Portland State Office Building
800 NE Oregon Street
Portland, OR 97232

State EMS Committee
Friday, April 10, 2020
9:30 a.m. – 11:30 a.m.
Virtual Meeting

Meeting Minutes

Chair	*Jim Cole, NRP*
Vice Chair	*Joanna Kamppi, P*
Members on the phone	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 ; Rahul Rastogi, MD; JoAnna Kamppi, P; Elizabeth Hatfield-Keller, MD; Joe Davitt; Jeremy Bueller, RN;
Member no present	Brad Adams, MD
Public Health Division staff on the phone	Dana Selover, MD; David Lehrfeld, MD; Rebecca Long, NRP; Julie Miller; Mellony Bernal; Peter Geisser; Leslie Huntington, P; Andey Nunes; Renee Schneider; Kim Waite
Public Health Division Staff present	Stella Rausch-Scott, EMT; Elizabeth Heckathorn, NRP; John Crabtree
Guests on the phone	Kelly Kapri; Dave Lapof, EMT; Kristin Lingman; Rebecca Dobert;

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

Agenda Item	*Approve Minutes and Review Agenda – Jim Cole*
Reviewed agenda for the meeting. A change was made that Liz Heckathorn would give an update on licensing instead of Brandon Klocko. Dave Lapof requested to include an update on the rural EMS workshop. Elizabeth Heckathorn introduced our newest staff member John Crabtree. He is joining the data team as a PA2 and will start April 13th. He has a background in business, was a Paramedic for a private agency and worked at a rural fire [dept].	

Minutes from January 2020 were reviewed. Dr. Dana Selover did not attend the meeting and should be removed from the staff attendance list. No other changes were requested. Dr. Alicia Bond motioned to approve the minutes. JD Fuiten seconded the motion. The motion passed unanimously.	
Action Item	Post minutes to website.

Agenda Item	*Membership – Stella Rausch-Scott*
Stella presented the EMS Committee membership. Dr. Russ McUne, ED Physician, resigned as he is moving out of the state and no longer able to fill the role as ED Physician.	
Action Item	The office will start recruiting for the ED Physician position.

Agenda Item	*EMS Licensing Update – Elizabeth Heckathorn*
EMR renewal applications are open and being received. Staff did receive approval from the state office to review background checks in the home offices. April 1st- June 30th with 140 transporting agencies and 800 ambulances to renew. Emergency temporary rule has opened until October 2020. The temp rule for licensing allows for emergency provisional licensure either from out of state applicants or students who are graduates of an EMS program and are unable to take their psychomotor exam due to the physical distance requirements but have taken the cognitive exam. There are requirements and the state created an FAQ for applicants to review. There are currently 26 applicants who have completed the state application. The provisional rules went into effect April 6th.	

Agenda Item	*OR-EMSIS – Dr. David Lehrfeld and Peter Geissert*
Updates for OR-EMSIS: Week of April 5th the state updated the OR-EMSIS requirements for EMS COVID-19 documentation guidance. The following NEMSIS standard data elements not previously requested by Oregon should be enabled and reported: • eVitals.24 - Temperature • eOther.03 - Personal Protective Equipment Used • eOther.04 - EMS Professional (Crew Member) ID • eOther.05 – Suspected EMS Work-Related Exposure, Injury, or Death • eOther.06 - The Type of Work-Related Injury, Death or Suspected Exposure The following codes should be enabled in these data elements: • eHistory.08 - Medical/Surgical History • B97.29 - Other coronavirus as the cause of diseases classified elsewhere • Z20.9 - Contact with and (suspected) exposure to unspecified communicable disease • eProcedures.03 - Procedure • 409528009 - Surgical face mask (for all license levels)	

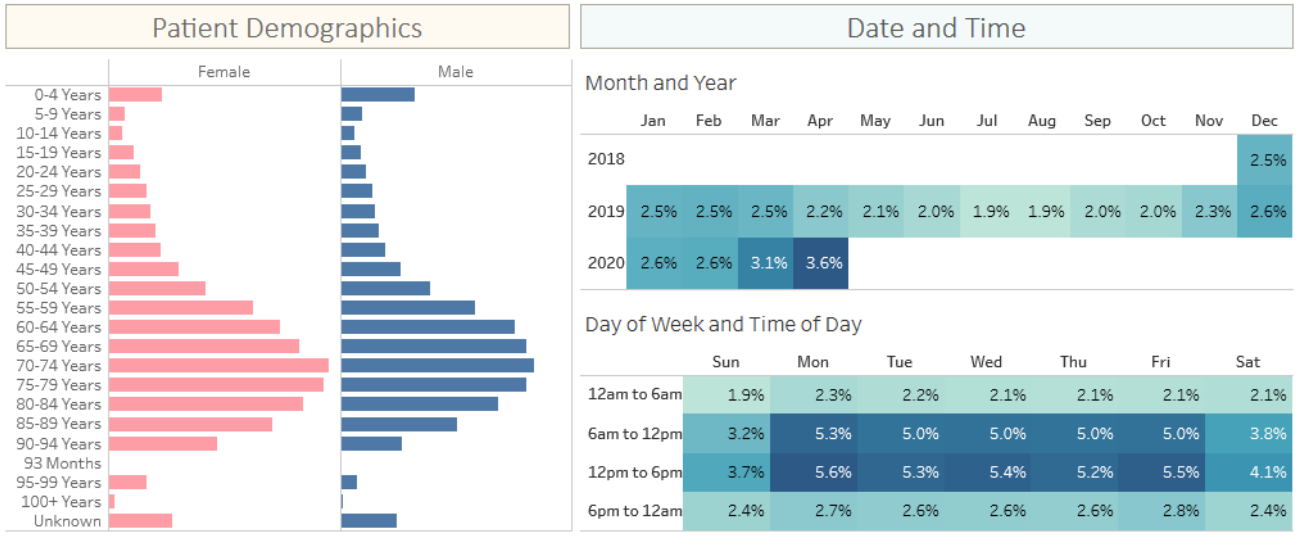
PPE Tracking:

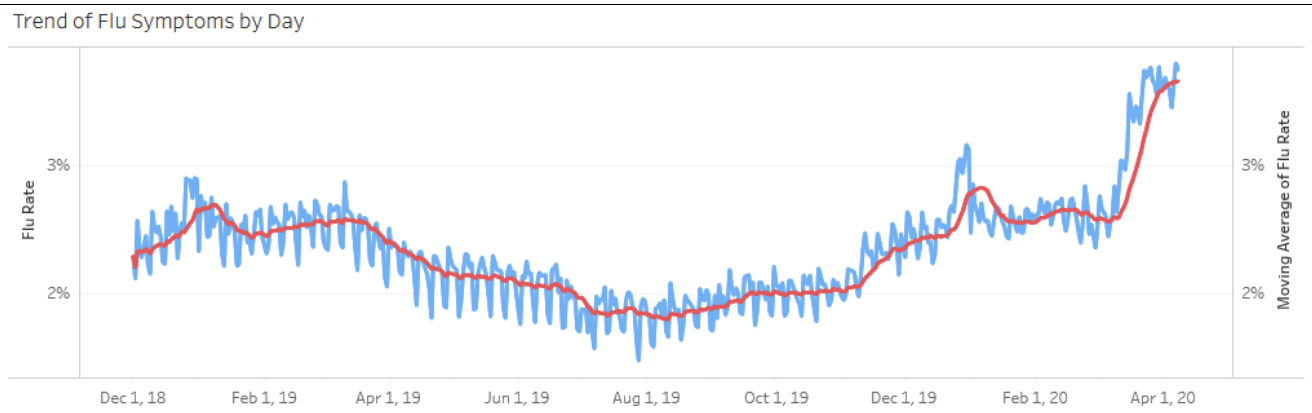
- NHTSA and FEMA request states' cooperation in documenting PPE usage
- Oregon not currently sharing data
- Documentation of PPE is incomplete
- Lack of documentation may impact allocation decisions
- NEMSIS elements for PPE re-use to be activated in Elite

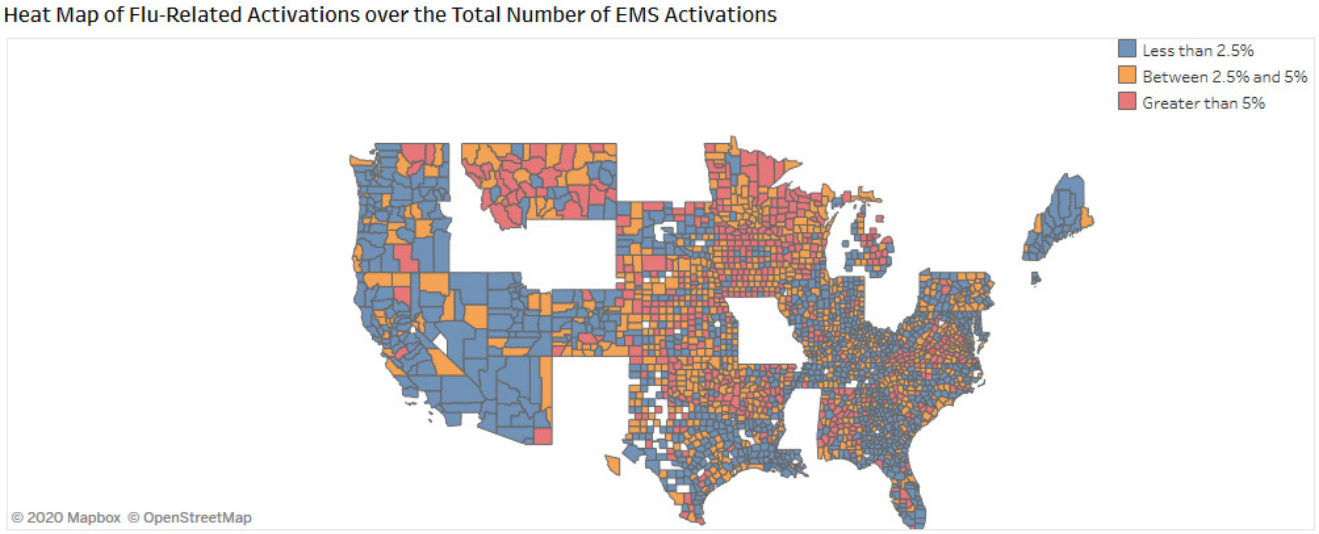
Is there an option to check "not available" if the crew does not have access to PPE? Not that the data team is aware of.
It would be helpful to know if there is an agency that needs supplies.
The crew can identify which type of PPE they use such as gloves, mask, gown, etc.
Oregon is sharing data with national partners:

- Demographics
- Spatial and temporal patterns
- Complaints
- Impressions
- Symptoms
- Dispositions
- Medications
- Procedures
- Incident location
- Destination

NEMSIS Influenza-like illness dashboard







We are linking ORPHEUS COVID-19 case data with OR-EMSIS transport data to look at:

- Potential EMS personnel exposures
- PPE usage
- Complaints
- Impressions
- Symptoms

These data are used to inform documentation, clinical and dispatch guidance.

Incident.Complaint.Reported.By.Dispatch.With.Code..eDispatch.01.	Situation.Provider.Primary.Impression.Code.And.Description..eSituation.11.	Incident.Crew.Member.Personal.Protective.Equipment.Used.List..eOther.03.
Sick Person (2301061)	Infection - Other/unspecified infectious disease (B99.9)	NA
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Breathing Problem (2301013)	Dizziness and giddiness (R42)	NA
Breathing Problem (2301013)	Dizziness and giddiness (R42)	NA

Sick Person (2301061)	Cognitive - Altered mental status (R41.82)	No
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Sick Person (2301061)	Cognitive - Altered mental status (R41.82)	No
Sick Person (2301061)	Fever (R50.9)	No
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Dispatch codes are becoming less specific and guidance to PSAPs for screening becomes broader

Incident.Complaint.Reported.By.Dispatch.With.Code..eDispatch.01.	Situation.Provider.Primary.Impression.Code.And.Description..eSituation.11.	Incident.Crew.Member.Personal.Protective.Equipment.Used.List..eOther.03.
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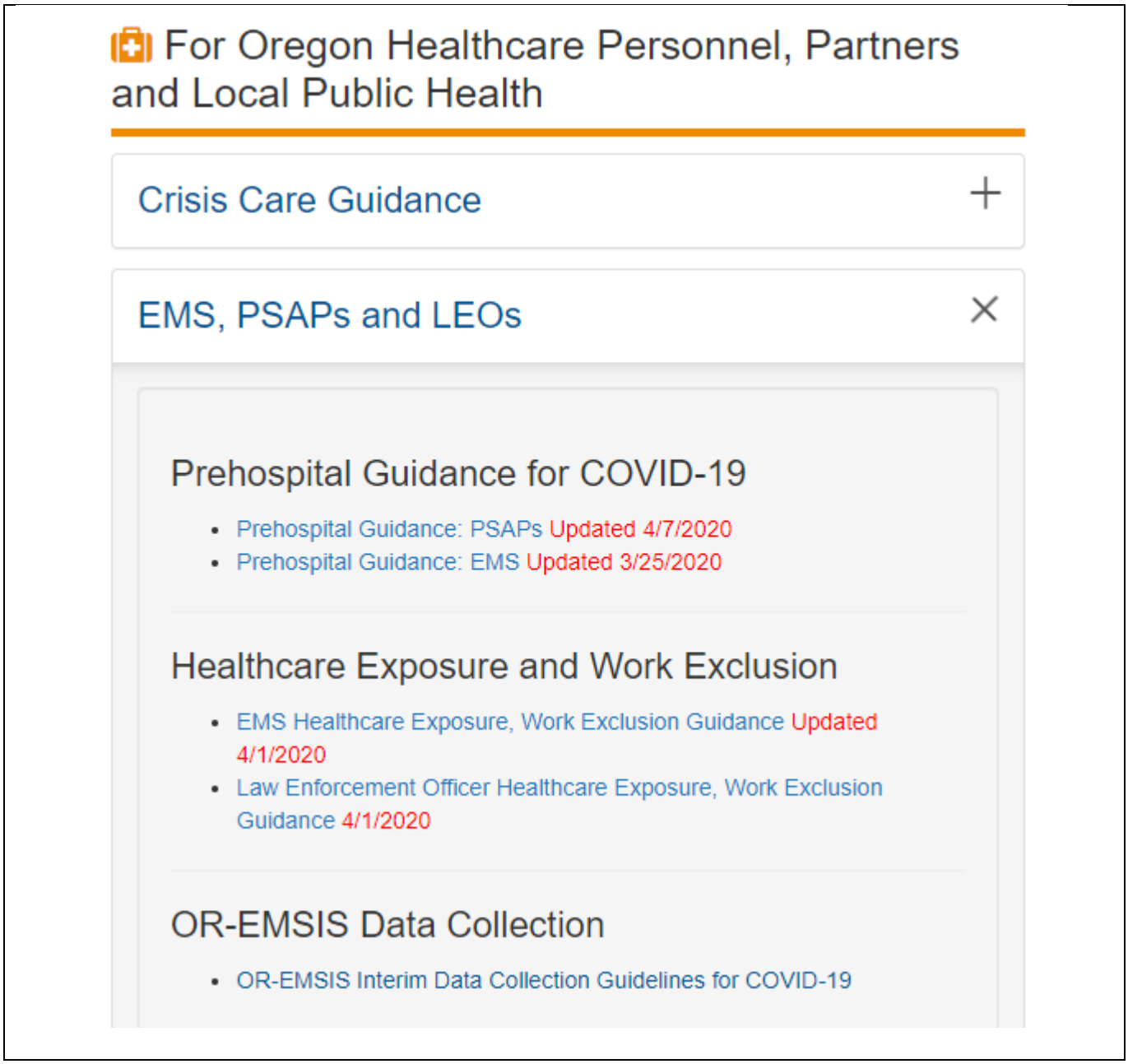
Guidance for EMS, PSAPs and LEOs can be found on our website in the banner.



Agenda Item	*COVID-19 Surge Capacity – Dr. David Lehrfeld*

The EMS Office was requested to create a task force in three areas

- Hospital Surge
- Long Term Care and Vulnerable Population
- EMS Surge

EMS Surge subgroup created with following participants:

- Dr. John Moorhead
  American College of Emergency Physicians
- Katy King
  American College of Emergency Physicians

- Michael Lepin
  Jefferson County Emergency Medical Services
- Dr. Ritu Sahni
  National Association of EMS Physicians
- Dr. Erin Burnham
  National Association of EMS Physicians
- Dan Brattain
  North West Association of Aeromedical Responders
- Laura Chaffey
  Office of the State Fire Marshall
- Erin Williams
  Oregon Department of Justice
- Joe Raade
  Oregon Fire Chiefs Association
- Joe Schnabel
  Oregon Pharmacy Board
- Fiona Karbowicz
  Oregon Pharmacy Board
- Brianne Efremoff
  Oregon Pharmacy Board
- Shawn Baird
  Oregon State Ambulance Association

Taskforce Staff: Oregon Health Authority - Dana Selover, Dr. David Lehrfeld, Lisa Krois

Identified areas to focus on:

- Health Care Operation/Capacity (Bed/EMS) Management
- Workforce
- Personal Protective Equipment (PPE)

Oregon EMS Crisis Care Guidance
The guidance is an ethically grounded framework for providing efficient health care in the setting of Public Health emergency, such like COVID-19 outbreak. (Updated most recently in June 2018)

Statewide guidance on how to:

- Respond effectively if a major disaster occurs
- Promote ethical allocation of scarce resources in a public health emergency

Built on an ethical framework that includes:

- Social solidarity
- Justice
- Respect for persons
- The common good
- Adherence to professional codes of conduct

The strategies of planning, surge capacities, and triage are meant to address conventional, contingent, and crisis standards.

The Guidance is presented as a matrix. Each row contains guidance for a specific sector of health care (e.g emergency medical services, etc.) These strategies are divided into three columns. The first or “Conventional” setting reflects normal or slightly increased demand on healthcare resources, the situation before a crisis has occurred, when steps can best be taken to **plan** and prepare for effective healthcare response.
The “Contingent” setting reflects situations in which increased healthcare demand is bumping up against the ceiling of what can be cared for using “business as usual” practices. Most of the strategies in this setting aim to increase the capacity to care for more people using existing resources. [To recognize the value of the guidance, we need only think back a couple of months, when the combination of severe winter weather and influenza left many healthcare facilities around the state with high patient census, and low numbers of staff members to care for them. Many facilities used **surge capacity** strategies outlined in the guidance to address these situations.]
In the “Crisis” setting, surge capacity strategies have been implemented, and healthcare capacity is still overwhelmed. In addition to continuing efforts to expand capacity, **triage** strategies are used to guide allocation of scarce resources to save as many lives as possible.

911 Dispatch		
If not already doing so, identify potentially infectious patients at dispatch level and notify transport units.	Consider use of modified criteria to dispatch emergency medical services, conduct phone triage evaluation.	Continue to evaluate and adjust dispatch criteria as needed; coordinate efforts regionally.
Emergency Medical Services		
Recommend: 1. operational plans to minimize number of staff exposed to potentially infectious patients, 2. adopting consistent definitions of illness or trauma severity to guide transport decisions. For an example, see "Revised Strategy for On-Scene Rapid Triage" – for use in influenza pandemics. (See Appendix D.)	Recommend strategies to optimize patient care in setting of resource and personnel shortages, including: 1. changing numbers of personnel involved in response, or other non-routine resource allocation strategies, 2. sharing transport resources across Ambulance Service Area boundaries, 3. using alternate vehicles to respond to low acuity calls and determine need for transport, 4. altered response time goals, 5. accommodating transport to alternate care sites, 6. curtailing responses on certain call types/severity levels.	Adjust triage, using objective criteria, to ensure critically ill or injured patients with highest likelihood of survival are transported.

The Crisis Care Guideline was used as a template for the EMS Crisis Care Guideline

	Conventional	Contingent	Crisis
Dispatch	Implement EIDS For medical call	Suspend EIDS	Implement EIDS for all calls
		Implement Pandemic card	Recommend POV transport
		Medical triage at PSAP	Medical triage at PSAP
			Triage calls/auto answer
Response	Per ASA plan	Deploy non-transport vehicle for patient assessment	
		Enhanced triage at scene	
		Extended response times to certain call	
		No response to certain calls	
		Increase Capacity Additional units	Extended response to all calls
		Alternate response within Jurisdiction	
		Closest Unit regardless of jurisdiction	
			Non-ambulance response
Transport & Destination	Per standing orders	Evaluate for transport	
		Transport to Alt destination	Batch transports
			Non-ambulance transports
	Specialty hospital or hospital of choice	Limit patient hospital destination choice	Closest hospital no distinction for specialty care
Staffing & Equipment		Alternate staffing & equipment	Non-EMS personnel staffing
Level of Care	Per ASA Plan	Modified per MD	Limited as staff and equipment allow
PPE	Per current OHA guidelines	Respirators and gown for high risk patients only	PPE as available with daily symptom monitoring
Regulation	Normal regulatory structure	Modify regulations: Waivers & emergency rules	Suspend all regulations

It has been noted that there is a decrease in EMS dispatched calls. Would it be possible to review Medical Examiner data to show Cardiovascular death with a patient found in home? Could messaging be sent to communities to explain when to call and when not to call? Dana is going to work with OHA communication team to identify if this can add into public outreach messaging.

Agenda Item	*Director Update – Dr. David Lehrfeld & Elizabeth Heckathorn*

Staff update:
Robbie Edwards, 2nd year VISTA volunteer, has finished his year commitment. A 3rd year VISTA volunteer, Prachi Patel, will start May 2020.

Posted Position:
EMS Data Analyst is a limited duration position. 52 applications were received and are attempting to fast track the interviews and hiring.

Agenda Item	*Public Comment*

The Rural EMS Billing workshop was canceled. It is unknown when it will be re-scheduled.

The OHA EMS Virtual EMS Conference is starting at 12 pm. The conference is scheduled for the 10th and 11th.
The state is reviewing CE requirements for EMT-Paramedic relicensing.

EMS Award Nomination –
Request to submit awards for 2019-2020.
It was proposed that the state possibly look at a different type of awards ceremony. The response to COVID-19 with beyond expectation in the response. If the state fails to celebrate the system in its entirety it could be a downside to the State EMS Award Ceremony.
The office will review the proposal and discuss with stakeholders.

Agenda Item	*Meeting Adjourned*