

**STATE EMERGENCY MEDICAL SERVICES COMMITTEE  
MINUTES OF SEPTEMBER 14, 2000**

**MEMBERS:** Erin Burnham, Denise Girard (*new member*), Pat Hart, TR Hilton, Jon Jui, Pete Kingsley, Charles McCart, Helen Miller, Richard Straw, Jim Thomas.

**OHD STAFF:** Jerry Andrews, Roger Fox, Russ Harper, Juanita Moore.

**ABSENT:** Eric Brunswick, Terry Griffith, Ken Parsons, William Porter, Linda Quackenbush, Suzann Schmele.

**GUEST:** Shawn Baird, Woodburn Ambulance; Dave Fuller, AMR; Ron Mariani, Portland Fire Bureau.

**1. Meeting called to Order at 1:30 p.m.**

- A. The Chairperson called the meeting to order and reminded guests of the "Non-Smoking" policy.
- B. Introduction of the new member Denise Girard, EMT-P, Albany Fire Department.
- C. Approval of the Agenda (Exhibit #1)
- D. Approval of Prior Minutes (Exhibit #2)

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

*(see attached subcommittee minutes for further details, Exhibit #3)*

**Professional Standards Issues:**

C. McCart reported the committee met on July 25, 2000 and made the following recommendations in the closed session: continued probation, two cases; release of probation, two cases; EMT certification suspended not less than 180 days and \$500 fine; closure of one case by "letter of reprimand" (*Exhibit #3*). Four other cases are currently in review and awaiting suggested case management.

**3. OLD BUSINESS**

**A. Senate Bill 911 Update:**

Two grants have been awarded to Cascade Locks (*partial support for a new ambulance*) and Prineville (*upgrading cardiac monitors*). Several committee members would like to change the selection criteria for awarding the grant dollars. Some of the reasons discussed were: (1): do not see that it is impacting a large portion of Oregon, and (2): it is not addressing the core issue which assures every service meets minimal standards. A proposal to the Office of Rural Health suggests changing the criteria to give: (1): priority to agencies with deficiencies meeting State requirements; (2): services wishing to expand, and (3): limit the amount of expensive equipment requests.

The committee agreed the support should be equitably distributed more evenly throughout the State.

J. Jui asked members of the committee if they have set a minimum goal for rural standards. If not, maybe we should look at our county ASA plans and determine a minimum standard, which could be used to standardize and upgrade our EMS services.

This could also assist in guiding the distribution of SB-911 funds. If services are not functioning at a standard, agencies could be directed to the Office of Rural Health for financial assistance.

**ACTION:** *The following recommendation to the selection criteria language was discussed, and will be proposed to the Office of Rural Health:*

- 1). Prioritize agencies which do not meet current State standards for licensure and bring them up to that level;*
- 2). The agencies still looking to upgrade their services such as ALS providers that do not have ALS equipment;*
- 3). Awards should be equitably distributed, such as, any single item in excess of \$25,000 has to be a prorated share.*

**B. B.M.E. Scope of Practice Meeting:**

The Scope of Practice for EMT's was a topic of discussion. The two main concerns was the use of the Combi-Tube® and Auto-Vent. The use of the autovent type devices was approved.

**C. EMT-Intermediate Curriculum:**

OHD needs to form a "task force" or "working group" to enable EMT-Intermediates the ability to teach in a paramedic setting such as (*i.e. IV Skills, Combi-Tube®*). R. Harper's goal is to layout a suggested agenda to include the new set of protocols matching the new ACLS algorithms. The drug doses and the EMT levels should match their skills and Scope of Practice. With this new curriculum in place by Spring of 2001, there should not be a need for an EMT-Intermediate/Paramedic Interface Course.

**4. NEW BUSINESS**

**A. OAR Revisions and Public Hearing Set for October 23, 2000:**

R. Jester brought to committee's attention the September 7, 2000 OHD Memo from Roger Fox to Mike Skeels (*Exhibit #4*) regarding the October 23, 2000, Public Hearing on the Rule Revisions. R. Jester advised the group to review the summary list and present feedback that could be entered in as testimony before the Hearing process as public record.

**OAR 333-250-0048:** Members of the audience and committee discussed issues that prompted several OAR updates, and the potential operational impact on EMS agencies and how they conduct business. Specifically language usage was mentioned such as twenty-four *shift* vs. twenty-four hour period.

**ACTION:** *J. Jui made a request to keep the same language and not make a change. C. McCart made a motion to not recognize the six-hour rest limitation, and keep the three-hour limitation.*

**DISCUSSION:** **No Discussion. M(McCart)/S(Miller)/C(Unanimous).**

**DISCUSSION ON URBAN VS. RURAL:** Shawn Baird, Woodburn Ambulance, commented on the Trauma rule revisions that were published in July concerning changes in the definitions regarding response time termed as "population based". Previous to July, a population of 50,000 or more were considered urban. In the July revisions, the language changed to 10,000-population base, which is a substantial change. Thirty-nine communities within Oregon have a population between 10,000 - 50,000. Willie Maassberg worked with Roger Fox to increase the population base from 10,000 to 20,000. This revision relieved ambulance companies from the immediate crisis of trying to meet a response time the system was not originally designed to accommodate. For many ASA plans, this does not relieve them of the responsibility to prepare system elements to move in this direction. The committee debated urban vs. rural definitions.

R. Jester also discussed **OAR 333-250-0090**, patient rights with regards to emergency medical care and transportation in the patient rights statement. The patient, when coherent, should have the right to request going to a particular facility. However, if the facility is too far outside the service area, the ambulance service should have the right to refuse transport to a particular designation and proceed to the nearest appropriate facility.

**ACTION:** *J.Jui recommended committee members review all of the suggested OAR revisions and make a comment by e-mail to the Oregon Health Division, R. Jester by October 23, 2000 to assist the OHD in making informed revisions based on committee approval.*

**B. Future Meeting Dates**

The next scheduled meeting is set for Friday, December 1, 2000, Portland State Office Building, Room 140, 1:30 pm.

All 2001 meetings will be held on the following dates:

March 2, 2001

June 1, 2001

September 7, 2001

December 7, 2001

Meetings will be at the Portland State Office Building, Room 140, at 1:30 pm.

**C. Recertification Exam Follow-up**

A letter went out to all 1,760 paramedics who took the recertification exam that detailed their exam score. R. Harper reported the only unfavorable comment was received from Jon Tardiff for the Paramedics For Recertification Reform Group.

R. Harper reported that the exam questions will be revised for current and future testings to include areas such as: ACLS, cardiology, static rhythm, drug dosages (*areas we need to measure.*) The finished product should result in a 150-question exam similar to the national standard test. The current exam does not allow OHD to extract data to analyze results. The template is a more manipulatable exam that enables scrutiny of data to determine strengths and weaknesses. The test will be designed for statistical use in determining continuing education needs, not for disciplinary, or hiring purposes (*for additional information see R. Harper's committee report, Exhibit 8*). Within the next three years this committee will discuss issues regarding future recertification test in areas such as: how the test will administration, passing score, and who should be notified (individual, agency, physician supervisor) for what purposes.

**Action:** *The committee agreed future testing will generate valid and useful statistics. The group committed to support R. Harper's outline and guidance of the modified examination. All felt it was a good tool to evaluate educational standards.*

#### **D. Proposed Physician Advisor Course**

The subcommittee suggested offering this course at the next Oregon ACEP Conference scheduled to be held on February 11-14, 2001, or combine with the Oregon EMS Conference next September 2001. J. Jui suggested the Oregon Health Division's EMS Office model Oregon's curriculum to Alaska's current supervisor's course.

**Action:** *R. Jester suggested using SB 911 to support this project. J. Jui will facilitate a round table discussion with Oregon ACEP to discuss standardizing the responsibilities. J. Jui will also contact Bev Bowman and cc. R. Harper. R. Jester and C. McCart will work with R. Harper on this activity.*

### **5. OREGON DIVISION STAFF REPORTS**

#### **A. Director & Trauma Report** (Exhibit 5)

#### **B. Trauma System Report:** State EMSC Coordinator

R. Jester announced the hiring of Fred Neis, who is the new State EMS for Children (EMSC) Coordinator. This position is funded by a federal grant and will develop and promote pediatric education throughout the state of Oregon. This new position will focus on the medical and traumatic needs of children. Craig Warden, MD will also assist Mr. Neis in this program.

#### **C. EMS Operations** (Exhibit 6)

#### **D. EMS Outreach Programs** (Exhibit 7)

#### **E. State EMT Training & Certification** (Exhibit 8)

**F. Professional Standards** (Exhibit 9): J. Andrew reported on Professional Standards activities.

#### **G. Oregon Disaster Management Team**

H. Miller, MD report the team setup non-profit funding and began to recruit members willing to quickly respond within the state. In the event of a federal disaster, members could also participate on the federal Disaster Medical Assistance Team and become a temporary public health service employee. To date approximately forty individuals have signed up to participate with twenty individuals who have made a commitment to the

federal service as well. The team participated as the volunteer medical support at the Gorge Games, and also participated with Seattle's team in a drill at Black Lake, Washington. H. Miller requested the committee seek out individuals in the EMS community who may be interested in participating as team members.

**H. Prehospital Database program (Exhibit 10)**

William Worrall is providing EMS agencies with tools that will assist in system evaluation and monitoring competencies for systems quality improvement. The software will provide patient care records information, and establish a database they can develop. The intent is to transfer this data to the state to provide statewide system evaluation. SB911 funding will pay for the software and another source is providing the hardware. We hosted an Request for Information (RFI) session on August 8, 2000, and are investigating a software package that can be utilized by all agencies.

**6. PUBLIC FORUM & COMMENT**

**EMT Associate Degree**

Dave Fuller expressed concerns regarding the impact on agencies due to the requirement of an associate degree, and the perception that agencies do not have enough paramedics coming out of the educational programs to fill vacant positions. The majority of perceptions is they must have an Associates Degree, not necessarily in Emergency Medicine.

R. Harper submitted his report that identified an increase of 33% paramedics being certified over the last five years. He interpreted what counts toward an AAS EMT or equivalent: BA in paramedicine, Associated Degree in paramedicine, Associates Degree in Fire Science/paramedicine. If the word "EMS, EMT, or Paramedic" is not in the degree title at any level, then is it equivalent, based on the list of forty-five general education hours, plus a paramedic course. Those with a Bachelor or Masters degree are also reviewed for medical education. If they do not meet the criteria, the person is advised to have their education evaluated to determine any hours lacking; they are not required to acquire another degree. To date, Russ has dealt with approximately fifteen cases through the reciprocity process with only two open cases. This is a small subset of people graduating after July of 1999, and without college education or degree. The AAS EMT degree hours were distributed and defined two years ago.

Dick Straw made positive comment regarding his OHD interaction in hiring three out-of-state applicants and reinforced his support in the AA degree requirement. His observation with Lane Community College paramedic students evidence a higher level of successful completion since implementing the requirement. He has also observed students having a higher level of skills during their internship.

This discussion will be discussed at the next scheduled meeting on December 1, 2000, 1:30 pm at the Portland State Office Building, Room 140.

7. Meeting Adjourned  
Minutes respectfully submitted by Juanita Moore