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

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

Meeting Minutes

Chair	*Jim Cole, NRP*
Vice Chair	*Joanna Kamppi, P*
Members Present	William Foster, MD; Jim Cole, NRP; Alicia Bond, MD; 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; Sarah Laiosa, DO
Members not present	Brad Adams, MD; April Brock; RN; Rahul Rastogi, MD; Tiffany Peterson, EMT; Mike Fletcher; JD Fuiten; Bobbie O'Connell, RN
Public Health Division Staff present	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; Stella Rausch-Scott, EMT; Elizabeth Heckathorn, NRP; Mellony Bernal; Leslie Huntington, P; Veronica Seymour, EMR; Robbie Edwards; Peter Mackwell, P
Guests present	Greg Lander; Pam Uyeki; Matthew Philbrick; Jeremy Buller; Kelly Kapri; Dave Lapof; Rebecca Dobert; Tim Case, P; Jill Tillotson, RN; Clark Yoder; Sabrina Ballew, P; Jon Jui, MD; Dan Brattain; Mike Gority, P; Drew Norris; JW Roberts, P; Sabrina Riggs, P

Agenda Item	*Call to Order – Jim Cole*
The meeting was called to order and roll call was taken. The committee met quorum. A review of the Zoom Government security was presented to the committee.	

Agenda Item	*Approve Minutes and Review Agenda – Jim Cole*
Reviewed agenda for the meeting. No changes were requested. Minutes from 2020 Q3 were reviewed. Gary Heigel motioned to approve the minutes. Alicia Bond seconded the motion. No changes were requested to the minutes. The motion passed unanimously.	

Action Item	Post minutes to website.

Agenda Item	*Membership – Stella Rausch-Scott*
Stella presented the EMS Committee membership. Dr. Sarah Laiosa has been appointed as the EMS Supervising Physician. Starting 2021 the Private Ambulance Company representative position will open. JD Fuiten is finishing his 2nd appointed term.	
Action Item	The Office will recruit for Private Ambulance Company.

Agenda Item	*Incident Management Team – Dr. David Lehrfeld, Dr. Dana Selover*
COVID-19 Incident - To review COVID-19 related dashboards and updated guidance and guidelines that the Oregon Health Authority has provided https://public.tableau.com/profile/oregon.health.authority.covid.19#!/ https://www.oregon.gov/oha/covid19/Pages/Healthcare-Partners.aspx https://govstatus.egov.com/OR-OHA-COVID-19 To subscribe to COVID-19 email updates: https://govstatus.egov.com/OR-OHA-COVID-19 Wildfire Incident – OHA Wildfire Response has demobilized. OHA is still tracking but transition to regional response. David Lehrfeld, Elizabeth Heckathorn, Rebecca Long, Julie Miller and Dana Selover were part of the OHA Incident Management Team. Multiple hospitals evacuated during the wildfires and EMS were used to evacuate patients. EMS also provided overview of zone management and redistribution of patients. Regional resource hospitals that were created for COVID-19 response were used for Wildfire response. Communication and discussion between EMS and Hospitals relationship were improved with the response. This has helped support further discussion and relationships to improve.	
Action Item	Dr. Selover will contact Dr. Alicia Bond to discuss communication practices for wildland fire response.

Agenda Item	*OREMSIS – Dr. David Lehrfeld, Peter Geissert*

OR-EMSIS Data Quality Initiative –
Josh Legler completed an Oregon EMS Data Quality assessment for NEMSIS 3 Data.
Oregon EMS Agencies will receive an assessment profile which will include:

- Validation Issues
- Completeness for Records and required elements
- Vendors will need to address Demographic Data Failed Validation

OR-EMSIS Data workgroup: October 23, 2020

- Review NEMSIS 3.5 Update
- EMS Data quality assessments
- ImageTrend Elite Field Development

Oregon EMS Data Annual Report

- Discussed what would be included in the annual report.
- EMS System Descriptions
- License renewal Survey
- Call information
- Patient types
- Performance, Lights and Sirens report
- ORPHEUS-EMS Linkage – COVID-19 report

The committee feels that the report will have useful information to support system improvement within Oregon.

The Oregon EMS for Children Committee reviewed Oregon Pediatric EMS Data.
The data was initially presented at the 2020 Q3 EMS for Children meeting. The data includes:
COMPASS Pediatric measures
01
02 Beta Agonist for Pediatric Asthma
03 Pediatrics documentation of estimated Weight in kilograms
Descriptive based on transport type – Top 15 procedures
EMS Pediatric Top 15 causes of injury
EMS Pediatric Top 15 primary impressions
EMS Pediatric Top 15 Dispatch Complaints

Discussion was based on Mental Health/ Behavioral for primary impressions.
It was requested to review by age to see the breakdown of patient age versus mental health.
What percentage of all Peds transports is this reporting?
Is there a way to identify what agencies are having issues with reporting weight in kilograms?
Could the primary impression be compared to dispatch?
It was suggested that education needs to be sent to providers on how to chart. There is little to no education on this.

The report can be found here: https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EMSTRAUMASYSTEMS/EMSFORCHILDREN/Documents/datafiles/Pediatric-EMS-Metrics.html Mike Gority, ImageTrend, presented a free app, ImageTrend Aware, that would support EMS providers with license and other administrative information.	
Action Item	Request to further review pediatric data:

Agenda Item	*Rules Advisory Committee – Elizabeth Heckathorn, Mellony Bernal, Rebecca Long*

- 333-250/265 – Failure to comply with Gov. order
  In response to the COVID pandemic and in an effort to help keep Oregonians safe during a declared emergency, the Authority is adopting rules that clarify that it is a violation for a licensed ambulance service agency to not comply with a Governor's Executive Order and any guidance issued by the Authority as a result of an Executive Order.
  Additionally, it is expected that licensed EMS providers also comply with Governor's Executive Orders and any subsequent guidance. Failure to comply with such orders could be considered conduct or practice contrary to recognized standards of ethics and as such an EMS provider could be subject to an investigation and possible disciplinary action.
- 333-255 – Ambulance Vehicle Construction – Reserve and Loaner Vehicles
  In June 2017, a national Ambulance Remount Forum was held and subsequently a national Remount Standard Workgroup was convened to develop specific and defined requirements for ambulance vehicle remounts. Remounting an ambulance vehicle is common practice and very few standards are in place. National remount standards were adopted in July 2019 by the Commission on Accreditation of Ambulance Services (CAAS) and are being adopted for purposes of patient and EMS provider safety. Additionally, revised standards for new ambulance vehicle construction have been adopted by the CAAS and National Fire Protection Association (NFPA) and as such the Authority is aligning with the new revised standard. Terms have been updated and definition added for clarity. Based on inquiries from ambulance service agencies rules have been added to clarify requirements for reserve ambulance vehicles and whether licensed ambulance vehicle can be loaned to another licensed ambulance service agency. www.safeambualnce.org
  - Section (1) – Definition for 'previously operated ambulance added.
  - Section (2) – The Authority proposes adopting the new CAAS, V.2.0 edition or NFPA 2019 edition, effective July 1, 2021, for new ambulance vehicle construction. Date & revised standards updated in section (2) to align.
  - Section (3) – Updated the new construction criteria to adopt the revised CAAS, v.2.0 standard and the NFPA 2019 Edition standard. Text added to clarify the

revised standards are based on the date that an ambulance service orders from, or enters into an agreement with, an ambulance manufacturer.
    - Section (4) – Term 'previously owned' was updated to 'previously operated.' Duplicate language was removed.
    - Updated language to reflect that an EVT* must inspect older vehicles & document that vehicle is in good operating condition & meets minimum safety requirements.
      *It was noted that an EVT has been certified and as such should have the knowledge necessary to look for appropriate operation and safety items. The Authority would, therefore, not need to come up with a minimum set of requirements.
- Section (5) – Information added to clarify current practice that a remounted ambulance vehicle is subject to new licensure.
- Section (6) – CAAS, v.2.0, Section F, remount standards were adopted in place of current rule. Vehicles must show evidence of compliance with appropriate documentation.
- Section (7) – Language added to clarify that a newly constructed vehicle must not include “exceptions” to the CAAS standard that would affect EMS provider or patient safety.
  The Authority will identify those standards that it believes would compromise provider and patient safety if not included in a vehicle. Stakeholder input will be sought when the agency undertakes determining which exceptions will be allowed or not allowed.
  The following concepts based on the work of the national Remount Workgroup are examples of exceptions that would impact provider and patient safety:
  Cot mounts
  Back-up alarms
  Rear view camera
  Restraints
  Seat bases
  43” Head Clearance - this is an Ambulance Manufactures Division (AMD) standard to prevent head and neck injuries.
- Section (9) – Language to remove the reference to "other phrases as the Authority, at its sole discretion, may permit" regarding acceptable alternatives to the word "ambulance.
- Section (10) – Text regarding reserve ambulances/requirements were removed from this rule & moved to a new rule for clarity.

OAR 333-255-0065 - Ambulance Reserve Vehicles and Ambulance Vehicles for Loan

- Section (1) and (2) – Text was moved from OAR 333-255-0060. Simplifies language for understanding and clarifies that prior to placing a reserve vehicle into operation, the licensed ambulance service must ensure that the vehicle complies with all the rule requirements, including verifying that equipment requirements are met.
- Section (3) – Text added to clarify that a licensed ambulance service may temporarily loan a licensed ambulance vehicle to another licensed ambulance service.
- The ambulance service agencies must enter into a written agreement that cannot exceed 180 days.

- Section (4) – Specifies the minimum information that must be included in the written agreement.
- Section (5) – Adds a requirement that the agency receiving the loaned vehicle must notify the Authority within three days of receipt.
- New Triple-K standards went into effect on July 1, 2020 and includes changes to payload capacity and siren standards, among other things. Information can be found at: www.safeambulances.org

Dr. Alicia Bond motioned to approve the Rules and Dr. Liz Hatfield-Keller seconded the motion.
What happens if the ambulance loan is past 180 days? Should the time be longer? It was discussed the reason for 180 days and if an agency gets to the deadline to contact the state office.
It was discussed and agreed that the term “Enter into agreement” needs to be clarified further. Either state “Signed contract” or “legally formalized”.

The motion was sustained with the change .

- Review of Statements of Need and Fiscal Impact
  Need for the Rule(s):
  In June 2017, a national Ambulance Remount Forum was held and subsequently a national Remount Standard Workgroup was convened to develop specific and defined requirements for ambulance vehicle remounts. Remounting an ambulance vehicle is common practice and very few standards are in place. National remount standards were adopted in July 2019 by the Commission on Accreditation of Ambulance Services (CAAS) and are being adopted for purposes of patient and EMS provider safety. Additionally, revised standards for new ambulance vehicle construction have been adopted by the CAAS and National Fire Protection Association (NFPA) and as such the Authority is aligning with the new revised standard. Terms have been updated and definition added for clarity. Based on inquiries from ambulance service agencies rules have been added to clarify requirements for reserve ambulance vehicles and whether licensed ambulance vehicle can be loaned to another licensed ambulance service agency.
  In response to the COVID pandemic and in an effort to help keep Oregonians safe during a declared emergency, the Authority is adopting rules that clarify that it is a violation for a licensed ambulance service agency to not comply with a Governor's Executive Order and any guidance issued by the Authority as a result of an Executive Order. The Authority may investigate such actions and potentially take licensing action. Additionally, it is expected that licensed EMS providers also comply with Governor's Executive Orders and any subsequent guidance. Failure to comply with such orders could be considered conduct or practice contrary to recognized standards of ethics and as such an EMS provider could be subject to an investigation and possible disciplinary action.
  Fiscal and Economic Impact:
  The EMS and Trauma Systems Program is responsible for licensing ambulance service agencies, ambulance vehicles and EMS providers that may be impacted by these rules. No changes to licensing fees are being proposed. Currently, there are:
  • 135 licensed ambulance service agencies;

• 753 licensed ambulance vehicles;
• 1,271 licensed Emergency Medical Responders;
• 5,571 licensed Emergency Medical Technicians;
• 703 licensed EMT-Intermediates; and
• 4,168 licensed Paramedics.

The proposed rules amend construction standard requirements for new and remounted ambulance vehicles. The goal of these standards is to address the safety of the EMS patient, EMS crew and the public. By adopting the newest CAAS and NFPA standards, agencies may see a slight cost increase for purchasing a new ambulance due to new equipment requirements such as anti-theft devices, rear view backing camera, and metal ID plates on modular bodies. Remounting ambulance vehicles has been a rapidly growing industry to try and save costs from purchasing a new vehicle with relatively few standards in place for both the ambulance remounter and the remounted ambulance. There are many variables affecting the cost of an ambulance remount based on the age of the patient compartment and the need to make safety upgrades. Additionally, costs are affected by whether the remount is performed by an ambulance manufacturer or by the ambulance service agency who has been registered with CAAS as a qualified remounter. The Authority cannot estimate with certainty the cost of an ambulance remount due to these variables, however, it has been reported that when performed by an ambulance vehicle manufacturer, a remount is generally 70% of the cost of an equivalent new ambulance. For licensed agencies that have their own in-house remount program, the proposed adoption of the CAAS GVS 2.0 Edition including the remount standards is expected to increase the cost of a remounted vehicle between $2,500 - $9,500 per vehicle. The increase in costs represent safety upgrades such as, passenger harness systems, cot mounts, required seating clearance, qualified door hardware, anti-theft device and quality control measures for both products and process. An ambulance service agency that fails to comply with a Governor's Executive Order as a result of a governor declared emergency could face a civil penalty of $5,000 if the violation is substantiated.

Gary Heigel motioned to approve the Statements of Need and Fiscal Impact and Dr. Liz Hatfield-Keller seconded the motion.

Matt Philbrick, Mercy Flights Ambulance, stated that, due to COVID-19, many agencies will feel the financial impact of the rule due to low system volumes.

The motion passed with all committee members in attendance in favor.

- Cultural Competency Rule Requirements
  OHA Office of Equity and Inclusion (OEI)

- HB2011 (2019)
  - directs specified health care professional boards to require people to complete cultural competency
  - *initial* and *continuing education*
  - credits established by each board
- EMS/TS staff reviewed the National EMS Education Standards
  - It was found to meet initial cultural competency education requirements
    - EMR, EMT, AEMT, Paramedic
- EMT-Intermediate
  - Staff will add cultural competency education to this course

Section 1

Overall hours required to renew an Oregon EMS license has not changed.

- One category added

Culture, Race, Gender and Ethnicity

One category removed:

Culture, Race, Gender and Ethnicity

EMR -1 hour required

EMT, AEMT, EMT-I & Paramedic – 2 hours required

We have made some changes to reflect what is happening in Oregon- we have added the category to meet the requirements of HB 2011 and removed the Educational Topics Approved by the Medical Director as this was not enforceable.

One hour was moved to Pediatric and Obstetric Emergencies bringing it from 1 to 2. This hour was moved from the Miscellaneous EMS Topics category.

Notes section includes language to suggest/help guide providers on what to focus on with this new topic area. Hours moved to Miscellaneous EMS Topics.

Unaffiliated providers struggle with this category every renewal cycle. Miscellaneous category still allows for specific topics to be assigned by medical directors.

The Miscellaneous EMS Topics section has increased hours, but the overall hours required to renew an EMS provider license have not changed.

Notes were also added to this section- the National EMS Education Standards was listed as reference for subjects. Education Topics Approved by the Medical Director.

Section 1 – Continuing Education Topics	Two-Year Licensing Cycle				Notes/Comments
	EMR	EMT	AEMT/ EMT-I	Paramedic	
Trauma Emergencies	2	3	5	6	
Medical Emergencies	2	3	6	8	
Pediatric and Obstetric Emergencies	~~1~~2	3	6	8	
Airway, Breathing and Cardiology	2	4	6	9	
Culture, Race, Gender and Ethnicity	1	2	2	2	Training opportunities to focus on cultural factors that may influence provider and patient's behaviors resulting in disparities in healthcare.
Miscellaneous EMS Topics (Related Topics)	~~1~~3	~~3~~9	11	15	Subjects represented by the National EMS Education Standards.
~~Education Topics Approved by the Medical Director~~	~~4~~	~~8~~	~~12~~	~~16~~	~~EMS or public health topics which are approved by the medical director. If EMSP is not affiliated, please add these hours to miscellaneous EMS topics~~
Total Hours for the Licensing Cycle	**12**	**24**	**36**	**48**	

Section 2
Clinical Skills Competency for Affiliated EMS Providers

- List of skills removed
- Language now requires medical directors to establish skills based on agency data

Low frequency or high-risk skills
Removed the medical directors from section 1, section 2 was revised to make them more impactful. Desired to make sure the medical directors have a key role in the continuing education.
The EMS Office took the opportunity to take a hard look at the Clinical Skills Competencies that are required every two years. We asked ourselves if it makes someone proficient in a skill if it is performed once every two years (esp high risk, low frequency events)?
We also asked ourselves what we were hoping to achieve by making providers complete a skills checkoff on skills they routinely perform (i.e. Paramedics in a busy system completing an IV skill station)?
It was decided to remove the list of skills to complete altogether and added this language instead: **Medical directors shall determine clinical skills that are considered low frequency or high-risk as generated from agency data.** We hope that this will help to engage medical directors to identify what skills their providers need to focus on.
Still to be completed at least once during a renewal cycle.

Section 2 – Clinical Skills Competency for Affiliated EMS Providers	At Least Once During Licensing Cycle				Notes/Comments
Medical directors shall determine clinical skills that are considered low frequency or high-risk as generated from agency data.					
~~Airway Management & Adjuncts~~	~~Yes~~	~~Yes~~	~~Yes~~	~~Yes~~	~~Proficiency within scope of practice~~
~~Cardiac Arrest Management~~	~~Yes~~	~~Yes~~	~~Yes~~	~~Yes~~	~~Proficiency within scope of practice~~
~~Splinting & Immobilization~~	~~Yes~~	~~Yes~~	~~Yes~~	~~Yes~~	

Discussion:
Some agencies may not understand competency requirements. If the Medical Directors are not engaged or agencies are not able to meet the requirements due time or financial issues. It was suggested the list of competencies in Section 2 be left.

It was decided that instead of voting on the change for Appendix 1 a RAC would be brought together to review at a later time with the suggested changes.

Action Item	Gather a RAC for Appendix 1.

Agenda Item	*EMS & Trauma System Program update – Dr. David Lehrfeld, Dr. Dana Selover, Elizabeth Heckathorn, NRP*

EMS Modernization
Purpose: Create a comprehensive integrated Emergency Healthcare System that recognizes problems, determines which services are needed and then delivers the patient to those resources.
EMS Prehospital & Emergency Healthcare:
Right care
Right place
Right time

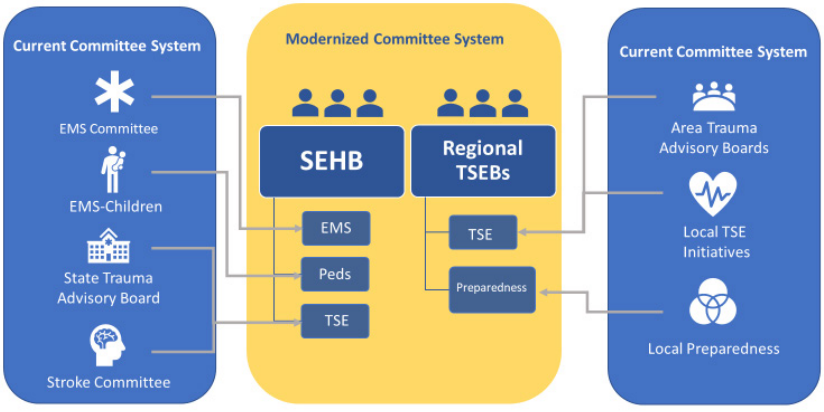
The Legislative Concept was designed to achieve:

- Better health and healthcare through the regionalization and coordination of emergency healthcare (e.g. reduced morbidity and mortality for trauma, stroke, cardiac emergencies and other Time Sensitive Emergencies (TSE))
- Stronger quality improvement and data systems
- Coordinated and targeted EMS transport of TSE patients to specialty care centers
- Improved triage, stabilization, and transfer, from small general hospital to regional referral centers
- Enhanced quality of care and access to care for rural and minority populations that experience disparities in emergency medical care

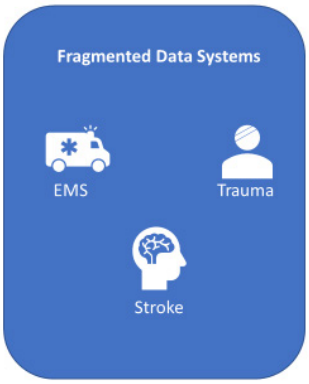
- Over 30 years ago, Dr. Daniel Lowe, MD at OHSU noted large disparities in trauma treatment depending on where patients were treated.
- Oregon then established the largest statewide trauma system to address disparities in trauma care and to lower the trauma mortality rate
- A patient should receive quality care no matter who they are or where they live
- In 2010, the Oregon Emergency Healthcare Task Force recommended transforming trauma system into emergency healthcare system, which resulted in the partial adoption of a stroke system in 2011
- Other interim progress:
    - *Established cardiac arrest network*
    - *Local AMI programs*

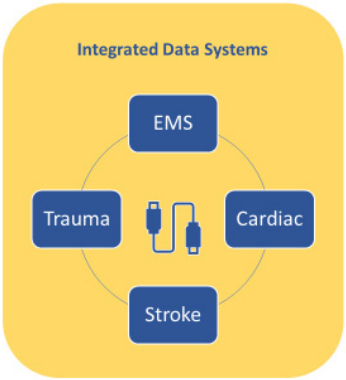
<u>In 2020, systems have developed as far as they can without further infrastructure changes to create a modernized emergency healthcare systems.</u>

An integrated Emergency Healthcare System would consider (***Blue is current system***):

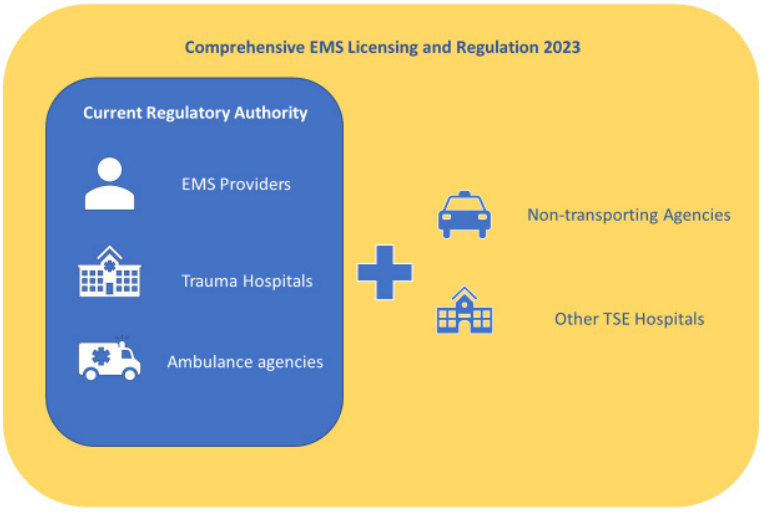


Future Data System would include:



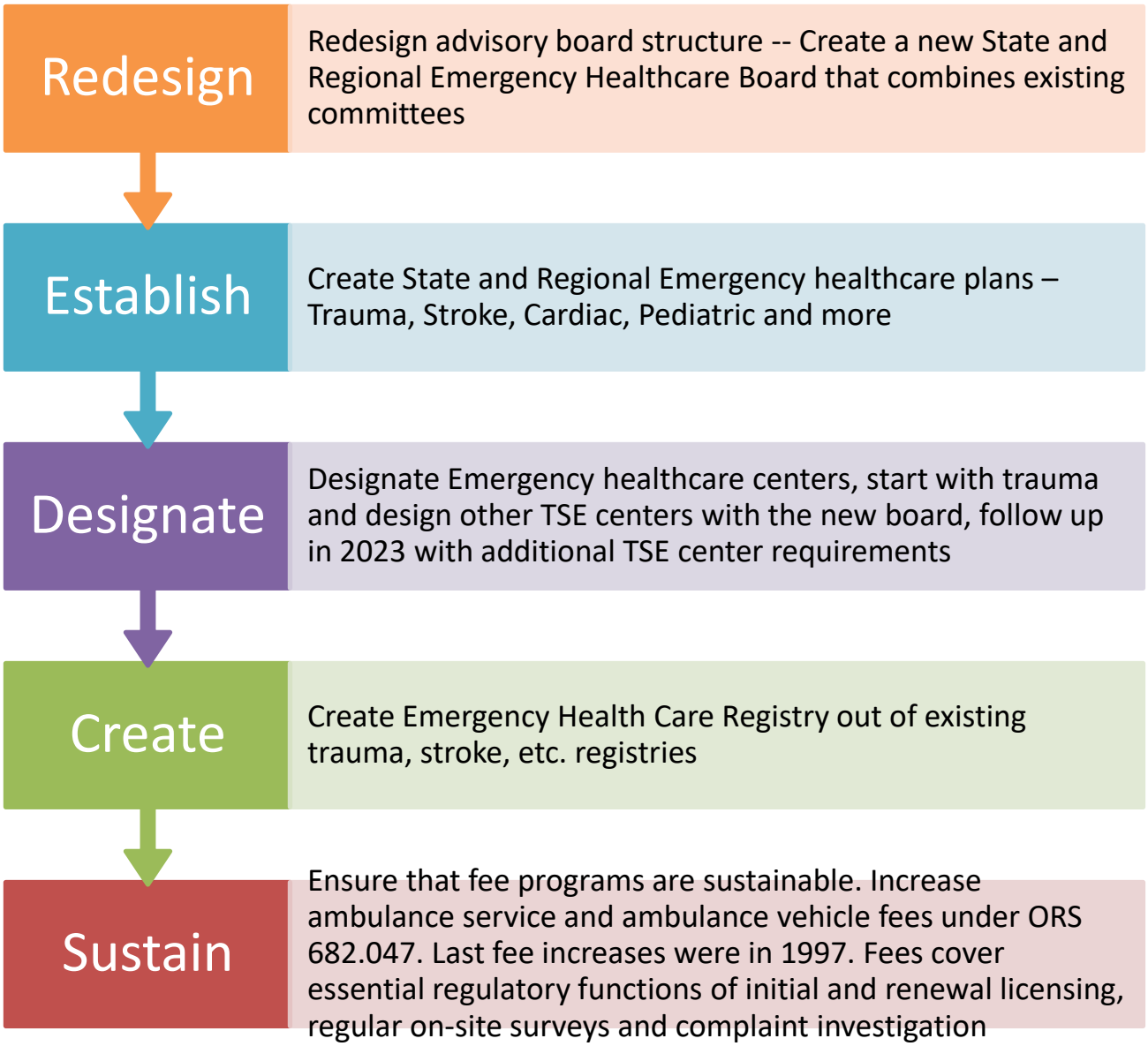


Future EMS Regulatory System:



EMS Mobilization for Disaster Response Current and Future:

Phase 1 – 2021 will include:
New Oregon Emergency Health Care System that will include:



Phase 2 – 2023: New TSE Centers and Comprehensive Licensing:

- Add new types of TSE healthcare centers beyond existing trauma centers. Formalize details for other TSE centers with the new board, follow up in 2023 with additional TSE center standards in statute.
- Transform ambulance regulation into an EMS regulatory statute ORS 682 – Modify to establish comprehensive EMS licensing and regulation that includes EMS providers, transporting Ambulance Agencies and non-transporting EMS Agencies. State Emergency Healthcare Board to recommend follow-up legislation in 2023.

Action Item	Request for the presentation to be sent to the Committee members.

Agenda Item	*Committee updates – Jim Cole*
EMS Licensure subcommittee met yesterday and discussed Social Media and what falls under professional conduct and freedom of speech. The subcommittee will continue the support to the state office on creating a protocol around professional standards for social media and communication.	

Agenda Item	*Public Comment*
No comments were made.	

Agenda Item	*Meeting Adjourned*

2021 Quarter 1 meeting is scheduled for January 8th, 2021 and is planned for a virtual meeting only.