Minutes

Oregon Emergency Medical Services for Children Advisory Committee Meeting
Thursday, January 18, 2018, 9:00 a.m. - 10:30 a.m.
Portland State Office Building
800 NE Oregon Street, Room 1E
Portland, OR 97232

In-Person Attendance: Tamara Bakewell, Jackie DeSilva, Matthew House, Erik Kola, Todd Luther, Marisa Marquez, Danielle Meyer, Lari Peterson, Matthew Philbrick

Phone Attendance: Katie Downie, Kelly Kapri, Eric McFarland, Dr. Christa Schulz, Scott Shepherd

EMS & Trauma Systems Staff: Rachel Ford, Candace Hamilton, David Lehrfeld, Julie Miller

Absent: Dr. Carl Eriksson, Dr. Robert Moore, Dr. Justin Sales, Dr. Dana Selover

Public: Rainy Greensfelder & Arielle Frasher-Slavin

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

Discussion and conclusion of each agenda item:

1. Review and Approve October 12, 2017 Minutes
   Minutes were reviewed. No changes. Matt Philbrick motioned to accept minutes, seconded by Lari Peterson. None opposed. Motion passed.

2. Chairperson Election: Rachel Ford
   In the Vice Chair’s absence, Rachel opened the floor for the election. The members present decided they were unable to take the position, but all said they would support Jackie DeSilva to continue.
   - Jackie DeSilva: Happy to continue to be the Chair. Rachel is an amazing support and it is not as taxing. Jackie enjoys working with Carl when she cannot be there. Mentioned she believes this would be the last time she could be the chair.
   - Put to a vote: All said Aye. None Opposed. None Abstained.
   - Jackie DeSilva accepted and will remain the Chair for one more term.

3. Pediatric Readiness Quality Collaborative - Training Sites: Eric McFarland and Rachel Ford
   - Eric McFarland: Providence St Vincent’s Medical Center is pleased to be serving as a training site. They have partnered with other Providence hospitals in the area.
   - Rachel Ford: opportunity put forth by the EMSC Innovation & Improvement Center
     - 18 different states participating and Oregon is one of them. It is a 2-year process and Oregon has 2 teams:
       - One team is headed up by Providence St. Vincent’s Medical Center, and they have 2 affiliate sites (both Providence Hospitals).
       - The other team is co-headed by Oregon Health & Science University and Randall Children’s Hospital, and they have 13 affiliate sites from Oregon and SW Washington.
• Will be working with those that need the extra support in bringing up their pediatric readiness.

• Answers to Questions:
  o The focus of PRQC is to increase pediatric readiness in hospitals. Starting with topics such as patient safety, patient assessment (such as weighing in kilograms instead of pounds), timely effective patient care and disaster planning. This is a gateway entry into the process for readiness across the state.
  o Family Advisory Network is being invigorated at the Federal level and they weigh in on the meetings.
  o The PRQC will give us the foundation to have our own Pediatric Readiness program in Oregon, which we need.

• Jackie DeSilva: Failed to do introductions. Did introductions at this time.

4. State EMS and Trauma Program Updates: Candace Toyama (Hamilton)

• State EMS Committee Meeting (1/19/2018) will be discussing Senate Bill 52 (requirement for EMS Licensed Transporting Agencies to report their electronic patient care report data).
  o Non-Licensed Agencies (Non-Transport) may also report their data, but it is not a requirement.
  o There will be a waiver process for those unable to meet the requirement by 1/1/2019. They will be able to let us know their challenges and barriers. The waiver will be good through 12/31/2021, and then the waiver option goes away and all licensed agencies will have to comply.
  o We have about 4 years to help Agencies get to where they need to be by 2021.
  o Patient Care Reporting to the State and that state data goes to the National EMS Information System.

• State EMS Committee (1/19/2018) will be serving as Rules Advisory Committee to discuss the Vehicle Rules, Ambulance Rules, Equipment, and Staffing.

• Gearing up at the office for EMR Renewal and Agency/Vehicle Renewal that opens this spring.

• State Trauma Advisory Board Meeting (STAB) (1/19/2018) will be discussing Stop the Bleed: State office is playing a role in supporting that mission. Stop the Bleed is for EMS, Fire, Nurses, and Physicians to teach the community how to do hemorrhage control.

• STAB (1/19/2018) will also discuss Pediatric Trauma Systems. Oregon has one facility that is a Level 1 Pediatric Trauma Center, and another that has applied and has had their survey. STAB will be discussing the impact for the state of Oregon with Pediatric Trauma Care and what it means going forward.

• Education Consortium is a group of Colleges/Universities that meets quarterly. Only 36% of Oregon Paramedic students test in Oregon. Looking at a possible Rule change and discussing options such as a Training Center or school having increased testing responsibilities with the Education Consortium that will bring more exams to Oregon.

• Health Care Regulation and Quality Improvement section has been divided into 3 Programs: 1) Survey and Certification; 2) Facilities, Planning and Safety; and 3) EMS & Trauma Systems.

• Reviewing the Disaster Statute. Forest Service did not have enough EMS personnel during last fire season. The EMS Temporary License (we provide temporary licensure for EMS that are on fire grounds) does not allow EMS to go into the community and help with evacuations. Reviewing the statute language, and will make changes to be able to request EMS personnel from out of state during a wildfire or other type of disaster in an effective manner.
and efficient way. Need a Housekeeping Bill to complete the clean-up. Currently the rule addresses people in vehicles, but not the people without the vehicles.

- Looking at Ambulance Licensing Fees that are in Statute. These have not been updated in about 15-20 years. Re-evaluating if is the fees are matching the funding needed to run the program.

5. **Committee Member Update: Jackie DeSilva**
Reviewed meeting attendance expectations as outlined by the bylaws. In order for us to conduct business, we need to have a quorum. Section F in the Bylaws states that committee members are expected to attend all EMSC committee meetings. Members may attend meetings in-person or via teleconference. When a member is absent for 2 or more meetings, without being excused by the Chair or Vice Chair, the person’s membership will be considered vacant and the Public Health Director will appoint a replacement. If a member has missed a couple of meetings, Rachel will call to check if the person is vacating the position.

There is currently one member vacancy: Tribal EMS representative. Rachel is actively trying to find someone for this position. Rachel reached out again to a Tribal Liaison. She is checking if having the Tribal Liaison is an appropriate person to fill the position until we find someone from one of the Oregon tribes.

6. **EMSC Program Updates: Rachel Ford**

- **Statewide EMS Agency Survey:** 282 agencies were surveyed and 81.9% responded, which met the minimum response rate requirement. Surveyed both Transport and Non-Transport EMS agencies. Agencies that responded will receive a thank you card and sets of Communication Cards that can be used when they have a call with a child who cannot communicate verbally, is too young or speaks a language unknown by the EMS providers. The hospitals will have a brief survey the spring. Those that complete the survey will receive Communication Card sets specific to the hospital setting.

- **Simulation Resources Teams and Simulation Trainings:** Carryover funds from HRSA allowed EMSC to provide 3 Simulation Resource Teams Trainings. The participating hospitals agreed to partner up for the didactic portion of the training, so Idaho Simulation Alliance contractor will be able to train 4 hospitals; Providence Seaside, Tillamook Regional Medical Center, Saint Alphonsus Medical Center - Baker City, and Saint Alphonsus Medical Center - Ontario. The Simulation training exercise will be performed separately at each hospital site. All 4 hospitals will complete trainings in February. We will have 4 hospitals that will have permanent Simulation Resource Teams. They have agreed and they have physician champions and other people in place that will continue the work after the contractor leaves. This is a more sustainable model.

With the Oregon Office of Rural Health funding, the contractor will completing simulation trainings with 3 more hospitals. These will just be trainings and not a permanent team. If all goes well, it sounds like the Oregon Office of Rural Health will continue to fund this work, and EMSC will try to steer them towards the Simulation Resource Team model. The hospital selection process closes 1/19/18.

- **Pediatric Emergency Preparedness Workshop:** Tentative dates set for Bend on Oct 18 and 19.

- **EMSC State Partnership Grant:** If the grant is funded, the monies will support the EMSC Program 4/2018 to 3/2022. Special thanks to all of the Committee members that provided
letters of support. 76 pages of materials were submitted and over 100 hours went into preparing for submission. Should hear from grantor sometime in March.

- **AmeriCorps VISTA Volunteer:** Will be working with the whole EMS & TS Program. Handout of the assignment description of responsibilities and outlines objectives and activities. Starting March 2nd or 5th. Vista be attending the EMSC meetings and will be reaching out to the committee for different pieces of information.

- **Oregon Rules Revisions:** Working on getting a Pediatric representative on the State EMS Committee. This would help us meet one of the HRSA performance measures. It will make the Committee stronger to have a Pediatric representative.

#### 7. New EMS Resources for Families: Tamara Bakewell

The EMS Resources are still in draft form. Input has come from the United Cerebral Palsy of Oregon & SW Washington, Oregon Family to Family Information Center, Oregon Emergency Medical Services for Children, Oregon EMS and Trauma Systems Program, Randall Children's Hospital, and Doernbecher Children's Hospital, and family partners.

- **Child with Special Healthcare Needs: Be Prepared for Emergency Medical Care:** Before an emergency, Pre-Hospital, and at the Emergency Room tips. Rebecca Long, Mobile Training Unit Coordinator, was very helpful with this document. This doc is still in draft, would like Committee member feedback.

- **Caregivers of a Child with Special Healthcare Needs: How to Take Care of Yourself and Your Family during a Medical Emergency:** Created from a team of Parent Partners that either have children with special health needs or work with other parents with children of special needs. These parents came up with a list that is more from the personal side of how to care for yourself and your family.

- **Feedback on Documents:**
  - **Matthew Philbrick:** On the Pre-Hospital side of things, make a bullet point about what the normal condition is, the diagnosis, the baseline, and how it may be different. This will show a point of reference for the provider.
  - **Jackie DeSilva:** An example would be - EMS responding with an Autistic Child that is non-verbal, you are trying to access their Glasgow Coma Score and they are not going to have a verbal piece. Knowing this information ahead of time would be very helpful.
  - **Christa Schulz:** At the emergency room, it might be helpful to have for the provider any of the following: DNR, families wishes for recitation, etc.
    - **Tamara Bakewell:** Would like wording for suggestions. Most families do not have DNRs in place at that point.
  - **Erik Kola:** This is a great informational algorithm to track with the patient. A sheet of information doesn’t always get looked through, but a Critical check list with a set schedule could be something the physician and the family could work on; something that would be covered at a next pediatric visit.
  - **Matthew Philbrick:** A fillable form that you can hand to the family could be good.
    - **Tamara Bakewell:** What would the checkboxes be?
  - **Erik Kola:** You could use this spreadsheet to create the checklist. This would help people make plans. For example: Visiting the nearest Fire Department.
    - **Tamara Bakewell:** Will bring these lists back in a next version. Will send these documents to the Committee with changes and request revisions, and will present final draft at the next meeting.
Lari Peterson: The first column, it is mentioned that the reader should fill out the ACEP-AAP form. Is this something that is defined?

Tamara Bakewell: Yes, there will be a hyperlink in the document, and for those who do not have the internet there will be handouts available. We can always mail them out as well.

8. Committee Member Roundtable & Public Comments

- Jackie DeSilva: EMS Conference in Medford March 9 and 10. For the Stop the Bleed Campaign, ATAB 5 will be doing the Train-the-Trainer on 1/9/18 to be able to do the Stop the Bleed at the State of Jefferson Conference. Society of Trauma Nurses Conference will be in Portland on March 21-23. This is a National Organization, so the fact that they are doing their “Trauma Con” conference in Portland is exciting. Rogue attained their Level 2 Trauma Certification contingent upon an acceptable Action Plan.

- Rachel Ford: Camillie Storm, Trauma Program Coordinator, will be attending Trauma Con.

- David Lehrfeld: Love the information on the 2 sheets. First time seeing this and wondering if there could be some public health information added, such as making sure your kids are fully vaccinated. Thank the committee and Rachel for fantastic job. Reminder we are in the middle of the Flu season. As of last week, the count is 48 H3N2 flu deaths under the age of 55. It is never too late to be vaccinated and it produces long-term effects.

- Todd Luther: My facility was chosen to participate in the Pediatric Readiness Quality Collaborative and we are very excited about that. Most excited about the QI process, because that is the piece that we really struggle with. Remind everyone, and especially the rural facilities of the education that is out there and available. We will be having an educator from REACH providing Mock Codes education, 16 hours of nonstop Pediatric mock codes training. Some forget the opportunities that are out there at no cost.

  Rachel Ford: Please share that information so it can be sent to the rest of the Committee.

  Jackie DeSilva: Getting ready to share Pediatric Mock Codes with EMS.

- Erik Kola: Sent some resources to Rachel this morning about behavioral health education. ECHO project will be resuming. The OPAL-K project is available for rural providers outside the 50-mile radius of the metropolitan area to get access to mental health providers. This has application to emergency rooms, medications, diagnosis, etc. Information will be sent out to Committee. Unity Center has been opened for a year, do not have a pediatric emergency room, but the adult side is open, so kids are continuing to go to Doernbecher Children’s Hospital and Randall Children’s Hospital.

  Rachel Ford: Will set up something for April EMSC Advisory Committee to talk more in-depth about those programs.

- Matthew Philbrick: Gave credit to the Committee, Rachel and Jackie, for the spark of inspiration. Discussed at the last meeting regarding the benchmarks for prehospital agencies; 3 specific ones: Training, Equipment and Education. Took those 3 and they have been bumped up as a priority so when it comes time to discuss it, we will be at the level of the bar. Equipment: They are updating equipment according to the Rule updates, including changing transport device and restraint systems. Education: They are partnering with local Pediatric Hospital (Asante Rogue) for pediatric codes and doing a Q & A process which they have never had before. Education: Internally they are looking at switching to the Handtevy System and other pediatric equipment that will complement the system they already have. It will depend on how easy it is to get the pre-filled syringes.
o **David Lehrfeld**: The decision making (in Handtevy System) is pretty useful.

o **Matthew Philbrick**: Supervising Physician component, making sure that everyone else in the county comes along with the changes. Making sure there is no conflict of care on the scene between the fire department and transporting agency, etc.

o **David Lehrfeld**: Are you going to start measuring some metrics before you implement the system?

o **Matthew Philbrick**: Would have to create the metrics Metrix before implementing.

o **David Lehrfeld**: Is interested in doing a test of change before roll-out. Look at some metrics of before and after. Doing it with a single agency, you may not see the change.

- Public Comments:
  - Rainy, Student from OHSU: Thank you for having us today to attend your meeting.
  - Arielle, Student from OHSU: Will ask questions on a one-on-one basis.

- **Tamara Bakewell**: Oregon Center for Children and Youth with Special Health Needs are launching a new part of a learning collaborative focused on the health needs of medically complex youth who are at transition age, 17-18 years old. They are at the data stage and would welcome any EMS experiences on issues, ideas, concerns, or any problems with that age transition such as any legal questions that have come up with that age, guardian questions, etc.

9. **Meeting Adjourned 10:30 a.m.**

**NEXT MEETING: April 12, 2018 9:00 a.m. - 12:00 p.m., PSOB Room 1B**