Meeting Minutes

<table>
<thead>
<tr>
<th>Chair</th>
<th>Jim Cole, NRP</th>
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<tr>
<td>Vice Chair</td>
<td>Joanna Kamppi, NRP</td>
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<tr>
<td>Members present</td>
<td>William Foster, MD; Jim Cole, NRP; Richard Urbanski, MD; Russ McUne, MD; Alicia Bond, MD; Mike Fletcher; JD Fuiten; Gary Heigel, P</td>
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<tr>
<td>Members not present</td>
<td>Casi Hegney-Bach, EMR; Brad Adams, MD; Teresa Singleton, RN, NREMT; Eric Blankenship, RN</td>
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<td>Guests present</td>
<td>Dave Lapof, EMT; P; Kristin Lingman; Gregg Lander, P; Rebecca Dobert; Michael Cool, P</td>
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<td>Public Health Division staff present</td>
<td>Dana Selover, MD; David Lehrfeld, MD; Rebecca Long, NRP; Stella Rausch-Scott, EMT; Julie Miller; Mellony Bernal; Elizabeth Heckathorn, NRP; Robbie Edwards; Peter Geisser; Liana Walter</td>
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<td>Members on the phone</td>
<td>Rahul Rastogi, MD; JoAnna Kamppi, NRP; Elizabeth Hatfield-Keller, MD</td>
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<tr>
<td>Guests on the phone</td>
<td>Kelly Kapri; Devon Brown, P; Patricia Tucker-Hoover, RN</td>
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**Agenda Item** | **Call to Order – Jim Cole**

The meeting was called to order and roll call was taken. The committee met quorum.

**Agenda Item** | **Membership – Dana Selover**

HB 28 (2018) included a change to the EMS Committee that one of the ED Physicians must specialize in Pediatric Emergency Medicine. Bylaws will be presented at the Jan 2020 meeting.

Open positions for the EMS Committee are:
- Medical Director/Supervising Physician
- Emergency Department Physician
- EMS Provider (any level)
- Volunteer Ambulance Representative
- Trauma Nurse
Agenda Item  Approve minutes and review agenda – Jim Cole
Quorum was not met for the meeting. Minutes from July 2019 will be reviewed at the next meeting.

Action  July meetings to be reviewed at the January 2020 meeting.

Agenda Item  Oregon Family to Health Information – Jackie DeSilva
Through a collaborative effort, the “Planning for a Trip to the Emergency Room” toolkit was developed and published for families to use who support a child with special needs. A easy-to-use preparation checklist was included for families that may have difficulty reading or need a to-do list. Peds ED and ICU physicians requested the inclusion of “Emergency Protocol Letters” template. Agencies and hospitals should be aware that this document is available.

Action  Communicate with agencies and ATABs that this document exists.

Agenda Item  OR-EMSIS – Dr. David Lehrfeld & Laurel Boyd
The transporting agencies have until the end of 2019 for compliance with the data submission. An agency can apply for a waiver that would be allow them until the end of 2020.

The committee requested to review the EMS COMPASS Safety 01-02 – Lights and Siren response. When the data was reviewed the data point was null. After contacting sample agencies, it was identified that the data point was not entered if the response was emergent (e23). It was identified that one data point over the other allowed for the agency to bill. A hybrid crossover was developed to cross-check the data points. There was a high degree of variability with the hybrid metric.

Reviewing dispatch codes for the call (PSAP) almost indefinitely effects dispatch levels.
ASA plans require response times effect the use. The time is taken from the ACS Trauma Requirements. The state also considers the NFPA 1710 guidelines for Fire Departments.

Agencies may not record criteria may not come from the ePCR but from the dispatch CAD system. This requires communication and understanding. The committee recommended that the presentation and discussion should be brought to PSAPs in the state. Mike Fletcher, PSAP representative, recommended to have a discussion at the APCO-NENA meeting. He will work with the office staff to present at the next meeting in December 2019. Another opportunity would be a webinar training. Dr. Lehrfeld plans to present as an abstract at the state NAEMSP meeting January 2020.

| Action Item | Present at the APCO-NENA Oregon meeting  
Present at the NAEMSP meeting  
Dispatch workgroup |

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<tr>
<th>Agenda Item</th>
<th>EMS Committee Workgroups – Jim Cole</th>
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<td>Improve Hospital to Hospital Communication – WORKGROUP GOALS</td>
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| 1) Identify gaps in positive EMS and Hospital relationships  
2) Prioritize top gaps  
3) Identify solutions to the top gaps  
4) Suggest implementation strategies, information and resources for accomplishing better EMS and Hospital Relationships  
5) Report to the State EMS Committee the findings by end of 2019 |
IDENTIFIED GAPS / ISSUES

1) Lack of effective, honest and transparent communication/relationship with all stakeholders
   a. Change of staffing capability without notification
   b. ER staff answering radio do not know prehospital practice
   c. EMS practitioners do not know the issues facing the ED/Hospital
   d. Assumption of abilities and resources, expectations versus realities
   e. Participation in greater hospital discussion/issues (facility remolds, etc.)
   f. EMS and hospital system integration (committees, disaster planning, surge)
   g. EMS sometimes excluded from protocol changes

2) Timely, effective EMS information capture of patient care and treatment
   a. Patient record data in more real time and with confirmation of patient demographics
   b. Verbal report versus written report with copies of EKG, etc.
   c. Transmission of EMS reports to the ED as quickly as possible
   d. Standardizing communication technologies

3) Appropriate, timely, and effective feedback to EMS on patient treatment, outcomes, and quality
   a. Little to no patient follow-up or feedback
   b. Ability and information on how EMS can benefit patient outcomes through our workflow

MAIN AREAS OF CONCENTRATION

1) Lack of effective, honest and transparent communication/relationship with all stakeholders
   a) Regular recurring face to face meetings
   b) Where regular and specific issues are discussed openly and honestly
   c) Change of ability or staffing/facilities and operations communicated in real time
   d) Protocols collaboratively reviewed
   e) Ride along /ER time to get experiential understanding/develop relationships

2) Timely, effective EMS information capture of patient care and treatment
   a) Collaborative communication platform to share patient data in real time and to follow patient through facility (Written Hand-off Sheet)
   b) Accurate list of personnel, preferably with a picture easily accessible.

3) Appropriate, timely, and effective feedback to EMS on patient treatment, outcomes, and quality
   a) Activations are summarized as to findings/outcomes and transmitted back to prehospital agency’s QI Officer.
   b) EMS access to appropriate hospital databases for self-inquiry.

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.

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

### Agenda Item | Rural EMS – Stella Scott / Dave Lapof

The Oregon CARES coordinator is creating an Oregon Resuscitation Academy. This is supported with a grant from HeartRescue. The Fall 2019 is November in Newport, OR. The spring 2020 RA is planned for La Grande, OR. Faculty will include staff from Oregon who participate and train in their region as well as Seattle RA staff. CARES funding will be supplied by the state EMS office.

The Oregon EMS Conference was September 2019. It was well attended in Salem, OR.

The Office of Rural Health conference was October 2019. It was well presented by the Hospitals. There was a presentation from Tillamook Hospital MIH meeting. It would be helpful to have more EMS involvement and would consider include EMS perspective. This would include a discussion on EMS and Hospital component.

### Agenda Item | EMS/TS Directors Update – Dr. Dana Selover, Dr. David Lehrfeld, Candace Toyama

The EMS and Trauma Systems staff is reviewing a legislative concept that would update the EMS system. Leadership will bring the concept to different stakeholder groups and meetings.

Rules Advisory Committee – The EMS committee will review rules for reinstatement pro-rating fees and continuing education for reinstating.

EMS and Trauma Systems open positions include:
- EMS and Trauma Systems manager – applications have closed.
- RA 3
- PA 2
- RA 4

The state will request representation from the state committees to participate in the interviews.

The National Association of State EMS Officials – West Region was held in Portland, OR Oct 1-3. Discussions included: Rural EMS, Trauma Programs, MIH, Data Systems.

### Agenda Item | Meeting adjourned