

Minutes DRAFT

Oregon Emergency Medical Services for Children Advisory Committee Meeting

Thursday, January 20, 2022, 9:05 a.m. - 11:50 a.m.

Virtual Meeting:

<https://www.zoomgov.com/j/1613692315?pwd=aHIDWDRhZ1NDZFd6WlY1TkpWNmICZz09>

Teleconference line: 1-669-254-5252 Meeting ID: 161 369 2315



Committee Members Present: Tamara Bakewell, Andrea Bell, Jeffrey Dana, Jackie DeSilva, Dr. Carl Eriksson, Matthew House, Erik Kola, Danielle Meyer, Matthew Philbrick, Dana Pursley-Haner, Dr. Justin Sales, Dr. Christa Schulz, Anna Stiefvater

Committee Members Absent: Dr. Brent Heimuller, Kelly Kapri, Todd Luther

Oregon Health Authority EMS & Trauma Systems Program Staff Present: Rachel Ford MPH, Elizabeth Heckathorn, Julie Miller, Dr. Dana Selover

Oregon Health Authority EMS & Trauma Systems Program Staff Absent: Dr. David Lehrfeld

Guest Speakers and Public Attendees: James Blake, Umpqua Valley Ambulance; Jaybee Bryant Sr., Student; Peter Geissert, OHA; Luke Glowasky, OHA; Dr. Matt Hansen, OHSU; Beth Holliman, OHA; Ammara Molvi, OHA EMS AmeriCorps VISTA; Amy Shea Reyes, Behavioral Health Manager for Children, Youth and Families Metro Area, CareOregon; Brittany Tagliaferro-Lucas, OCCYSHN; Sabrina Riggs, OSAA; Canada Taylor, Suicide Prevention Multnomah County; Viral Upadhyay, Research Evaluation Analyst Sr., Behavioral Health Division Multnomah County

Meeting called to order: Start Time 9:05 a.m. by Committee Chairperson Matthew Philbrick

Discussion and Conclusion of Each Agenda Item:

1. **Confirm Attendance: Matthew Philbrick, Chairperson**

Committee members, guests, and members of the public confirmed attendance.

2. **Review and Approve July 08, 2021 and October 07, 2021 Minutes: Committee**

July 2021 Minutes were reviewed. No changes noted. Motion to approve minutes as written: Dr. Christa Schultz. Second: Dana Pursley-Haner. None opposed. Motion passed.

October 2021 Minutes were reviewed. No Changes noted. Motion to approve minutes as written: Matthew House. Second: Dr. Christa Schultz. None opposed. Motion passed.

3. **Chairperson Election: Dr. Christa Schulz, Vice Chairperson**

Request to Committee to elect a new Committee Chairperson or re-elect Matthew Philbrick who is eligible for a second term. Nominations: Dr. Carl Eriksson nominated Matthew Philbrick to continue. Several Committee members agreed that Matthew Philbrick should continue. Motion: Jackie DeSilva. Second: Tamara Bakewell.

Vote:

- | | |
|--|---|
| <input type="radio"/> Tamara Bakewell: Yea | <input type="radio"/> Jackie DeSilva: Yea |
| <input type="radio"/> Andrea Bell: Absent | <input type="radio"/> Dr. Carl Eriksson: Yea |
| <input type="radio"/> Jeffrey Dana: Yea | <input type="radio"/> Dr. Brent Heimuller: Absent |

- Matthew House: Yea
- Kelly Kapri: Absent
- Erik Kola: Yea
- Todd Luther: Absent
- Danielle Meyer: Yea
- Matt Philbrick: Abstain
- Dana Pursley-Haner: Yea
- Dr. Justin Sales: Yea
- Dr. Christa Shultz: Yea
- Anna Stiefvater: Yea

Matt accepted and will continue to serve as Committee Chairperson for two more years.

4. **Committee Membership: Chairperson**

New Committee Member: Welcome Dana Pursley-Haner from Sherman County is serving in the EMS Educator position. Dana has been in EMS for almost 10 years and an EMS Director for almost 2 years. Dana hopes to learn from this group to share with others.

Committee Member Resignations: Erik Kola and Anna Stiefvater have been assisting with recruitment as they will be stepping down from their positions in the near future. Erik Kola, Behavioral Health representative, has been actively trying to fill the position and will continue until there is a replacement. Anna Stiefvater, Injury Prevention representative, has been talking to Injury Prevention staff and there is someone who is interested in filling this position. There are some candidates but additional recommendations from the Committee are welcome.

Committee Member Vacancy: Tribal EMS representative. All applications will be reviewed, but to support Committee member representation across Oregon, consideration will be given to applicants who live and/or work in the following counties: Baker, Malheur, Morrow, Umatilla, Union, and Wallowa.

5. **Suicide Prevention Project: Chairperson**

Summary covered what has been completed so far for this project. The Committee reviewed two training platforms to see what might be the best fit to move the project forward, Mental Health First Aid and ResponderStrong Mental Health Curriculum. Mental Health First Aid is an 8-hour training and provides foundation to address suicidality and destigmatize. ResponderStrong is similar but directed at first responders. The Committee discussed drafting a letter and sending to community partners to facilitate and encourage communities to focus on suicide prevention. Additionally, Peter Geissert has been completing a data review and will continue to share suicide data with the Committee.

Committee objectives: Share general resources, raise awareness and/or provide trainings. To meet the Committee objectives, Matt Philbrick and Rachel Ford started with drafting a letter and soliciting feedback from Peter Geissert, Dr. Justin Sales, and Dr. Christa Schulz.

Request for Committee Feedback on *Youth Mental Health* letter including: Comments, concerns, or changes you would like to share? Other or different resources that should be listed? How should this letter be addressed? Who should receive the letter? Who will send the letter?

Discussion & Questions

Dr. Carl Eriksson: Include a solicitation at the end of the letter to ask about best practices. **Erik Kola:** Could also ask about identified needs.

Tamara Bakewell: Include an “ask” for the resources to be added to newsletter and/or social media and include family advocacy. **Danielle Meyer:** What is reciprocated by the ask? Example: By sharing this, we would like to share with data and resources.

Tamara Bakewell: Consider making letter customizable depending on who targeting. **Danielle Meyer:** Suggest standard letter, but Committee members could add a customized cover letter.

Erik Kola: Encouraged to lean on the structures that already exist to provide training in the area.

Christa Schulz: Suggested that some schools may be very leery of receiving a letter like this. Christa received a letter from the school district with information on a two-part podcast introducing teenagers to Teen-to-Teen crisis helpline. OHA did a training for physicians on the topic of mental health screening. Will send link to Rachel Ford. **Dana Pursley-Haner:** Discussed the importance of getting the whole medical team involved in this topic. At the school level there has been more teen suicide awareness information given out. Would like to share the information.

Tamara Bakewell: Note in the letter that the resources listed in the letter have already been vetted. Add a sentence that these have been proven resources. Information about the trainings would also be helpful.

Erik Kola: Have many teens that have been responsive to Oregon YouthLine.

Matthew Philbrick: Suggestion to add EMSC website address to letter. **Rachel Ford:** Yes, it can be added to the letter, as well as checking to ensure resources are listed in the mental health section of the EMSC website.

Matthew Philbrick: Are there suggestions on who to address this to? **Christa Schulz:** Like keeping it general. Like the idea of targeting people that work with children and EMS providers. **Tamara Bakewell:** Leaning towards Danielle’s idea of using a customized cover letter to pair with this directed “statement” from EMSC. Cover letter could be signed by Committee member and Chairperson with a note about EMSC.

Erik Kola: Biggest challenge we run into is for the families to realize the complexity of the system. How to guide parents that have a child in crisis and the parents not understanding the complexity of the system is a barrier. Crisis ramps up, parents take child to doctor’s office, then to counselor, and then to ER. Layered pieces that are hard for parents, and kids can fall through the cracks.

Action: Work more on developing the letter, add more resources, add process, thresholds, describe the spectrum, possibly the letter can direct to a landing page. Dr. Christa Schulz will forward Rachel Ford the link for the podcast and it will be shared with Committee. Rachel Ford will add resources to EMSC website. Tamara Bakewell would be happy to get this out to families by way of a listserv. Attached to the meeting invite was the U.S. Surgeon General’s Advisory 2021 Protecting Youth Mental Health document and this will be added to the EMSC website.

April EMSC Advisory Committee Next Steps Discussion:

- Conferences: School Nursing, EMS, Oregon Emergency Nursing Association, Oregon Pediatric Society, Office of Rural Health, etc.
- OHA EMS newsletters
- Record and share training
- Monthly OHA EMS training
- Other steps the Committee would like to pursue

6. **Pediatric Suicide Data: Peter Geissert, OHA EMS & Trauma Systems Program**

Background: When initially asked about suicide data, the team completed a literature review and discovered that there were no case definitions for EMS data. Have since been trying to create case definition. Biggest hurdle is having a data set that allows training and testing a set of rules or algorithms for suicide related EMS calls.

Data discussion points

- Where sources disagreed, the team chose to trust the patient
- Where the patient is unable or unwilling to speak, the team will take the report of friends, loved ones or witnesses into account
- Excluded chronically ill patients expressing desire to be allowed to die
- Excluded failure to thrive
- Classified cases where means and intent aligned but for intervention as an attempt → For example: A person was talked down off a bridge or a person where a gun was wrestled out of their hands

Challenges

- Large percentage suicide related EMS patient encounters are not given diagnosis codes indicating suicide or suicidal ideation
- Parsing and analysis of the narrative will be necessary to identify suicide related calls
- Distinguishing between suicide attempts and suicidal ideation will pose a significant challenge
- Distinguishing between patients with a recent history of suicide attempts and those in which the call is a response to an attempt
- Majority of suicide attempts are through overdose, may induce correlation between key words indicating overdose and suicide attempts

A random sample from 2020 OR-EMIS ePCR data with oversampling of probable suicide attempts and suicidal ideation cases. Total: 1717; Excluded: 98; Suicide Attempts: 482; Suicidal Ideation Only: 391; and Control: 721. Exclusions were often because the EMS call was canceled or there was no patient contact.

Suicide attempts and suicidal ideation by age: 0-17: 115 (13.5%); 18-24: 138 (16.2%); 25-44: 304 (35.7%); 45-64: 219 (25.7%); 65+: 76 (8.9%); and N/A: 4.

Suicide attempts and suicidal ideation by patient gender: Female: 438; Male: 403; Not Recorded: 4; Unknown: 10; and N/A: 1. As adoption of NEMIS 3.5 progresses there will generally be better information, and specifically there will be information for transgender patients.

Suicide attempts and suicidal ideation by race and ethnicity: American Indian or Alaska Native: 14 (1.6%); Asian: 8 (0.9%); Black or African American: 24 (2.8%); Hispanic or Latinx: 55 (6.4%); Native Hawaiian or Other Pacific Islander: 2 (0.2%); White: 486 (56.8%); Other Race: 14 (1.6%); and Not Recorded: 246 (28.7%).

Note: Able to select more than one category, so the percentages will tally to more than 100%. Calculating population rates will be the next step when completing the final analysis. It is notable that 28.7% of patient records did not have a recorded race or ethnicity.

Suicide attempts by method: Overdose: 331 (69%); Asphyxiation: 29 (6%); Firearm: 16 (3%); and Jumping: 5 (1%).

Committee asked for report on overdose, asphyxiation, and firearm, but the team decided to add jumping from a high place or a bridge. One of the challenges faced while reviewing the patient care narratives was that they contain many similar words making it difficult to distinguish among suicidal ideation, suicidal attempt, or control.

Process

- Inter-rater reliability
- Beginning with discrete variables (codes)
- Parsing the narrative → Feature selection: the process of identifying key words and combinations of key words strongly associated with a category
- Deterministic vs. Probabilistic definitions
- Assessing performance: Sensitivity, Specificity and Receiver Operating Characteristic (ROC) Curve

Areas of future interest

- Look at ideation, plan/no plan, planned methods, note vs. calling people
- Look at unique individuals based on probabilistic match to look at outcomes over time

Revised Timeline

December 2021: Coding completed
January 2022: Inter-rater agreement assessment
January 2022: Present preliminary findings
January-March 2022: Definition development
April 2022: Present candidate metrics and definitions

Discussion & Questions

Matthew Philbrick: Is this mostly EMS records or is this information filtering through hospital records, or cross filtering? **Peter Geissert:** This is all EMS records.

Matthew Philbrick: On the modality slide, were there any other statically significant methods that were not outlined on the slide? **Peter Geissert:** The other one would be self-harm with sharp objects.

7. PEDS-03 Letter to EMS: Next Steps: Chairperson, Peter Geissert

Matthew Philbrick: A co-branded letter was approved by the EMSC Advisory Committee on 10/7/21 and by the State EMS Committee on 10/12/21. On 10/14/21, the letter was sent to the EMS

Operations Officers, EMS Medical Directors, and Pediatric Emergency Care Coordinators for all EMS transport and non-transport agencies and fire departments. The letter was attached to the meeting invite.

Peter Geissert: 3-months post-letter data: What is the impact of sending the letter?

Documentation of Estimated Weight in Kilograms, Oregon 2019 and 2020: in the final 2 months of 2021, following the notification letter to agencies, the PEDS-03 metric did exceed the same time last year and the 90% threshold. It is noted though that this is well within the range of past performance on this metric. Will need to dig into the data to see how it is having an impact on patient care report documentation.

ALL Patients Weight Documentation Change Q3-Q4 2021: Each agency is represented by a barbell on the graph, with the dots connected on each end, and the line representing the amount of change between quarter 3 and quarter 4. This shows that there were some agencies that increased and others that declined. Large jumps in the graph may be due to a very small number of records (small number of patients transported).

All Patients NEMSQA Pediatric-03 drill down: How the agency overall is documenting: small changes in mean and median percentages are not particularly meaningful. The aggregate percentage of documented weight for ALL patients: Q3 mean 50.2% and Q4 mean 48.8%.

Pediatric Patients Weight Documentation Change Q3-Q4 2021: Each agency is represented by a barbell on the graph, with the dots connected on each end, and the line representing the amount of change between quarter 3 and quarter 4. See some change at the agency level but need to determine how meaningful.

Pediatric Patients NEMSQA Pediatric-03 drill down: How the agency overall is documenting: there is a jump in the agency median from 52.3% in Q3 to 67.9% in Q4. The aggregate percentage of documented weight for pediatric patients: Q3 mean 55% and Q4 mean 58%.

Pediatric Weight Documentation Change Q3-Q4 Oregon 2021: Can see possible impact of the notification letter with a modest bending of the curve in the right direction in Q4. Notification letter interventions are generally small and most effective as part of an ongoing project. There are still a lot of agencies to reach and work to be done on this project.

Next Steps, Discussion & Questions

Matthew Philbrick: There was a modest move in the right direction, with some of the low performing agencies that read the letter and produced a positive result. **Peter Geissert:** In terms of drawing conclusions, would like to perform same analysis including Q1 2022 and run a statistical analysis. As the curve moves out towards Y-axis there will be increased documentation. Will have clearer picture tracking over time.

Rachel Ford and Matthew Philbrick have been asked to present on this topic at the January 28, 2022 Oregon EMS Education Consortium meeting.

Letters to individual agencies: **Dr. Carl Eriksson:** Great idea and consider sending every single agency their data and how they compare to other agencies; letting them know where they stand. Send

quarterly to provide confirmation that improvement is recognized or conversely if continuing to struggle it will be an opportunity for them to review and figure out how to measure up to other agencies. **Dr. Christa Schulz:** The letters can be a huge motivator. Wondering if this letter could go out to emergency departments? Seeing a lot of medical errors including weights not documented correctly. Request to share information about documenting weight in kilograms through Pediatric Readiness Program in conjunction with National Pediatric Readiness Project Assessment outreach.

Dr. Carl Eriksson: Present this in a controlled chart to help to understand whether seeing a difference. May be able to do this monthly or even more frequently to assess if moving in the right direction or just bouncing.

Matthew Philbrick: Is there a threshold for the number of transports that an agency needs to have in order to have a statistical difference? Is the agency the target or the EMS Medical Director the target?

Peter Geissert: Tend to be conservative, with a stable percentage is generated by 15 or more. Need to be careful with messaging. Working on publishing agency and hospital-specific dashboards that are benchmarked against state and national metrics. Rachel Ford: It would be easy to put together an email merge and send it to all agencies. The data could help inform training.

Dr. Carl Eriksson: In an ideal world we would be able to send a scorecard to every EMS agency and emergency department in the state that identified key EMSC metrics and how they are doing. Sending at a cadence that reminds them about EMSC and keeps the tension on these issues. If it is done in the right way, it is actually a service to the agencies and emergency departments because it helps them not to have to track it and it would be a springboard for reaching out with specific quality improvement tips. For this metric, would be thinking about what we would build next, sustainability, and gradually grow this to emergency departments. This is a way a forcing the EMSC agenda in a way that hopefully they would find helpful.

Jeffrey Dana: Lean toward giving the information to all. The agencies outside the I-5 corridor need to see the data as well even if they only see one pediatric patient in the year. Would like it to include messaging about collecting full vitals. Would like to see this sent to everyone.

April EMSC Advisory Committee Next Steps Discussion:

- Use the Prehospital Guidelines Consortium's draft Prehospital Evidence-Based Guideline Implementation Toolkit
- Connect with Oregon chapter of National Association of EMS Physicians (NAEMSP) and request time on EMS Medical Directors meeting agenda
- What other steps would the Committee like to pursue?

8. Health Emergency Ready Oregon (HERO) Kids: Tamara Bakewell & Brittany Tagliaferro-Lucas, OCCYSHN

Project Timeline: Phase 1 2019-2020. Phase 2 and Phase 3 2021-2022. Phase 4 2023 and beyond. Currently working on internal testing, education, planning, and development. Target for September 2022 includes: Registry System and Hotline go-live and Registry System accessible by EMS and emergency departments.

HRSA Grant Objectives: Four Workgroups: EMS, emergency departments, families, and community stakeholders with over 20 workgroup members. There have been ten sessions conducted as of 1/20/2022. The outputs include four targeted Frequently Asked Questions documents, one program brochure, four targeted presentations.

Interoperability: Scoping is underway for connections with Emergency Department Information Exchange (EDIE). Using Oregon POLST Registry (OPR) as a model. Path forward includes EDIE Alert & PDF transmittal.

OPR Partnership: OPR & HERO Kids met with OHA EMS and Trauma Systems Program. Have a partnership commitment from OPR that includes a memorandum of understanding currently in draft form. OPR will manage day-to-day operations of the HERO Kids Registry business office which includes data validation, entry, activation, mailings to families, call lines for general questions from families, etc.

Exploring Connections with PSAPs: Outreach to all Oregon PSAPs. Study of types of dispatch systems used. One-on-one interviews with PSAP staff. Findings expected July 2022.

Future Development and Upcoming Presentations

- FY23: Direct access solution for EMS, possible connections with PSAPs and 988, and clinician portal that includes an Electronic Emergency Protocol Letter which is easily recognizable, standardized format, and created and signed electronically by child's primary care provider or specialist. Beta testing the system has begun and is being led by those at the Oregon POLST Registry.
- Presentations: April 2022 EMS Medical Directors Forum and August 2022 EMSC All Grantee Townhall.

Discussion & Questions

Dr. Carl Eriksson: The emergency treatment component of this is incredible valuable and I see this as important project that will save lives. As we move forward for implementation measurement, there is an opportunity for funding. Next steps, how are we doing this the best possible way? How can we communicate this to others to get it replicated in other states? Rachel Ford: The HERO Kids project is funded in part by a HRSA grant. It is not a Targeted Issues grant, but that is something to explore. The goal is to make it so other states may replicate the registry and roll it out in their own state. HERO Kids will be presenting at the EMSC Grantee Town Hall.

Dr. Christa Schultz: What do the following abbreviations mean? POLST (Portable Orders for Life Sustaining Treatment), OPR (Oregon POLST Registry), PSAP (Public Safety Answering Point), EDIE (Emergency Department Information Exchange). EDIE allows cross platform exchange to any electronic health record vendor. EDIE is like a Care Everywhere, but for emergency departments.

Tamara Bakewell: HERO Kids Registry will go live September 2022, with a goal of registering 500 families in fall 2022. Then. There are 162 small school districts, and if we go to the schools, we will meet the quota right away. This is for all kids across the state of Oregon.

9. Pediatric Research: Dr. Matthew Hansen, OHSU

Pediatric Emergency Care Applied Research Network (PECARN) PediDOSE study update: Implementing a study called PediDOSE in Clackamas and Washington counties and the Portland metro area to evaluate a standardized midazolam dosing strategy for children with active seizures. It doses midazolam based on the patients age, using 1.25, 2.55 or 10 milligram dosages are the only dosages

available. It is a simpler dosing strategy that will hopefully get more patients the correct dose as quickly as possible. Currently in the regulatory phase of the project, working on getting Institutional Review Board approval. It will be an exemption from informed consent study. This is important because it is not feasible to get informed consent from parents with a seizing child. Anticipate collecting data for the study in May or June 2022. This is a Step Wedge study: Start collecting data while providing the usual care, then at some point during the study they will switch to the new protocol. Those switches are randomly allocated among the sites during the study. It is the first multi-center pediatric EMS study to come out of PECARN.

10. EMSC Program: Rachel Ford, MPH

Pediatric Readiness Program:

- In October, the team met with the Oregon Emergency Nurses Association to discuss collaborating on future simulation trainings and education opportunities for hospitals.
- The PRP team also hosted the first stakeholder meeting and has been following up on stakeholder requests.
- On November 11th, the PRP hosted an education session, *The New and Nuanced Ways to Evaluate Fever in Infants Aged Less than 60 Days*. There were 32 participants from at least 11 organizations. The video recording and slides are available on the PRP website. Continuing education credits are available up to three months post-session.
- On February 10th at 8:00am, Dr. Horowitz, Associate Medical Director, Oregon-Alaska Poison Center, Oregon Health & Science University will be presenting *Pediatric Toxic Methemoglobinemia: Blue, Bluer & Bluest*.
- The PRP team is still supporting the Weight in Kilograms QI Initiative and had Education Session & Check-in meetings scheduled in October and December. Hospitals may participate through March 31, 2022.
- An exciting new partnership and addition to the PRP offerings are the Oregon Providence Virtual Pediatric Grand Rounds. Each month they provide education on one topic and offer it three different times so there are multiple opportunities to participate. In January, the session is *Creating Sustainable, Healthy Lifestyles* and you can still register for the January 24th and 25th sessions. They also shared archived Providence Grand Rounds and those have been posted on the PRP website. Rachel Ford met with Providence Sacred Heart Children's Hospital in Washington and Randall Children's Hospital about sharing their pediatric grand rounds, and one of the PRP Team members is checking about sharing Doernbecher Children's Hospital Grand Rounds.

Health Resources and Services Administration (HRSA):

- Rachel Ford participated in a series of meetings with EMSC State Partnership Program Managers, HRSA, National EMSC Data Analysis Resource Center, and EMSC Innovation and Improvement Center to request adding questions to future EMS Surveys and National Pediatric Readiness Project assessments that will provide program managers with the names and email addresses of prehospital and hospital Pediatric Emergency Care Coordinators. This would enable Program Managers to make the connections necessary to meet HRSA performance measures. Rachel would like to continue the regular newsletters to prehospital peds coordinators and eventually include non-transport agencies and fire departments and the hospitals as well.
- Rachel submitted the EMSC State Partnership Non-Competing Continuation Progress Report on December 8, 2021. HRSA is adding an additional year of funding to the existing 4-year grant, and Rachel will apply for a new 4-year grant in late 2022.

EMSC Innovation & Improvement Center (EIIC):

- Rachel Ford is participating in the Pediatric Emergency Care Coordinator (PECC) Workforce Development Collaborative which runs through June 2022. So far it consists of general audience Listening Sessions and EMSC Breakout Sessions. Rachel has contacted collaborative participants from Oregon to support their efforts.
- Rachel also participates in the EIIC Knowledge Management Steering Committee and National Pediatric Readiness Quality Initiative and State Partnerships meetings.

National Association of State EMS Officials (NASEMSO): Rachel Ford continues to serve at the NASEMSO Pediatric Emergency Care Council Secretary and West Region Representative. 4th quarter duties included preparation for and participation in the Steering Committee, Officers, Annual, and Full Council Pediatric Emergency Care Council meetings and the November NASEMSO West Region meeting. Rachel is also a member of the Pediatric Emergency Care Council Welcome Packet Workgroup and is responsible for several project deliverables.

National EMSC Data Analysis Resource Center (NEDARC): Preparation was completed for the 2022 EMS Survey, which included updating contact information for all Oregon transport and non-transport EMS agencies and fire departments and revising communication templates that will be used throughout the survey period. The 2022 EMS Survey was launched on January 5th and will close on March 31st. Currently the response rate is just under 23% (47 of the 323 agencies have completed the survey). Rachel Ford also provided a letter of support to NEDARC, written from the EMSC State Partnership Program Manager and NEDARC Board member perspective.

Rule Revisions: In October, after months of preparation, OHA EMS presented rule revisions to the State EMS Committee that was followed by an EMS Rulemaking Hearing. The revised rules have been adopted and posted. Revisions included:

- Updates to essential equipment for basic life support and advanced life support for ground, specialty and air ambulance vehicles based on the joint statement issued by the National Association of EMS Physicians along with the American Academy of Pediatrics, American College of Surgeons Committee on Trauma, EMS for Children Innovation and Improvement Center, Emergency Nurses Association, National Association of State EMS Officials, and National Association of Emergency Medical Technicians.
- A new definition for "Neonate to adult" which means appropriately sized equipment to fit neonate, infant, pediatric, and adult patients.

Family-to-Family Health Information Center Letter of Support: Rachel Ford wrote a letter of support for the Family-to-Family Health Information Center's grant application. The Oregon EMSC Program will continue to collaborate with Tamara Bakewell and the Family-to-Family Health Information Center.

State Child Fatality Review Team County Outreach: Rachel Ford has been asked to connect with Benton, Lincoln, and Linn counties at least twice year. This is an effort to support their review and documentation of child deaths.

11. AmeriCorps VISTA Member Project: Ammara Molvi, OHA EMS and Trauma Systems

Collaborative Pilot Project with Lake County: Improve access and sustainability of rural EMS agencies in Lake County by assessing needs and working to build and share resources. Collaborating with Lake County EMS agencies will help inform other rural agencies as well.

Project Overview: Ammara Molvi emailed EMS agencies and county partners to request participation and to assess interest. Ammara sent surveys and is currently analyzing results to see what is going well and areas for improvement. Ammara will setup a community meeting to review survey findings and discuss ways to address potential needs.

Preliminary Results: Identified needs include funding, recruitment, and retention. Also found room for improvement in collaboration between county partners and EMS.

EMS Resource Toolkit: Used to be called the EMS Resource Guide. It was renamed and more resources have been added. Access EMS Resource Toolkit in two ways: 1) Google *EMS Resource Toolkit*; and 2) Go to the OHA EMS and Trauma Systems homepage and it is listed under Resources.

The purpose of the toolkit is to create a one-stop website that has anything and everything that could be helpful to EMS agencies and fire departments. Categories of information include: Billing and Finances, Community Paramedicine/Mobile Integrated Health, COVID-19, Equipment, Funding, Initial and Continuing Education, Mental Health, Patient Care Guidelines, Policies and Procedures, Recruitment and Staffing, and Telemedicine. Please contact OHA EMS if there are additional resources that should be considered for the toolkit.

12. EMS Modernization: Dr. Dana Selover

Legislative 2021: Tracking 4 bills

- HB 2359: Health Care Interpreters. This should not impede emergency care.
- HB 3159: Race, Ethnicity, Language, Disability and Sexual Orientation Gender and Identity (SOGI) and Data collection.
- Senior EMS Innovation Program, administered by the Oregon Department of Human Services (ODHS), has been delayed by the pandemic.
- Behavior Health Crisis Intervention or Mobile Crisis Units (988) and Crisis Stabilization Centers.

Legislative 2022: Tracking legislative concepts

- Traumatic brain injury services - ODHS directed bill.
- Stroke - ODHS being required to provide or make available certain traumatic brain injury services.
- Public Health Response to COVID - study, recommendation, and enforcement bill.

Legislative 2023: EMS Modernization

This looks very similar and includes time-sensitive emergencies and regionalization in the form of area trauma advisory boards and the care that will be provided. Content will be similar, but the conversations will be quite different. Through the pandemic have recognized the impact on health equity. There is also EMS Mobilization. Still planning to have some conversations and hopefully a workgroup to get that ready. We have to engage differently this time around with the community. Those of you that are really interested in this, we will be in touch, but it is still in the planning stages. The deadline for that is to have something in April 2022. There is more to come and will have more to

share in April about what will be put forward. Interested in questions about how it effects EMSC and rural impact.

Discussion & Questions

Tamara Bakewell: 988 is very important to families. Can you bring 988 information to our Committee at a future meeting? Dana Selover: Yes, we will bring someone who can cover that information.

Jaybee Bryant Sr.: I am a student, and I loved the presentation. Can you add information on the bills to be able to reference them? Matt Philbrick: Yes.

13. State EMS and Trauma Systems Program: Elizabeth Heckathorn

There are a few recruitments for the program that are currently in progress, and all remaining program updates can be found in the 2021 Q4 EMS TS Quarter Report.

14. Committee Member Roundtable: Committee

Tamara Bakewell: Reminder that 988 is very important to families.

Jackie DeSilva: Jefferson EMS Conference has been canceled this year.

Dr. Carl Eriksson: As the Pediatric Emergency Preparedness representative, one positive to come out of the COVID surges is that there is closer collaboration between the hospitals, health systems, and OHA than has been seen in the past. Hope we find ways to capitalize on this and keep the relationship moving forward in the coming years.

Matthew Philbrick: There is a significant deployment from FEMA on the east coast. Building up national resources. Anything published can be viewed at www.globalmedicalresponse.com.

15. Public Comments: Public

Jaybee Bryant Sr.: Eyes opened to all that is going on and that was not aware of.

16. Meeting Adjourned: 11:50 a.m.

NEXT MEETING:

April 07, 2022

9:00 a.m. – 12:00 p.m.

Location: Zoom