

Minutes

Oregon Emergency Medical Services for Children Advisory Committee Meeting

Thursday, April 9, 2020, 9:06 a.m. – 10:18 a.m.

Virtual Meeting

Teleconference line: 1-877-336-1831 Participant Code: 640551

Please join the meeting from your computer, tablet or smartphone:

<https://global.gotomeeting.com/join/266963293>



Committee Member Phone Attendance: Tamara Bakewell, Andrea Bell, Jacqueline DeSilva, Dr. Brent Heimuller, Matthew House, Kelly Kapri, Erik Kola, Todd Luther, Marisa Marquez, Danielle Meyer, Matthew Philbrick, Dr. Justin Sales, Dr. Christa Schulz, Troy Thom

EMS & Trauma Systems Staff: Robbie Edwards, Rachel Ford, Elizabeth Heckathorn, Julie Miller

Absent: Dr. Carl Eriksson, Dr. David Lehrfeld, Dr. Dana Selover, Anna Stiefvater

Public/Guest: Angela Graves

Meeting called to order: 9:06 a.m. by Rachel Ford as Committee Chair Matthew Philbrick was having technical difficulties

Discussion and Conclusion of Each Agenda Item:

1. Confirmed Attendance (phone) and Introductions: Rachel Ford

Attendees introduced themselves for the new committee members

2. Review and Approve January 16, 2020 Minutes: Committee

Minutes were reviewed. No changes noted.

Jacqueline DeSilva motioned to accept minutes and Todd Luther seconded. None opposed. Motion passed.

3. Committee Membership Update: Chair

- Dr. Moore is stepping down. He brought on Dr. Brent Heimuller. Dr Moore will be at the next meeting to say his farewells. At the next meeting we will recognize and thank Dr. Robert Moore for his 10 years of service and contributions to the Oregon Emergency Medical Services for Children Advisory Committee.
- New Committee members:
 - Dr. Brent Heimuller has been a Pediatrician in McMinnville for 24 years and works in behavioral medicine. Four-year term: 3/1/2020-2/29/2024
 - Andrea Bell has been a NICU Pediatric Nurse for 20 years and is a nurse manager at Salem Hospital and Child Abuse Representative for the county. Four-year term: 3/1/2020-2/29/2024
- Current vacancy: EMS Training Director or EMS Educator

- All applications will be considered, but in order to have representation from across the state we would like to recruit individuals who live and/or work in the following counties: Morrow, Umatilla, Union, Wallowa, Baker, Malheur, Hood River, Wasco, Sherman and Gilliam.

4. EMSC Program Update: Rachel Ford

- **Pediatric Readiness Quality Collaborative:** 89% of participating hospitals have entered baseline data. 67% have entered baseline and cycle 1 data. 34% have entered baseline, cycle 1 and cycle 2 data. Other activities include: Monthly meetings and education sessions; EMSC managers' monthly meetings; EMSC Innovation & Improvement Center (EIIC) Learning Sessions and Oregon team presentations; PRQC Advisory Council member - State Partnership Manager. Completed 7 of 9 hospital site visits, 6 in-person and 1 phone, and will attempt to schedule last two site visits. The EIIC project has been extended through June 30, 2020. Pediatric Readiness Program (Oregon and SW Washington) Support Team meeting to draft program documents: 2-page summary, calendar, logo.
 - **Angela Graves:** Providence teams, 7 out of the 8 sites completed. Teams are inputting the last bit of data. Looking forward to putting a pin in this collaborative and see what happens from here.
- **EMSC Grant Administration:** Federal Financial Report submitted, with no carryover request necessary. EMSC 02 and EMSC 03 performance measure survey administered January - March 2020. Response rate 70.5%, with over 20% achieved in last 2 weeks of March by calling almost 200 agencies. Added request for Pediatric Emergency Care Coordinator information into EMS agency renewal applications.
- **Oregon Family-to-Family Health Information Center:** "Planning for a Trip to the Emergency Room" toolkit was presented at Safe & Secure Symposium; updates to the toolkit completed. Preliminary meetings to discuss the development of a Health Emergency Ready Oregon (HERO) Kids! voluntary registry – next steps include developing a business plan.
- **Oregon Department of Transportation (ODOT) Grant:** Worked with Kelly Kapri from ODOT and we received a \$22,000 grant that will provide pediatric restraint systems to Oregon rural and frontier ground transport EMS agencies.
 - Discovered during agency inspections that there were missing pediatric restraint systems and most often due to cost of purchasing equipment.
 - **Question: Troy Thom:** Who do we contact to apply for this grant? **Rachel Ford:** There will be an application process that will be sent out to rural and frontier ground transport EMS agencies end of April/first part of May 2020.
- **Health Security, Preparedness and Response (HSPR):** Western Region Alliance for Pediatric Emergency Management - member of the EMSC/Pediatric Readiness and Mental Health workgroups. Emergency Support Function 8 (ESF8) Disproportionately Affected Populations Planning Toolkit - member of Children's subcommittee. Provided HSPR with an updated Letter of Support and HSPR/EMSC workplan. Have requested specific details be added regarding EMSC participation in HSPR activities and exercises, and that they include EMSC early in the planning process.
- **July 2020 Committee Meeting:** To support the Committee in the selection of an injury prevention project/effort, we will have some presentations at the July Committee meeting.

- Shelly Campbell with Trauma Nurses Talk Tough, exact time TBD (30 minutes)
- Lucie Drum with Safe Kids, 10:25am (30 minutes)
- Providence Play Smart is unfortunately unavailable
- OHA Suicide Prevention program, speakers and exact time TBD
- **Pediatric Data Report:** EMSC and the EMS Data team will meet April 27th to discuss the report and prepare for presenting at the July EMSC Advisory Committee meeting.
 - **Questions: Matthew Philbrick:** What type of data, fields and platforms do you anticipate? What is the target of the presentation? **Rachel Ford:** We reviewed other state reports and pulled ideas that were relevant for Oregon. Data fields include: disproportionate primary impressions, disproportionate mechanisms of injury, rate per 1000 of pediatric ambulance runs by county, volume of pediatric ambulance runs by time of day and day of the week, rate per 1000 of pediatric ambulance runs by age and gender, transport method by Area Trauma Advisory Board (ATAB), pediatric patient incident population to patient ratio, etc. At the July meeting, we will share a draft and will want feedback from Committee.

5. State EMS and Trauma Systems Program Update: Elizabeth Heckathorn

- Expressed appreciation for Committee members calling into the virtual meeting, for all of those working on the front lines and to Rachel and Julie for supporting the meeting.
- Office staffing updates: Saying goodbye to VISTA Robbie Edwards. Robbie moved the VISTA program forward and we applaud his work.
 - Year 3 VISTA Prachi Patel will be starting May 11, 2020.
 - PA2: John Crabtree will start April 13th. John has been a finance chief with HSPR. He will be the EMS and Trauma Data Systems Data Coordinator. John will round out the data team.
 - AS2: This is a 17-month limited duration EMS Data Quality Specialist position focused on data deduplication. Posting closed 4/8/20 and there are 51 applicants. Fast tracking interviews and hopefully get the new hire onboarded as quickly as we can.
 - CS3: Working on posting Compliance Specialist 3 position focused on EMS provider, agency and complaint investigations, assisting with agency and vehicle surveys, and answering ethics questions. Would like to post in 1-2 weeks.
 - RA4: This position was posted on 4/8/20. The EMS & Trauma Informatics Specialist will be part of our data team. This is a permanent position and we are hoping to fast track the hiring for this as well.
 - AS1: Working to get the Administrative Specialist 1 position approved and finalized.
- Renewal for Emergency Medical Responder (EMR) Providers, Services and Vehicles is open. Questions are coming in about extensions. Currently not planning on extending or changing the requirements. We expect approximately 2000 EMR applicants.
- Most EMS and Trauma staff are currently teleworking.
- Office response to COVID-19:
 - **Emergency Provisional License:** This went into effect on 4/6/20. It allows for out-of-state EMS providers to obtain a temporary license to work in Oregon during the COVID-19 emergency. This also applies to new EMS student/graduates that are unable to take their psychomotor exam but have taken and passed their cognitive exam through

National Registry (NREMT). After these students get their NREMT Provisional Certification, they can apply for the Oregon Emergency Provisional License. After the emergency and once they pass their psychomotor exam, the Emergency Provisional License can be converted to a full license.

- **Oregon Medical Board:** Expanded and issued a temporary emergency rule, to allow for the expansion of EMS scope of practice during the COVID-19 declared emergency. The temporary rule only allows flexibility under supervising physicians' standing orders, and within protocol(s) established by the State of Oregon Medical Director.
- Sending out weekly update email blast to EMS providers with the most recent guidance and resource documents.
- Conducting a Virtual EMS Conference: 3 of the 4 Oregon EMS Conferences have canceled. Decided to partner with the conferences and provide a virtual EMS Conference. This has gone international! Conferences scheduled for April 10-11 and 24-25. Free registration of 500 per webinar.
- EMS Program is accepting nominations for the Oregon EMS Awards.
- **Questions:**
 - **Dr. Christa Schulz:** Can you comment on the state of EMS agencies in terms of COVID and their PPE and equipment availability? Or does this vary from agency to agency?
Elizabeth Heckathorn: It is varying from agency to agency, as it does with our hospitals. There is a shortage of PPE and we have put guidance on the website and in weekly email blasts for EMS providers. A question was asked about using rain suits. We are looking into this. Agencies have seen a decrease in the number of calls, 30 % less than normal. We do expect a surge within the next week or week and a half.
 - **Tamara Bakewell:** Some are working with pediatrics and with schools being out, there may be more injuries at home. Do you have any evidence of that?
Elizabeth Heckathorn: Have not been tracking this or seen any evidence of this. Heard a radio news report that it is suspected of to be the case, but we have not seen any data or documentation.
Dr. Justin Sales: Pediatric emergency care is seeing a reduced number of visits. Most of us are down 30% as well. Not seeing a rise, but a decrease. Domestic violence, rape and child abuse has gone up. **Andrea Bell:** Calls to DHS in Marion County are down 70%, and 50+% decline for referrals to Liberty House (Child Abuse Center).
 - **Dr. Brent Heimuller:** PPE Question: Part of a clinic who is also short with usual PPE. Belong to a couple of 3-D printing groups and they have been 3-D printing masks and sewing cloth masks. Are there any guidelines on the fabric masks?
Elizabeth Heckathorn: There has been a lot of discussion on this, but we are not providing any direction or guidelines. Direct to the COVID-19 website and CDC for information. We cannot comment if this is approved or not approved.
 - **Matthew Philbrick:** Rachel send some links for state resources in the chat box and email too.
- **ACTION:** Rachel Ford will provide link to COVID-19 website and CDC.

6. AmeriCorps VISTA Member Project Update: Robbie Edwards

- This is his last week as the OHA EMS and Trauma Systems VISTA.

- Presenting a 2nd round of survey data: Began with 2018 VISTA project and licensing cycle. Added another round of data from the 2019 licensing cycle. Unfortunately, 2019 cannot be compared to 2018 survey data due to question changes. 100% response rate because agencies had to fill it out to get relicensed. OHA EMS & Trauma Systems office wanted to look at the survey results to see what trends emerged. We received about 130 responses, but I restricted it to the agencies in the larger VISTA project because we have better data on them and removed the atypical agencies. What is left are 119 licensed ground transportation EMS agencies.
- Wanted to see if the survey results followed an urban/rural divide: We used RUCA (Rural Urban Commuting Area) codes to classify agencies, a census designation. This definition is not intuitive, but accounts for population as well as economic integration.
 - City: 50,000 or more people and economic dependencies, n = 38.
 - Large Town: 10,000 – 50,000 people and economic dependencies, n = 33.
 - Small Town: 2,500 – 10,000 people and economic dependencies, n = 12.
 - Rural: less than 2,500, not integrated with an urban center, n = 36.
- Initial focus to identify the largest areas where services are struggling: Wanted to see if rural agencies were more likely to identify certain problem areas over others, or more problems in general. A higher percentage of rural and small-town agencies identified one or more areas of need than other groups. 64% of rural agencies identified one or more needs, compared with just 26% of urban agencies. The most commonly reported problems among rural agencies are the same as those most common in the survey overall: equipment, recruitment and continuing education.
- There were much fewer rural agencies reporting that they have Quality Assurance Performance Improvement (QAPI) in place. 95% of urban agencies reported having formal QAPI programs, compared with 58% of rural agencies.
- Asked agencies how often they respond to requests for mutual aid: City (42.1%) and Large Town (33.3%) Agencies tend to give mutual aid on a much more frequent basis. 16.6% of Rural agencies weekly or more. Urban agencies are much closer together, often responding in one another's service as call volumes increase or decrease
- Asked agencies how often they participate in ASA planning: Urban agencies are more concerned with Ambulance Service Area (ASA) planning than other groups. Urban agencies tend to participate on a much more frequent basis, with 87% participating quarterly or monthly. In contrast, 31% of rural agencies report participating in planning on a quarterly or monthly basis and 25% report never participating at all.
- Other questions asked:
 - Call Volumes? Different between groups, since our definition of rural was population based.
 - Does service struggle to respond to calls?
 - Primary source of funding? As expected, perception of funding does not seem to have anything to do with revenue. Agencies with multimillion-dollar subsidies report deep dissatisfaction and agencies with four volunteers report complete contentment. Perception of funding is likely more related to what the agency would like to accomplish.

- What MCI triage product do you use? The MCI triage product did not vary significantly with 110 agencies using START, 3 using SALT, 3 using FTS, 1 using ABC and 2 agencies gave nonsensical answers (“county mandated” and “MCI plan ATAB 6”).
- Problems: As in 2018, it is not clear who filled out the 2019 survey for each agency, so there is no guarantee of expert knowledge. A few responses revealed that some agencies were not thoughtful about their answers to the survey, which likely means problems went underreported to some degree.

Small Town was a smaller group than the rest, n = 12. The difference between Small Town and other groups are not statistically significant.
- Conclusion: Rural agencies are more likely to report needing support, less likely to have formal QAPI and less likely to participate in ASA planning.
- Next Steps: The Year 3 VISTA will work on EMS sustainability and pilot project to engage local decision-makers.
- **Comment:**
 - **Matthew Philbrick:** Thank you for all your time and commitment to the project.

7. Committee Member Roundtable

- **Tamara Bakewell:** Through her agency, they are trying to collect information for families around emergent shortages of items: medical equipment, medical food and medical prescriptions. If anyone hears of where to get these items, please email Tamara or Rachel. Actively collecting info for April. There does not seem to be a short supply for March, but do not know what April will bring.
- **Dr. Brent Heimuller:** In general, patients are having difficulty getting liquid Tylenol.
- **Matt Philbrick:** Expressed appreciation for the movement behind the scenes, to Rachel Ford, the Committee and those who support EMSC.

8. Public Comments

No public comments.

9. Meeting Adjourned 10:18 a.m.

NEXT MEETING:

July 9, 2020

9:00 a.m. - 12:00 p.m.

Virtual