



State EMS Committee
Friday, January 17, 2020
8:30 a.m. – 12:00 p.m.

Meeting Minutes

Chair	<i>Jim Cole, NRP</i>
Vice Chair	<i>Joanna Kamppi, P</i>
Members present	William Foster, MD; Jim Cole, NRP; Richard Urbanski, MD; Russ McUne, MD; Alicia Bond, MD; Mike Fletcher; JD Fuiten; Gary Heigel, P; April Brock; RN; Daniel Hull, MD; Casi Hegney, EMR; Candi Benjamin, RN; Michael Cool, P; Rebekah Rand, P
Members not present	Brad Adams, MD; NREMT
Guests present	Dave Lapof, EMT; P; Kristin Lingman; Gregg Lander, P; Rebecca Dohert; Mike Verkest, P
Public Health Division staff present	David Lehrfeld, MD; Rebecca Long, NRP; Stella Rausch-Scott, EMT; Julie Miller; Mellony Bernal; Elizabeth Heckathorn, NRP; Robbie Edwards; Peter Geisser; Liana Walter
Members on the phone	Rahul Rastogi, MD; JoAnna Kamppi, P; Elizabeth Hatfield-Keller, MD; Joe Davitt; Jeremy Bueller, RN
Public Health Division staff on the phone	Leslie Huntington, P
Guests on the phone	Kelly Kapri; Devon Brown, P; Patricia Tucker-Hoover, RN; Abigail Finetti, RN; Drew Norris, P; Jake Shores, P; Dan Brattain, P; Doug Kelley, P; Jack Nutall, P; Victor Hoffer, P; Tom Kuhn

Agenda Item	<i>Call to Order – Jim Cole</i>
The meeting was called to order and roll call was taken. The committee met quorum.	
Introduction of new members: Dr. Daniel Hull - Medical Director Emergency Physician Michael Cool, Paramedic – Lake Oswego Fire and Rescue Rebecca Rand, Paramedic – Blue Mountain Hospital Tiffany Peterson, EMT – Wy’East Fire Department Candice Benjamin, RN – Emergency Department Grande Ronde Hospital	
Introduction of new staff: Elizabeth Heckathorn, P – EMS and Trauma System Manager	

Agenda Item	<i>Approve minutes and review agenda – Jim Cole</i>
<p>Reviewed agenda for the meeting and no changes were requested.</p> <p>Minutes from July 2019 were reviewed. No changes were requested. Gary Heigel motioned to approve the minutes and Dr. Alicia Bond seconded the motion. The motion passed unanimously.</p> <p>Minutes from October 2019 were reviewed. No changes were requested. Gary Heigel motioned to approve the minutes and Dr. Alicia Bond seconded the motion. The motion passed unanimously.</p>	
Action	July meetings to be reviewed at the January 2020 meeting.

Agenda Item	<i>Membership and By-laws – Stella Rausch-Scott</i>
<p>Stella presented the EMS Committee membership. The committee has a full membership.</p> <p>EMS Bylaws need updated to match SB 29 (2019) ORS 682.039. The changes include:</p> <p>(1) Change from 18 appointed members to 17 appointed members</p> <p>(2)(a) [Seven] Six physicians licensed under ORS chapter 677 whose practice consists of routinely treating emergencies, such as cardiovascular illness, [or] trauma or pediatric emergencies, appointed from a list submitted by the Oregon Medical Board. At least two members appointed under this paragraph must be emergency medical services medical directors, and at least one member appointed under this paragraph must specialize in pediatric emergency care.</p> <p>Dr. Willy Foster motioned to approve the bylaws and Dr. Russ McUne seconded the motion. The motion passed unanimously.</p>	
Action Item	The office will update the bylaws and send out to the committee.

Agenda Item	<i>EMS Licensure and Discipline Subcommittee appointment – Jim Cole</i>
<p>Jim Cole, Chair, is required to assign committee members to the Ems Licensure and Discipline Subcommittee.</p> <p>Appointed to the subcommittee are:</p> <p>Dr. Elizabeth Hatfield-Keller</p> <p>Dr. Daniel Hull</p> <p>Michael Cool, Paramedic</p> <p>Rebecca Rand, Paramedic</p> <p>Tiffany Peterson, EMT</p> <p>All committee members have accepted the position.</p>	

Agenda Item	<i>Vice Chair Election – Jim Cole</i>
<p>JoAnna Kamppi completed the term for Jim Cole. She is eligible to serve a second term as Vice Chair if she is nominated.</p>	

Dr. William Foster nominated JoAnna Kamppi for a second term as Vice Chair. JoAnna Kamppi accepted the nomination. Alicia Bond seconded the motion.

No other nominations were made. The committee voted unanimously for JoAnna Kamppi as Vice Chair for a second term. January 2022

Agenda Item	<i>Regional EMS Instructors and Licensing Officer Program – Leslie Huntington</i>
<p>Leslie Huntington presented the new regional EMS instructor and licensing officer program that the office has designed. In September of 2018, changes to OAR 333-265 formalized the role of a licensing officer for EMT and EMT-I licensing exams. Specifically, OAR 333-265-0026 outlines the minimum qualifications and credentialing requirements for a licensing officer. The credential must be renewed every three years.</p> <p>The changes accompanied an operational shift of the licensing officer program from OHA-EMS to initial EMS education programs, allowing the institutions to select and utilize local personnel to serve as credentialed LOs for their licensing exams. The shift also provides more flexibility with exam scheduling and efficiencies with student remediation and retesting.</p> <p>Current Program Status:</p> <ul style="list-style-type: none">• 29 people are currently credentialed licensing officers• 6 applications are pending• The credentialing process includes online training, an exam, a letter of sponsorship from the educational program and an application to OHA-EMS <p>Next Steps:</p> <ul style="list-style-type: none">• Development of an LO resource guide, which will include references to NREMT and OHA-EMS examination policies, examination reporting forms and other pertinent materials• Further development of program monitoring and quality improvement• Review and revision of the online training module <p>Regional EMS Instructor Program (REMSI)</p> <p>Description:</p> <p>The REMSI is an individual contracted by OHA-EMS to perform specific functions relevant to EMS education, as identified and assigned by OHA-EMS, with the goal to meet EMS educational needs in rural areas of the state. These functions include:</p> <ul style="list-style-type: none">• Serve as a licensing officer for EMT and EMT-I exams• Serve as the course director for EMR and EMT courses• Teach continuing education courses and serve as adjunct instructors to the OHA-EMS Mobile Training Unit <p>Current Status:</p> <ul style="list-style-type: none">• REMSI contracts are in place with four individuals• Program policies, orientation materials, reporting forms and invoices are in development.	

Agenda Item	State Update – Dr. David Lehrfeld & Elizabeth Heckathorn
	<p>OREMSIS- Currently 144 agencies are submitting data to OR-EMSIS using 7 different platforms. Currently the state is submitting approximately fifty thousand ePCR to NEMSIS a month. NEMSIS 3 ePCR submission is about 5 hours from the time of patient care (real time). The state has not reviewed data quality as the focus is still onboarding agencies. Current projects are: WOC 5 – Purchase of DataMart, DataVault and Community Health (MIH). DataMart allows better access to the state data through own server. DataVault will hold NEMSIS 2.0 data. Community Health will support Mobile Integrated Health/ Community Paramedicine will support non-NEMSIS data points. This program will be free for Oregon agencies to use. WOC 6 – CARES non-NEMSIS CARES datapoints. The datapoints will be standard in NEMSIS 3.5 but the state is not ready to transition to the update. This will also allow automatic datapoint uploads for agencies that participate in CARES.</p> <p>Research Request/ Quality Metrics No other healthcare data set has geographic collection that the Oregon Health Authority. The current requests are starting to come in and the state has come up with a priority list to help support the limited staff that are supporting the data team. The office, once fully staffed, plans to create dashboard codes that will allow the public to see the state levels and agencies will have their private dashboards that will allow the agency to review their data sets. Examples of this are the NEMSIS COMPASS safety measures. These will be dynamic dashboards that will be created.</p> <p>Oregon APCO The review of Lights and Sirens will be presented to APCO in spring of 2020. The state has reached out to APCO to review how dispatch codes and requires emergent response at a county level dictates the agency response. The county has times for dispatch written into the ambulance plan or county contracts and all have used the ACS trauma guidelines. NFPA agencies also have required response times. The office plans to review the dispatch data and identify a few agencies to root-cause-analysis for future work.</p> <p>CARES Program The state held a resuscitation academy (RA) in November 2019. The RA had two dispatch representatives attend. The state then presented CARES data at the APCO-NENA meeting in December 2019, highlighting the importance of dispatch assisted CPR instructions to increase patient survival. From this presentation and the attendance at the RA key instructors from the state has been requested to develop a 1-2-hour training for DPSST to train all initial training for new dispatchers. APCO has requested a RA for dispatchers that will be completed in March. Oregon does not require dispatchers to keep CPR training current after completing the DPSST training. The state DPSST, November 2019, decided to make the requirement every two years. The RA helps emphasize and train dispatchers to identify when to start CPR if the caller is not confident in unconscious and unresponsive question. PSAP</p>

EMS Modernization

The EMS/TS leadership has proposed to the Public Health Director to:

- Transform the trauma statute ORS 431 into an emergency healthcare statute.
- Create the Oregon Emergency Health Care System
- Combine all statewide EMS committees to form the new State Emergency Healthcare Board
- Create Emergency healthcare plans – Trauma, Stroke, Cardiac, Pediatric and more
- Establish Emergency healthcare regions for existing ATAB and HPP regions
- Create Emergency Health Care data system out of existing trauma, stroke, etc. registries
- Create EMS Mobilization Plan for emergency healthcare surge and response
- Transform the trauma statute ORS 431 into an emergency healthcare statute.
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The concept will be presented at all levels of Government leadership. This is the same concept that was presented 10 years ago.

Staffing update

The state currently has 7 open positions, out of 14. This includes the EMS and Trauma System data team which will transfer back from IVPP. We currently have 6 people in the office.

Agenda Item	<i>EMS Committee Workgroups – Jim Cole</i>
	<p>EMS Surge Capacity – JoAnna Kamppi has attempted to gather the workgroup to discuss further. This is to review day-to-day surge capacity and emergency management surge. The workgroup could use more hospital administrative staff that would be willing to discuss the work. Peter MacWell, HSPR Hospital Surge coordinator, has agreed to support the work through the HPP liaison group.</p> <p>Medical Director/ Supervising Physician System Improvement – Russ McUne will work with the state staff to get a survey out. In 2019 renewal all Medical Directors and Supervising physician are linked to their agency. The state is currently working on an electronic application.</p>

Agenda Item	Rules Advisory Committee – Rebecca Long and Mellony Bernal
	<p>Rebecca Long presented rule changes:</p> <ul style="list-style-type: none"> • 333-250-0205 (25) – Update the definition of patient <p>Passage of SB 29 333-255-0000, 333-265-0000</p> <p>333-250-0280 (5)(h)(A) – TB Screening- directs agencies to OAR chapter 333, division 019. New screening, testing, and treatment guidelines issued by CDC in May 2019- compliments 2005 guidelines.</p> <ul style="list-style-type: none"> • 333-265-0000 (8) – Adds a definition for “Criminal Records Check,” aligns with DAS rules and further clarifies the term for purposes of other rules • 333-265-0010 - Corrects agency name from ODE to HECC • 333-265-0025 (2)(b) – Clarifies CPR course requirements and that it must include a practical skills component. • 333-265-0025 (2)(c) – With added Criminal Records Check definition, the language in this rule has been revised for alignment and dates removed that are no longer relevant. Reference to appropriate DAS rule has been included. • 333-265-0030 – removed fees no longer collected and adds prorated fees for reinstatement, initial licensure and reciprocity. • 333-265-0105 - (1)(a)- EMR <p>(D) Adds language to align with Appendix 1 Adds practical skills evaluation language to CPR requirement</p> <p>(b) No change to current practice, just language clarification (c) No change to current practice, just language clarification</p> <ul style="list-style-type: none"> • (2)(a) – EMT, AEMT, EMT-I, Paramedic <p>Early reinstatement (0-3 months) Same as current practice- the only change is the timeline Providers currently have 12 months to reinstate an expired license with an audit of their CEUs. This new rule would give them 3 months</p> <ul style="list-style-type: none"> • (4)(5) – EMT, AEMT, EMT-I, Paramedic <p>Late reinstatement (>3-24 months) Must complete a reinstatement program Same as current practice- the only change is the timeline This used to be only for providers who had been expired >12-24 months.</p> <ul style="list-style-type: none"> • (9) – EMT, AEMT, EMT-I, Paramedic <p>Late reinstatement (>3-24 months) Same as current practice, added clarifying language</p> <p style="text-align: center;">CONTINUE NEXT PAGE</p>

Appendix 2 DRAFT

EMS & TRAUMA SYSTEMS

Portland State Office Building 800 NE Oregon Street, Suite 305 Portland, OR 97232-2162



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APPENDIX 2 Oregon Licensed EMR & EMT-Intermediate Providers

Minimum Continuing Education Requirements when Initial Licensure is Less than 24 Months

Provider Level	EMR			EMT-I			Notes/Comments
	6-12 months	12-18 months	18-24 months	6-12 months	12-18 months	18-24 months	
Months Until Scheduled Expiration Date							Hours reflected are based on a percentage from the continuing education required in Appendix 1. 6-12 months = 50% 12-18 months = 75% 18-24 months = 100%
Trauma Emergencies	1	1.5	2	2.5	3.75	5	
Medical Emergencies	1	1.5	2	3	4.5	6	
Pediatric and Obstetric Emergencies	0.5	0.75	1	3	4.5	6	
Airway, Breathing and Cardiology	1	1.5	2	3	4.5	6	
Miscellaneous EMS Topics (Related Topics)	0.5	0.75	1	0.5	0.75	1	
Education Topics Approved by the Medical Director	2	3	4	6	9	12	EMS or public health topics which are approved by the medical director. If EMS Provider is not affiliated, add these hours to miscellaneous EMS topics
Total Hours for the Remainder of Licensing Cycle	6	9	12	18	27	36	
CPR certification required for all levels							Current AHA healthcare provider or equivalent
Clinical Skills Competencies for Affiliated EMSPs (see Appendix 1, Section 2)							At least once during licensing cycle

Reinstatement numbers from 2017-2019

EMT - 74

EMTA/I - 6

Paramedic - 30

The surge naturally takes place right after the license expire and then at the 12-month mark. The state does not require ACLS for relicensing.

Russ McUne made a motion to accept the document with changes and the acceptance that the staff implement at the best time for the office. Alicia Bond seconded the motion.

All committee members approved.

The committee reviewed the statement of need and fiscal impact for the rules presented and the documents relied on.

Willy Foster motioned to accept the document and Dr. Russ McUne second the motion. The motion passed unanimously.

Remount standards will be a concern in the future for the state. The state requested that a workgroup be formed to support the state with changes and updates to the remount standards. JD Fuiten volunteered to chair a workgroup to submit recommendations on CAAS and NFPA on remounting ambulances. Dave Lapof volunteered to sit on the workgroup.

Agenda Item	<i>Rural Services support – Dave Lapof, Stella Scott, Elizabeth Heckathorn and Rebecca Dobert</i>
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Dave Lapof updated that the Oregon EMS Conference Committee supported a rural provider workshop for billing in May 2019. Feedback received that most attendees would like more information and instruction on billing through electronic system and charting and reporting.

Oregon EMS Conferences

[Eastern Oregon Conference](#)

Pendleton, OR- BMCC
 March 12-15, 2020

[State of Jefferson EMS Conference](#)

Medford, OR- Asante Rogue Regional Medical Center
 March 13-14, 2020

[Newport EMS Conference](#)

Newport, OR- Hallmark Resort
 April 2-5, 2020

[Oregon EMS Conference](#)

Redmond, OR
 Sept 24-26, 2020

Resuscitation Academy

Oregon received a grant from HeartRescue to provide academies in 2019 and 2020. The Fall 2019 academy was November 20-21st in Newport, Oregon at the Samaritan Pacific Communities Hospital. The academy had 15 participants from all over Oregon, including PSAPs, Private and Public transporting agencies and Fire Departments. Topics included CPR Science, Telecommunication Dispatch, High Performance CPR training, Community PAD and Law Enforcement AED, PulsePoint, Community CPR and CARES participation.

The next Resuscitation Academy is scheduled for May 18th - 19th in La Grande, OR. If you are interested in attending or sending someone to the academy please contact Stella Scott, Oregon CARES Coordinator. Stella.m.rausch-scott@dhsosha.state.or.us

2019 Oregon Rural and Frontier EMS Listening Tour

Elizabeth Heckathorn and Rebecca Dobert presented the findings from their listening tour. Rebecca serves as the Office of Rural Health Field Services Team.

Funding was awarded to ORH as a supplement to the FY18 Medicare Rural Flexibility Grant referred to as the Flex EMS Supplement

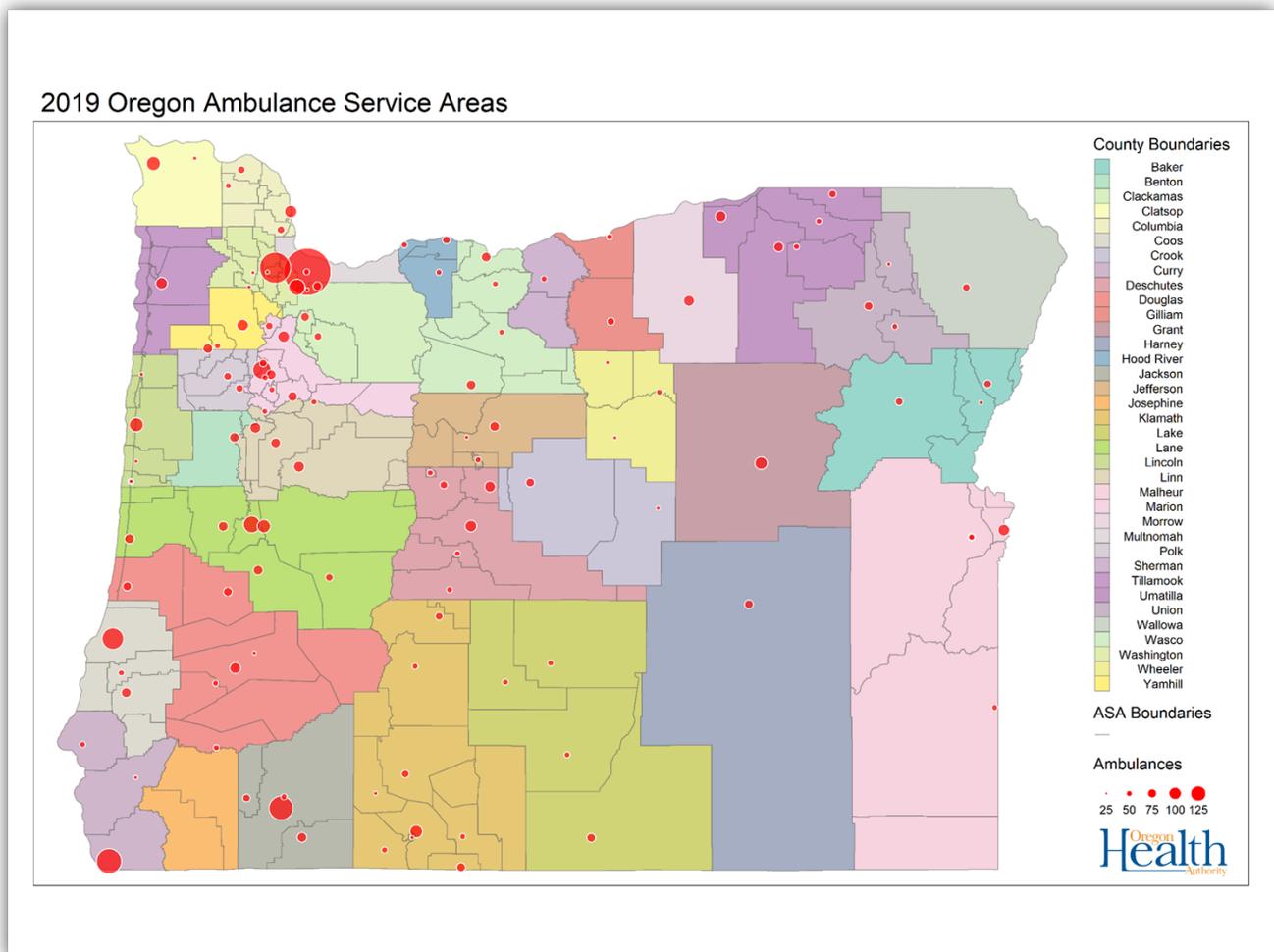
The EMS Listening Tour project proposed to use the ORH Listening Tour format to address the goal and objective of the HRSA-funded supplement:

GOAL: Ensure access to quality emergency medical care in rural communities.

Objective 1: To develop and implement sustainable models of rural EMS care.

Data sources used for EMS listening tour planning:

- eLicensure data
- Oregon EMS Information System (OR-EMSIS)
- ORH EMS projects
- Ambulance Service Area Plans (ASAs)



The tour covered all regions of the state, half rural and half frontier counties. The 10 counties that participated include more than half of Oregon's 98,000 square miles. That's larger than the state of Pennsylvania, with Oregon itself being larger than the United Kingdom. Also, the high points of the Tour counties are an average of 4,900 feet HIGHER than the highest point in PA as an illustration of the terrain in much of rural and frontier Oregon. And where it isn't

scaling up to or down from a mountain range, it's bordered by the entire Pacific Ocean, which presents another distinct set of weather and terrain challenges.

Counties participating:

- Tillamook
- Jefferson
- Wallowa
- Malheur
- Grant
- Lake
- Crook
- Wheeler
- Klamath
- Douglas

The full report can be found on the [ORH EMS page](#).

Agenda Item	<i>Public Comment</i>
	Peter Mackwell updated the committee on the HSPR work for the FEMA national ambulance contract. The work will need to be reviewed across different sections. ASPER pediatric ground surge planning committee is a national grant that Oregon was chosen to participate in.

Agenda Item	<i>Meeting adjourned</i>
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