

Minutes - DRAFT

Oregon Emergency Medical Services for Children Advisory Committee Meeting

Thursday, January 17, 2019, 9:05 a.m. – 11:16 a.m.

Portland State Office Building
800 NE Oregon Street, Room 1E
Portland, OR 97232



In-Person Attendance: Jackie DeSilva, Dr. Carl Eriksson, Matthew House, Todd Luther, Danielle Meyer, Dr. Robert Moore, Matthew Philbrick, Dr. Justin Sales, Anna Stiefvater, Lesley Zimkas

Phone Attendance: Tamara Bakewell, Tyson Botts, Katie Downie, Kelly Kapri, Marisa Marquez, Troy Thom

EMS & Trauma Systems Staff: Rachel Ford, Dr. David Lehrfeld, Julie Miller, Yvan Saastamoinen, Candace Toyama

Absent: Erik Kola, Dr. Dana Selover, Dr. Christa Shultz

Public: Beth McGinnis

Meeting called to order: 9:05 a.m. by Committee Chair Jackie DeSilva

Discussion and conclusion of each agenda item:

1. Confirmed Attendance (in-person and phone) and Introductions: Jackie DeSilva

2. Review and Approve October 11, 2018 Minutes: Committee

Minutes were reviewed.

Changes: Danielle Meyer - minor edits in Section 5, 3rd circle dot point needs to be (Caring Contacts, not Care in Contracts), and Section 5, 3rd circle dot at the end of the sentence should be (psychiatric facilities and hospital emergency department).

Todd Luther motioned to accept minutes, seconded by Justin Sales. None opposed. Motion passed.

3. Vice Chairperson Election: Jackie DeSilva

- Vote: Elect Vice Chair
 - Dr. Carl Eriksson will step aside if someone else wants to be the Vice Chair.
 - Danielle supports Dr. Eriksson continuing.
 - Jackie DeSilva motioned for Dr. Eriksson to continue, Matthew House seconded. All agreed. Dr. Carl Eriksson was voted in for second term.

4. Committee Membership Update: Jackie DeSilva

- New Member Introductions: Membership is full.
 - Troy Thom (Warm Springs)
 - Tyson Botts (La Grande)
 - Lesley Zimkas: 20 year as pediatric nurse and has worked all levels of care as a nurse. Emergency nurse manager at Providence, training site for the Pediatric Readiness Quality Collaborative.

5. State EMS and Trauma Program Updates: Candace Toyama, Yvan Saastamoinen

▪ EMS and Trauma Program Update: Candace Toyama

- EMS and Trauma Systems are preparing for the renewal period. Provider renewal will open March 1. Service and vehicle renewal will open April 1.
- Oregon is a NCCP state. There are three categories as a NCCP state: National Registry (has specific topic requirements), Local (what the state recommends) and Independent Study. There is a certain number of hours assigned to each category. Oregon is deciding what the Independent topics should be and will be bringing that information to the board to ask what is best for our state.
 - Candace will provide the list of National topics and the Appendix 1.
- Sent out a memo to all agencies (transport and non-transport) stating that agencies should not have non-licensed providers giving patient care. Going forward, the Authority will be holding licensed agencies accountable for employing providers without a license.
- Stop the Bleed: Rachel Ford is working with the Health Security Preparedness Program to purchase more response kits. There has been discussion about distributing these kits to the law enforcement.
- Held a Town Hall for colleges to answer questions about giving authority and responsibility back to the schools to hold their EMT Exams. Licensing Officers are contracted to go out and conduct an exam. This switch happens at the end of March 2019.
- West Region of the National Association of State EMS Officials (NASEMSO) conference will be in Portland October 1-3, 2019. The focus will be Rural and Frontier EMS. EMS Preparedness Day is October 3. Would like this Committee to talk about topics to cover and we would like to partner together.
- In the process of filling the Compliance Specialist 3 vacancy in our office. We will be interviewing 4 candidates. Interviews start on January 28.
- One priority at the office is reviewing the Ambulance Service Area Plans (ASA Plan). This is when county officials provide us with a plan on how ambulances will cover their county. We are responsible to give feedback, with an approval or denial of their ASA Plan within 60 days.
- Looking to Recruit 5 Regional EMS instructors to support the Mobile Training Unit, rural agencies and conduct training at small schools that need help with EMT Exams. Looking to recruit by April. These are less than part-time positions.
- Since Senate Bill 52 has gone into effect requiring licensed EMS agencies to report their electronic patient care data to the state. There are 55% of licensed EMS agencies in compliance, 9% of the agencies are scheduled to report and have a waiver, and 36% are not yet scheduled and are not in compliance. Investigating what challenges these agencies are facing and how to help them become compliant.

▪ VISTA Update: Yvan Saastamoinen

- Yvan is getting to the analysis part of the project, finding factors that are lacking data, gaps in knowledge and what is shown in the data.

- Yvan's term is going to be completed at the end of February. The new VISTA will continue with the project mid-April and will work on the analysis portion of the project. At that time, hope to have a full report of the findings, publish the information and distribute it to the EMS community.

6. EMSC Updates: Rachel Ford

- **EMS Quarterly Report:**

The EMS Quarterly Report gives more detailed information of Candace's Report.

- **Idaho Simulation Network Contract:**

This is the contract that has been providing the simulation trainings for our hospitals and the associated EMS agencies. Last year they were able to do four trainings. This year there are no carryover funds, but the contract will continue with one training per year. The Office of Rural Health is funding 4 simulation trainings. Hoping to establish simulation resource teams so the EMS System can be self-sufficient and have their own simulation trainings.

- **Pediatric Emergency prep workshop:**

Dr. Sales, Dr. Erickson, another physician, two nurses and Rachel Ford traveled from the Portland area to provide Bend workshop. They were able to train 61 medical providers with the intention of doing it again this coming fall. EMSC has provided three of these trainings: Portland, Medford and Bend. Hospitals from the coast were invited to attend the Portland training, but have not gone any further east than Bend. Florence and the coastal areas have been identified as areas in need.

- **EMSC Grant Administration:**

The 2018-19 Performance Report and FY19 Progress Report were submitted, with just a couple of revisions needed. In December, the US Senate passed legislation reauthorizing funding for the EMSC program.

- **SPIRE Grant:**

The State Preparedness and Incident Response Equipment Grant (SPIRE) is administered by the Oregon Office of Emergency Management and focused on the distribution of preparedness equipment. Oregon EMS worked with the Health Security, Preparedness and Response team to provide a list of equipment to add to this grant. The data from the AmeriCorps VISTA EMS project was used to develop email list. Agencies that were designated as red, orange and yellow were sent grant information and offered support if they needed it. It is an opportunity for these agencies to get larger pieces of equipment they may not otherwise be able to purchase.

- **Acute Flaccid Myelitis Surge Investigation:**

A bulleted list of information directed at EMS providers was pulled together and sent to EMS agencies via email.

- **National EMSC Data Analysis Resource Center (NEDARC):**

This organization administers EMSC surveys and assists with EMSC data reports. Rachel Ford has been asked to join their Advisory Board. There will be virtual meetings as well as one in-person meeting. Rachel will be giving an EMSC report at these meetings and will provide information to the EMSC Committee as needed.

- **SCFRT: State Child Fatality Review Team**

Rachel attended her first meeting in December. The team meets twice a year. It was a full day of reviewing pediatric deaths. This is valuable to be able to contribute to this process and make connections with people in various communities. Was able to meet with the pediatric suicide representative after the SCFRT meeting.

- **Pediatric Death Data:**

Dr. Lehrfeld and Rachel Ford have met to review the data. Dr. Lehrfeld will be meeting with Injury and Violence Prevention. Will plan for next steps. Trends: most of the Unintentional Poisoning deaths were from opioids and inhaling Dust-Off. Disturbing amount from these deaths are from children getting into someone else's medication, and some were very young age.

7. Pediatric Readiness Quality Collaborative Updates: Justin Sales, Lesley Zimkas

- **Justin Sales:** Teams are getting started on individual quality improvement efforts. Smaller hospitals do not have a lot of progress, and larger hospitals have more progress. Collectively, the larger groups can support the smaller ones.
- **Lesley Zimkas:** There were issues with data use agreements. There has been a delay with data collection. We are working on our Intervention bundles.
- **Rachel Ford:** Trying to wrap-up prework prior to data collection. Praise: 4 of the doctors that are participating in the Oregon PRQC were named as Top Doctors by Portland Monthly magazine in the category of Pediatric Critical Care and Pediatric Emergency Care.

8. Safe Sleep Presentation: Jackie DeSilva, Anna Stiefvater

- **ATAB 5 Sleep Safety Project Update: Jackie DeSilva**

Not a lot of movement but there are meetings at the county level. Looking at responding to non-emergency aspects when there is a call. Giving safe sleep information to the family in a non-threatening way. Hoping for a renowned speaker on this subject to come to Jackson County and provide information. This will either be recorded or broadcasted so that all will be able to listen.

 - **Dr. Moore:** One year there was a whole series of SIDS deaths. The question was, "How do we educate?" Had the opportunity to bring in pediatric doctors to speak. Who really educates young families of how to care for their infants? Grandmothers. How do we educate the grandparents? Most of the grandparents have medications and we gave SIDS information to the pharmacies to give to the grandparents when they pick up their medications.
- **Safe Sleep Presentation: Anna Stiefvater**

Promoting safe sleep. Try to put safe sleep messages out to the parents. Want to have shared messages.

 - Data and definitions: Cause of death before 1st birthday
 - Preterm related, Sudden Unexpected Infant Death (SUID), infection, injury, other causes
 - A sudden and unexpected death, whether explained or unexplained occurring during infancy
 - The three common reported types of SUID are: 1990-2013
 - SIDS (Sudden Infant Death Syndrome)
 - ASSB (Accidental Suffocation and Strangulation in Bed), thought to be preventable
 - Other ill-defined or unknown causes
 - Racial and Ethnic disparities. Some have higher percent of deaths.
 - Number of SUIDs:
 - SUID 46 to 34 (2012 to 2017)
 - SIDS 25 to 21 (2012 to 2017)
 - ASSB 18 to 11 (2012 to 2017)
 - What we do at OHA
 - Based on Pediatric Recommendation (American Academy of Pediatrics)
 - Sleep position

- Sleep surface
- Alternative sleep surface
 - Finland: currently low infant mortality rate. We have a lot to learn from Finland, but do not think the box is the fix.
- No soft bedding or loose materials
- Swaddling
 - Sleep sacks
- Sleep location
 - AAP states that baby should be on a separate sleep surface from parents
- Bed sharing: Parents and infant sleeping together on any surface
 - This topic is controversial.
- Breastfeeding is recommended
- Smoke-free environment
- Offer a pacifier
- Temperature during sleep
- Share the message
- Why families may not share these recommendations
 - Desperate for sleep
 - Lack of crib
 - Do not believe in science
 - Mixed messages
 - Perception of what a good sleeper is
- Oregon Public Health Division Resources (in 6 languages)
- Partnership with Child Care Rules and Training, Hospitals, DHS, WIC
- Resources, contact information

9. Criterion for Identification of Pediatric Patients Who Need Transport to Higher-level Pediatric Resources: Dr. David Lehrfeld

▪ Pediatric Readiness in the Emergency Department:

Contains an article and a position statement.

- Article: Which kids need to go to a pediatric hospital?
- Policy statement: What you should have in the hospital for pediatric patients.
 - What does this mean for the public and EMS providers who make decisions on where to take patients?
 - Some parts of the state you have choices and some parts of the state you do not
- Discussion topics:
 - Keep patients from being shipped around
 - Care in the local hospital
 - Doctors caring for certain ages and not others
 - The need for guidance and support from the state on the subject of doctors caring for kids ages 14-18 even if the doctor is an adult doctor (as their body weight and size identify them as an adult)
 - Telemedicine option to get pediatric consultation for the smaller hospitals
- Camillie Storm is circulating a survey to Level 1 and 2 trauma centers, to get an awareness of what regional centers can do. Asking the questions, “Where do the kids go?” “What do we need to care for these kids?” “Who is serving who?” “How they go from their place of injury to their final place of care?”

- **Dr. Lehrfeld:** PD Tree is an App (but it does not have Oregon listed in the app) that takes all the consensus-based criteria and builds where to take the patient. This App needs constant updating as the hospitals change their level of care. Takes 3-4 clicks to assess a pediatric patient. A great tool to let you know the closest hospital to treat the patient. Still need to call to check availability. It is one step in the right direction.
 - **Lesley:** How do we gather Oregon's info to put into this app? Is it for the EMS for transporting?
 - **Dr. Lehrfeld:** If someone wants to research this PD Tree and get us on the list, they can do that.
- **Jackie:** As we go through and answer these questions in the Bata phase of this survey, will it be the level 2 trauma centers minus the pic-u's?
 - **Dr. Lehrfeld:** Each level 1 needs to have a minimum of 500 admitted sick kids per year to keep their verification. Pediatric triage tool might be helpful. Regardless of the survey, this committee could come up with a state protocol or best practice (it will not be binding) to find centers.
 - **Rachel:** Pediatric Readiness in the emergency department is now posted on our website. Look at it to see any changes.

10. Committee Member Roundtable & Public Comments:

- **Yvan:** Thank you for letting me be a part of this Committee during my VISTA term.
- **Jackie:** Everyone aware that there has been a measles outbreak: 14 confirmed cases, 3 suspected cases. Has not jumped the river yet. All 14 were unvaccinated. 6 or 8 vaccine related bills in the House limiting the availability of getting vaccines.
 - **Lesley:** Check your titers: immunization records.
- **Lehrfeld:** The OR Association of EMS Physicians is interested in propagating a protocol/guideline/recommendation for the appropriate restraint of pediatric patients in Oregon. This year we will be putting together a data and quality subcommittee to look at EMS performance measures regarding pediatrics: Every child having a documented kilogram-based weight on the chart before meds are given, pediatric seizures and breathing assessments. Recently found out from OHA infectious disease team that all Kratom being sold in Portland is contaminated with salmonella (Kratom = legal plant that has opioid like effects).
- **Tammy Bakewell:** Next meeting will have the new version of EMS brochure for families to show everyone.
- **Public: Beth McGinnis:** Working with Dr. Justin Sales, Dr. Carl Eriksson and others to develop a Region 1 Pediatric Surge Plan. In July, the new preparedness healthcare coalition is going to be requiring a pediatric surge plan for every region.

11. Meeting Adjourned 11:16 a.m.

NEXT MEETING: April 11, 2019 9:00 a.m. - 12:00 p.m., PSOB Room 1B