



State EMS Committee
Friday, July 12, 2019
8:30 a.m. – 12:00 p.m.

Meeting Minutes

Chair	<i>Jim Cole, NRP</i>
Vice Chair	<i>Joanna Kamppi, NRP</i>
Members present	William Foster, MD; Jim Cole, NRP; Joanna Kamppi, NRP; Richard Urbanski, MD; Russ McUne, MD; Alicia Bond, MD; Mike Fletcher; JD Fuiten; Gary Heigle, P
Members not present	Casi Hegney-Bach, EMR; Brad Adams, MD; Teresa Singleton, RN, NREMT; Eric Blankenship, RN; Elizabeth Hatfield-Keller, MD
Guests present	Matt Philbrick, NRP; Jacob Dalstra, P; Dave Lapof, EMT; Jack Nuttal, P; Adrienne Donner; Jake Shores, P; Kristin Lingman; Gregg Lander, P
Public Health Division staff present	Dana Selover, MD; Candace Toyama, NRP; David Lehrfeld, MD; Rebecca Long, NRP; Laurel Boyd; Stella Rausch-Scott, EMT; Julie Miller; Laura Chisholm; Elizabeth Heckathorn, NRP; Blake Jamison; Robbie Edwards
Members on the phone	Rahul Rastogi, MD
Guests on the phone	Kelly Kapri; Drew Norris, P; Victor Hoffer

Agenda Item	<i>Call to Order – Jim Cole</i>
The meeting was called to order and roll call was taken. The committee met quorum.	

Agenda Item	<i>Membership – Dana Selover</i>
<p>The state completed a new electronic process for committee application and reappointments. The new process encompasses the work of OHA to diversify and create an inclusive committee. Information, open committee appointments and link to the application are live on the EMS/TS committee website.</p> <p>HB 28 (2018) included a change to the EMS Committee that one of the ED Physicians must specialize in Pediatric Emergency Medicine.</p> <p>Open positions for the EMS Committee are:</p> <ul style="list-style-type: none"> • Medical Director/Supervising Physician 	

- Emergency Department Physician
- EMS Provider (any level)
- Volunteer Ambulance Representative
- Trauma Nurse

Agenda Item	<i>Approve minutes and review agenda – Jim Cole</i>
The agenda was reviewed and one change to pg.10 second agenda item change the spelling of “feel” to “fill”.	
Dr. Russ McUne motioned to approve the minutes presented and Dr. Alicia Bond seconded the motion. The motion was approved.	
Action	Post April 2019 minutes to the website.

Agenda Item	<i>2018 CARES Report – Stella Scott</i>
Stella Scott, Oregon CARES coordinator, presented the 2018 Oregon CARES report. 2018 Highlights included:	
<ul style="list-style-type: none"> • Agencies submitted 2,363 charts and of these 63 were excluded from the Utstein report as etiology was marked as traumatic cases. National CARES received 81,864 cases for 2018. • From 2013 – 2018 9,785 Oregon charts have been submitted to the CARES Registry. • 1 chart out of 2,363 was unable to locate the patient or find patient outcome through other resources such as obituaries, social media (Face Book), Zillow, newspaper articles, death records. • 1,150 cardiac arrests that were witnessed, 57.5% of the patients received bystander CPR (First Responder (non-transporting agency) was 555 (24.1%) . Of the 1,150 patients, 553 (24.1%) had an AED applied. 106 (19.2%) AEDs were applied by a bystander and 447 (80.8%) calls were applied by First Responders. – includes LEO. • Oregon’s overall survival rate was 33.3% from <i>Survival to Hospital Admission</i>. National rate was 28.2%. 	
2018 Oregon Accomplishments:	
<ul style="list-style-type: none"> • Oregon remains active in National CARES and added 2,363 charts in 2018. • Kudos to Umpqua Valley Ambulance and Mercy Flights. Both agencies were able to participate in 2018 CARES with less than one week to submit all their charts. • The transition from Douglas County District 2 to Bay Area Ambulance to UVA was not reflected in the National CARES setting and with the quick work of our National team they were able to clean up demographic data before we closed out January 31, 2019. • This year our office required Medical Director’s to claim an account with their agency in Image Trend. Because of this work I was able to include each MD in the disbursement of their agency data. This was a great opportunity for agencies to work with their MD’s on QAPI programs. • Continue to clean up each CARES account and train new people for agencies and hospitals. There was a lot of old information that was not applicable to the agency or hospital. I was also able to identify, at a state-level, areas that could use more support. 	

Opportunities for improvement:

- CARES information should be entered by the transporting agency only (Faulk/Salem, Washington County – 2 examples) are different but keep who is entering data clear. Talking with a couple of agency Medical Directors it seems that both the first responder and the transporting agency are entering the information. Only the group that transported the patient should be doing this.
- The most common flag I saw in the chart was etiology “Other”. EMS providers are not supposed to diagnose. This concept reflected in the diagnostic portion of the CARES chart. CARES would prefer an agency to have a realistic/sophisticated guess as to what the patients Etiology was.
- First Responder/EMS Agency. “First Responder” is the Fire Department/ Non-Transporting agency. “EMS Agency” is the transporting agency.
- Participants should make include notes in the form. It helps the hospital and me when charts are flagged.
- 2018 report were sent to agencies and Medical Directors. It was identified that not ALL Cardiac Arrests were entered. Being consistent with adding all CA, even if they are an overdose or drowning that turned into a CA, is helpful information.
- Medical Directors can support CARES in their agency by helping with explaining the data to their agency and using it to implement CA protocols.
- Agencies need support for Quality Assessment and Performance Improvement programs.

Future Goals:

- The CARES program needs stable funding. OHA will support the State fee for 2019.
- There is drafted legislation to implement Out of Hospital Cardiac Arrest(OOHCA) a time-sensitive emergency. Stakeholders need to identify elected officials who would champion this legislation.
- PSAP - There is no clarity for which PSAPs are currently providing Emergency Medical Dispatch. Or how people are being directed.
- We currently have 59 Oregon agencies that are participating in CARES. This is out of 153 agencies in the state. A realistic picture of Out of Hospital Cardiac Arrests is not shown in Oregon.
- PI and Benchmarking – as we move forward it would be helpful to come up with a guide on benchmarking and how to review your data (QAPI program)
- The State OR-EMSiS Data Workgroup chose the automation of CARES information extraction as their first project. Currently an automated extraction can only take place between the agency and CARES if an agency has more than 10 cardiac arrests a month. Most agencies do not qualify. This will allow automated extraction from the submitted data to the CARES form. The agency will have to review each data form but will not have to mechanically input each data point. This will help our state get a better idea of OOHCA in Oregon and support the rural and frontier agencies that do not have enough staff support to input the charts.

One recommendation is to send a comparison from state-to-state and identify agency’s data of the highest performance in the state. Best practices could be gathered from agencies in the state that perform well.

Identify PSAPs and their EMD programs. Mike Fletcher, PSAP representative, informed the Dispatch committee that a questionnaire is coming and request for involvement from the EMS committee was going to be requested. Mike has requested support for a future survey to give to each PSAP in the state.

Resuscitation Academy will be in Newport, OR in November. Should consider including PSAP representatives.

Oregon EMS Conference should support an advanced QAPI program.

Action Item

Stella will post the 2018 Oregon CARES report.
 Discuss CARES funding at the next EMS Committee meeting.
 Discuss survey to give to each PSAP in the state.

Agenda Item

OR-EMSSIS – Dr. David Lehrfeld & Laurel Boyd

OR-EMSSIS was dataset was updated to remove procedures and medications that were not used and include those medications and procedures that were used by an agency. This also includes national changes. The NEMSSIS webpage has a link to Oregon’s changes that a vendor or agency may review. If an Oregon agency has a procedure or medication that is not included in the current schematron the agency should contact our office to request an update.

Five changes have been included that will submit accurate data to the Trauma Registry from the schematron. The letter for accurate data submission for trauma band number was sent to all agencies and trauma hospitals.

The drafted report for Ambulance Lights and Sirens (L/S) sent to the committee. The findings were consistent with national data. Using lights and sirens was about 2 minutes quicker.

Summary:

- Poor data quality in the two variables used to assess L/S by the Compass metric
- In the context of wanting to reduce use of L/S, we need to be aware that median response time is faster when using L/S than not using L/S
- Low quality of information at dispatch may be an issue when determining whether to use dispatch protocols (including L/S)
- Current use of dispatch protocols statewide is not known

What is the committee’s objective when using these data?

- What is/are the intended audiences?
- Means of distribution?
- What analyses are missing? (What additional data would you want to see?)

The committee would like to educate agencies about the L/S data collected. The Medical Directors/Supervising Physicians would be a helpful avenue to present the data to their agency(s). What simple ways are available for agencies to review the report and identify if they need to provide training to improve on the data they are submitting?

- The data came from report writer and the state could create a data file for any agency to use and run their own data report.
- Create a one-page for each agency to review and use for their next step.

Universally there is still an issue with agencies and responders not understanding the significance of running L/S. A one-page report would help start the process to educate the responders and community.

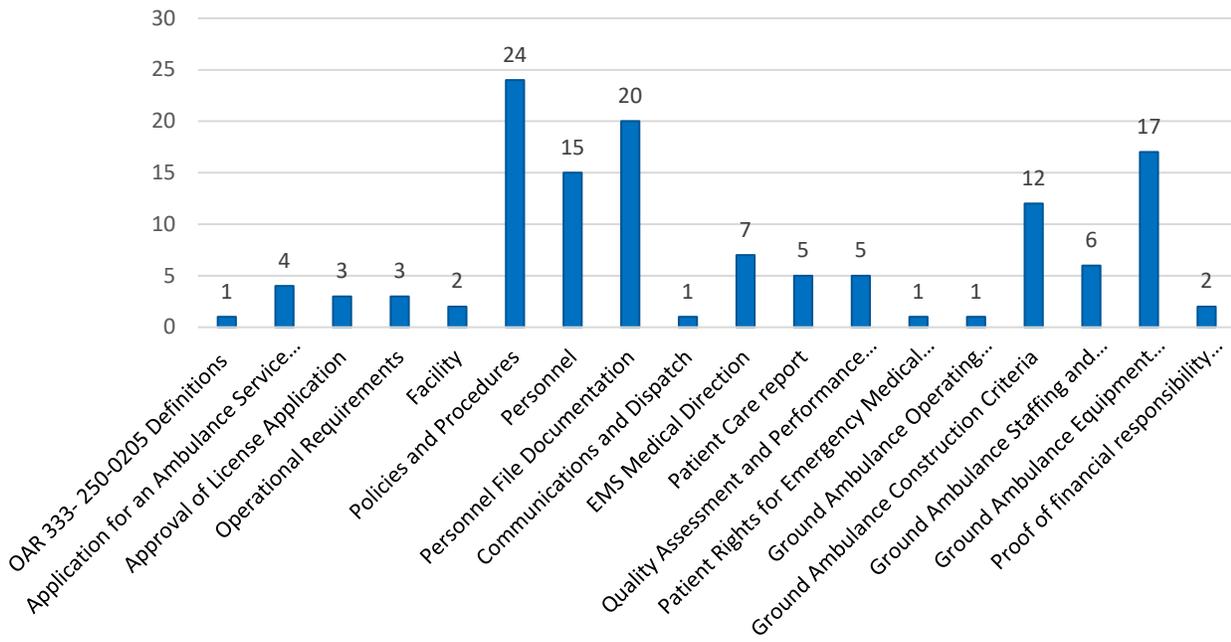
The committee should consider that it is not the first responders and agencies that are in control of the dispatch response type. PSAPs should consider the type of response that they are sending the unit to. Providing a one-page report will support agencies creating a need to

Action Item	<p>Oregon Health Authority</p> <ul style="list-style-type: none"> • Distribution between the highest and lowest performing agency and compare to NHTSA performance measures. • Has the data been linked to patient disposition? <p>EMS Committee</p> <ul style="list-style-type: none"> • Develop and implement a strategic plan for increasing data quality around lights and siren use. • Set benchmarks and timetables for Oregon EMS to achieve benchmarks. • Involve Agency Medical Directors, OSAA, ODOT and Fire Chiefs to discuss ways of improving agency response in Oregon.
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Agenda Item	<i>EMS Committee Workgroups – Jim Cole</i>
<p>Improve Hospital to Hospital Communication – A diverse group from across the state, representing prehospital and hospital, continue to work on how to support communication between the two branches of care. Jim Cole has requested more representation from the hospital section.</p> <p>EMS Surge Capacity – The question that needs clarification is the intent of the workgroup is to review surge as EMS mobilization or to review the lack of capacity for EMS agencies to respond to surge due to hospital turnaround time for patient transfer of care and bed space. The request for the everyday impact of surge capacity was the request. It is recommended that the workgroup should consider the larger picture and work on system support.</p> <p>Medical Director/ Supervising Physician System Improvement – It is not clear what practices are taking place by Medical Directors and if they know the requirements. The workgroup is planning to survey Medical Directors to better understand the knowledge around the role. Concurrently, a survey will go to the agencies to understand their expectations and requests for their Medical Directors. Once the information is collected the workgroup plans to create communication and training around the Medical Director position. The committee recommended that the workgroup should work with internal staff for coordinating</p>	

Agenda Item	<i>Ambulance Survey 2018 Summary – Candace Toyama</i>
<p>A summary of the 2018 Ambulance surveys was presented to the committee. Camillie Storm, Trauma Coordinator, reviewed and compiled Veronica Seymour’s survey summaries. Findings included:</p>	

2018 Transporting Agencies Deficiencies



In 2018 39 Transporting Agencies were surveyed and of those 7 agencies had no deficiencies. Deficiencies that were noticeable included a lack of policies and procedures. The highest in this category was vehicle cleanliness standard policy. Others included Personnel files such as missing HazMat paperwork, EMS Medical Direction contracts between agencies and service.

The transition to an action plan for an agency after a survey has been a change for some agencies. The office continues to support the agency as they create after action plans.

Agenda Item

Rural EMS – Dave Lapof / Liz Heckathorn

The Rural EMS workshop was July 12th and a large representation of rural EMS agencies attended. Topics discussed included billing for EMS agencies, operational challenges, using data and available grants. There was opportunity for attendees to ask questions and have helpful feedback. Since the workshop many agencies have implemented system changes with content from the workshop. There is a plan to have another workshop in the future and the plan is to include detailed topics such as focus on documentation for submitting reimbursement, in-service on ImageTrend billing program, OHA rules and detailed information on grants and process to apply.

An update of the Office of Rural Health Rural and Frontier EMS listening tour was presented to the committee. Rebecca Dobert, ORH, and Liz Heckathorn, contractor, traveled to rural and frontier areas (10 total) to discuss EMS needs. Challenges, gaps in the system and success stories were captured in these meetings. The final publication is scheduled for October 2019 and the plan to present take place in 2020.

Agenda Item	<i>EMS/TS Directors Update – Dr. Dana Selover, Dr. David Lehrfeld, Candace Toyama</i>
<p>Legislation Update</p> <p>Dr. Selover presented pertinent bills that EMS/Trauma Systems office is tracking. A specific list was sent out before the meeting.</p> <p>SB 29A OHA Housekeeping Bill – For purposes of EMS:</p> <ul style="list-style-type: none"> • Amends State Trauma Advisory Board, Area Trauma Advisory Board and State EMS Committee membership. • Revises definition of term "patient" for purposes of emergency medical services by eliminating requirement that person must be transported by ambulance to be a patient. • Clarifies that both ambulance vehicles and EMS providers operating vehicles under control of the US Government are exempt from Oregon licensure requirements. • Removes outdated EMS provider physical and mental health language for licensure and updates language to align with other health care professional licensing boards. <p>HB 2011A Requires cultural competency continuing education for initial licensure and every four years thereafter for specified licensing boards including OHA for purposes of licensing EMS providers. Licensing boards shall adopt by rule hours necessary. Boards are encouraged to adopt completion of OHA (OEI) approved continuing education, or completion of continuing education that meets the skills requirements established by the OHA (OEI) in rule.</p> <p>The EMS Committee Bylaws will need to reflect the change with SB29. This will be an action item for the October meeting.</p> <p>A liaison between the EMS Committee and the OR-EMSIS data workgroup has been requested. This liaison will support the OR-EMSIS Data workgroup and report to the EMS committee the work that is taking place.</p> <p>A review of the opioid grant that was awarded to the state office was presented.</p> <p>Candace Toyama announced that she is resigning as the EMS and Trauma Systems Deputy Director. Her final day is October 5th, 2019.</p>	

Agenda Item	<i>Meeting adjourned</i>
<p>Next scheduled State EMS Committee Meeting - October 11, 2019 / PSOB Building / 8:30 a.m. – 12:00 p.m.</p>	