



## Minutes

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

Thursday, July 8, 2021, 9:04 a.m. – 11:25 a.m.

Virtual Meeting

**Teleconference line:** 1-669-254-5252 **Meeting ID:** 1603380406

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

<https://www.zoomgov.com/j/1603380406?pwd=TVITdWRudlZPSWtyOUFINmc0UXZHQT09>

**Committee Members Present:** Tamara Bakewell, Jackie DeSilva, Dr. Brent Heimuller, Matthew House, Kelly Kapri, Erik Kola, Todd Luther, Danielle Meyer, Matthew Philbrick, Dr. Christa Schulz

**Committee Members Absent:** Andrea Bell, Dr. Carl Eriksson, Marisa Marquez, Dr. Justin Sales, Anna Stiefvater

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

**Public and Guests:** Jorjie Arden, Steve Boyersmith, Peter Geissert, Sara Herd, Ammara Molvi, Rachel Wedin

**Meeting called to order:** 9:04 a.m. by Committee Chair Matthew Philbrick

### Discussion and Conclusion of Each Agenda Item:

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

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

**2. Review and Approve April 8, 2021 Minutes: Committee**

Minutes were reviewed. No changes noted.

Jackie DeSilva motioned to accept minutes and Christa Schultz seconded. None opposed. Motion passed.

**3. Committee Membership Update: Chair**

Current vacancies: **EMS Training Director or EMS Educator and Tribal EMS Representative.** All applications will be considered, but in order to have representation from across the state the EMSC program 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. Click [HERE](#) to apply or contact Rachel Ford for details.

**4. House Bill 2076: Dr. Dana Selover**

HB 2076 did not progress through Committee. Feedback on the bill included support for emergency health care system concepts and continuing work from 2010, improvement is still relevant, important for health equity in EMS, and essential for disaster readiness. There were concerns about membership and authority on Boards and Committees which was addressed. There were also concerns about EMS Medical Direction, data confidentiality, hospital designations for STEMI and pediatrics, and unintended consequences of regionalization and county Ambulance Service Area work.

**HB 2076 – EMS Modernization Workgroup**

Will work with legislative sponsors on a workgroup to resolve concerns and bring back a bill for future

session. Legislative dates are in September. Workgroup to analyze the current emergency health care system and recommend framework for modernization and sets evaluation criteria:

- A state and regional advisory board structure for an emergency health care system
- Regionalization and improvement of time sensitive emergency care
- Designation of emergency health care centers for the provision of time sensitive emergency care
- Comprehensive emergency medical services agency licensing and regulation
- EMS Mobilization for disaster response and emergency surges
- Health equity in emergency health care system
- Integrated data systems and outcomes registries to monitor emergency health care system quality.

**Questions:**

- Mathew Philbrick: Was it asked to have less or more authority for the local regions or maintain that authority amongst themselves? Dana: The proposal is to have the same authority. It was to have an analog of the trauma system for STEMI, pediatrics, and stroke. The authority issue came around the ambulance services when we proposed comprehensive EMS licensing and ambulance service plan oversight.
- Tamara Bakewell: Can you give clarification around the pediatric designations? Dana: We proposed to have a conversation about this and what we would be talking about when we are discussing regionalization for pediatric care.

**EMS – Related Bills**

- **HB 2359:** Health Care Interpreters and EMS providers participate in rulemaking.
- **HB 3159:** REAL-D and SOGI Data collection exception for EMS. EMS providers will participate in rulemaking.
- **HB 2397:** Senior EMS Innovation Program Advisory committee at ODHS track rulemaking.
- **HB 2417:** Behavioral Health Crisis Intervention participate in workgroups for 988 hotline/911 dispatch collaboration, mobile crisis response units/EMS response connections and hand-offs and Crisis Stabilization Centers/licensed hospital overlap. Will track implementation and rulemaking (used to be HB 3069). There is a specific adolescent and child workgroup. 988 vs 911 information included.

**Question:**

- Matthew Philbrick: Is the idea to have emergency medical dispatchers, EMTs or mental health professional staff the line and routing? Is there a concept? Dana: Yes and No. It is based on the suicide hotline. It comes from there and they are going to expand it to cover other kinds of crisis and to do referrals. It is going to be law enforcement, EMS, and behavioral health.

**5. Health Emergency Ready Oregon (HERO) Kids: Tamara Bakewell, Oregon Center for Children and Youth with Special Health Needs (OCCYSHN) – Title V**

- EIIC Telehealth Collaborative ended June 30
- Funding: Did not receive the Doernbecher Children’s grant funding. Waiting to hear from HRSA about grant application submitted to support HERO Kids.
- Advisory Team provided first round of input for HERO Kids data fields: demographics, contact information, alerts and instructions, and clinical details.
- Next Steps: 1) Continue collecting feedback from subject matter experts; 2) Building out of the registration platform; 3) Workgroup for outreach plan and training materials for registrants/families, end users/EMS & ED providers, and stakeholders such as primary care, social work, school health and developmental disabilities anticipated kickoff is October 2021.
- Keep up to date with HERO Kids at [www.herokidsregistry.org](http://www.herokidsregistry.org).

**Comments:**

- Rachel Ford: Good diverse group that is advising the project.
- Jackie DeSilva: Oregon Emergency Nurses Association (OENA) is in support of this. When we have the general assembly, this is one of the components. They are presenting a pediatric resolution. OENA is supporting the Oregon Pediatric Readiness Program and Oregon EMSC.
- Christa Shultz: Brought up the project with our team and care coordinators in Bend. They want updates and are so excited about this project.
- Tamara Bakewell: So many families wish there was a mechanism to share about their child and what their child is going thru in crisis. This will help in the moment to aid in care.
- Matt Philbrick: This has been a significant amount of work.

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

**EMSC Report Dashboard:** Updated all metrics to include 2019 and 2020 data. Standardized performance metrics across all EMS reporting so they are updated for all platforms. Formatting changes to highlight comparison across the years and clean up the presentation, as well as code review of all metrics and dashboard scripts. The Pediatric EMS Incidents by Age Group and Month dashboard has been broken out into four age groups (0-4, 5-9, 10-14, 15-18).

**Question:**

- Matt Philbrick: Are there any predictive measures. Peter: No.

**EMS Data Quality Assessment:** Incomplete data is an issue in every major data system. This includes data entry omissions, 3<sup>rd</sup> party vendor design issues, and data submission issues or validation. The Oregon EMS & Trauma program has historically favored an approach to capture as much data as possible, using fewer ERRORS.

The EMS Data Quality Assessment has been underway since September 2020. Data Quality reports were provided to vendors in Fall 2020. Meetings were held with all Oregon electronic patient care report vendors to address systematic data quality issues in Fall 2020 and Winter 2021. A reassessment was scheduled for Spring 2021 to measure progress.

The Oregon EMS Data Quality reassessment is complete. It covered all state and national data elements. Vendors have received updated reports, and the results of the reassessment is being shared with all agencies. Guidance on documentation related to data quality issues is forthcoming. Would like to work with agencies around their specific data quality improvement needs.

**Question:**

- Tamara Bakewell: Do you expect that these corrections will be a budget issue, and will it slow the process while these repairs are being made? Peter: No. Hope is that the corrections will be simple. It is a configuration issue and vendors should be meeting national standard to comply and there should not be a budget impact.

**EMS Suicide Data Project:** In response to Committee requests for EMS suicide data the following was completed:

- Through a literature review found that there was nothing published with the exception of a few international articles that did not include NEMSIS compliant data.
- Outreach to national partners.
- This has not been done in a rigorous fashion using NEMSIS compliant data, so initiated a project to design and validate an EMS suicide case definition.

It was noted from a CDC emergency department data case definition, that there was a lack of intent in many EMS ICD 10 codes and certain types of attempts such as hanging were missing. Developed a

modified CDC case definition that generates numbers for suicide related calls. It is impossible to quantify how accurate the definition is in identifying cases. There is no truth data set. There is no field that indicates conclusively whether a record is a suicide attempt or not.

The project team, EMS & Trauma Systems and Injury & Violence Prevention, are coding the EMS records. Drafted data sharing language for the memorandum of understanding between the programs and a project proposal and created a folder in the secure portal for data sharing. Compiled a sample: 1) 2,000 suicide attempts (identified through modified CDC case definition); 2) 2,000 suicidal ideations (identified through modified CDC case definition); 3) 2,000 randomly selected non-suicide related records; and 4) Unique identifier, Narrative, Impressions, Symptoms, Causes of injury, etc.

Review will be conducted by Robyn Ellis and Peter Geissert. Coding (0/1) for suicide attempts, suicidal ideation, firearm, asphyxiation, overdose, and a flag for EMS review. Comparison of results to look at any points of disagreement. Will code the records and compare findings. Will reach out internally or externally to EMS personnel to resolve ambiguous records. The resulting data set will allow team to characterize performance of the case definition: Type I errors (false positive) and Type II errors (false negative). The timeline:

- Coding summer 2021
- Anticipate the definition development will take place in the summer and fall 2021
- Present candidate metrics January 2022

**Question:**

- Rachel Ford: Will overdose include poisoning (inhalants, pills, etc.)? Peter: Would lean towards yes. Need feedback from the Committee.

**NEMSQA PEDS-03 Documentation of Estimated Weight in Kilograms**

Percentage of Pediatric EMS Patients Receiving Weight-Based Medications with Documented Weights in Kilograms, Oregon 2019-2020

0-4: Yes = 19%, No = 14%

5-9: Yes = 12%, No = 8%

10-14: Yes = 30%, No = 30%

15-18: Yes = 39%, No = 48%

Chart of what drugs were administered without documentation of estimated weight in kilograms included over 40 medications and the incidents for each and the role of person administering medication was also shared with the Committee.

**Question:**

- Matthew Philbrick: Just to confirm the info presented here is a distillation of a funnel of all the different charting programs in the prehospital setting. There will be some outliers. You may have some charting errors, different ranges = color scale, Handtevy. Has this been filtered to handle all those variables? Peter: This data comes from all our vendors. Resolving this question may be touched on in the work of the data quality assessment.

Data Team will look at agency level data and benchmark against state average. Pediatric-03 threshold: 90%. Agency level communication will be more impactful coming from the Committee. What steps would the EMSC Advisory Committee like to take? Ideas include creation of a workgroup, requesting review variation by geography, agency size, etc., identifying medications of particular concern, and drafting a letter of support.

**Questions and Comments:**

- Rachel Ford mailed the laminated Pediatric Assessment resource to all transport agencies. Weight-based medication guides and PEDIATAPES were also mailed to rural and frontier

agencies. The Pediatric Assessment resource and PEDIATAPES are available upon request.

- Dr. David Lehrfeld: Is there a geographic trend with what agencies use for measurement, or are they measuring and not documenting?
- Steve Boyersmith: Our Agency uses Handtevy which is based on age and having the equipment readily at hand. Dr. David Lehrfeld: Do your medics chart the weight from calls? Steve: Charting in the narrative. Will have to review the charts. Age is charted either in the narrative or the drop down. Age is given in the call, so the medics will know the weight and age prior to arrival.
- Matthew Philbrick: Can First Pass documentation be included in the chart data, where the chart won't complete until the information is added? Peter: Vendors have some options where agencies can switch off their warnings. Discussed making sure their warnings are visible.
- Dr. David Lehrfeld: 90% threshold is not a national standard. When this was originally created under EMS compass, 90% was a local goal that was attainable. Past 2 years have shown that we are hovering right around 89%.
- Tamara Bakewell: Will we come back and discuss Peter's questions on what steps the EMSC Committee would like to take?

**ACTION:** Matthew Philbrick: Will put a workgroup of stakeholders together between now and next meeting to address these questions.

## **7. Suicide Prevention Project: Matt Philbrick and Rachel Ford**

### **Mental Health First Aid (MHFA) Training: Matt Philbrick**

Due to great difficulty setting up the July 1, 2021 MHFA training, the training was postponed to the fall 2021. Matt will continue to work with MHFA national and local support organizations to setup a future training. Stay tuned for updates.

MHFA gives you the skills you need to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis. Matt is a strong advocate of the curriculum.

### **ResponderStrong Mental Health Curriculum: Matt Philbrick**

The ResponderStrong Mental Health Curriculum was developed by a team of educators, emergency responders and mental health clinicians to incorporate into emergency responder training at any level: entry, peer support, in-service, or family events. This half-day curriculum provides students with foundational knowledge of responder mental health, including:

- Suicide – occupational data, risk factors, and response
- Stress – the body's physiologic response, and why and how it manifests in emergency responders
- Post-traumatic stress injury – what it is and how to seek help
- Resiliency – what it is and ways to develop it further

Matt has gone through the training and has taught it a handful of times. Curriculum is taught in a Socratic method, heavily vetted, evidence-based and keeps the attention of the audience. Colorado Police require this for every new officer. Hits on suicide, navigating suicide, benefits of strong culture, and many other topics.

### **Questions:**

- Rachel Ford: Does the Committee give go ahead to do this training? Open to only Committee? Open to other participants? Matt: What are the next steps as a Committee? The Committee supports moving forward with this training.

**ACTION:** Matt Philbrick and Rachel Ford will put a meeting time together to teach and move forward to a wider audience. Rachel will communicate with the Committee.

**Connect Postvention Training: Rachel Ford**

Attempted twice to provide a Connect Postvention training to EMS and law enforcement. The registration numbers were too low to hold the training. There may be future opportunities, but none scheduled at this time. Training gives adult service providers the best practices to respond in a coordinated and comprehensive way in the aftermath of a suicide; including impact on individuals and community, best practices, signs of grief, coping mechanisms, communication protocols, and community resources.

**Alliance to Prevent Suicide Transitions of Care Committee: Rachel Ford**

Continue to attend monthly meetings. New leadership doing well. Will keep the Committee posted. The Committee identifies best practices, innovative approaches, and gaps to safe and uninterrupted transitions for youth, young adults and their caregivers when experiencing mental health crisis or risk of crisis.

**8. EMSC Program: Rachel Ford**

**National Pediatric Readiness Project (NPRP) Assessment:** As of this morning, the Oregon hospital response rate was 44.1% (26/59), and the national response rate was 46.5% (2,421/5,208) of all hospitals. The NPRP assessment must be completed by July 31, 2021. Targeted reminders have been sent to ED Nurse Managers. Danielle Meyer and Rachel Ford started to call the 33 remaining hospitals this week and will follow a communication plan through the end of the month.

**EMSC Website, [www.oregonemsc.org](http://www.oregonemsc.org):** Worked with Robbie Edwards and to make the website more user-friendly. It includes the following resources and more:

- **Family-Centered:** Injury prevention, disaster readiness and health emergency planning
- **Hospital:** Pediatric readiness, surge preparedness, transfer agreements and guidelines
- **Prehospital:** Pediatric transport products, pediatric care toolkits, recommended equipment
- **Free training and equipment:** virtual and in-person training, pediatric assessment equipment
- **Mental Health and Crisis Support:** Healthcare provider and patient resources
- **Prehospital and Hospital Data Reports:** June 2021 Oregon Pediatric EMS Data Report

**Pediatric Readiness Program (PRP):** The team continues to meet every other month and work to meet objectives. Scheduled the first annual stakeholder meeting with representatives from the Oregon Emergency Nurses Association, Oregon American College of Emergency Physicians, Oregon Pediatric Society, Children's Health Alliance, OHSU Pediatric Nurse Practitioner Program, University of Portland School of Nursing, and school-based health centers.

The Weight in Kilograms Quality Improvement Initiative is underway and runs April 1, 2021 - March 31, 2022. Education sessions, bi-monthly check-ins, project toolbox, Basecamp account, and hospital-level coaching are included. To participate, check out the website, [www.pedsreadyprogram.org](http://www.pedsreadyprogram.org) or email Rachel Ford for details.

The May 13, 2021 Wildfire Disaster Preparedness education session had 52 participants from at least 15 hospitals and organizations. Video recording and slides available on the PRP website. The August 12, 2021 Acute Pediatric Burn Care education session will be presented by Dr. Niknam Eshraghi, Medical Director of the Oregon Burn Center at Legacy Emanuel. Registration information is available on the PRP website. The session will be recorded and posted for later viewing. Continuing education credit is available.

**HRSA Performance Report & Funding:** Completed and submitted the annual performance report on May 26, 2021. On June 3<sup>rd</sup> received a Notice of Award adding a 5th year of funding onto what was a 4-year grant cycle. No official word yet but will likely be applying for the 5th year of funding through a non-compete continuation in late 2021 and then applying for the next 4-year grant (2023-2027) in late 2022.

The annual EMSC Grantee meeting will be virtual and held August 31-September 2. Tami Bakewell submitted a HERO Kids poster proposal for the 2021 Virtual Poster & Innovation Hall. Posters will be presented throughout the meeting within an interactive digital platform. Presenters will have the opportunity to record up to a five-minute video message about their project. There will also be a live Q&A session for presenters to interact with attendees.

**Oregon Emergency Nurses Association (OENA):** Rachel Ford met with Sonya McBryde, Pediatric Committee Chair for the OENA and Lisa Burk, President for the OENA regarding the Pediatric Readiness Program, hospital Pediatric Emergency Care Coordinators, potential education offerings and a resolution that will be presented to their membership. The hope is that OENA will be able to partner with EMSC and the PRP to support future education offerings. Rachel will keep the Committee posted on this work.

**EMS Equipment Rules:** Rachel Ford has been working through the 333-255-0072 through 0081 EMS equipment rules with Liz Heckathorn, Veronica Seymour, Rebecca Long, David Lehrfeld and Mellony Bernal. Updates are based on the Recommended Essential Equipment for Basic Life Support and Advanced Life Support Ground Ambulances 2020: Joint Position Statement that was co-authored by the National Association of EMS Physicians, American Academy of Pediatrics, American College of Surgeons Committee on Trauma, EMS for Children Innovation and Improvement Center, and Emergency Nurses Association, and endorsed by the National Association of Emergency Medical Technicians. The updated rules are expected to be presented to the EMS Committee October 8, 2021.

**Pediatric Emergency Care Coordinators (PECC):** In May, Rachel Ford sent a newsletter to the prehospital PECCs. With agency renewal closing at the end of June, and the PECC contact list will be updated and a newsletter will be sent later this month.

After the hospital NPRP assessment, Rachel will be connecting with the hospitals and asking if they could share their nurse and/or physician PECC contact info, or if they do not have a PECC if they could share contact info for a pediatric champion. Rachel would like to produce a hospital-based newsletter and start regular communication with the hospital PECCs and champions.

**NEDARC & NASEMSO:** Rachel Ford continues to serve on the NEDARC Advisory Board and has requested assistance from the team during the NPRP assessment. Rachel also continues to serve as the National Association of State EMS Officials Pediatric Emergency Care Council Secretary and West Region representative. Recent activities include the Pediatric Emergency Care Council Officer and Full Council meetings, as well as the NASEMSO West Region meeting. Rachel is preparing the agenda for the November 2021 NASEMSO Annual Meeting in Reno.

**EMSC Committee Training:** For 2021, State Committee members are required to complete the three following trainings by October 31, 2021.

- DAS - EIS - 2021 Information Security Training: Foundations (time not posted)
- OHA - DAS - 2021 Preventing Discrimination and Harassment in the Workplace (45 minutes)
- OHA - DAS - 2021-22 Public Records (15 minutes)

**Step 1: Setup Account** - Committee members were provided a document with instructions on how to setup an Extended Enterprise Learner account and how to access trainings in Workday. In the Workday system, Committee members are referred to as Extended Enterprise Learners.

**Step 2: Complete Trainings** - After setting up an account in Workday, Committee members can access all three trainings using this link: [OHA - HR - 2021 Required Trainings for Partners/Providers ONLY](#)

**9. AmeriCorps VISTA Member Project: Ammara Molvi**

Currently have two projects: 1) Implementing a pilot project to improve access and sustainability of frontier or rural EMS agencies by working with counties that are struggling and would most benefit. Will use data from renewal to select what agency to work with. Once the county or counties are selected, will assess needs, and provide resources and support; and 2) Developing a toolkit to provide resources for EMS agencies statewide. This will be updated regularly so it will continue to be useful. EMS Agencies struggle most with funding and continuing education. The toolkit will provide resources to address those needs and more. For suggestions or more information, contact Ammara Molvi at [Ammara.Molvi@dhsosha.state.or.us](mailto:Ammara.Molvi@dhsosha.state.or.us).

**10. State EMS & Trauma Systems Program: Dana Selover and Elizabeth Heckathorn**

The 2021 EMS provider, EMS agency and EMS vehicle renewal has concluded. For providers that missed the renewal window, the Reinstatement Application is now available, and questions can be sent to [ems.trauma@dhsosha.state.or.us](mailto:ems.trauma@dhsosha.state.or.us).

Working with the EMS Data Team to breakdown the Professional Standards Unit cases opened as a result of renewal. The agencies complete a survey as part of the renewal process, and 2021 is the third year of data collection. Would like to publish this data in the October quarterly report.

Recruitment for a new Trauma Coordinator (Public Health Nurse 2) is in the final stages and hope to make offer mid to late July. Future recruitments include Administrative Specialist 1 and Compliance Specialist 1 in August 2021.

**Question:**

- Matt Philbrick: When can we meet in person? Liz: State office building will be opening September 1, 2021. There is a lot of planning on what that looks like. Having discussions on what that looks like in our office, possibly a hybrid. Look towards the future. Stella Rausch-Scott and Rachel Ford have committee and board meetings scheduled virtually for now. Dana: Have yet to have a successful hybrid meeting. Those on the electronic platform have a difficult time participating like those in the room. It is a work in progress and trying to avoid half in room and half virtual. Want to do this well. Many want to continue remotely. Looking for solutions.

**11. Committee Member Roundtable**

Matt Philbrick: GMR Life is working with responders for mental health resiliency and building out platforms, getting grief counseling for the loss of coworkers, and follow-up for responders hospitalized with COVID. There has been a significant increase in mental health resource requests but also a significant decrease in available mental health practitioners. Especially difficult finding practitioners that specialize in responder trauma, trauma injury, or have training in Eye Movement Desensitization and Reprocessing (EMDR) and other therapeutic adjuncts to help reprocess trauma. Finding practitioners that accept insurance is another barrier for responders. GMR has a therapy dog team with over 30 therapy dogs across the county. There are several in the Pacific Northwest. The next in-person EMSC Advisory Committee meeting, one of the therapy dogs will join the meeting. Human to



animal contact has residual benefits for up to 30 days post exposure. The therapy dogs work well as an adjunct for any critical incident stress response (debriefings, diffusings, community medical briefings, or other critical incident stress management). The dogs amplify the efforts of those adjuncts and there are better outcomes. Just interacting with a therapy dog for 30-minutes has shown 30 days of benefits. Tamara Bakewell: The Family-to-Family web page that gets the most hits is the one where families are asking for information about therapy animals.

Danielle Meyer: Will start making calls today and tomorrow to the hospitals for the National Pediatric Readiness Project Assessment

Kelly Kapri: ODOT is working closely with the traffic incident management group. Will be sending information to solicit EMS folks to participate in the traffic incident management training that ODOT provides virtually. CEUs are available. Also, ODOT has started recording secondary crashes in 2019, so this data will be available in the future.

## **12. Public Comments**

- Sara Herd, Lincoln County: Working on supporting initiatives for suicide prevention and suicide postvention.
- Steve Boyersmith, Ashland Fire: Happy to be here and trying to be informed.

## **13. Meeting Adjourned 11:25 a.m.**

### **NEXT MEETING:**

**October 7, 2021**

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

**Location: Zoom**