130,000 per year to \$205,000 per year. This will cover 82% of the EMSC program personnel and activities.

Other HRSA related activities: Dr. Craig Newgard is one of the recipients of the EMSC Targeted Issues Grant. Craig leads regular meetings and conducts grant funded research. Many of the meeting participants assist with journal submission review and editing. Rachel Ford was one of the co-authors of an article published September 9th in the Journal of Trauma and Acute Care Surgery, *Impact of Individual Components of Emergency Department Pediatric Readiness on Pediatric Mortality in US Trauma Centers*.

EMS Equipment Distribution:

Equipment was distributed to the 15 ambulance services that applied. Equipment included obstetrical kits, hemostatic dressings, commercially manufactured arterial tourniquets, soft restraints, and nonflammable reflective roadside warning devices (reflective triangles). The roadside devices were mailed to agencies in May-July, and the EMS medical equipment was mailed in July.

Pediatric Readiness Program:

The August 11th education session, *Pediatric Diabetic Ketoacidosis (DKA)*, is available on the [website](#). There are over 30 recorded education sessions available. Upcoming session: November 10th *Collaborative Problem Solving: Rethinking Crisis Responses*. The Pediatric Readiness Program continues to share monthly grand rounds opportunities from Doernbecher Children's Hospital, Randall Children's Hospital, Oregon Providence, and Sacred Heart Children's. CME/CE is available for live and recorded sessions.

National Pediatric Readiness Program outreach: Rachel Ford curated resources to address technical assistance needs. They are in a Word document and organized by topic with the links to the requested resources. Next quarter, outreach will be conducted with hospitals that reported having Nurse and/or Physician PECCs on 2021 National Pediatric Readiness Project Assessment. Rachel will also inquire with the remaining hospitals to establish a Pediatric Champion contact.

Suicide Prevention – Mental Health Letter:

Dana Pursley-Haner recommended connecting with the Sherman County EMS Prevention Coordinator. From that meeting, Rachel Ford is now connected with the Alcohol and Drug Prevention and Education Program's Shared Risk and Protective Factors group.

- **Family Advocacy:** On November 1, Tami Bakewell will share the letter with list of Oregon family-led groups and professional groups with close, regular connections with families. Erik Kola provided some family advocacy recommendations.
- **Schools:** Rachel Ford has not heard back from Brent Heimuller or Todd Luther.
- **Mental Health Advocacy:** Erik Kola provided some mental health advocacy recommendations.
- **Integrated Client Services:** Peter Geissert provided contact information.

At the January 2023 EMSC Advisory Committee meeting, Peter Geissert will provide an update on the suicide, suicidal ideation, and suicide attempts data, and will hopefully be able to address some of the feedback and questions shared during the July 2022 meeting.

Comments/Questions:

- Dr. Christa Shultz: Is the Mobile Training Unit (MTU) up and running again? **Answer:** No, there is no longer a MTU. Leslie Huntington is the EMS & Trauma Systems Program's EMS provider initial and continuing education contact. There are no program staff providing on-site education.
- Dr. Christa Schulz: AirLink does a lot of training. They do mock codes with the hospital every month. They are very good with running the scenarios and they have all the equipment. They could be a resource if needed. **Answer:** AirLink, Life Flight Network, and REACH Air Medical Services are listed as contacts for education in the EMS Resource Toolkit. They have all the curriculum and people for the sessions, and they are a good resource for hospitals and EMS.

Action: Tamara Bakewell will share letter with family-led groups and professional groups with close, regular connections with families.

Action: Rachel Ford will follow-up on sharing with schools, mental health advocacy groups and integrated client services.

Trauma Standards:

Madeleine Parmley, OHA Trauma Coordinator, and Rachel Ford used the National Guideline for the Field Triage of Injured Patients to update the Oregon Administrative Rule, Exhibit 2 and Exhibit 3. Mellony Bernal, Madeleine, and Rachel completed many hours of preparation for a Rule Advisory Committee or RAC. The RAC was conducted on October 4th. Tomorrow the team will provide an overview and update at the State EMS Committee and State Trauma Advisory Board meetings. The second RAC meeting is scheduled for November 1st. This will be followed by a public hearing and public comment period.

Madeleine and Rachel will complete the crosswalk of the American College of Surgeons (ACS) 2022 Standards, Resources for Optimal Care of the Injured Patients with current Oregon Administrative Rule, and then move forward with preparing for the Rule Advisory Committee for Exhibit 4, Oregon Trauma Hospital Resource Standards.

Interfacility Transfer Rules:

On September 27th Rachel Ford provided an Interfacility Transfer presentation for Hospital Association members. Rachel defined interfacility transfer agreements and guidelines and emphasized that completion and implementation would satisfy aspects of the American College of Surgeons 2022 Standards and prepare hospitals for proposed changes to **OAR 333-505-0030 - Organization, Hospital Policies**. The proposed rule changes will formalize this aspect of patient care. All hospitals, both trauma and non-trauma, that have at least one written interfacility transfer agreement and implement the interfacility transfer guidelines, will be prepared for the proposed rule changes. There are resources available on the EMSC [website](#).

Mandatory Training Update:

Committee member required education is due December 31, 2022. The expected time to complete is 2 hours and 20 minutes. If you have not already created an account, refer to today's meeting invite attachment *Create Workday EEL (Extended Enterprise Learner) Account*. The [coursework](#) includes:

- Preventing Discrimination and Harassment
- Overview of Oregon Ethics Law
- Information Security and Privacy Awareness Course for Partners/Providers
- Information Security and Privacy Awareness - Policy & Agreement

There is also [Workday Account Training](#) available to support your understanding of Workday Learning.

Dr. Christa Schulz and Dana Pursley-Haner are the only Committee members that have completed the mandatory training. If you are a state employee, you may not have been captured in the report. The remaining Committee members have 2 ½ months to complete the requirement.

Action: Rachel Ford will send mandatory training information to the Committee.

PEDS-03 Project | Rachel Ford & Peter Geissert, OHA EMS & Trauma Systems Program

Letter Updates:

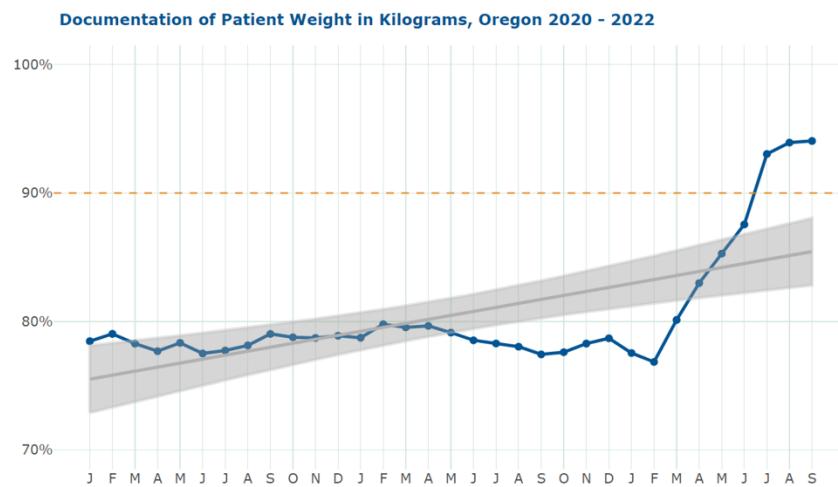
Rachel Ford: On July 13th and 14th, the second individual agency letter was sent. These letters included state stats, individual agency stats, as well as several graphs. Two of the graphs showed state averages from 2020-22 for pediatric patients and all patients. There was also a graph that showed the agency's

performance over that same time-period, and a table with the number of patients for the agency and percentage of records with documented weight for the reporting period (3/1/22-5/31/22). This round of letters generated the most response from agencies. Likely seeing the visual representation of their performance over time coupled with the agency stats had an impact.

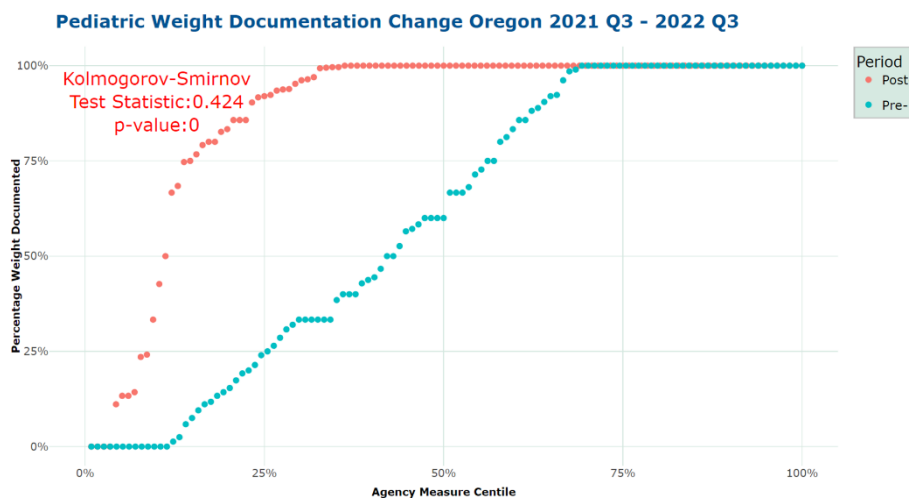
Last quarter the Committee had questions about the amount of time it would take to send the letters, and with the individualized elements in these letters it took approximately 15 hours including follow-up activities.

Next steps: With the EMSC grant application due in early November, the next round of individual agency letters will be sent the week of November 14th instead of late October.

Peter Geissert: The slides show the astonishing increase in reporting. June 2022 at 87.6% reporting and September 2022 was up to 94.1% of documentation. For a letter writing campaign, this is striking!



This is a big shift in Pediatric Weight Documentation Change 2021 Q3 – 2022 Q3. There are many agencies now documenting at high 90s, 99 to 100%. This is an astonishing result!



Comments/Questions:

- Matt Philbrick: Received messages and texts from agency representatives across the state asking: How do the agency numbers look? How do they compare to everyone else? Did the changes they made on the agency level show in the overall state level? Congratulation to the group with this work!
- Dr. Carl Eriksson: This is amazing! How do we get over the finish line with the remaining agencies?
Answer: Public dashboards are the start, but eventually EMS & Trauma Systems Program Data Team will push report to the agencies with individual performance.
- Jeffrey Dana: Do we know the major vendors for EMS electronic patient care reports? Portland Fire just switched to ImageTrend last month. Shared this link regarding EMS use of lights and sirens: <https://www.ncbi.nlm.nih.gov/books/NBK482203/>. **Answer:** [Vendors in Oregon](#)

Updated Oregon Pediatric EMS Data Report | Peter Geissert, OHA EMS & Trauma Systems Program

The updated report will show Oregon data for 2021 and 2022.

Pediatric EMS Incidents by Age Group and Month: Youngest age group is 0-4 years, and the oldest age group is 15-18 years. These two age groups have highest number EMS incidents.

Pediatric EMS Incidents by Patient Sex: Relatively similar over the two years.

Pediatric EMS Incidents by Race and Ethnicity: Comparison over the two years, similarly high rate of non-recorded race and ethnicity.

Top 15 Pediatric EMS Procedures: Variability in documentation. Could be some under reporting.

Top 15 Pediatric EMS Primary Impressions: "Injury - Other/unspecified" use has decreased significantly in percentage representation.

Top 15 Pediatric EMS Primary Symptoms: "Pain - Other/unspecified" and "Symptoms and signs involving appearance and behavior" have decreased significantly. Both "Routine child health exam without abnormal findings" and "General adult medical exam without abnormal findings" have increased significantly.

Also available in the report: **Top 15 Pediatric EMS Causes of Injury** and **Top 15 Pediatric EMS Dispatch Complaints**.

NEMSQA Measures: The reporting of these measures was changed so they have three denominators: all records, pediatric patients, and adult patients.

- **NEMSQA Respiratory-01 Pediatric Respiratory Assessment:** Specifications mostly unchanged. Working on list of medications. Goal is 90%.
- **NEMSQA Asthma-01 Pediatric Administration of Beta Agonist for Asthma:** Specifications mostly unchanged. The denominator is quite small. Moved to a quarterly metric. Difficult to get a stable percentage. Goal is 90%. Codes are Asthma and Acute Bronchospasm. This might be the next quality improvement initiative. May need to connect with EMS Medical Directors about use of Albuterol.
- **NEMSQA Pediatric-03 Pediatric Documentation of Estimated Weight in Kilograms:** Removed the weight-based medications list and replaced it with a simpler calculation using route of administration. This measure still needs to be dialed in to have a clear picture and understand what is clinically valid.

- **NEMSQA Safety-01 Use of Lights and Sirens During Response to Scene:** This is a new measure for pediatrics. This report reflects when lights and sirens are not used on the way to a scene. The goal is that during the response to a scene lights and sirens are not used 70% of time or better. The national goal is 70%. Oregon is currently at 20-25% for this metric. There is a national initiative and committee working on this, and likely more resources will become available.
- **NEMSQA Safety-02 Pediatric Use of Lights and Sirens During Transport:** This is a new measure for pediatric. The report reflects when lights and sirens are not used during transport. The national goal is 95%. Oregon currently at about 75%. Would like to benchmark specifically the pediatric metric.

Comments/Questions:

- Dr. Carl Eriksson: Wondering if some of these may be more variable in documenting than others, some of these may be underreporting which effects the numbers that are seen. **Answer:** Do not have a denominator to be able to evaluate the number that is not documented. Some of these we may be able to validate by looking at another part of the chart.
- Matt Philbrick: Do the Top 15 Pediatric EMS Causes of Injury have specific suicide information removed? Looks like it is injury to a person, not self-inflicted. **Answer:** They are not removed; this is just the Top 15.
 - Rachel Ford: Falls from various means are noted three times. If they were combined into one category, other causes of injury would be represented.
 - Matt Philbrick: What does “Activities, Other Specified” include? **Answer:** It is supposed to be used when what the patient is presenting with does not fall into the available categories.
- Matt Philbrick: What percentage deviation is statistically significant between the two years? This would help us know if it is worth reviewing. Have there been significant electronic patient care report (ePCR) vendor changes which could impact? Is there a list of ePCR vendors used by Oregon agencies? **Answer:** Have not conducted a specific test to look at differences between the two years. Can conduct analysis to see if it is systems change due to change of vendor, training, etc. There have been some vendor and code changes, as well as agencies that have come online.
- Dr. Christa Schulz: Surprised to see the psychiatric calls decreased from 2020 to 2021. **Answer:** This could be due to patients arriving via personal vehicle during COVID.
 - Dr. David Lehrfeld: If there is some glaring change, another analysis of the report can be completed.
- Dr. Carl Eriksson: Wondering why the numbers are so low on the NEMSQA Asthma-01 Pediatric Administration of Beta Agonist for Asthma report? Wondering what is contributing to the numbers being so low?
 - Dr. Christa Schulz: Is this only for patients with asthma? **Answer:** A specific set of diagnoses; patients with asthma in respiratory distress. Criteria matches with asthma or acute bronchospasm.
 - Dr. Carl Eriksson: This may be an opportunity clinically. Providers may not give bronchodilator unless hear wheezing, but not all patients in respiratory distress have wheezing. Wondering if there is something else to explain the goal versus discrepancy in performance?
 - Jeffrey Dana: In the prehospital side there was a deemphasis of giving nebulized beta agonists due to COVID. This can be seen in continuous quality improvement review of charts. Moving forward will get a better representation of providers giving the hand-held nebulizers.
 - Matt Philbrick: Is it NEMSQA that identifies the measures/primary impressions/qualifiers used? **Answer:** Yes. Occasionally, the EMSC & Trauma Systems Program makes small adjustments to the list but need to stay very close to NEMSQA specifications.
 - Dr. Carl Eriksson: Appreciate Jeffery Dana’s comments regarding COVID protocol. Do not know how much we will swing back to where we were without education. This would be a good thing to keep an eye on. We may settle into a new normal where there is less Albuterol being given than what we might expect.

- Matt Philbrick: Maybe facilitate discussion at the January meeting on the specific metric, if any, that Committee may want address for quality improvement. For NEMSQA Asthma-01 denominator only 20, what sort of measurable impact could we have? **Answer:** With a few more per quarter, it would get it up above 90%.
 - Rachel Ford: Will the new report reflect the 2022 data? **Answer:** Yes, it will include 2021 (gray line) and 2022 (blue line).
 - Dana Pursley-Haner: We always use lights and sirens when responding to the scene. **Answer:** Nationally identifying when most appropriate for provider and patient safety to use lights and sirens
 - Matt Philbrick: Is the goal to be under 70%? With pediatric patients, does that amplify the level of response? Are there certain chief complaints or reasons for activating 911 system that would make metric higher? **Answer:** It used to be that way. This is another one of the changes. With all the NEMSQA measures, more is better. This is the percentage of EMS responses where lights and sirens are not used. Could change the measure title for clarity.
 - Dr. David Lehrfeld: You would have to look at the exact determinant card and see what factors would be elicited by dispatcher for that condition (example: respiratory distress); suggested scheme for deploying resources as approved by Medical Director and EMS Chief. This is pretty complicated. Could consider pilot with one Public Safety Answering Point /one system. Only in systems with multiple types of assets (BLS, ALS, etc.) can you setup varying response determinants. Douglas Kupas did a review of the literature on lights and sirens that was translated into a position statement by the National Association of EMS Physicians and American College of Emergency Physicians. The [position statement](#) detailed areas where you might be able to move the curve. In general, it is about moving the triage process up the line of response to get a better idea of which types of calls benefit from lights and sirens. Lights and sirens will save 2-3 minutes, but only in urban environments. It does not make a difference in rural environments, but there is a public expectation for lights and sirens response.
 - Dr. David Lehrfeld: The *NEMSQA Safety-02 Pediatric Use of Lights and Sirens During Transport* might be a good place to start. The response is almost entirely up to the agency themselves. It is up to the provider/agency, or their Medical Director's protocols, to determine whether they are going to transport with lights and sirens. This is the one where there is more opportunity to move the needle.
 - Matt Philbrick: Proposal to the Committee to review NEMSQA measures at the January meeting and discuss 2023-24 strategic goals and actions (letter writing campaign, education, etc.). In the three months between meetings, Matt will meet with Rachel and Peter to discuss what impact the Committee could have and target those goals. Committee agreed to go forward with plan for January meeting.
- Action:** Peter Geissert will share the updated report link with Rachel Ford, who will then share it with the Committee. Rachel will also post report link on the EMSC website
- Action:** Rachel will setup meeting with Matt and Peter.

State EMS and Trauma Systems Program Dr. David Lehrfeld
<p>EMS & Trauma Systems Program: Posted the manager recruitment for the EMS & Trauma Systems Program. Sent out an Ambulance Vehicle Memo: some agencies have unknowingly been purchasing ambulances that do not meet the standard requirements.</p> <p>Health Security, Preparedness & Response (HSPR): Peter Mackwell is convening a patient movement workgroup. There is likely work to be done around pediatric patient movement.</p> <p>Ambulance Service Area Planning Tool Kit: Revision for the counties.</p> <p>Current & Future Rules: Ambulance licensing rules. EMS provider and education rules including state testing to school in-house testing, virtual training, and virtual testing.</p>

Current Rule Advisory Committee: Guidelines for Field Triage of Injured Patients (Exhibit 2) and Oregon Hospital Trauma Team Activation Criteria (Exhibit 3). The proposed changes to Exhibit 2 and Exhibit 3 are based on the American College of Surgeons 2021 National Guideline for Field Triage of Injured Patients. The previous version of the national guidelines was published in 2011 by CDC, and Oregon adopted the 2011 version in 2013.

For the 2021 field triage guidelines, the structure or format was reimagined. This was done so that it would align better with information flow to EMS and align better with how the field triage guidelines were being used. The field triage criteria have been consolidated into two categories: 1) High risk for serious injury; and 2) Moderate risk for serious injury. The items in the two categories are sorted from top to bottom and from left to right according to risk. There are some new specific criteria for children.

Legislation: EMS Modernization Act where the first part includes the three parts of time sensitive emergencies within the trauma system, the second part is EMS mobilization, and the third part is comprehensive EMS Systems.

HB 2397 Senior Advisory Board: EMS Agencies, cities, fire districts, etc. could not levy fees upon long-term care facilities that were using EMS resources. HB 2397 formed this committee to encourage an efficient and appropriate use of EMS, reduce the overall cost of care, and encourage community-based responses to long-term care facilities. Money from the quality care funds pilot projects.

988 System: The 988 system is for behavioral health crisis and is tied into the old National Suicide Prevention line. The bill has three parts: Call Center, Mobile Behavioral Crisis Teams, and Crisis Prevention Centers. Calling 988 anywhere in the United States would direct the caller to the Call Center, which would provide a special behavioral health triage, resources, counselors (if needed) and determines if the Mobile Behavioral Crisis Team needs to be dispatched. The Mobile Behavioral Crisis Team would transport the caller (if needed) to the Crisis Prevention Center (stabilization). The intent is to provide better resources and to offload from police and EMS. The rules have been written, the call centers have been identified, draft contracts are posted, but do not think they have started the Crisis Prevention Centers yet.

Comments/Questions:

Rachel Ford: Would the Committee be interested in a children and families update from the 988 team?

Answer: Yes

Action: Rachel Ford will schedule a children and families update from the 988 team for the January or April meeting.

Public Comments | Chairperson

No comments

Meeting Adjourned: 11:17am

Next meeting is January 12, 2023