



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

Meeting Minutes

Chair	<i>Jim Cole, NRP</i>
Vice Chair	<i>Joanna Kamppi, P</i>
Members on the phone	William Foster, MD; Jim Cole, NRP; Richard Urbanski, MD; Alicia Bond, MD; Mike Fletcher; JD Fuiten; Gary Heigel, P; Daniel Hull, MD; Casi Hegney, EMR; Candi Benjamin, RN; Michael Cool, P; Rebekah Rand, P ; JoAnna Kamppi, P; Elizabeth Hatfield-Keller, MD; Joe Davitt; Jeremy Bueller, RN; Tiffany Peterson, EMT
Members not present	Brad Adams, MD; April Brock; RN; Rahul Rastogi, MD
Public Health Division staff on the phone	Dana Selover, MD; David Lehrfeld, MD; Rebecca Long, NRP; Julie Miller; Peter Geissert; Brandon Klocko, P; John Crabtree, P; Joshua Legler; Prachi Patel; Andey Nunes; Rachel Ford
Public Health Division Staff present	Stella Rausch-Scott, EMT; Elizabeth Heckathorn, NRP; Dana Selover, MD
Guests on the phone	Kelly Kapri; Dave Lapof, EMT; Rebecca Dobert; Anne Raven, P; Anna LaRossa; Kalissa Lee; Tim Case, P; Ben Sorenson, P; Ethan Lodwig, RN; Kailey Cox, RN; Matthew Philbrick, P; Sarah Laiosa, MD; Pam Uyeki, RN; Jill Tillotson, RN; Clark Yoder

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

<b>Agenda Item</b>	<i>Approve Minutes and Review Agenda – Jim Cole</i>
Reviewed agenda for the meeting. The state requested a Rules Advisory Committee (RAC) for review of emergency rules. Minutes from April 2020 were reviewed. JD Fuiten motioned to approve the minutes. Gary Heigel seconded the motion. No changes were requested to the minutes. The motion passed unanimously.	
<b>Action Item</b>	Post minutes to website.

<b>Agenda Item</b>	<i>Membership – Stella Rausch-Scott</i>
Stella presented the EMS Committee membership. An open position for EMS Supervising Physician. The appointed member would prefer from ATAB 9, 7 OR 6 as representative.	
<b>Action Item</b>	The Office will continue recruiting for the ED Physician position.

<b>Agenda Item</b>	<i>EMS &amp; Trauma System Program update – Dr. David Lehrfeld, Dr. Dana Selover, Elizabeth Heckathorn, NRP</i>
<p>COVID-19 Update:  Emergency Ambulance Transportation  CMS has expanded the approved list of destination sites for ambulance transport during the COVID-19 pandemic. Oregon Health Plan has approved the ALS rate for treating patients in place and alternate destinations to include any type of health care setting.</p> <p>Oregon Medical Board  OMB5-2020- Chapter 847  Identified that the OMB was unable to place rules into place soon enough and approved the Temporary Rule that granted Oregon Health Authority to change Scope of Practice for EMS providers in the event of a declared emergency.  OHA – PH20-20202 – Chapter 333  Emergency Temporary EMS Provider License  EMS providers that are licensed in a different state that could receive a temporary Oregon EMS License.(95 people have applied and 52 were licensed)</p> <p>The Oregon Health Authority has partner resources:  <a href="https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/DISEASESAZ/Pages/COVID-19.aspx">https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/DISEASESAZ/Pages/COVID-19.aspx</a></p> <p>Mobile COVID-19 testing – EMS partners has contracted with the state and local public health to test populations and includes:</p> <ul style="list-style-type: none"> <li>• Mobile testing swabs and blood</li> <li>• Isolation transports</li> </ul> <p>The state is reviewing an amendment that would allow the contractors to include vaccinations.</p> <p>EMS Crisis Care Guidelines  Oregon workgroup created a resource document that would identify system problems and level of care needed and guidance that could be implemented for the region or agency.</p> <p>Oregon Legislation Special Session:  SB 16-06 – Hospital requirements that would share health information with patients with disabilities and their care providers. What the visitation and care giver allowance.</p> <p>Rules Advisory Committee:</p>	

OAR 333-265-0058

The Oregon Health Authority (Authority) continues to respond to the outbreak of COVID-19 caused by a novel strain of coronavirus named “SARS-CoV-2”. As of June 4, 2020, there are 4,474 cases in Oregon, and the number of cases continues to grow daily. It is estimated that the state will continue to need to manage this outbreak for an additional 18-24 months while the medical industry works to identify reliable treatment and prevention strategies. In order to prepare for the potential surge of additional cases and hospitalizations that may impact the current EMS workforce, the Authority is proposing to make permanent this rule allowing available EMS providers who are licensed or certified in another state to obtain a short-term provisional license to practice as an EMS provider in Oregon with a licensed ambulance service or a registered EMS non-transporting agency.

JD Fuiten motioned to approve the rules presented and Alicia Bond seconded the motion. All EMS Committee members approved the motion.

Statement of Need and Fiscal Impact

Permanently adopting OAR 333-265-0058 to allow the Authority during a declared emergency to issue a short-term provisional license to an individual who is licensed or certified as an Emergency Medical Services providers in another state.

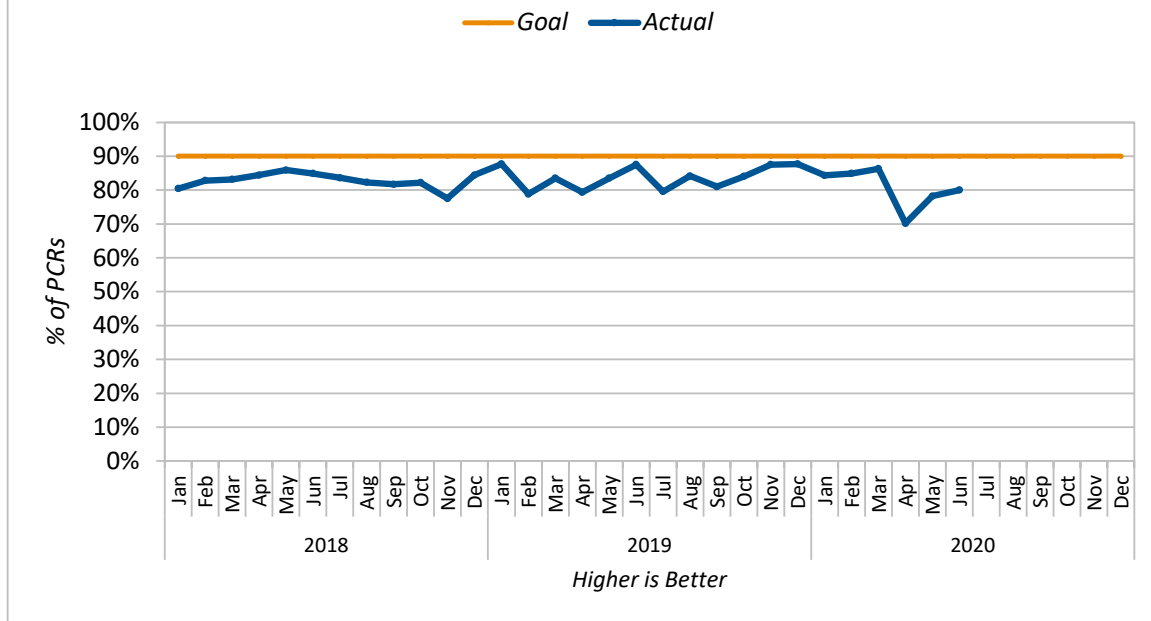
JD Fuiten motioned to approve the OAR 333-265-0058 Statement of Need and Fiscal Impact and Dr. Elizabeth Hatfield-Keller seconded the motion.

All EMS Committee members approved the motion.

EMS modernization is continuing to gain support from leadership. The document is currently in draft mode and EMS/TS leadership are hoping to have more to present to the EMS Committee at the 2020 Quarter 4 meeting.

<b>Agenda Item</b>	<i>OR-EMSiS – Josh Legler</i>
The OR-EMSiS data team reviewed and updated the 2020 Oregon EMS Performance Measures.	
Pediatrics	
<ul style="list-style-type: none"> <li>• <i>Pediatrics-01</i> Pediatric Respiratory Assessment</li> </ul>	

## Pediatrics-01. Pediatric Respiratory Assessment



Percentage of EMS responses originating from a 911 request for patients less than 18 years old with primary or secondary impression of respiratory distress who had a respiratory assessment.

- *Pediatrics-02* Administration of Beta Agonist for Pediatric Asthma
- *Pediatrics-03* Documentation of Estimated Weight in Kilograms  
Percentage of EMS responses originating from a 911 request for patients less than 18 years of age who received a weight-based medication and had a documented weight in kilograms or length-based weight estimate documented during the EMS response. (NEMSQA did not define the list of “weight-based medications” or provide pseudocode for this measure. Oregon developed the pseudocode, including the medication list.)

### Safety

- *Safety-01* No Lights or Sirens During Response to Scene  
EMS responses originating from a 911 request during which lights and sirens were not used.
- *Safety-02* No Lights or Sirens During Transport  
Percentage of EMS transports originating from 911 requests in which lights and sirens were not used during patient transport.
- *Safety-OR01* Use of Provider Personal Protective Equipment for Infectious Disease Patients  
Percentage of EMS patient contacts with possible infectious disease where EMS providers used personal protective equipment intended to reduce the transmission of infectious disease.

### Stroke

- *Stroke-01* Suspected Stroke Receiving Prehospital Stroke Assessment

To measure the percentage of suspected stroke patients who had a stroke assessment performed by EMS.

Oregon EMS Data System Performance Measures (SPM)

- 2017: Originally implemented 14 measures
- 2020: Updated to support EMS performance measures

Removed 6 measures

Added 5 measures

New Data SPM

C7 Patient Age Recorded

Where a patient is treated, the percentage of PCRs with patient age (including age units) recorded. C7 supports pediatric EMS performance measures

C8 Primary Impression Recorded

Where a patient is treated, the percentage of PCRs with provider's primary impression recorded. C8 supports pediatric respiratory and stroke EMS performance measures

(C9 and C10 support lights and sirens EMS performance measures)

C9 Additional Response Mode Descriptors Recorded

Where the type of service requested is a 911 response to scene, the percentage of PCRs with additional response mode descriptors recorded

C10 Additional Transport Model Descriptors Recorded

Where the type of service requested is a 911 transport to scene and the responding EMS unit transports a patient, the percentage of PCRs with additional transport mode descriptors recorded

C11 Personal Protective Equipment Usage Recorded

In patient contacts with possible infectious disease, the percentage of PCRs with provider personal protective equipment usage recorded. C11 supports infectious disease EMS performance measure.

Data elements will fluctuate as the element were considered less important, but studies are showing otherwise. Guidance from the state will support the importance and requirement of the data. NEMSIS identifies mandatory data points which will flag if left empty.

<b>Agenda Item</b>	<i>OHA Virtual EMS Conference Spring 2020 Debrief – Rebecca Long, NRP and Stella Scott, EMT</i>
On April 10 <sup>th</sup> and 11 <sup>th</sup> 2020 and April 24 <sup>th</sup> and 25 <sup>th</sup> the Oregon Health Authority EMS and Trauma System (EMS/TS) staff identified that EMS providers were having issues receiving live CEU from local annual EMS conferences canceling due to COVID-19. EMS/TS staff collaborated with the local conferences and created a free virtual EMS conference. The speakers scheduled to lecture at the conference agreed to teach a virtual course on one or two of the weekends with lectures they would have presented at the conference. All the	

presenters generously donated their time and expertise. Both conferences were facilitated by EMS staff from the OHA EMS/TS office.

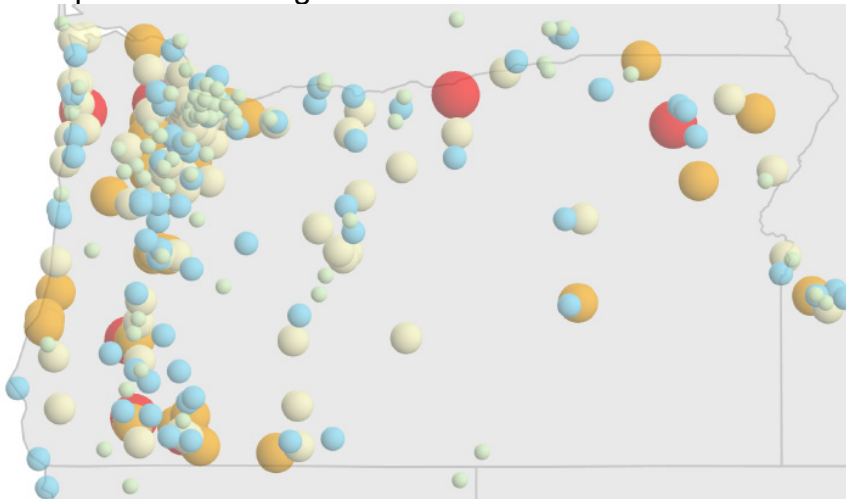
The first conference was shared mostly through social media platforms.

- Facebook: 2,492
- Email, SMS, Direct: 1,146
- Link.zixcentral.com: 63
- +11 more: 77

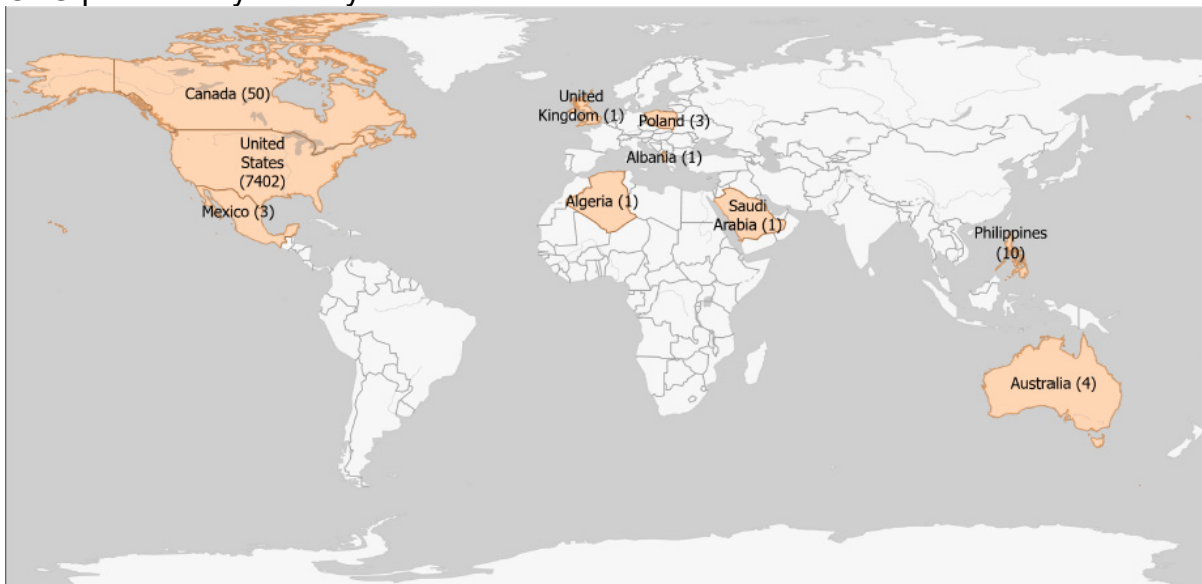
The second conference was mainly referenced by emails collected from the first conference.

- Email, SMS, Direct: 2,882
- Facebook: 734
- Link.zixcentral.com: 239
- +11 more: 387

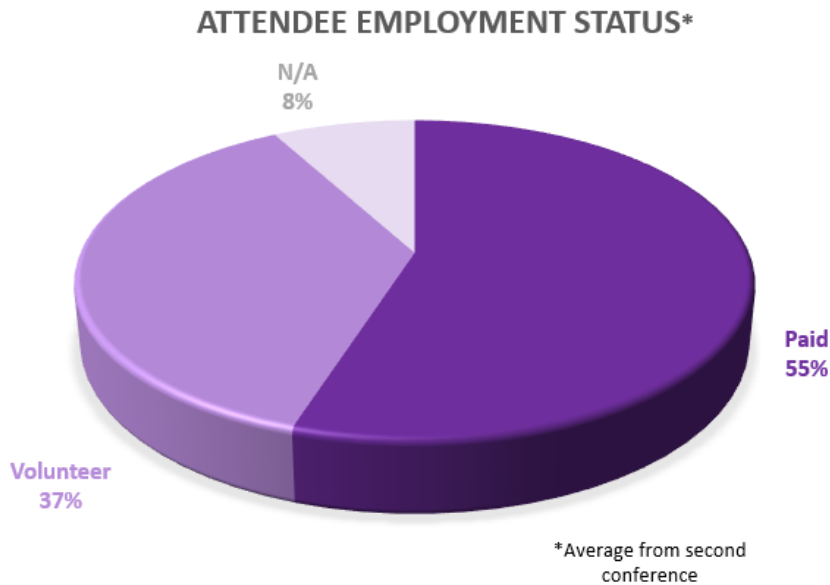
### CEU provided in Oregon



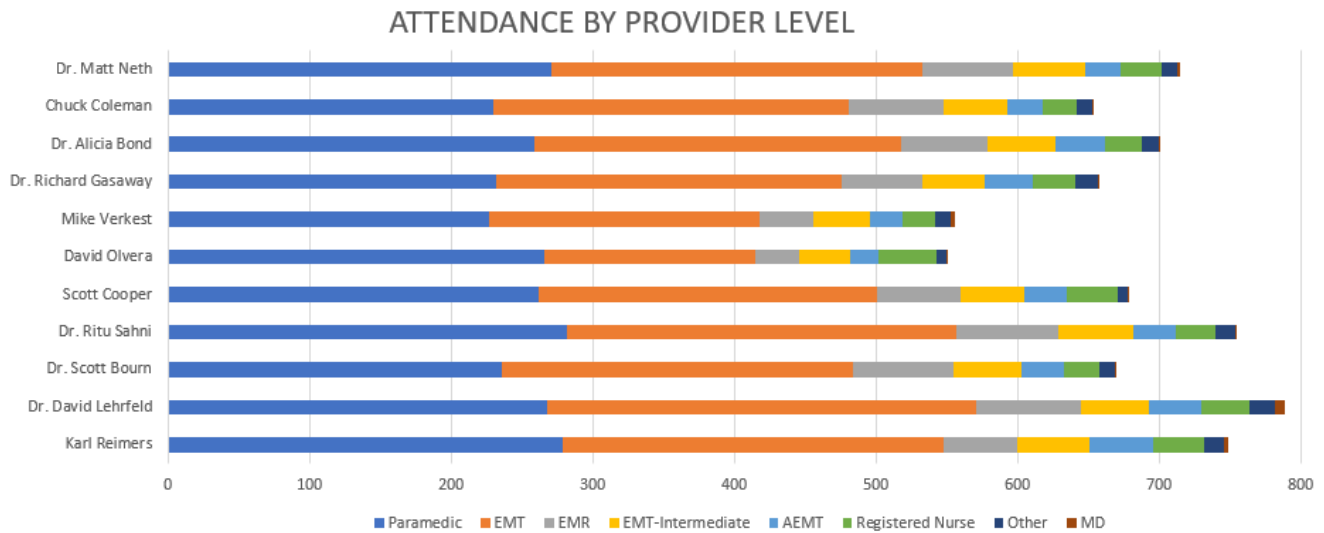
### CEU provided by country



## Attendee employment status



## Attendance by provider level



## Statistics for both virtual EMS conferences:

- 10 countries represented
- 14,845 hours of CEU provided
- 19 presenters from across the United States
- 8,020 number of clicks on both conference flyers

Because of the popularity and success of the virtual conferences other agencies and other conferences reached out to discuss how to move forward. Other staff for the Oregon EMS and Trauma System were also trained on GoTo Webinar during this time.

The group discussed creating a education resource page. The state will decide where the easiest location for the EMS and Trauma System education resource page.	
<b>Action Item</b>	State – EMS Education resource page for providers to access for CE.

<b>Agenda Item</b>	<i>Ambulance Remount Rule Workgroup – JD Fuiten</i>
<p>Workgroup members and contributors:          JD Fuiten, Chair, Metro West Ambulance          Michael Cool, Lake Oswego Fire          Joe Gregorio, Cal-Ore Life Flight          Dave Lapof, Non-Affiliated          William O’Neal, Falck Ambulance          Jerimiah Kenfield, Crook County Fire          Timothy Peck, Wallowa Memorial          Mark Van-Arnham, Guest, Commission on Accreditation of Ambulance Services.</p> <p>Oregon Health Authority Staff:          Mellony Bernal, EMS Staff, Rules Coordinator          Veronica Seymour, EMS Staff, Compliance Specialist          Stella Rausch-Scott, EMS Staff, Committee Coordinator          Liz Heckathorn, EMS Staff, Deputy director</p> <p>Workgroup meetings:          Monday June 1, 2020</p> <p>Considered adoption of CAAS 2.0 and/or NFPA standards for remount          Considered definitions for terms</p> <p>Monday June 26, 2020</p> <p>Discussion on Exceptions to CAAS          Discussion on Timing of Rule effective dates</p> <p>JD Fuiten, Workgroup leader, presented the background of why rules need to be updated.</p> <p>Next steps:</p> <p>Workgroup review rules and comments from committee.          Present draft of rules at the 2020 Quarter 4 EMS Committee meeting.</p>	
<b>Action Item</b>	Workgroup review rules and comments from committee. Present draft of rules at the 2020 Quarter 4 EMS Committee meeting.

<b>Agenda Item</b>	<i>Public Comment</i>
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No comments were made.

<b>Agenda Item</b>	<i>Meeting Adjourned</i>
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**2020 Quarter 4 meeting is scheduled for October 9<sup>th</sup> and is planned for a virtual meeting only.**