Oregon Time-Sensitive Medical Emergencies Advisory Committee: Cardiac Subcommittee Meeting Summary
2025 Quarter 3 | August 13, 2025

Slides and recording available upon request.

Appointed Cardiac Subcommittee Members		
Name	**Position**	**Attendance**
SunHee Chung	Emergency medicine physician	Present
Josh Davis	Rehabilitation specialist	Present - virtual
Mo Daya	EMS supervising physician	Present
Jeff Marbach	Interventional cardiologist	Absent
Erin Nunes	EMS provider	Present
Megan S.	Nurse	Present - virtual
Kelsey Truong	Nurse	Present

1. **Call to Order (Adam Wagner, Oregon Health Authority Emergency Medical Services Program) (Timestamp: 0900)**
   a. Adam announced that Megan S. had been chosen to lead the subcommittee and act as primary liaison to the main Time-Sensitive Medical Emergencies Advisory Committee.
   b. Roll call was conducted.
   c. OHA staff introduced themselves.
   d. Megan discussed public comment rules and reviewed the agenda for the day.

2. **EMS Modernization and Legislative Updates (Dana Selover, Oregon Health Authority Health Care Regulation and Quality Improvement) (In Stroke Subcommittee recording)**
   a. All three time-sensitive emergency specialty subcommittees gathered to hear about the next steps after the 2025 legislative session.
   a. House Bill 4081 passed in 2024 and is part 1 of the EMS Modernization plan. House Bill 3572, which would have been part 2, did not pass in 2025. Without the funding of House Bill 3572, OHA-EMS will need to re-prioritize the EMS Modernization objectives using existing resources.

3. **Q2 Subcommittee Summary (Megan S.) (Timestamp: 1000)**
   a. The group reviewed the written summary from the previous meeting. Subcommittee members did not request any changes to the document.

4. **Define Patient – Section 5(1)(a) HB 4081 – Adam Wagner & Stella Scott, OHA EMS Program) (Timestamp: 1004)**
   a. **System Overview**
      - Oregon is building a tiered cardiac care system. The goal is to create a seamless system from field response to hospital care.

- EMS in the field needs to have the capabilities to call an ST Elevation Myocardial Infarction (STEMI) in the field and protocols to get the patient to a referral hospital or directly to a STEMI receiving center.
- Quality improvement processes are integral and will evolve over time.
- Oregon will align with national standards but define its own state-level criteria.

b. **Initial Patient Definitions**
The subcommittee decided to start with defining cardiac arrest. The group reviewed the definition used by the Cardiac Arrest Registry to Enhance Survival (CARES) and National Emergency Medical Services Quality Alliance.
- The group discussed the importance of capturing both resuscitated and non-resuscitated cases to understand the full burden of disease. However, initial focus should be on resuscitated cases to reduce data gaps and complexity. The group reached a general agreement to adopt a definition close to CARES, allowing inclusion of traumatic arrests and filtering later.
- Dana Selover clarified that the patient definition will eventually be codified in administrative rule. Formalizing the definition will require a multistep process: subcommittee → full committee → EMS Advisory Board → Rules Advisory Committee.
- The group collaboratively drafted a working definition:
> "An out-of-hospital cardiac arrest is defined as an event where chest compressions and or defibrillation were administered by a dispatched first responder, or a defibrillation shock was given at any time before EMS arrival."

5. Roundtable Updates – (Megan S.) **(Timestamp: 1117)**
- Members shared updates on training, community outreach, and survivor engagement. Highlights included:
  - Regional STEMI meetings and data sharing.
  - Survivor-led advocacy and education events.
  - Community CPR and AED training initiatives.

6. Key Takeaways (Megan S.) **(Timestamp: 1137)**
a. 7 of 11 subcommittee seats are currently filled. Open positions are cardiologist, cardiothoracic surgeon, patient advocate/educator, and hospital administrator.
b. The group discussed redefining the cardiothoracic surgery position.
- Mo Daya questioned its need, citing recruitment difficulty and limited value to the subcommittee.
- Stella clarified the role is not required by statute but was created by the Time-Sensitive Medical Emergencies Advisory Committee, so the subcommittee can recommend changes.
- Dana Selover emphasized the importance of including relevant voices but noted that participation can occur outside of formal membership.
- Mo Daya recommended replacing the role with a cardiac intensivist or EP specialist.
- Megan suggested broadening the role to include a cardiothoracic surgery physician assistant or intensive care unit (ICU) representative. Dana and Stella agreed that a

broader definition (e.g., practitioner or ICU rep) would improve recruitment flexibility. General agreement to recommend removing the cardiothoracic surgeon position and replacing it with a broader category: *"Cardiothoracic surgeon, cardiothoracic surgery practitioner, or cardiac ICU representative."*

c. Liaison report:
   - The committee finalized its draft definition for out-of-hospital cardiac arrest.
     > "An out-of-hospital cardiac arrest is defined as an event where chest compressions and or defibrillation were administered by a dispatched first responder, or a defibrillation shock was given at any time before EMS arrival."
   - A recommendation was made to the TSMEAC to revise the cardiothoracic surgeon position description.
   - Next meeting will be held Wednesday November 13, 2025, 0900-1200, virtual.

7. Public Comments (Timestamp: 1150)
   - No public comments.

Meeting adjourned at 1204.

Next meeting is November 5, 2025, 0900-1200 (VIRTUAL ONLY)