

**STATE EMERGENCY MEDICAL SERVICES COMMITTEE
MINUTES OF DECEMBER 10, 1999**

MEMBERS: Eric Brunswick, Lt. Griffith, T.R. Hilton, Pete Kingsley, Dr. McCart, Dr. Miller, Ken Parsons, Dr. Jui, William Porter, Linda Quackenbush, Suzann Schmele, Richard Straw, Jim Thomas

STAFF: Roger Fox, Raymond Jester, Willie Maassberg, Donna Wilson, Steve Myren, Catherine Schmitz

ABSENT: Pat Hart, Juanita Moore

GUEST: Markley Drake, Jerry Andrews, Gary McLean, Kevin Johnson, Ken McGinnis, Brian Graunke, Craig Warden, Paul LeSage, Jan Glarum, Dave Fuller, Ron Mariani, Ted Farr, Michele Moore, John Praggastis, Jeff Butler

1. Meeting Called to Order

The meeting was called to order by Dr. Jui, Chair. He had the guests introduce themselves, and mentioned the “No-Smoking” policy.

Introduction of New Committee Members

Dr. Jui introduced, and welcomed Dr. Eric Brunswick and Ms. Linda Quackenbush to the committee.

Additional Agenda Item

Dr. Jui added the item of “DMAT” under old business

Prior Minutes

The minutes were accepted with the corrections of Jim Thomas was present at the meeting and Gail Madsen was not. Motion to approve minutes passed.

2. Subcommittee and Liaison Section - Discussion Items

Report of Board Medical Examiners EMT Advisory Board Liaison

Raymond Jester reported on the recent Board of Medical Examiners (B.M.E.) meeting where a discussion ensued over potential changes in the scope of practice. Mr. Jester will help develop a survey soliciting Physician Advisors input on proposed changes. Gary McClean summarized proposed changes; EMT-Basic adding combi-tube”to the scope of practice; EMT-Intermediate statewide protocols being altered through on-line contact with the physician; oxygen powered ventilatory devices other than valve-bag mask; level of care an unaffiliated EMT can actually provide, EMT vs. Good Samaritan; First Responder use of AED’s and oxygen without written protocols.

After discussion on the subject of adding “Combi-Tube®” to the EMT-Basic Scope of Practice, the committee generally felt the cost of training and implementing may, or may not, outweigh the benefit in the field. It was also pointed out that because the option is there, doesn’t mean an agency needs to add to the scope of their personnel. Educators’ felt regardless of being utilized, it would need to be added to the curriculum of all EMT-Basic’s if it’s an option.

Items tabled for future agenda by Dr. Jui.

Subcommittee on EMT Certification and Discipline

Suzann Schmele reported the subcommittee met with 10 persons of interest on December 9, 1999. Two individuals were removed from probation as scheduled. Recommendations for the remaining individuals on probation were to continue with current status. The main issue that came up in the last session with probationers was what to do with the individuals that have their first DUII and enter a diversion program, which, if successful, is removed from their records. By the time they come before the committee with a second DUII it may be too late to provide help to the individual. Currently, the obligation is to report "convictions", not "citations". The committee felt it presents additional problems in dealing with probations in this situation. Statistics show that when a person receives a DUII for the first time, it's probably not the first time a person has actually driven under the influence of intoxicants. OAR 265 revision language will now reflect "citation" vs. current language.

National Curriculum has prompted the National Registry has prepared to make changes in the National Registry exam. The written exam will not effect Oregon until 2002, but as of October 2000 the practical exam will change substantially. Additional items will be added to Ventilatory Management such as child intubation, as well as, **ptl/combi tube** airway; IV Medication Station: an addition of **inter infusion** as a skill; Oral Station: two scenarios; Random Basic Skills: decreased from two (2) to one (1); Patient Assessment: see an addition of **inpasagistic trauma**, and in the future go to a Trauma/Medical Assessment.

Changes with the National Intermediate Curriculum have raised concerns whether Oregon wants immediately adopt the changes.

National Registry fees will increase as of 2002. The Paramedic level exams will increase by \$ 5.00 and recertification \$15.00.

Concerns regarding availability of EMT-Paramedics due to the AAS requirement may be unfounded, as schools have been implementing these requirements for sometime. If certified *prior to* July 1, 1999, not affected; *post* July 1, 1999 students will need to have an associate or bachelor degree *with* the addition of medical terminology *and* anatomy/physiology.

SEMSC EDUCATION SUBCOMMITTEE

Craig Warden reported need for new members, currently the committee consists of himself, Ted Farr, Helen Miller and Lisa Irwin. The EMSC grant was submitted October 1999 with a three (3) year funding period supporting a .5 FTE position for data collection. The National EMS Conference will be held April 2000. Dr. Warden and Ms. Irwin will be attending. In addition, the following items the committee will be working on is: non-accidental trauma protocols; EMSC website; and educational issues as part of SB 911 funding.

DEPARTMENT OF EDUCATION LIAISON - EMT ADVISORY COMMITTEE

Linda Quackenbush chose to pass at this meeting and will update the committee at the next meeting.

OREGON ACEP LIAISON

Dr. Jui reported that Dr. Daya will be reporting in the future.

OREGON STATE AMBULANCE ASSOCIATION LIAISON

Ken Parson reported at the last meeting potential changes were reviewed resulting from Medicare rule changes. West coast Ambulances would be impacted the most due to higher charges already implemented, as well as, any air medical program already funded by hospitals under Medicare part A. How to implement rules in regards to physicians' statement of certification with regards to non-emergency transport. Implementation has been delayed until January 2001. Potential lost revenue is approximately 20%.

3 (f) **SENATE BILL 911 IMPLEMENTATION & PRIORITIES**

Jeff Butler, Deputy Director of the statewide AHEC system and Karen Whitiker, Office of Rural Health provided insight on the process of distributions generated from SB 911. Mr. Butler reported various components are at different stages; education; monies deposited; grant submission; equipment; certification are but a few being discussed. A conference call will be held December 16, 1999 with members of the EMT consortium and the advisory group. Tentative implementation of training resource distribution is targeted for Fall 2000.

Ms. Whitiker reported the Office of Rural Health's biggest goal is to keep the process simple with the greatest amount of money going to the "end user". The rules indicate monies may be spent on several uses, not just equipment. Currently deposits for October have not shown up in accounts as of November. The Rural Health Coordinators Council meets again in January 2000 where they will work on the development of procedures. Ms Whitiker provided the group two (2) handouts, one (1) identifying what is "rural" by definition of the office; and (2) a report from an intern who had done field work around Oregon about their EMS needs.

Dr. Jui requested comment from Ray Jester; increase service and training hand in hand; agencies should have requests for funds that compliment their EMS plan; agencies being funded must support EMS&S by providing data; use data to establish a baseline for future study. Dr. Jui questioned how the committee and Office of Rural Health will interact?

Dr. Jui requested a Rural Health taskforce be established to expedite the process. T.R. Hilton, Pete Kingsley and Dr. McCart expressed interest. The purpose of the taskforce would be; interact with Office of Rural Health; develop more than just a needs assessment with the concept of EMS systems; outcome measures; increase training; produce a summary fact sheet of process and goals. Suzann Schmele pointed out 5 members of the SEMSC were already on the EMT Consortium.

An Ed-Net broadcast is planned for March 2, 2000 where this subject could be added.

WEAPONS OF MASS DESTRUCTION

Jan Glarum reported in place of Nick Goevlinger. Office of Emergent Management for the City of Portland received a grant from the Office of Public Health out of Seattle. The purpose of the grant is to develop a medical response to incidents involving 1000 -10,000 casualties. Portland is looking to enhance the system already in place. Fast-track program of 18 months, currently in month 2 of development. There are 33 standards being looked at in Oregon compared to 3-4 standards in Seattle. Enhancement is needed, most at the hospital level. It was suggested the heavy handed approach will not work, nor would the classical HAZMAT procedures.

DMAT

Dr. Jui reported of a generic template being developed that would work throughout the state. Dr. Helen Miller reported a team is being compiled from four (4) regions of the state; Metro Portland, Willamette

Valley, Southern Oregon and East of the Cascades that could mobilize around the state. The team has joined the National Disaster Medical System providing team member opportunity to serve in the case of natural disaster around the country. Dr. Miller shared concerns that working within EMS would be easier than MD/RN/PA's, and harder still for the volunteer ranks due to regular work commitments. A small grant was received from NW Health Foundation for equipment.

3. (b) **COMMITTEE MEMBERSHIP**

Ray Jester referred the audience attention to a large map on display which shows current representation by profession from each of the ATAB's. There is a need for three (3) MD's, one (1) EMT-Basic and one (1) EMT-Paramedic. The rules state there may not be more than three (3) persons from any one ATAB. It is the job of the B.M.E. to make recommendations, however, if EMS makes suggestion to B.M.E. it may move more quickly. Mr. Jester confirmed re-appointments of current members. Suzann Schmele pointed out that the Subcommittee on Disciplinary Action is also in need of physicians.

3. (c) **LEGISLATIVE ISSUES**

Ray Jester requested any, and all issues for the next session are due in writing to Mr. Jester for submission to Oregon Health Division (OHD) Administration by January 6, 2000. Clean-up language is not a priority. Currently there is one item on the table, stretcher/wheelchair car regulation. Ken Parsons pointed out to be successful, language would need to specify transport being supine. Jerry Andrews reported his office has received complaints from the field on this subject. Dr. Jui, liked option A, he requested Mr. Jester get more data on current practices of unregulated/unqualified providers handling more critical patients.

Mr. Jester will present option A for next legislative OHD administration review

OAR UPDATES

Ray Jester reported draft revisions have gone to committee for review (summary provided) there are some changes yet to be made before final draft for public comment. Markley Drake reported for the subcommittee on 333-250 & 255 recommended changing the definition of emergency and non-emergency to meet the **prudent lay person** definition; biannual licensing of Ambulance services; O2 saturation monitor being required with phase in period due to cost.

Suzann Schmele reported on 333-261 with recommendation to go ahead with changes to date. Ted Farr voiced concern regarding a Paramedics' field work not be started prior to ending the class work, Ms. Schmele and Mr. Fuller quickly agreed. Ms. Schmele also reported 333-265 is still in need of review. Paul LeSage inquired whether OAR 847-035 regarding medical director protocols were being revised? Mr. Jester acknowledged receipt of materials Mr. LeSage submitted which still required review.

Written comment is to be submitted to Mr. Jester by February 2000 with the author providing a cc to Committee by e-mail.

4. **NEW BUSINESS**

- (a) Teleconferencing for future meetings was discussed briefly and well accepted by the committee.
Oregon On-Line will present information at the next meeting
- (b) Committee Website; page within EMS website; forum for public to address comment to committee members. Home page will professionally, not personally identify individual members.
- (c) Paul LeSage inquired about Paramedic recertification exam results. Mr. Jester stated results are not yet available due to software computer problems. When available, individuals will get their scores and group scores will be sent by category of certification prior to the next committee meeting.
- (d) Ray Jester reported due to SB 911 funding there will be two (2) positions posted within the office for Research Analyst and assistant. Also, the position of Training Coordinator was reclassified to reflect management status, and higher pay.
- (e) Suzann Schmele requested the committee return to a previous schedule of the last Thursday and Friday of January, April, July and October. The committee would not meet in January 2000 due to today's meeting. The change previously was made to accommodate the B.M.E.. With the exception of October 2000, the committee will meet instead at the conference in September, while keeping the Subcommittee on Disciplinary Action in October beginning at 1:30 p.m. from now on.

Minutes Respectfully Submitted by Catherine Schmitz