



State EMS Committee
Friday, January 8, 2021
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 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; Rahul Rastogi, MD; Tiffany Peterson, EMT; Mike Fletcher;
Members not present	Brad Adams, MD; 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	<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 and Officer Voting – Stella Scott</i>
Current open positions for the State EMS Committee Private Ambulance Representative. JD Fuiten served two full terms and is not eligible for a third term. Those interested should apply online.	
Officer Voting	

EMS Committee Bylaws Article V - B - The Committee shall elect the Chairperson from its membership. The Chairperson shall hold office for a period of two years and may be reelected for a maximum of two consecutive terms. Elections shall be held on a biennial basis (odd years) during the first meeting of the year. The Chairperson will preside at all meetings and conduct the business brought before the Committee.

Jim Cole currently serves as the Chair for the committee. He is eligible to serve a second term if nominated. Jim opened the floor for nominations for Chair. Gary Heigle nominated Jim Cole for a second term. Jim accepted the nomination. Alicia Bond seconded the nomination. No other nominations were made.

VOTE:

- Foster- Yes
- Laiosa-Yes
- Hatfield-Keller-Yes
- Bond-Yes
- Heigel-Yes
- Cool-Yes
- Rand-Yes
- Peterson-Yes
- Kamppi-Yes
- Benjamin-Yes
- Fletcher-Yes
- Rastogi-Yes
- Hull-not present
- Hegney-not present
- Adams-not present

Jim Cole will serve as Chair for another term. The next chair election will take place Quarter 1 2023.

Agenda Item	<i>Approve Minutes and Review Agenda – Jim Cole</i>
Minutes from 2020 Q4 were reviewed. Michael Cool motioned to approve the minutes. Gary Heigel seconded the motion. No changes were requested to the minutes. The motion passed unanimously.	
Action Item	Post minutes to website.

Agenda Item	<i>COVID-19 Response Update – Elizabeth Heckathorn, Dr. Dana Selover</i>
Immunization Response – Surge response is continuing with preparation for COVID-19 vaccination distribution. An overview of a required phased approach was presented.	

Dr. Bond stated a concern that the state has left small agencies to figure out how to get the vaccine for their providers. It was suggested that more responsibility should be placed on hospitals and the counties.

OSHA Update –

<https://osha.oregon.gov/OSHArules/div1/437-001-0744.pdf>

Temporary OSHA rules Appendix A-17 discusses mandatory workplace rules for emergency responders. Temporary rule regarding “half the vehicle capacity” no longer applies to first responders. Interpretation is that EMS providers should attempt to keep personnel to a minimum when needed.

EMS and Trauma Systems response to the rule? Review and update Agency and Vehicle Rules in 2021 for Infection Control.

After Action – Facilitate a review of COVID-19 effects on EMS agencies and providers.

Gary Heigel commented that EMS students would not be considered pertinent personnel in the back of the ambulance for patient care. He requested that students be considered where they should complete their required clinical hours for their license.

Jim Cole thanked Gary for his statement. It is understood that most education has been disrupted due to covid-19, especially with a 2-year education time frame like paramedics have. Even though we have people who will get immunized, we will still have a risk (some not immunized, some not protected from vaccine), we are going to have a new way of operating after this pandemic- factoring in the training of students should reflect that.

Dana Selover reminded the committee that the rules are from OR-OSHA and stated that EMS/TS office should consider having their own Rule included for this type of response.

It was decided that an Infection Control Workgroup should be created at the Quarter 2 meeting to help with a review any rule changes and best practice for agencies. It was requested that committee members and other stakeholders be included, specifically NAEMPS representatives.

Action Item

State:

- After action summary for COVID-19 with a best response practice.
- Alternative “clinical” hours for students. Request further consideration for language to be included in the OAR.
- Infection Control Workgroup – Quarter 2 will be decided.

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>

Agenda Item	<i>OREMSIS – Peter Geissert, Andey Nunes</i>
	<p>OR-EMSIS Data Quality: NEMSIS 3 Assessment</p> <ul style="list-style-type: none">• Reports sent to software vendors; agency reports forthcoming• Vendors coordinating work with agencies to resolve identified issues• Assess agency account configurations and data validation in addition to completeness and performance measures <p>Data Type/Finding:</p> <ul style="list-style-type: none">• Agency Demographics <p>most failed validation making it top priority for vendors</p> <ul style="list-style-type: none">• PCR data <p>overall good completeness some vendor specific improvements areas more work needed for COVID19 custom elements</p> <p>Elite Field development and next steps:</p> <ul style="list-style-type: none">• Existing issue with Elite field: <p>Records entered in Elite field cannot be uploaded through the cloud to Elite without passing validation</p> <p>Oregon EMS has received a grant from ODOT to complete the development work to resolve this</p> <p>The project will be developed over the coming year with support from workgroup</p> <ul style="list-style-type: none">• Next meeting January 22, 2021 from 9:30 – 11:00 a.m. PST <p>Topics</p> <ul style="list-style-type: none">• Updates• License Management System (LMS) Integration• Oregon Trauma Registry (TraumaOne) Integration• REALD Reporting <p>REALD Implementation:</p> <ul style="list-style-type: none">• Race, Ethnicity, Language, and Disability (REALD)• An effort to improve and standardize Race, Ethnicity, Language, and Disability data collection across priority data systems• House Bill 2134 passed by the Oregon legislature in 2013• Oregon EMS & Trauma is required to report to the Office of Equity & Inclusion on the progress in implementation <p>Oregon EMS & Trauma has developed an implementation plan that respects the circumstances of emergency and trauma care: Patients may be unconscious or in pain Providers may be actively engaged in life saving treatment Encounters are brief</p>

- Several concerns arise

The percentage completeness we might expect from implementation might be 10-15%

The cost and logistical demands of implementation are high

Burden on providers of entering REALD data into multiple data systems

- Oregon EMS & Trauma have requested an exemption from direct collection of REALD information
- Post hoc data linkage will yield better data quality and more complete REALD reporting
- We will be supporting development of a central repository of REALD data that may be leveraged by data systems to provide actionable intelligence about health disparities

EMS and Trauma Data Integration

- We have an existing linkage between the EMS & Trauma System
- There have been challenges in the implementation.

Reports from registrars that data import

Frustration with not being unable to find their patients in the EMS data

- Bidirectional exchange is dependent on matching on the Trauma side
- EMS providers are not seeing outcomes data coming back when the match is not working on the Trauma side

Objectives:

- Explore current use of the linkage
- Look at potential utility of the linkage
- Identify pain points and areas of match failure
- When a registrar enters the record into TraumaOne they complete fields used in match against this prehospital data:

First Name (Soundex)

Last Name (Soundex)

Gender (exact)

Date of birth (exact)

Event date (+/- 1 day)

- Potential matches are returned, and the registrar may select one

Areas for potential mismatch:

- Unknown name, gender or date of birth
- Inconsistent documentation of gender between systems
- Misspellings, data entry errors
- Failure to document possible injury

OTR purging of EMS data 90 days after incident/admission

- Funding is available from ODOT to support development costs

State EMS Data Annual Report – discussion

Oregon EMS & Trauma data team are preparing an annual report for the EMS system.

Proposed contents include:

- EMS system description (Agencies, Units, Personnel, Service levels)
- License Renewal Survey
- Calls (Volume, Demographics, Geography (ATAB, County, Urban/Rural), Time (Month, Day, Hour))
- Patient (Complaints, Symptoms, Procedures, Impressions, Scene, Disposition, Destination)
- Performance (Time (Response, Scene, Transport, etc), Lights & Sirens, Pediatric COMPASS metrics, COVID-19 PPE metric)
- ORPHEUS-EMS linkage- COVID related transport



New request form:

- EMS and Trauma is implementing a new account and data request process for our data systems

SmartSheet will automatically send emails and update a spreadsheet when users make requests

Speed up the process

Allow us to track requests

- Can be found on several pages:

OR-EMSIS

Trauma Data Requests

Trauma Coordinator & Registrar Corner

Area Trauma Advisory Board (ATAB)

State Trauma Advisory Board (STAB)

Trauma Statutes and Rules

Trauma Education Opportunities

Data Request Process

Oregon Trauma Systems Reports

ONLINE FORMS

Trauma Band Order Forms

Trauma Flow Sheet Order Form

Update Trauma Hospital Contact Form

centers, and represents a subset of Oregon's patients who suffer traumatic injury.

OREGON TRAUMA REGISTRY

Policy and Procedure

In order to facilitate requests for data from the Oregon Trauma Registry (OTR), while maintaining confidentiality pursuant to ORS 431.627(4)(a) and 41.675, specific procedures for such requests must be adhered to. [Learn more about ORS 431](#)

To Make a Request

Go to our [SmartSheet Form Request](#) and fill in the appropriate information. Refer to the table below to understand which form best fits your needs.

If you have additional questions about this process please contact our office at ems_trauma@dhsosha.state.or.us.

I want to	Request Form
Access OTR, OR-EMSIS or Hospital Hub	Access Request
Make a data request, or ask for specific information	Data Request
Reset my password, alter account permissions or get other help with my account	Support Request

Showing 3 out of 3 items

- [Oregon Fire Marshall](#)
- [Hospital Hub](#)
- [Oregon Data Elements](#)

Access and Data Requests

For account assistance and data requests go to our [SmartSheet Form Request](#) and fill in the appropriate information.

This link will ask you to select the form appropriate for your needs. Refer to the table below to understand the uses of each form.

I want to	Request Form
Access OTR, OR-EMISIS or Hospital Hub	Access Request
Make a data request, or ask for specific information	Data Request
Reset my password, alter account permissions or get other help with my account	Support Request

Showing 3 out of 3 items



EMS/TS Form Request Selection

Thank you for visiting the Oregon EMS & Trauma System Data Team website!

By choosing the appropriate request form, the form will be sent to the Requestor E-mail provided for completion. Once submitted, the request will be routed to the appropriate level for processing.

Requestor First Name *

Requestor Last Name *

Requestor E-mail *

Requestor Phone Number *

Choose Appropriate Request Form *

Select ▼

- Access Request Form (e.g. TraumaOne, a.k.a. Oregon Trauma Registry, OR-EMISIS, Hospital Hub, etc.)
- Support Request Form
- Data Request Form (e.g. Specific data requests from the EMS & Trauma Systems Program)

Submit

Powered by smartsheet
[Privacy Notice](#) | [Report Abuse](#)

- Large increase in efficiency of data requests
- Could this be more user friendly:

Located on two webpages

Prompts users at each step

Users can select to keep a copy of their request

It was recommended that a description of each of the forms be visible so that the requestor will know which form to request.

Action Item	
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Agenda Item	<i>2020 EMS Agency Survey Update & VISTA Project Update – Robbie Edwards and Prachi Patel</i>
<p>Prachi Patel updated the committee on the VISTA Year-3 project, EMS Sustainability. Background for the project:</p> <ul style="list-style-type: none"> • Rural EMS has a lack of traditional healthcare providers • Differences in resources and sustainability between rural and urban agencies • Need better understanding of the reasons to find solutions • Rural Listening Tour and EMS Agency Renewal Surveys <p>Purpose of the project:</p> <ul style="list-style-type: none"> • Gain better understanding of EMS agencies and the EMS system at large that contribute to agency instability • Use the results to target resources and funding to support EMS agencies <p>Informed Community Self-Determination (ICSD) Method:</p> <ul style="list-style-type: none"> • Surveys designed for agencies and community partners that provide a specific, targeted way to assess organizational characteristics • Questions cover operations, finance, staffing, quality and public relations • 41 questions for directors • 21 questions for volunteers/employees • Additional surveys <ul style="list-style-type: none"> ○ Healthcare system: local public health and receiving hospitals ○ Public safety system: fire, law enforcement, emergency management ○ Political system: county government, school system ○ Community at large <p>Next steps:</p> <ul style="list-style-type: none"> • Analyze survey results and present to agencies • Share targeted funding and resources • Use this pilot project as a model for other Oregon rural and frontier counties 	
Action Item	None

Agenda Item	<i>Ambulance Service Survey – Elizabeth Heckathorn</i>
<p>Ambulance Service surveys for the year 2020 are rescheduled to 2021 due to the current COVID-19 pandemic. Once the surveys start the office will start with virtual surveys. A presentation of how this will happen was presented.</p>	
Action Item	

Agenda Item	<i>Oregon EMS Director's Update – Dana Selover, Elizabeth Heckathorn</i>
<p>House Bill - A review of the Emergency Medical Service Bill was presented to the committee. Changes include a future data system that is more integrated and robust than. Future EMS regulatory systems, which would include the non-transporting EMS agencies and other types of time sensitive emergency hospitals, EMS mobilization for Disaster response for both current and</p>	

future and a change to the committees and boards that would restructure the boards and include time sensitive emergencies and regional planning. Phase 2 would include an increase in agency fees. This has not taken place since the 1990s.

Education and testing –

The state conducted a hybrid test that supported COVID-19 safety practices. The test was a success and programs are moving forward with testing and courses proceeding to continue the education and licensing of EMS providers.

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

Agenda Item	<i>Meeting Adjourned</i>
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