

**STATE EMERGENCY MEDICAL SERVICES COMMITTEE  
MINUTES OF APRIL 28, 2000**

**MEMBERS:** Dr. Eric Brunswick, Dr. Erin Burnham, Lt. Griffith, Pete Kingsley, Dr. Charles McCart, Ken Parsons, Dr. Jon Jui, Linda Quackenbush, Suzann Schmele, Richard Straw, Jim Thomas

**STAFF:** Russ Harper, Shelley Shute, Catherine Schmitz, Donna Wilson

**ABSENT:** Pat Hart, TR Hilton, Dr. Helen Miller, William Porter

**GUEST:** Markley Drake; Bill Bass, Lane Rural Fire/Rescue; Peggy Andrews & Greg Lander, Chemeketa Community College; Ken McGinnis, Winston-Dillard Fire District; Jan Glarum, Clatsop County Sheriff's Office; Craig Warden, OHSU; Ron Mariani, Portland Fire Bureau; Paul LeSage, Tualatin Valley Fire & Rescue; Tim Dahl, Clackamas Fire District #1 and Scott Cooper, Marion County Fire District #1.

**1. CALL TO ORDER, 1:30 P.M.**

**A.** The Chairperson called the meeting to order and reminded guests of the "No-Smoking" policy.

**B.** Introduction of New Committee Members:  
Chairperson introduced, and formally welcomed Dr. Erin Burnham and Linda Quackenbush to the committee.

**C.** Acceptance of Agenda:  
*M(Jui)S(Committee)/C* - The committee accepted the proposed agenda.

**D.** Approval of Prior Minutes:  
*M(Parsons)/S(Griffith)/C* - Approval of previous meeting minutes.

**2. SUBCOMMITTEE & LIAISON SECTION - DISCUSSION ITEMS**

**A. Report of Board of Medical Examiners, EMT Advisory Board Liaison**

Suzann Schmele reported the next scheduled meeting is set for Friday, June 9, 2000. The only agenda item presented at this time is a survey directed to the medical directors on the use of the Combi-Tube7 at the basic level.

Dr. Jui informally polled statewide medical directors and concluded that most urban medical directors felt this should be an optional, not required skill. Most rural medical directors agree this would assist in setting appropriate training and quality assurance from a EMS system point of view. An overall consensus: Favorable approval for an optional "Combi-Tube7" module for rural providers, with obvious in-service and quality assurance mechanisms.

**Action:** *Dr. Jui requested Suzann Schmele work with the EMS educators to*

*draft a recommendation on this issue.*

**B. Board of Medical Examiners Report**

Suzann Schmele reported that the B.M.E. will meet again June 9, 2000, 9 a.m. Ms Schmele will forward the final agenda to committee members.

**C. Subcommittee on EMT Certification and Discipline**

See the attached minutes from April 27, 2000 meeting. (*Exhibit #1*)

**The next meeting will take place on the following date:**

**DATE:** July 27-28, 2000

**TIME:** Thursday Executive Session (*Closed Session*) 1:00 pm - 5:00 pm  
Friday General Session (*Open Session*) 9:00 am - 12:00 pm

**Disciplinary Issues**

The subcommittee met with four persons (*two on probationary status*) of interest on April 27, 2000. Areas of concern are EMT's being placed on probationary status due to receiving their first DUI or DUII. This issue has been prompted by the Attorney General, and the statistics prove that by the first offense the person has already had a history of driving intoxicated by never has been cited. Being proactive, the committee will begin discipline in the early stages, at the point of citation, not conviction. Legislative updates to rule language will be implemented to reflect this change.

The committee also discussed an issue of falsification of records, and conducted a quarterly review with a current probationer.

**Request for Additional Physician Participation**

Suzann Schmele requested assistance of the committee to recruit an additional three physicians to participate on the EMT Certification and Discipline Committee which is currently functioning with only two physicians.

**Action:** *Raymond Jester will draft a letter and request the assistance of Diana Dolstra with the Board of Medical Examiner's in recruiting additional physician to participate with the committee.*

**SEMSC EDUCATION SUBCOMMITTEE**

**Discussion on Issues Presented by Russ Harper, State EMS Training Manager on: 'Recertification Test Scores'.**

State EMS Training Manager, Russ Harper projected July 1, 2000 as the deadline to notify individual paramedics of their initial and recalculated examination scores received on the Recertification Examination.

Clarification of Associated Degree Qualifications

To clarify associate degree qualifications/equivalences, Mr. Harper distributed a draft proposal directed to the community colleges.

**ACTION:** *Between the Oregon Health Division and the Board of Education's Consortium Group will finalize and streamline this process.*

### **Using NREMT Recertification Guidelines in Lieu of Oregon's Current Process**

Another proposal by Mr. Harper that is under subcommittee review will allow Oregon certified NREMT-Basic/Paramedic's to use the National Registry recertification guidelines as the equivalency to the Oregon recertification process. In the event a medic does not maintain the National Registry certification, then they would proceed through the Oregon recertification process.

**ACTION:** *The group will review for the possibility of adoption and will report back to the committee their recommendation.*

### **Rewrites of Administrative Rule Dealing with EMT Internships**

Due to the difficulty of schools not having enough field internship sites and time, the subcommittee is recommending the Oregon Health Division rewrite the Administrative Rules regarding the didactic portion of EMT education dealing with the internship phase.

Many national curriculums allow students, upon completion of a particular section of their education, to simultaneously perform those skills in an internship setting before entering into the clinical/field portions of their education.

### **Changes in NREMT -P Exam**

As of October 1, 2000, the following changes to the National Registry practical will be implemented:

- C Oral Station with a number of scenarios;
- C Airway/Combi-Tube<sup>7</sup> skill will be added to the ventilatory management station;
- C Cardiac & Trauma Stations remain the same;
- C IV Meds will include the addition of an interosseous infusion skill;
- C Random Skills Station will require the person perform one skill;
- C The procedure of scoring the stations will also change. In the past, the cardiac station has counted as, static & dynamic cardiac, which is one station. If failed a portion of the station, retest only the deficient area, not both stations.

The written portion which was defined in the new 1999 curriculum will be introduced in October but not mandatory until 2002.

### **Oregon Representative for the National Registry**

Due to Gail Madsen's resignation, Russ Harper has recently trained to be Oregon National Registry representative.

### **EMT -Basic National Curriculum**

No Changes since 1994

### **EMT -Intermediate**

The national curriculum looks identical to Oregon's previous EMT-3 curriculum. Due to

the vast changes between the EMT-Intermediate (1985) curriculum and the new 1999 curriculum, National Registry will not require all EMT-Intermediates from 1985 upgrade to the 1999 curriculum and go through the retesting. Instead, they will have two certifications with separate patches and scope of practice. The two curriculums are very different. The EMT-Intermediate from 1985 was much less than Oregon's current EMT-Intermediate. The EMT-Intermediate for 1999 is equivalent to Oregon's previous EMT-3 level.

Current National Registry requirement for EMT-Intermediate is a minimum of two hundred and recommended three hundred hours.

**Action:** *Dr. Jui requested comment from the committee and guests by asking: "Who would vote to keep the EMT-Intermediate curriculum?" Following the discussion on topics of cost, training, access and volume, Dr. Jui requested a show of hands from the committee asking "How many of you keep the current Oregon EMT-Intermediate as it stands?" (The majority agreed to keep as is, one was opposed. He also asked; "Who would move to the new EMT-I curriculum?" (Majority answered;" No"). The committee decided on a goal of continued dialog on the subject, and to also work together to build an infrastructure to assist in a smooth transition should Oregon decide to adopt this curriculum.*

#### **D. SYSTEM DEVELOPMENT, LEGISLATIVE AND FINANCIAL SUBCOMMITTEE**

See Exhibit #2

Markley Drake presented two revisions for committee review:

Provider Selection 333-260-0070 (1) The following is solely responsible for designating and administrating the process of selecting an ambulance service provider.

(3) The county shall designate one emergency ambulance provider for each ambulance service area. The county may designate one or more non-emergency ambulance provider(s) for each ambulance service area.

**ACTION:** *Motion (Straw)/S (Parsons)/C (Committee agreement).*

System Elements 333-260-0050 (1)

The following system elements must be addressed and considered in the county's plan for each ASA.

(h) emergency and non-emergency ambulance service must be addressed by June 30, 2003.

**DISCUSSION:** Raymond Jester will determine whether the June 30, 2003 is an appropriate date.

**ACTION:** *Motion (McCart)/S (Griffith)/C (Committee agreement).*

#### **E. SUBCOMMITTEE ON EMS FOR CHILDREN**

See Craig Warden's Report (*Exhibit #3*)

Craig Warden reviewed the following areas with the EMSC Subcommittee and expects to develop the following items within the next year:

**C EMSC Grant**

EMSC Grant funds will hire one .5 FTE, RN with masters level degree, expertise in program development and/or research.

**C State Trauma Advisory Board (STAB)**

Dr. Warden will interact with the State Trauma Advisory Board as a pediatric representative and also in the areas of developing Child Abuse and Neglect (CAN) guidelines on recognition and management in which he has requested committee input.

**C AHEC/ORH Project(s)**

Develop a pilot project with ATAB-6 area/EMS council (*Sheridan, Wheeler, Gilliam, Hood River, etc. counties*) for distance learning. Use case review format over VTEL or web-based network, community colleges, ESD high schools. Courses including Peds Trauma courses, PEPP, CAN course.

**C State EMSC Conference**

Develop an annual vs. Biannual pediatric conference as presented in Medford last year. Working on a theme and funding.

**C Oregon EMS Conference September 2000**

Craig Warden, MD, will conduct the PEPP (*Pediatric Education for Prehospital Professionals*) course at the Oregon EMS Pre-Conference scheduled to be held on September 13-14, 2000. Make American Academy of Pediatrics courses available for statewide offerings.

**C Datasets**

How to get good prehospital data and linking it to other Datasets.

**F. DEPARTMENT OF EDUCATION LIAISON-EMT ADVISORY COMMITTEE**

In conjunction with Suzann Schmele's report, Linda Quackenbush reported a great success with a pediatric course spearheaded by Pete Kingsley and coordinated by Sandi Ryman, Oregon AHEC. The course was offered to four hundred individuals throughout the State. Evening presentations were presented over Oregon Ed Net, and also associated with coordinated labs or local sites throughout the state. Eighty three agencies with represented attendees were granted six hundred dollars of pediatric equipment.

**G. OREGON ACEP LIAISON**

No report given.

**H. OREGON STATE AMBULANCE ASSOCIATION LIAISON**

HI CVA rule changes and fee schedules were the topic of conversation at the last meeting. The impact of these changes will be dependent upon Medicare volume which varies through out the state.

Examples given were: Portland-(20-25%); Medford-(50%); Bandon-(70%). Over a four-

year period, this will mean a 40% reduction in Medicare revenue. See the following website for further details:

<http://www.nanheim.com/OSAA.html>.

### 3. **OLD BUSINESS**

#### A. SB-911 Implementation Update:

Raymond Jester reported that the AHEC office has requested assistance to identify the level of funding needs, or types of position certifications. Since the legislative language identified EMT's, and not First Responders, looking at the proposed funding AHEC mechanism, training will be provided for EMT's. The AHEC office will identify agency needs, and direct funds to the agencies for training, rather than provide the funds to training institutions.

Peter Kingsley (*SEMISC liaison*) and Raymond Jester (*OHD liaison*) is working with Karen Whitaker, Office of Rural Health, to review grant applications. The grant application deadline is June 20, 2000 with availability to apply for the second cycle starting July 20, 2000. There are \$160,000.00 of funds available. Office of Rural Health is barred from using these funds for anything other than grant funding, mailing, or safety net funding in the event an agency may be threatened for closure. Such cases will be reviewed on a case-by-case basis. The selection process is determined by a series of criteria such as; rural vs. urban; whether the agency transports; if equipment is defined as EMS related. For further details: "<http://www.ohsu.edu/aaRuralHlth/>".

### 4. **NEW BUSINESS**

#### A. **OHD Staff Introductions**

C Jerry Andrews is the new Professional Standards Officer who came to us from Multnomah County EMS as the EMS Coordinator.

C Russ Harper, State EMS Training Manager, comes to us from Colorado with a strong background in education.

C William Worrall, Research Analyst 3, Quality Improvement Coordinator, is funded by the SB-911 funds and will work with the Trauma Department developing the prehospital care database.

#### B. **Website Development**

Raymond Jester and Juanita Moore will work closely with the OHD Information Systems to update the OHD website with current minutes.

#### C. **Teleconferencing**

Juanita Moore will coordinate the possibility of Teleconferencing, or conferencing the next meeting for those committee members who drive long distances.

### 5. **STAFF REPORT ISSUES**

#### A. **Director's Report**

The Office of Rural Health has an opportunity to apply for federal government funding to establish a list of critical access hospitals. Hospitals have been identified by

geographic and volume issue (see exhibit #4). Eligible hospitals would receive funding reimbursement for Medicare/Medicaid patients. Raymond Jester went with the Office of Rural Health staff to their regional office in Salt Lake, UT. A portion of the grant included an improvement section for EMS services called "Partnering". Mr. Jester requested committee members provide any information to strengthen this portion of a five-year grant which will generate \$80,000.00 - \$100,000.00 a year to support Oregon area hospitals fitting into the grant criteria.

**ACTION:** *Committee members will E-Mail suggestions to Raymond Jester within the next few days to support system improvements.*

## **B. Trauma System**

*(See Exhibit #5)*

Trauma regulation revisions will be filed on Monday, May 1, 2000 with the Secretary of State for enactment. The process is expected to take at least forty-five days to become rule. All regulations were discussed and revised through public hearings.

Dr. Jui inquired as to whether ATAB areas 3 & 4 had been combined. Raymond Jester commented that this had not occurred. Currently in rule they are still separate. There is discussion that one ATAB is down to one hospital in about two-thirds of the county which may not be considered a complete ATAB, but this still needs revision through the rule process to occur. Dr. McCart commented that having one hospital does not justify merging it with another ATAB. These areas are distinct geographically, in terms, practices and health care providers.

## **C. EMS Operations (See Exhibit #5, 7 & 8)**

William Bass, Project Chief, Lane Rural Fire/Rescue, submitted a written request (see Exhibit #3 & 4) and was in attendance at the meeting to request consideration for their emergency vehicles to utilize blue emergency warning lights on ambulance vehicles (see attached request).

**DISCUSSION:** Vehicles must be compliant with lighting specifications as listed in KKK-A-1822. EMS agencies represented stated that blue emergency lighting is far more superior during inclement weather than the other red or amber lighting. Jan Glarum will address this issue further with the EMT Safety Subcommittee.

**ACTION:** *The committees voted by a show of hands to allow fire service the use of blue emergency lights on emergency vehicles.*

**D-F.** See attachments #9-11.

The next scheduled general meeting will take place on Friday, April 28, 2000; 1:30 p.m. at the Portland State Office Building, Room 120.

Minutes Respectfully Submitted by Juanita Moore.