

Oregon Emergency Medical Services for Children Advisory Committee Meeting Minutes



2022 Quarter 3 | July 07, 2022

Chairperson Matthew Philbrick

Vice Chairperson Christa Schulz, MD

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

HRSA EMSC Grant Required Committee Members		
Committee Member Name	Committee Position	Present, Absent or Vacant
Rachel Ford, MPH	Oregon EMSC Program Manager	Present
Dr. David Lehrfeld	OHA EMS Representative - Primary	Present
Dr. Dana Selover	HRSA EMSC Grant Point of Contact	Present
Vacant	OHA EMS Representative	Vacant

Oregon Health Authority EMS & Trauma Systems Program Staff
Kimberley Aubrey, Peter Geissert, Julie Miller, Madeleine Parnley, Yesenia Rosario Palma

Guest Speakers and Members of the Public
Scott Cooper (Oregon EMS Association), Darrin George (EMS Coordinator, Salem Fire Department), Johanna Hoskinson (ODHS Community Development Coordinator), John M. (IDD/DD Disabilities)

Call to Order Matthew Philbrick, Chairperson
Start Time: 9:05 a.m. <ul style="list-style-type: none">• Committee Roll Call

Approve April 2022 Minutes Chairperson
April 2022 Minutes were reviewed. No changes noted. Motion to approve minutes as written: Dana Pursley-Haner. Second: Dr. Christa Schultz. None opposed. Motion carried.

Committee Membership Chairperson
Appointment: Jennifer Eskridge was appointed to serve as the new Injury Prevention representative, 4/1/2022-3/31/2026.
Reappointments: Kelly Kapri was reappointed for a 3 rd term and Dr. Carl Eriksson was reappointed for a 4 th term. Kelly and Carl – thank you for your continued advocacy while serving in these critical Committee positions.
Vacancies: The Committee is seeking applicants for the Behavioral Health, Tribal EMS, and Hospital Trauma Coordinator positions. Help is needed to identify candidates to fill these positions. 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. Committee member application: LINK

Committee Member Roundtable Committee
Andrea Bell: Emergency Room and Pediatric Unit are working on a lot of protocols together, so when a child comes into Salem Health they are treated from ED to Pediatrics with the same protocol. The American Academy of Pediatrics just released an update to Safe Sleep, so we are rolling out the new guideline for safe sleep to our staff.
Dr. Carl Eriksson: Serving on a National Advisory Committee for EMS for Children’s Innovation & Improvement Center. Recently put together a National Disaster Preparedness Toolkit for hospitals. Having discussions on the best way to roll out for engagement and into practice. Over the course of the next few months, might come back to Committee for suggestions.
Jennifer Eskridge: As the Community Outreach Educator at the Oregon Poison Center, focus is on preventing unintentional poisonings. This is our big season for outreach to families with events, fairs, and education. Just published the 2021 Data Report. It is a high-level overview of the types of exposure calls that are seen at the Oregon Poison Center: LINK

Kelly Kapri: The Oregon Department of Transportation recently provided some EMS grants for PHTLS and PALS trainings in rural communities. Will provide training grants for 2023 for rural and frontier EMS agencies.

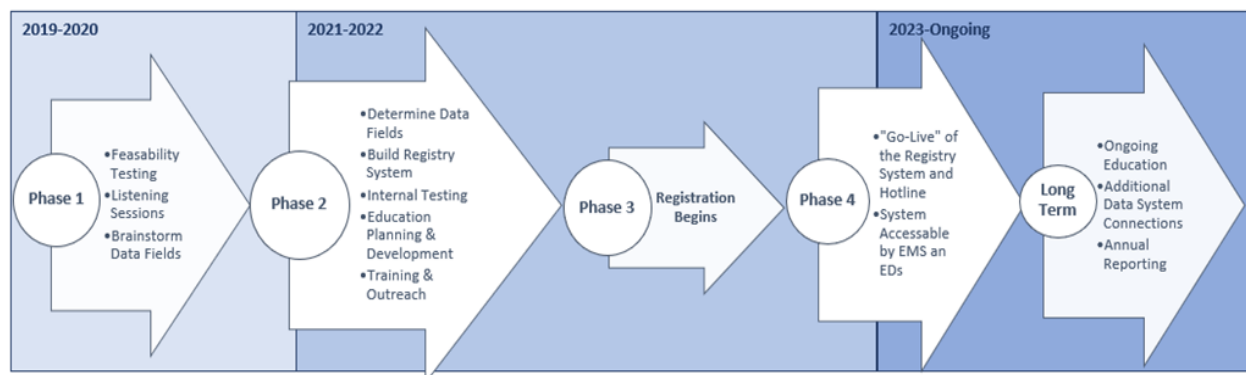
Erik Kola: Continued challenges with post-pandemic and misuse of substances, and awareness of the challenges that come with this.

Matt Philbrick: Aircraft crash in May in Christmas Valley. Matt was on the response team that supported crew members and families. There was a focus on crisis and mental health support for providers and their families.

Dr. Justin Sales: Continuing to navigate the high volume of pediatric patients that need emergency care, as well as the high volume of behavioral health emergencies.

Dr. Christa Schultz: Pediatric Basic Study on antibiotic selection in the ED. We have come up with an antibiotic order set that helps to improve prescribing the correct antibiotic and antibiotic duration in the ED that has improved antibiotic selection for our facility.

Health Emergency Ready Oregon (HERO) Kids Registry | Tamara Bakewell, Family Representative



HERO Kids Registry Timeline: The Registry will go-live in October 2022.

Health Resources & Services Administration (HRSA) Grant:

- HERO Kids Workgroups: emergency medical services providers, emergency department providers, families, and community partners.
- Outputs: 4 targeted Frequently Asked Questions documents, 2 program rack cards, and 4 targeted presentations.
- In-Progress: Registration Guide for families, Emergency Medical Services Quick Reference Guide that includes how to connect quickly to HERO Kids, and Registry Hotline Card.

- Interoperability: Building connections with Emergency Department Information Exchange (EDIE). The scoping is complete. Using the Oregon POLST Registry as a model. Future: EDIE alert & PDF transmittal to Collective Medical Portal.
- **Preview of Registration PDF:** After a family or young adult completes their registration, they will be able to print out their Registration PDF.

HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS & ELECTRONIC REGISTRY AS NECESSARY FOR TREATMENT

HERO Kids Health Emergency Ready Oregon (HERO) Kids Registry
IN AN EMERGENCY, EVERY MOMENT COUNTS

DEMOGRAPHICS		HERO Registry ID#:	POLST # (if any):	
Last Name:	First Name:	Middle:	Suffix:	Preferred Name:
Address (street / city / state / ZIP):		Date of Birth:	Race:	
Preferred Language:	Gender Identity:	Sex:	Preferred Ponouns:	
Emergency Contact Name:	Emergency Contact Phone:	Emergency Contact Relationship:		
CLINICAL ALERTS				
Primary Diagnosis / Condition(s):		Conditions that May Impact Care:		
Child or young adult is most likely to need Emergency Medical Services for:				
Baseline Vitals Out of Normal Range:	BP:	HR:	O2:	RR:
Medication:				
Medication Allergy:				
Environmental or Food Allergy:				
Drug Use:	<input type="checkbox"/>	Alcohol:	<input type="checkbox"/>	If Yes to Use: Type?
EMS May Observe the Following:				
Medical Equipment or Technology:				
Mobility Devices:				
Primary/Specialty Care:	Phone:	Safe Word(s):		
Name of Person to Accompany:	Relationship:	Blood Type:		
Position of Comfort if Transported:		Comfort Item(s):		
Preferred Hospital:		Reason for Choosing Hospital:		
Emergency Information Form: <input type="checkbox"/> Protocol Letter: <input type="checkbox"/> POLST Form in OPR: <input type="checkbox"/>				

Version 5/2022 • www.HeroKidsRegistry.org © 2022 Oregon Health & Science University

- **Oregon POLST (OPR) Registry Partnership:** In June, a Memorandum of Understanding was signed by Oregon Center for Children & Youth with Special Health Needs and OPR. The OPR will manage day-to-day operations of the HERO Kids Registry business office, including data validation, data entry, registration activation, mailings to families, general questions, and HERO Kids hotline.
- **Exploring Connections with Public Safety Access Points (PSAPs):** Decisions to be made on feasibility and utility of connecting HERO Kids to PSAPs. HERO Kids team member regularly attending 988 meetings with PSAPs.

Future Development FY23: HERO Kids App for emergency medical services (EMS). This will be analogous to the OPR EMS app. Possible connections with PSAPs & 988. Clinician portal with Electronic Emergency Protocol Letter (form).

Upcoming Presentations: July: EMSC/IIC Telehealth Community of Practice. August: EMSC All Grantee Townhall. August: Oregon Nurse Home Visiting Program Community of Practice. August: HERO Kids Introduction Webinar for all emergency medical services providers. August: HERO Kids Introduction Webinar for all emergency department providers. September: Oregon Pediatric Improvement Project. September: Oregon Department of Human Services Children's Services Advisory Group. October: Oregon EMS Conference booth. October: Oregon Rural Health Conference booth.

Comments/Questions:

- Rachel Ford: HRSA is excited about this project, and they are using it to highlight work that can be completed through partnership of the EMS for Children (EMSC) Programs with the Family-to-Family Health Information Center. Will be presenting this project at the August EMSC Townhall.
- Dr. Carl Eriksson: Are there plans for measurements? This is an important component of this project, to be able to get funding and to use this registry as an example. **Answer:** We may need help to determine the questions that need to be answered and corresponding data points for measurement. There are some performance objectives built into the HRSA grant and Brittany Tagliaferro-Lucas has the specific details.
- Dr. Christa Shulz: Wants to get the word out. Knows many who would like to attend a presentation. Suggest going through pediatricians' offices to get the word out. **Answer:** There might be a presentation scheduled in Bend. Will confirm and let the Committee know.
Action: Rachel Ford will look into St. Charles presentation and notify Dr. Christa Schulz.
- Matt Philbrick: Oregon EMS Conference is in Bend this year. HERO Kids is one of the presentations that will be at the conference.

For additional questions or comments, herokids@ohsu.edu.

EMSC Program | Rachel Ford, EMSC Program Manager

Logo: HRSA is rebranding the EMSC Program logo. In May, the Oregon EMSC Program was provided a new logo. The logo is in the State of Oregon colors and includes an outline of the state. The website and some Oregon EMSC Program documents have been updated.

HRSA: Other than the usual HRSA Grant Recipient Technical Assistance and EMSC Townhall meetings, Rachel also submitted the HRSA Performance Report on May 5th. There is speculation that the next grant application cycle will open August 2022.

EMS Equipment Distribution: The Oregon Administrative Rule (OAR) 333-255-0072 *Ground Ambulance Vehicle Equipment Requirements* was amended, and Ambulance Services must comply with the amended OAR by July 1, 2022. The Oregon EMSC Program was granted \$25,000 by the Oregon Health Security, Preparedness and Response Program to support need-based EMS equipment distribution to rural and frontier Ambulance Services. The equipment distribution does not cover all

aspects of the amended OAR, but it is meant to assist Ambulance Services that may not otherwise be able to afford the equipment.

The application period was May 5-22, 2022. Equipment will be distributed to the 15 Ambulance Services that applied. Equipment includes obstetrical kits, hemostatic dressings, commercially manufactured arterial tourniquets, soft restraints, and nonflammable reflective roadside warning devices (reflective triangles). The roadside devices were mailed to ambulance services in May, June, and July. The EMS medical equipment will be mailed to ambulance services in July.

Pediatric Readiness Program: The May 19th education session, *Pediatric Trauma*, is available on the website (www.pedsreadyprogram.org). There are 27 recorded education sessions available. Upcoming sessions: August 11th *Pediatric Diabetic Ketoacidosis (DKA)*; November 10th *Mental Health and Collaborative Problem-Solving*. CME/CE is available for live and recorded sessions. The team surveyed the PRP listserv requesting feedback on education session preferred days/times, topic ideas, presenters, etc. Rachel will continue to share monthly Grand Rounds opportunities from Doernbecher, Randall, Oregon Providence, and Sacred Heart Children's.

NAEMSO: Rachel completed the 2-year term as Secretary of the Pediatric Emergency Care (PEC) Council. Rachel enjoyed serving the Council but was glad to hand it off to another Council member. The last quarter included many hours of preparation for the June 20 & 21 PEC Council Annual Meeting in Charleston, South Carolina. Other activities included NAEMSO West Region meeting, PEC Council Steering, Officers and Full Council meetings, as well as the PEC Council Welcome Packet Workgroup meetings and document review.

EMSC Innovation & Improvement Center: Rachel participated in the PECC Workforce Development Collaborative. Asante Rogue Regional is participating in the National Pediatric Readiness Quality Initiative pilot project.

National Pediatric Readiness Project assessment: The NPRP assessment regional reports were shared with the Committee and posted on the EMSC website. In May, a request was sent to hospitals to update contact information. The request included new fields for Nurse and Physician Pediatric Emergency Care Coordinators and Emergency Department Educators. In response to the assessment, Rachel has been curating resources to address technical assistance needs and has asked the Pediatric Readiness Program Team for feedback and policy examples. Rachel will be reaching out to hospitals, continuing to gather Pediatric Emergency Care Coordinator contact information, and sharing resources.

Trauma: In the last quarter, Rachel met with Madeleine Parmley, OHA Trauma Coordinator, about EMSC Performance Measures and the new pediatric readiness standards which are included in the *American College of Surgeons (ACS) 2022 Standards Resources for Optimal Care of the Injured Patients*. Rachel shared the list of hospitals that did not complete the 2021 National Pediatric Readiness Project assessment, as well as the level of pediatric readiness for all Oregon Level I, II, III, and IV trauma hospitals. Rachel and Madeleine will be meeting in July and August to complete the trauma standards crosswalk of existing Oregon rules and exhibits and the new ACS standards.

Interfacility Transfer Rules: Rachel extended gratitude to the EMSC Advisory Committee and Pediatric Readiness Program team members that provided written support for proposed rule change of adding interfacility transfer agreement and guidelines requirements into the Oregon Administration Rules. Rachel has since met with Dr. Dana Selover and Mellony Bernal about the changes and submitted the rule updates. To support the hospitals, Rachel has been working with Danielle Meyer in preparation for an Interfacility Transfer presentation for Hospital Association members. Rachel has also been developing and pulling together tools such as a transfer checklist to support interfacility transfers and overall pediatric readiness. The resources have been posted on the EMSC website.

The changes to the Oregon Administrative Rules will support optimal coordinated emergency medical and trauma care for all Oregonians. The changes are patient-centered and family-centered, and grounded in a mutually beneficial partnership among patients, families, and providers. The changes are aligned with the pediatric readiness requirements outlined in the American College of Surgeons 2022 Standards, Resources for Optimal Care of the Injured Patients.

Mandatory Training: Committee member required education is due December 31, 2022. Rachel will send information to Committee. Connect with Rachel if you have questions.

EMSC Advisory Committee Meetings Survey: There were 11 responses to the survey. Majority (91%) were open to hybrid or in-person 1-2 times per year. There is interest in meeting Committee members and connecting in-person. Some members have concerns about travel time and cost. Committee member travel costs are covered by the EMSC program. Request to have cameras on during virtual meetings. Committee discussed when to start in-person meetings and Chairperson requested a vote on bi-annual in-person EMSC Advisory Committee meetings; starting April and October 2023. Motion to approve: Dr. Christa Schulz. Second: Tamara Bakewell. None opposed. Motion carried.

Comments/Questions:

- Dr. Christa Schultz: Are Grand Rounds invites sent to the Committee? Who is the invitation sent to?
Answer: The invites are sent to all Oregon and SW Washington Chief Nursing Officers, emergency department nurse managers, EMSC Committee, professional organization representatives, and others. Please share the invites widely.

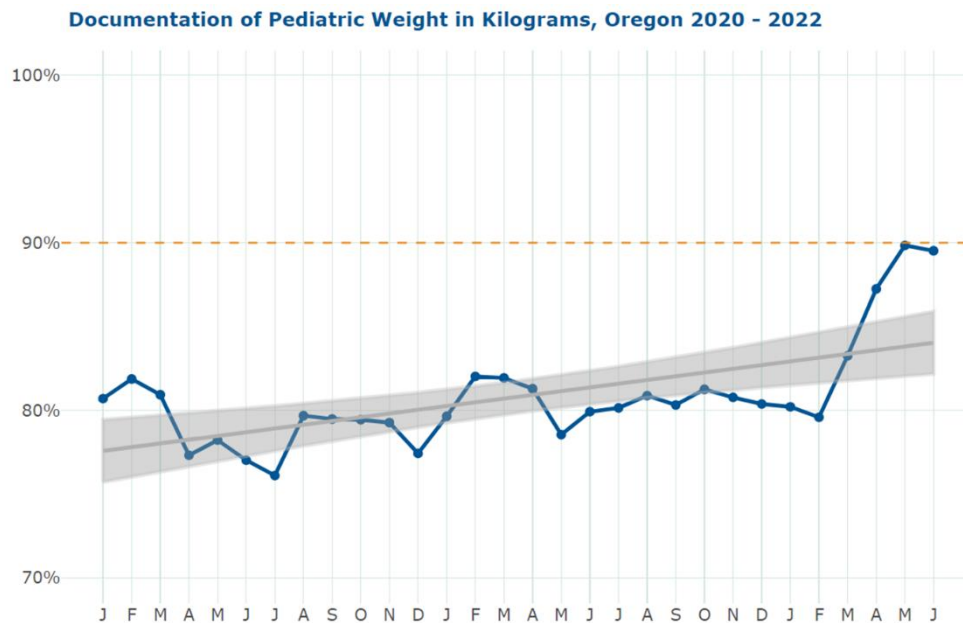
PEDS-03 Project – Rachel Ford & Peter Geissert, OHA EMS & Trauma Systems Program

Peter Geissert:

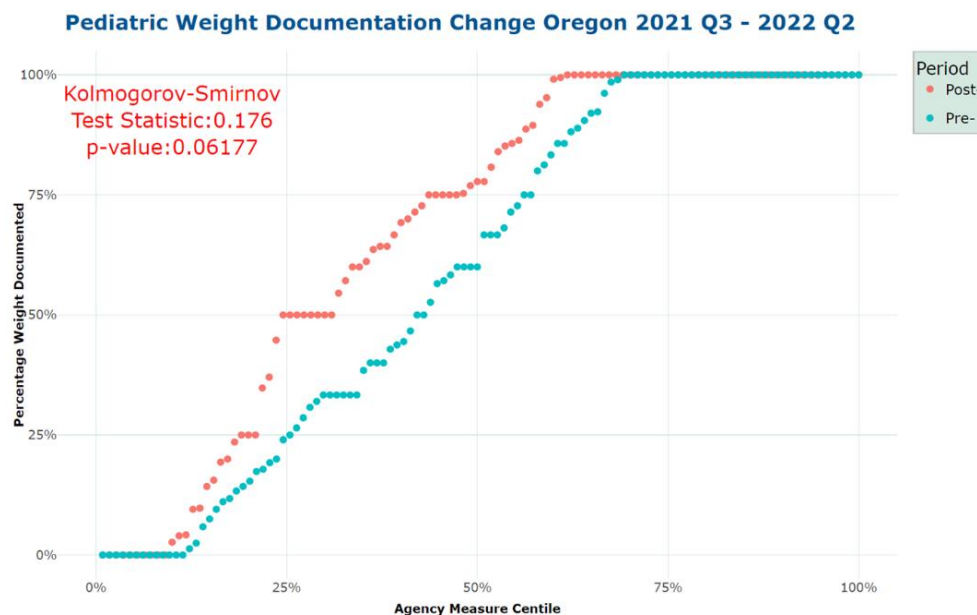
EMS data are always a snapshot. The metric can shift with reporting because of documentation of weight associated with time to record completion and documentation of weight associated with documentation of Unit Notified Date/Time.

Documentation of Pediatric Patient Weight in Kilograms, Oregon 2020-2022: This graph presents the NEMSQA Pediatric-03 metric monthly for 2020-2022. By stretching out the y-axis the long-term trend in weight documentation is more apparent. Had previously thought that letter writing campaigns did not work, but something is definitely happening from February to June in 2022! There is a pronounced

bounce! A definite change in documentation of weight in kilograms and a definite difference in trend over time.



Pediatric Patient Weight Documentation Change Oregon 2021 Q3 - 2022 Q2: Two cumulative documentations at agency level show an increase in patient weight documentation. This report shows a significant change. You all are doing something right. It is working!



Comments/Questions:

- Dr Carl Eriksson: It would be interesting to see a graph of performance by volume so we can see the needle move more. **Answer:** Yes, in the beginning we did this. Agency volume and/or size of agency is part of the picture.

Action: Peter will work on a way to look at low vs. high volume agencies and their compliance for October 2022 meeting.

- Dr. Christa Schulz: Awesome! This is standard of care. Did you get a sense why this change happened? **Answer:** Some agencies reached out and said they are making this mandatory for their agency. Worked with Peter Geissert and Josh Legler to make some changes in the weight field, which now includes a warning that reminds them to document. Worked hard to build this into something that can be accessed repeatedly. Goal is to send another letter next week. The letter will include the last reported documentation percentage, the current documentation percentage and how it compares to the rest of the state, and graphic that shows their progress over time.
- Tammy Bakewell: How can we report to the agencies on the success with their reporting? This is a visible improvement. **Answer:** It will be good to respond with how well they are doing and how this makes a difference.
- Matthew Philbrick: Thanked Peter for his humility.

Rachel Ford:

On April 26, Rachel Ford shared Committee's request for Dr. Lehrfeld to share PEDS-03 project information at the October Oregon chapter of National Association of EMS Physicians meeting.

On May 6, Rachel received clarification regarding the OR-EMSiS weight field. Rachel notified several agencies who had inquired about making the weight field mandatory and let them know that it would be modified and include a warning if a weight is not entered. WARNING: Estimated Weight in Kilograms or Length Based Tape Measure should be recorded when Type of Service Requested is "911 Response (Scene)" and Incident/Patient Disposition is "Patient Treated."

On May 24, Rachel met with Andey Nunes and Peter Geissert about emergency department (ED) documentation of weight in kilograms. For the data that is accessible, Oregon Trauma Registry - ED tab, this data is not immediately available and often takes a couple of months to be entered by hospital staff. Rachel recommended local or hospital-level QI effort that focuses on the documentation of a full set of vitals including weight.

On March 30, letters were mailed to all EMS transport agencies. The letters provided the agencies individual stats as compared to all agencies in the state. The second letter with individual data will be sent in July and will include an amazing graphic that Peter created that can be inserted in the letter. Question to the Committee about: How often should we send letters and information? After discussion, it was decided to send quarterly. Estimated time commitment was a few hours.

Action: Peter will work towards monthly data reporting, but at a minimum will run report quarterly.

Suicide Prevention Project | Peter Geissert & Chairperson

Peter Geissert:

It was impossible to quantify how accurate the definition was for initially identifying suicide attempt cases. There was no truth data set. The team had to hand code whether or not they were suicide attempt records. Inter-rater reliability is now complete.

The Centers for Disease Control and Prevention (CDC) emergency department data case definition lacks intent in many EMS ICD-10 codes and is missing certain types of attempts (hanging, etc.). Beginning with discrete variables (codes), parsing the narrative for feature selection. Feature selection is the process of identifying key words and combinations of key words strongly associated with a category, beginning with features drawn from a modified CDC case definition designed for ED data.

Primary Impression / Secondary Impression / Primary Symptom / Other Associated Symptoms:

T14.91 Suicide Attempt

Cause of Injury:

- Intentional self-harm - Crashing of motor vehicle
- Intentional self-harm - Drowning/submersion
- Intentional self-harm - Firearm/gun
- Intentional self-harm - Jumping from a high place
- Intentional self-harm - Jumping or lying-in front of moving object
- Intentional self-harm - Smoke, fire, and flames
- Suicide attempt

Comments/Questions:

- Dr. Christa Shultz: Add ingestion or overdose (medications, alcohol, drugs).
- Rachel Ford: Based on CDC report, there should be a code for poisoning and overdose.
- Erik Kola: Lethal laceration (sharp objects). **Answer:** Emergency medical services report on lacerations that were intentional or accidental.
- Erik Kola: Hanging and asphyxiation. **Answer:** There are some asphyxiation codes. Will check notes for specific types of asphyxiation.
- Kelly Kapri: Are these in any type of order? **Answer:** Alphabetical order.
- Kimberley Aubrey: Inhalants.

Action: Peter to add suggested categories.

Narrative:

- "ATTEMPT|TRY|TRIED|COMMIT|(?<!UN)INTENTIONAL" AND
- "HANG|SHOOT|OVERDOSE" OR
- "KILL" AND "SELF" OR
- "END" AND "LIFE" OR
- "SUIC|(?<!RE)SUCI|(?<!RE)SUSCI|SUISID"
- "DENY|DENIE|NO|NOT"
- "HISTORY|HX"
- "UNINTENTIONAL|ACCIDENT"
- Remove common prefixes/suffices and phrases containing key word

Primary Impression / Secondary Impression / Primary Symptom / Other Associated Symptoms:

R45.851 Suicidal Ideation

Narrative:

- "SI"
- "IDEATION"

- “SELF” AND
“HARM|HURT|HANG|INFLICT|KILL|LACERATION|
MUTILATION|SHOOT|STAB|CUT” AND
“IDEATION|PLAN|WANT|THREAT|GOING TO”
- “WANT” AND “DIE”
- “LIFE” AND “END” AND NOT “END OF LIFE|END OF BATTERY LIFE”
- “END IT”
- “DENY|DENIE|NO|NOT”
- "HISTORY|HX"
- Remove common prefixes/suffices and phrases containing key word

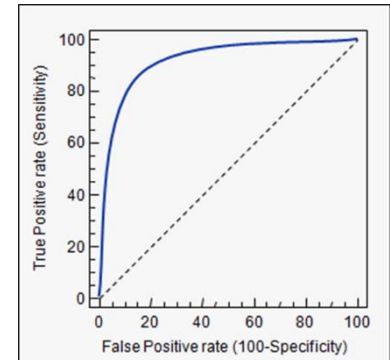
Comments/Questions:

- Erik Kola: Dead. Getting history someone may say, “wish I were dead.” **Answer:** With ideation included “want to be dead” but not “I wish I were dead.”
- Include non-white, non-English speaking.

Action: Peter to add suggested terms, and oversample for race and culture.

Deterministic vs. Probabilistic Definitions: Deterministic definitions are sets of ‘if then’ rules that output a ‘yes’ or ‘no’ answer to whether a record is included or not. Example: IF Primary Impression = T14.91, THEN 1. Probabilistic definitions use techniques such as logistic regression to identify the increase in probability of inclusion uniquely associated with each feature. This type of definition may be more successful in processing free text such as the patient care report narrative.

Assessing Performance: Sensitivity is the percentage of true suicide related records identified as attempts by the definition. Specificity is the percentage of non-suicide related records not identified as attempts by the definition. Receiver Operating Characteristic (ROC) Curve is a graph that plots Sensitivity against Specificity for all values of a threshold for probabilistic definitions.



Comments/Questions:

- Matt Philbrick: Does this account for misspelling? Example: suicide and siuicide. If a word is misspelled in one part of the narrative and spelled correctly later, does it get captured? This must be a taxing project, emotionally, spiritually, and mentally. As a group we are very appreciative of the work you have completed. **Answer:** Will look at that in the future. Challenge is that there are so many key words. Initial samples took the narrative and chopped it into sentences, and then took the words in each sentence. This allows a lot of flexibility. ESSENCE might have separate definition because not able to parse out the narrative.

Action: Peter to review possibility of including misspelled words in narrative review. Peter and team to education emergency medical services regarding documentation of suicide, suicidal ideation, and suicide attempts.

Matt Philbrick:

On April 12, Rachel Ford sent the letter that was reviewed and approved by the Committee to all prehospital Pediatric Emergency Care Coordinator contacts. Even though a request to share current needs and family, community, or organization activities to address and reduce pediatric suicide rates, there has not been any feedback.

Next steps could include outreach to emergency departments and family advocacy organizations, outreach to schools, clinics, and other mental health advocacy groups, and asking professional organizations to support and co-brand letter.

Is there something else the Committee would like to do for the Pediatric Emergency Care Coordinator contacts? Any adjustments to the approach? What next steps would the Committee like to take?

Comments/Questions:

- Dr. Christa Schulz: Was the letter sent to clinics, social workers, and behavior health coordinators?
Answer: The letter was sent to prehospital Pediatric Emergency Care Coordinators.
- Tamara Bakewell: Works with 30 strong family advocacy organizations in the state. This is a common topic at the meetings. For outreach to them, think they would want to know what the state is doing for this topic. Families have the stories and needs, but they do not know the work EMSC Advisory Committee is doing.
- Erik Kola: Feel the gravity of these discussions. Look at success. May feel like silence, but it is a beginning of a dialog. Putting the letter out there brings awareness to the agencies. People will start talking. Might not see a rapid shift but appreciate the start.

Matt Philbrick: What is the metric trying to impact and is that measurable from our efforts? If the metric is awareness, then it is action on the Committee's part to raise awareness. Peter's work shows the actual snapshot of the problem. What is the next most appropriate group for outreach? Social workers? Emergency departments? Mental Health groups? Should we send the letter to schools now while on summer break or wait until October with school back in session?

Comments/Questions:

- Dr. Christa Schulz: That might be a good place to start. Would not stop sending just because have not received a response. Still good information. Clinics, social workers, behavioral health coordinators?
- Erik Kola: Most of the larger hospital systems will have some recognition of this in their emergency department. There are social workers in ED making disposition plans for kids. Target the smaller hospitals to share what resources are available in the state. There is some ground to be gained in schools, particularly school counselor groups and making them aware of available organizations. Smaller entities won't have this unless there is someone pooling the resources together.
- Dr. Dana Selover: Suggested working with the health systems division, specifically 988 children and families, as well as Injury and Violence Prevention Program. To make sure all groups are aligned in messaging so that recipients get the same information from all parties.
- Is there data related to TANF and foster care? **Answer:** There is no standing linkage with the data but could look at for the future.

Another idea would be to help with the data collection. Maybe coordinating with EMS Training Officers and Pediatric Emergency Care Coordinators about what to document, where to document, what words to use, etc. This could also be added to a letter or become separate education effort. Are there any additional groups that we should add to the recipients list? Will continue to update the Committee.

Matt P: Looking for an agreement on who to contact next? Counselors, advocacy groups?

Action: Rachel Ford will reach out to Committee members regarding contact lists and/or sending letter to specific groups.

Action: Rachel Ford and/or Peter Geissert will look at linkage with TANF and foster care data.

State EMS and Trauma Systems Program | Dr. David Lehrfeld & Dr. Dana Selover

Dr. Dana Selover:

Elizabeth Heckathorn retired in May. Will be recruiting for the position. There are two new Administrative Specialists, Yesenia Rosario Palma and Kimberley Aubrey.

Provider, Service and Ambulance Licensing season ended on 6/30/2022. Data will be included in quarterly report. Noticed a reduction in the EMR renewal.

Summer Hazards: Working with Health Security, Preparedness, and Response on heat events and patient movement project.

Rachel and Madeleine completing a crosswalk of 2022 ACS *Resources for Optimal Care of the Injured Patient* with existing rules and exhibits. Hospitals will have time to implement.

There are also new Field Triage Guidelines. Once adopted, emergency medical services will be allowed time to implement.

Rule Making: allergic reactions, Ambulance Service Areas, temporary licensing for military spouses, education, and exams. Will provide interpretive guidance. Will be include community and a racial equity impact statement in future rulemaking.

NASEMSO: Professional Standards Unit did a bit of a pandemic hotwash, vaccination requirement, and personal protective equipment. The National Registry of Emergency Medical Technicians is looking at an Advanced Life Support assessment redesign and accreditation requirements.

National Highway Traffic Safety Administration has provided some road rage strategies with post-crash care details. Opportunities for states to work with state department of transportation to fund data registries. Implementation of NEMSIS 3.5 is keeping the data team busy.

Working to make meetings more accessible. This may mean some changes to Committee meeting format.

Legislative: Working on implementing the bills from 2021 and 2022. Updates will be included in the quarterly report. For 2023, planning for elements of EMS Modernization and looking at EMS Mobilization opportunities. Will provide update in October.

Dr. David Lehrfeld:

COVID is still an issue. PPE is still required for healthcare providers. OSHA protects workers and have moved their COVID temporary rules into permanent rules. All medical settings require masks. All patients receive masks. Vaccination requirements are still in place. CDC is recommending, but State of Oregon is not enforcing, masks for many Oregon counties. COVID Omicron variant causes less severe disease and has a 50% breakthrough rate with Pfizer vaccine.

NASEMSO Prehospital Pain Management Evidence Based Guidelines:

<https://nasemsso.org/projects/prehospital-pain-management-ebg/>

NASEMSO National Model EMS Clinical Guidelines: https://nasemsso.org/wp-content/uploads/National-Model-EMS-Clinical-Guidelines_2022.pdf

Health Systems Division will go into 5 days of 988/Mobile Response rulemaking all next week.

The ODHS Senior EMS Advisory Council have received their appointments from the Governor. The first meeting is on August 1, 2022.

Public Comments | Chairperson

- **Scott Cooper:** Has been in Oregon EMS 37 years. One long-term goal is to get quality continuing education to frontier and rural areas. Difficult to get instructors to travel to rural and frontier areas. Difficult for providers to leave their area to receive education. Look forward to a formal rollout, but would like to mention that formed a 501c3, Oregon EMS Education Foundation. With that designation we are able to pursue grant funds to get classes out to rural areas. One goal is to get pediatric education to the rural areas. Would also like to build the EMS education workforce and increase the number of instructors. This is needed everywhere but focusing on rural and frontier. Scott is also a member of the Oregon EMS Association, but it is not a 501c3.
- **Johanna Hoskinson:** Was curious to see what this group entailed. While at a doctor's appointment, Johanna was pulled into another patient appointment to interpret. Dealing with making sure contracts are offering language services and noticing in medical field not including.

Meeting Adjourned | Chairperson

Meeting Adjourned: 11:46 a.m.

Next meeting is October 13, 2022