

## Oregon Emergency Medical Services for Children Advisory Committee Meeting Minutes

2023 Quarter 4 | October 12, 2023

In-Person Meeting

Chairperson Matthew Philbrick

Vice Chairperson Christa Schulz, MD



Appointed Committee Member		
Committee Member Name	Committee Position	Present, Absent or Vacant
Tamara Bakewell	Family representative	Present
Andrea Bell	Nurse with pediatric experience	Present
Dr. SunHee Chung	Physician with pediatric training	Absent w/ Notice
Jeffrey Dana	At-large member	Present
Carl Eriksson, MD	Pediatric Emergency Preparedness representative	Present
Jennifer Eskridge	Injury Prevention representative	Present
Matthew House	EMT/Paramedic currently practicing, ground level provider	Present
Kelly Kapri	Highway Traffic Safety representative	Present
Joann Lundberg	Behavioral Health representative	Absent w/ Notice
Todd Luther	Emergency Department Manager	Present
Danielle Meyer	Hospital Association representative	Absent w/ Notice
Matthew Philbrick	EMS Patient Transport representative	Present
Dana Pursley-Haner	EMS Educator	Present
Justin Sales, MD	Emergency Physician	Absent
Christa Schulz, MD	Pediatric Hospitalist	Present
Jill Shipley	Hospital Trauma Coordinator	Present
Vacant	Tribal EMS Representative	Vacant

HRSA EMSC Grant Required Committee Members		
Committee Member Name	Committee Position	Present, Absent or Vacant
Amani Atallah	OHA EMS Representative - Secondary	Present
Rachel Ford, MPH	Oregon EMSC Program Manager	Present
Dr. David Lehrfeld	OHA EMS Representative - Primary	Absent
Dr. Dana Selover	HRSA EMSC Grant Point of Contact	Present
Oregon Health Authority EMS & Trauma Systems Program Staff		
Peter Geissert, Julie Miller, Andey Nunes		

<b>Guest Speakers and Members of the Public</b>
Frank Ehrmantraut (Polk County Fire District No. 1), Luke Glowasky (Oregon Health Authority), Dr. Matt Hansen (Oregon Health & Science University), Val Haynes (Health and Safety Consultant for Head Start and Early Head Start of Lane County), Dr. Daniel Hull (Adult/Peds emergency medicine), Dr. Trang Huynh (Oregon Health & Science University), Bonnie Overcash (Sky Lakes Medical Center), Susan Steen (Doernbecher Children's Hospital), Brittany Tagliaferro-Lucas (Oregon Center for Children and Youth with Special Health Needs)

<b>Call to Order   Matthew Philbrick, Chairperson</b>
Start Time: 9:05am Committee Roll Call

<b>Approve July 2023 Minutes   Chairperson</b>
July 2023 Minutes were reviewed. No changes noted. Motion to approve minutes as written: Todd Luther. Second: Matthew House. None opposed. Motion carried.

<b>Committee Membership   Chairperson</b>
Tribal EMS Representative: There have been no applications or interest in this position in the last quarter. To apply for Committee position: <a href="#">LINK</a>

<b>Committee Member Roundtable   Committee</b>
Share updates related to Committee position; pediatric emergency medical, trauma, injury prevention, behavioral health, and/or family centered.  <b>Matthew Philbrick:</b> Some EMS agencies, including GMR, have a longstanding push to complete car seat checks.  <b>Tamara Bakewell:</b> Recently updated the 2018 Planning for Health Emergencies Toolkit. Special health needs have a big interest in getting disaster ready. <b>ACTION:</b> Tamara will send out via email with more information.  <b>Andrea Bell:</b> Salem Health does a lot of programs for safe sleep and car seats. Salem Health has a safe sleep program that gives out Pack n' Plays to patients who need them, along with good instructions from birth until patient discharge and for any pediatric stay. Salem Health has a program that provides Evenflo LiteMax and SafeMax car seats for premature babies, as well as car seat checks. Salem health is prepping for the RSV surge and seeing a lot of patients with COVID and flu. They are increasing staffing to cover the need. Also working to provide RSV vaccine administration to newborns to help in the protection against RSV.  <b>Carl Eriksson:</b> Rachel Ford and Carl are working with a group of hospitals around the state to review elements from last year's surge response, the ongoing effort, and to prepare for upcoming year. Will have several meetings to share experiences and preparation plans. <b>Rachel Ford:</b> Met with the group of

hospitals on September 19, 2023, and they were extremely generous with sharing their resources and they also identified what support they need. This has been a good step towards getting ready for the upcoming season.

**Jennifer Eskridge:** Some injury prevention partners are asking for car seats and car seat checks during late summer/early fall. Some are booked out several weeks for car seat checks. Partners at Doernbecher have seen a huge request for special needs seats. This summer there were numerous community events and education opportunities, with double the number of events since 2019. People are eager to get together and learn updated information. November 19, 2023 is National Injury Prevention Day and there are several events planned. Medicine related poisonings are a top concern right now for young children. October 28, 2023 is National Prescription Drug Take Back Day. There are events going on all over the state to take back medicines, including one at OHSU.

**Matt House:** Networking with ATAB 3 and providing EMSC Advisory Committee updates to that region and at the EMS Section of Fire Chiefs meeting. As Matt transitions out of this position, would like to see similar representation for the new committee member.

**Todd Luther:** Had Costco Kids Day in July and the feedback was amazing. Emergency Nurses Association (ENA) Conference was in Bend and a significant part of the conference focused on pediatrics. The ENA team continues to focus on support and funding for rural communities.

**Christa Schulz:** Continue monthly meetings to update the Pediatric Hospitalist Group and Outpatient Pediatric Chairs about what is done in this Committee. They are mostly interested in HERO Kids updates. Attend, as a public member, the ATAB 7 meetings to find out what is happening in that area and to give updates for what is going on in this Committee. Trying to prepare for potential pediatric surge. Already seeing high numbers of admits in hospital unit and boarding kids in the emergency department. There is a new Benadryl TikTok challenge, and St. Charles is seeing an overwhelming amount of Benadryl overdoses and a high number of suicide ideation patients in the emergency department. Ramping up RSV preparation and education. **Todd Luther:** What is the age of the Benadryl overdoses? **Christa:** 12-17 years. Seeing agitation and hallucinations. Sedate until it runs its course. In general, as a community hospital, getting less consultative support. Seeing the kids take such a high amount of Benadryl and are having to go on a sedative drip so they do not hurt people.

**ACTION:** Jennifer Eskridge available to discuss offline about public messaging for families.

**ACTION:** Carl Eriksson available to discuss offline about what we can do. Concerned about sending kids to Portland. It would be great to be able to keep kids in their community. Happy to reach out to colleagues to see what we can do to support.

**Jill Shipley:** Upcoming data platform change will be delayed. The State data person is in transition, and a new contact is in the works. Have seen an increased ask for Stop the Bleed education and more schools are asking for us to come in and present. Stop the Bleed has created a curriculum for younger ages 5-11 that Jill is excited about. It has been implemented in both California and Colorado and it is doing very well. Legacy is offering an EMS Trauma Symposium November 7-8, 2023.

## Health Emergency Ready Oregon (HERO) Kids Registry | Brittany Tagliaferro-Lucas, OCCYSHN

### Children and Young Adults Registered:

- 150 registrants, with 18 registrations that include an emergency protocol letter
- Registrants in 21 of 36 counties: 2 of 21 are Frontier, 19 of 21 are Rural, and includes all Urban Centers

### Oregon Registries for EMS (OREMS) App:

- Direct access to the Oregon POLST Registry and HERO Kids Registry
- Providers do not need to call the hotline when using the app
- As of 8/31/23: **63** agencies have signed up across 23 counties
- OREMS App is in use in 23 of 36 counties: 2 of 23 are Frontier, 21 of 23 are Rural, and includes all Urban Centers
- Questions about app, Abby Dotson, [dotsoab@ohsu.edu](mailto:dotsoab@ohsu.edu)

### Social Media Campaign:

- Timeframe: October 2022-August 2023
- Platforms used: Facebook and Instagram
- Geographic targeting: Oregon
- Age: 18-65+
- Interest group 1: Families
- Interest group 2: Professionals
- Impressions (views): 790,490
- **New** marketing videos available:
  - [Everyday emergency](#)
  - [Behavioral health](#)
  - [Disaster preparedness](#)

### New Marketing Videos

- [Everyday emergency](#)
- [Behavioral health](#)
- [Disaster preparedness](#)



### Presentations and Conferences through August 31, 2023:

19 emergency departments/emergency medical services; 40 family and youth; 37 primary care and other stakeholders

HERO Kids was awarded the Association of Maternal & Child Health Programs Innovation Hub Emerging Practice, [https://amchp.org/database\\_entry/health-emergency-ready-oregon-hero-kids-registry/](https://amchp.org/database_entry/health-emergency-ready-oregon-hero-kids-registry/).

HERO Kids collaborated with the Pediatric Pandemic Network to create three marketing videos. Future work will include primary and specialty care provider outreach and a national workgroup.

Other states are interested in learning more and potentially developing their own HERO Kids program. Providing consultation as requested, and most recently to South Dakota and Wyoming.

Development projects planned for FY24 includes and electronic Emergency Protocol Form. A draft form has been developed and a workgroup will begin this fall. Other HERO Kids system improvements will be based on user feedback.

### Continued Asks for the Committee include:

- sharing HERO Kids information,

- volunteering to present HERO Kids information to your organization, network, or at outreach events with provided slides, scripts, and materials,
- encouraging families to complete registration as part of their emergency preparedness plan,
- including a link in newsletters, websites, social media, or other communications, and
- providing specific recommendations about how to improve awareness among emergency medical providers, families, and youth, sharing what you are hearing about HERO Kids, and sharing short-term and long-term ideas and recommendations.

#### Comments/Questions:

- **Christa Schulz:** How does it work when a family calls? **Brittany:** If a family is calling 9-1-1, they can let them know that the child or young adult is registered in the HERO Kids Registry. Public Safety Answering Points and 9-1-1 operators have received education about relaying the information to EMS providers. EMS does not need to know that a child is registered. EMS can use demographic information to locate them in the system. Name and DOB is enough. After EMS arrives on the scene, they may see a HERO Kids registration form on the refrigerator, or HERO backpack tag or sticker that will alert them to call the hotline or access information through the OREMS app.
- **Rachel Ford:** The HERO Kids team presented at the Austin EMSC Grantee Meeting and received the most questions during any presentation.
- **Brittany:** HERO Kids received the Association of Maternal & Child Health Programs Emerging Practice designation and are included in the Innovation Hub. This is a great resource available across the county to anyone who is interested in doing a similar project.
- **Peter Geissert:** Can you do a search on address? **Brittany:** Yes.
- **Christa Schulz:** In the EMS world, is this normal to do a search for POLST? **Matt House:** Usually, it is on-scene notification. **Rachel Ford:** The beauty of the OREMS app, is now EMS providers have a couple ways to get information. **Brittany:** The OREMS app is for both systems. Agencies may not be familiar with HERO Kids, but when they log into the app for POLST, they will see also HERO Kids.
- **Tamara Bakewell:** Most families have 3 main questions: 1) Is this available outside of Oregon?; 2) What happens after age 26 and why does this not impact all people with special needs?; and 3) If we do this registration, how do we know that EMS will use it? We are urging families to let EMS know about the registry.
- **Matt Philbrick:** Sounds like needing to change the behavior. Do we build into the clinical side? What are the ongoing or persistent challenges? Do we build the practice into the training? **Rachel Ford:** HERO Kids received a request from Oregon Institute of Technology (OIT) to submit a one-page sheet on HERO Kids, how it works, and how providers access it. OIT developed the [Oregon EMS Psychomotor Skills Lab Manual](#). It is an open source for others to use and will be shared broadly.
- **Matt Philbrick:** From the parent perspective, has there been complaints or concerns from families? **Tamara Bakewell:** Not so far. Tamara expected more questions. The usual response from families is, "Thank goodness! This is a great idea." **Christa Schulz:** The complex families want everyone to know what is needed for their child.
- **Jill Shipley:** What is the protection for the patient? Is it protected data? **Rachel Ford:** Yes, the information is protected. The HERO Kids team worked with families to refine the information available to providers.
- **Jennifer Eskridge:** Are you still looking for events to go to? Do you want referrals? On the presentation slides, have some premade for partners. Can we use these? **Brittany:** Yes, the slide deck is available and please continue to share event recommendations. There are only three of us on the HERO Kids team, so we need to prioritize and depend on community education partners to help spread the word about HERO Kids.
- **Carl Eriksson:** Do we have a sense of what the critical mass of kids entered would need to be for reliable EMS use? Signal-to-noise ratio is also important. It feels like targeting specific groups that care for high-risk kids and families may be helpful; ideally, they will partner with families to get kids



registered. Are high-risk patients (close partnership with families) a good target group? **Brittany:** The HERO Kids team totally agree with this. Need to step up info with specialty care education.

- **Jeffrey Dana:** I notice that the 2 slides that were presented at the start: The "where kids are the signed-up" and the "where are the agencies that have the app" slides do not match up. Is there a way that we could send a nudge to county EMS or Physician Advisors? Specifically in the Rural and Frontier areas. Maybe just an email with a link to the program. **Rachel Ford:** Yes, the HERO Kids information can be shared with EMS Medical Directors/Physician Advisors.
- **Val Haynes:** I work with a lot of children with special medical and behavioral health needs that are also in DHS/CPS custody. When a child is placed with a resource family in DHS, is it legally possible to use the HERO Kids registry? Are DHS/CPS caseworkers part of the outreach? **Tamara:** Was just at an event and met a coordinator with Head Start asking if she could get this to the coordinators. Recourse parents cannot use the HERO Kids registry as they are not the legal guardian. When a child returns to their biological parent, that is when HERO Kids would like a stronger connection with DHS to get this information to the parents.
- **Frank Ehrmantraut:** One of the barriers of EMS is having to go in and create an account for each of EMS provider. As the registry develops, hoping it will be possible for EMS professionals to self-register. Then administrators could go in and verify that the EMS provider(s) belongs to their agency and should have access to that information. This would decrease administrative burden. **Brittany:** Thank you for this information. Will take this back to the OREMS app technical team.

**ACTION:** Rachel to send Frank Ehrmantraut HERO Kids slide deck.

**ACTION:** Rachel to send HERO Kids information to EMS Medical Directors.

**ACTION:** Brittany to share feedback on enrolling providers into OREMS app.

### **Pediatric Research | Dr. Matthew Hansen, OHSU**

Three updates from the PECARN Research Network:

1. **Pedi-dose:** Studying an age-based dosage of Midazolam treatment by EMS. There are approximately 60 patients in the study from the Portland metro area. The study is continuing for another 2 years before there will be any results.
2. **T-REX:** Studying asthma treatment in children treated in the EMS system with life-threatening asthma. This is a pilot study and will start enrollment in January 2024.
3. **Julie Leonard,** Nationwide Children's in Columbia, OH is about to start publishing a lot of papers on cervical spine clearance based on a multi-year study of prehospital and hospital data. She will have a rule set focused on ED and a rule set focused on EMS.

Dr. Hansen is leading a multi-year study on Pediatric Prehospital Readiness. In 2024, HRSA will be doing a Prehospital Pediatric Readiness Project assessment that is like previous assessments of hospital emergency department pediatric readiness. Dr. Hansen's study is evaluating whether the pediatric readiness scores relate to improved care and outcomes.

Dr. Hansen and Trang Huynh are collaborating with Dr. Eriksson and others on investigating prehospital care on births. We found through previous research and clinical experience that births are particularly challenging for EMS providers because not often a lot of training. The training available is focused on the delivery room environment and does not translate well to EMS. We are seeing babies born in the field or at home that come into the emergency department very cold and their care is following more of a Pediatric Advanced Life Support pathway for a child instead of for a birth. Over the last several years we created a curriculum for EMS providers focused on how to treat newborn babies in the field. The free, online curriculum is ready for dissemination. It takes 40 minutes to 1 hour to complete. Thought it would be interesting to discuss with the group potential ways to share this. It is appropriate for BLS and ALS providers. There is a little bit of information at the end on medications, but is 90% of the content is appropriate for BLS.

### Comments/Questions:

- **Matt Philbrick:** Sounds like this curriculum would be great to share with partners in EMS. Is there an access point online? Is it easy to share? **Dr. Hansen:** We have a video posted on an OHSU learning management system. **Trang Huynh:** It is going to be on ECHO 360. **Dr. Hansen:** Should have a sharable link within a week.
- **Trang Huynh:** We would like to get some rural and urban EMS to test the curriculum and to access feasibility with EMS providers and to finetune the curriculum. **Dr. Hansen:** Working with some EMS Medical Directors in the Portland metro area and North Oregon coast. Will also reach out to Salem.
- **Rachel Ford:** Might be helpful to reach out to Saint Alphonsus Medical Center Baker City as they recently closed their birthing center. **Dr. Hansen:** Heard that closing birthing centers in rural areas is a trend and that EMS is spending more time with births or post-birth care.

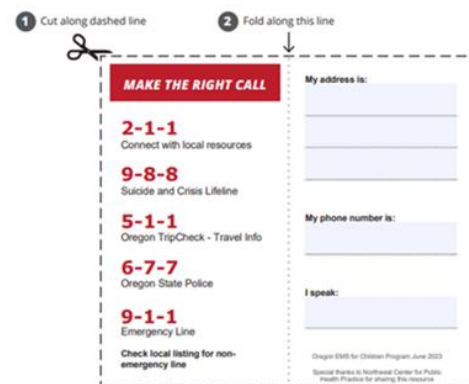
**ACTION:** Committee to take this information and advocate with EMS partners across the state.

**ACTION:** Dr. Hansen to send the online curriculum link to Rachel Ford to share with the EMSC Committee and EMS agencies.

### EMSC Program | Rachel Ford, MPH

#### MAKE THE RIGHT CALL Card

The Northwest Center for Public Health Practice shared the MAKE THE RIGHT CALL card, and it was adapted for Oregon. This resource is particularly useful for EMS agencies and fire departments. The [MAKE THE RIGHT CALL](#) card can be shared with patients and community members. This pocket-sized quick reference provides guidance on which number to call. It is posted on the EMSC website and was shared in the September Pediatric Emergency Care Coordinator newsletter.



#### Pediatric Readiness Program

The August education session, *10 Common Abuse Presentations in the Emergency Department*, was presented by Dr. Heather McKeag Swan and the recording and slides are available at [www.pedsreadyprogram.org](http://www.pedsreadyprogram.org). The session was well attended, with 60 participants from clinics, hospitals, EMS agencies, and other organizations.

[Register](#) for the November 16<sup>th</sup> 1200-1300 *Pediatric and Neonatal Respiratory Distress Assessment and Management* session. CME for physicians and CE for nurses and other medical professionals is available for live and recorded sessions. Check out the clinical pathways, equipment, job aids, point of care references, policies, and general resources/references on the Pediatric Readiness Program website, [www.pedsreadyprogram.org](http://www.pedsreadyprogram.org).

#### Equipment

Tourniquets, EMS communication card sets, Pediatric Assessment sheets, and PEDIATAPES were distributed to: Agness Fire Department, Confederated Tribes of Grand Ronde, East Umatilla County Ambulance Area Health District, Falls City Fire & EMS, Keno Fire Department, Medix Ambulance Service, Netarts-Oceanside RFPD, North Lake County EMS, Portland Airport Fire & Rescue, Silver Lake RFPD, SW Polk Fire District, Turner Fire District, and Unity/Burnt River Fire and EMS.

### **Hospital PECCs/Pediatric Champions**

Thank you to Jill Shipley and Beech Burns who provided additional contact information. Requests were sent in July and September for pediatric emergency care coordinator and pediatric champion contact information. Received full: **43** Received partial: **4** Still need: **12**

### **Mandatory Education**

Thank you to Matt House, Tami Bakewell, Dana Pursley-Haner, and Matt Philbrick for completing the 2023 mandatory education. Mandatory training information will be sent to Committee members.

### **Chairperson**

During the January 2024 meeting, Committee members will be electing a new EMSC Advisory Committee Chairperson. Once elected, the new Chairperson will take the lead at the April 2024 meeting. Contact Rachel Ford or Matt Philbrick if you are interested and would like to learn more.

### **January meeting**

It will occur on the 3<sup>rd</sup> Thursday of the month, January 18, due to the National Association of EMS Physicians meeting that is scheduled for January 8-13.

### **Comments/Questions:**

- **Jennifer Eskridge:** Can the current Chairperson be re-elected? **Rachel Ford:** Matt has served the maximum number of consecutive terms, 4 years of service.
- **Matt Philbrick:** Common questions about the Chairperson position related to workload, participation, and Robert's Rules of Order. The bulk of the work occurs at the quarterly meetings. The members come the meeting with a quarter's worth of information to share and the Chairperson works to honor the schedule, which is the most challenging part. There is no expectation for perfection. There are some opportunities to connect between the meetings. Examples: Letter writing campaign, outreach, and conversations. Rachel Ford is an incredible advocate for protecting your own time without unreasonable expectations. This is an incredible opportunity to move things forward and to make a difference. **Rachel Ford:** Aside from the quarterly meetings, the only other regular time meeting with the Chairperson is a week or two before the Advisory Committee meetings for 30 minutes to review the agenda. Rachel prepares the slides, agenda, and other meeting documents. **Matt Philbrick:** Another small commitment that we have built into practice is to have a presence at the State EMS Committee and State Trauma Advisory Board meetings, to provide updates and give a summary of the EMSC Committee meeting. Not required to be in person at these two meetings. This gets the EMSC Committee in front of the other two groups. Rachel prepares a summary to share and is also available to assist.
- **Carl Eriksson:** Related to hospital Pediatric Champions and the Readiness Survey. On October 1, 2023 the Wallstreet Journal published an article titled, "Children are Dying in Ill Prepared Emergency Rooms across America." The article specifically calls out levels of pediatric readiness that are measured by the National Pediatric Readiness Project survey, and statewide programs to certify emergency departments on levels of readiness for pediatrics. The article includes references to research on where we are as a country and ties outcomes in kids to the level of pediatric readiness of the emergency departments where they are treated. **Rachel Ford:** The article has spurred a lot of conversation since it was published.



## NEMSQA Measures: RESPIRATORY-01 & PEDIATRICS-03 | Andey Nunes Brewster, EMS & Trauma Systems Program Research Analyst

### National EMS Quality Assurance (NEMSQA) Respiratory-01

- Goal: The goal for this metric is for 90% of patients experiencing respiratory distress to have a documented respiratory assessment.
- Initial Population: The population for this metric is all EMS encounters in Oregon where patient contact was made with a primary or secondary impression indicating respiratory distress. Respiratory distress includes impressions of Asthma, Dyspnea, Unspecified Orthopnea, shortness of breath, diagnosis of a respiratory ailment, and complaint or condition commonly associated with dyspnea.
- Denominator: All EMS responses in the initial population for patients under 18 years of age.
- Numerator: EMS encounters for patients in the denominator for whom a SpO2 and respiratory rate was taken and documented during the EMS response.
- Measure specification: <https://www.nemsqa.org/measures>

The 2023 Quarter 3 (June-September) data is incomplete. Agencies with greatest room for improvement based on volume have been identified. Agencies with greatest need for improvement in the PEDS-03 weight-based measure also have opportunities for improvement in reporting for RESP-01. Removing higher volume counties does not significantly change the overall outcome.



### Comments/Questions:

- **Matt Philbrick:** Could you speak to the variance of omission of Multnomah and Washington County and why it was not included? **Andey Nunes Brewster:** They were omitted to observe the effect. By adding these two counties, it drops the percentage. The numbers should improve the next time the data is reviewed because Quarter 3 data will be complete.
- **Matt House:** What is the barrier for EMS completing a respiratory assessment? Is it a documentation or an assessment issue? Cannot think of any pediatric case that comes through without documented SpO2 and respiratory rate. **Rachel Ford:** Rachel will be conducting outreach to agencies to assess barriers.
- **Christa Schulz:** Is the 90% threshold set by NEMSQA or the state? **Andey Nunes Brewster:** Yes. Agencies with low volume that miss documentation will have difficulty meeting metric. Example: 5 pediatric patients, missing documentation on one would put agency at 80%.
- **Tamara Bakewell:** How do corrective measures work and who will complete that outreach? **Rachel Ford:** Rachel will be working with the data team to identify the agencies and complete outreach to those agencies. **Matt Philbrick:** This will take a significant amount of work. Working with the Committee to bring awareness to the problem. Hoping awareness by default augments the data in a positive direction; leveraging awareness to create behavior change.

- **Matt Philbrick:** NEMSQA added several new measures. Safety-04 could be of particular interest to the Committee. The NEMSQA measures will be kept as a standing agenda item. The Committee can continue to review the measures and track trends.
- **Carl Eriksson:** Do we have any more granular information on the situations where documentation is not happening the way we would expect? Example: entering data in the structured section vs entering in the narrative. Does length of transport make a difference? **Peter Geissert:** Spoke with NEMSQA representatives and they are unable to review the narratives at national level. Recommend calibrating goals based on not being able to achieve perfect documentation. **Dana Selover:** If an agency is not adding this info, can go directly to the agency that is not documenting. If they are adding into the narrative, then we cannot capture the data. Let the agencies know that they need to document so the information can be captured. Help the agencies know how to document so it can be captured. **Carl Eriksson:** Reach out to the agencies that are documenting well and ask how they are documenting so can be captured. Then share that info with the agencies that are not.
- **Christa Schulz:** Besides this being the right thing to do for patient care, is there a consequence for not meeting these standards? **Matt Philbrick:** No current penalty. This is a measurement of how well we are providing medicine to the populations within each state and compared to other states.
- **Tamara Bakewell:** What platform are the agencies using? Is it all electronic? Tamara made a program that includes required fields. They had to fill in the fields before they could move forward. Is this a possibility? **Andey Nunes Brewster:** Yes, it is electronic. **Peter Geissert:** There is some complexity. It might be possible to create a rule that gets applied afterwards, so they must go back and enter the information. **Matt Philbrick:** With the Pediatrics-03 documentation of weight letter, it was suggested to make it a part of chart completion rule and a lot of agencies setup a mandatory field, which has been shown to improve documentation. **Peter Geissert:** May need to create a different type of rule and reach out to ImageTrend and other vendors to understand what that would take to create a rule. **Todd Luther:** On the nursing side of things, we had an initial set of assessments and vital signs that are not part of your vital signs package.
- **Amani Atallah:** There was no quick box about pediatric transport restraints and it was entered into the narrative. Would this be something that we would create? **Matt Philbrick:** There is not information that has been given on that NEMSQA measure. **Peter Geissert:** There is a field in the data standard that records where the patient was during transport, transport restraint, position, and the code responds to car seat. **Rachel Ford:** Is there a way to connect on this point? What kind of child restraint? Car seat as the only option is not adequate. **Peter Geissert:** Yes, there is.

**ACTION:** NEMSQA measures standing agenda item.

**ACTION:** Rachel will be work with the data team to identify the agencies and complete outreach to those agencies.

**ACTION:** Peter to follow-up with NEMSQA regarding pediatric transport restraint documentation options.

## State EMS and Trauma Systems Program | Amani Atallah, Dr. Dana Selover

**Dana Selover:**

Legislative Update:

- Representative Dacia Grayber will be bringing forward a scaled back version of the EMS Modernization Bill in 2024. Will be shared with Committee in January 2024.
- HB 2395 Omnibus Naloxone Bill: EMS can distribute the Naloxone kits. EMS & Trauma Systems Program will be sharing information via website and contact lists.

Rules:

- Close to finalizing 265 rules. This was in response to workforce stress, adding some flexibility around the associate degree for Paramedic level.
- Rules Advisory Committees coming up for the 250 and 255 rules.

- Rule Advisory Committee for the Trauma Exhibits 2 and 3. Exhibit 4 is currently on hold for updating.
- There will be some changes to EMS education system and competencies for EMS providers in their initial education. The 265 rules will come back in 2024.

The Mobile Integrated Healthcare/Community Paramedicine survey is open until October 21, 2023.

**Amani Atallah:**

- Policy Analyst 2 (PA2): 4 interviews and top candidate accepted offer and will start on November 6, 2023.
- Research Analyst 3 (RA3): Andey Nunes Brewster accepted a new position with Health Policy and Analytics, as a Research Analyst 4 and starts on October 16, 2023. Andey will assist with onboarding the PA2 and RA3. Hope to have RA3 posted by end of October.

<b>Public Comments   Chairperson</b>
None

Meeting Adjourned: 11:46am

Next meeting is January 18, 2024.

Location: Virtual: ZOOM

*These minutes are drafted and have not been reviewed and approved by the Oregon Emergency Medical Services for Children Advisory Committee.*