



STATE EMERGENCY MEDICAL SERVICES COMMITTEE

June 8, 2007

Meeting Minutes

Approved September 7, 2007



Members: Jon Jui; Suzann Schmidt; Shawn Baird; Erin Burnham; Helen Miller; Greg Marlar; Jennifer Mitchke; Pat Hart; John Mack; Denise Giard; Charles McCart; William Porter; Seth Izenberg

Staff: Grant Higginson; Susan Werner; Elizabeth Morgan; Philip Engle;

Guests: Gregg Lander; David Spiro; Jerry Andrews; Jonathan Chin; Mike Harryman; Nancy Hungerford-Levine; Leigh Avery; Ritu Sahni

1. CALL TO ORDER

- A) Jon Jui called the meeting to order. All were reminded of the no smoking policy. Introductions were made for all present. A voting quorum was present.
- B) Minutes: The draft meeting minutes from the State EMS Committee meeting held on March 2, 2007 were approved.

2. SUBCOMMITTEE, LIAISON, & SECTION REPORTS

A) BME – EMT Advisory Board Liaison

None

B) Subcommittee on EMT Certification & Discipline

Suzann Schmidt reported that the EMT Certification & Discipline Subcommittee met yesterday, Thursday June 7th, to interview 4 people who were determined to be on task. She reported that the meeting ran smoothly and the committee is running well.

C) EMT Education

Gregg Lander reported on the progress of curriculum work, with a meeting planned for October and work to be finalized for review by then. He pointed out two issues they are faced with:

- 1. Transition for most schools from regular credits to semester credits and the impact this has on General Ed requirements.
- 2. “Creep” with some programs adding hours to programs, which the Consortium is working to get that back in line.

D) Oregon State Ambulance Association Liaison

Shawn Baird provided an update on HB 3498 which has passed and is awaiting the Governor’s signature. He also provided an update on National items which are being addressed, including an update on the status of troubled agencies. Discussion followed regarding the relationship with Critical Access funding. It was determined that additional documentation is needed, and

that the situation needs to be considered on a larger scale – beyond a biennium budget. Shawn has been working with a couple of congressional representatives on the issue, and has requested a statement from this committee regarding the issue. Shawn will draft a detailed letter, and send it to Dr. Jui for further distribution to and consideration by the full committee.

E) Oregon ACEP Liaison

None

F) Oregon DMAT Liaison

Helen Miller provided a general disaster planning update at both a state and federal level, including the transition of DMAT from FEMA to the Department of Health. The team has received verbal approval to “play” in Top Off.

G) AAMRO Liaison

Dr. Jui reported on behalf of Dr. Ramzy that the work continues with nothing new to report.

H) EMSC Committee Liaison

David Spiro provided an update on the committee meeting that was held this morning, including recommendations for updating the bylaws for the EMS for Children committee to incorporate federal guidelines and an interesting presentation from Laura Trickle regarding her efforts to make AEDs available in high schools. David reported on the planning for the EMS for Children conference, to be held October 20-21 at Seaside – all are invited and more details are available at the website. Dr. Jui took a moment to clarify the relationship between the SEMSC, EMSC Committee, and STAB, including the proper process for directing requests for updates in regulations.

I) Trauma Committee Liaison

Written report anticipated yet not available.

J) EMS & Trauma Systems Update

1. EMS Director

- Grant Higginson and Susie Werner provided updates on the various recruitments within the EMS/Trauma Systems Section, including the Section Director, Prehospital Systems Manager, Office Specialist 2, Compliance Specialist 2, Administrative Specialist 2, Trauma Coordinator, and EMS for Children Program Manager.
- Grant Higginson gave a legislative update, including the status of SB 162, the policy package including biennial budget, Division 250 and 255 Rules, and the status of Division 265 Rules which have been passed along to Shannon O’Fallon for additional processing and formatting – more to come on those. There was brief discussion regarding the process for re-introducing the revised and final version of Division 265 Rules once they are completed.

2. EMS Medical Director

- Ritu Sahni detailed his preliminary plan for his start as the Oregon State EMS Medical Director, including determining the “state of the state” and supporting Medical Directors (specifically Rural). He reviewed his plan for the first year, including traveling throughout the state and making contacts, encouraging the exchange of information and the establishment of minimum protocols, and contact with EMS Medical Directors across the nation.

3) OLD BUSINESS

A) Disaster Preparedness

Mike Harryman provided the committee with an overview of the relationship between EMS and Public Health, specifically as it relates to disaster preparedness. A recent new hire of a Hospital Preparedness Planner, starting July 12, will stage well for working with EMS and Trauma to fill in gaps within the statewide and regional plans. Mike also provided an overview of the recent AOC which had been activated for 48 hours to manage two disease outbreaks, one in Lane County and one in Washington County. Discussion followed regarding how the AOC operated and various issues that had been exposed. Mike reported that Chem. Packs are going to be arriving the week of June 11th, and it was requested that coordination with EMS MTU’s be gained for education purposes. Mike provided a legislative update, to which the committee requested a copy of the Executive Summary for the specifics of the legislation. The ESS Eight had their first meeting, with the initiative being to provide expert advice to plan and implement statewide emergency planning – minutes will be posted shortly. Mike updated the committee on Public Health grant funding and what steps have been taken to secure such. Discussion followed regarding HERSA funding and the parameters around gaining that funding. One final discussion ensued around the communication of “lessons learned” from AOC activities, and specifically making such communication on a more proactive level and via alternative methods. A central library was discussed, as well as providing a secure environment for hospitals to report such without retribution.

Dr. Jui outlined a presentation on the preparations for Top Off activities later this year. ****Enter Dr. Jui’s summary.**** Discussion followed regarding the importance of communication, and the impact that transportation may have on the process – especially from Portland to rural agencies. This plan is just a start, as the end goal is an integrated health plan within the state. Once an EMS/Trauma Director and EMS Medical Director are in place a state-wide coordination plan would be very helpful. Discussion followed on the “holes” within the plan and what needs to be addressed to fill them, as well as the need for all parties involved to change their way of thinking to include response as a whole unit in a statewide plan. Also at issue is preparation for “volunteers” who want to contribute to emergency efforts in the case of

a disaster. This committee is going to expect a working committee to be established to work on these plans.

Following the conclusion of Emergency Preparedness issues, Dr. Jui called for a 10 minute break. The meeting was reconvened at 3:15 pm.

4) NEW BUSINESS

A) EMT Recertification Requirements

The committee addressed a letter from Dr. Paul Rostykus to Dr. Grant Higginson requesting that language defining the requirement of supervising physicians to meet with each EMT/First Responder they supervise for 2 hours per calendar year, currently in OAR 847-035-0025(3), be added to the OAR 333, Division 265 rules to add more enforcement authority for the supervising physician. Discussion included the specific language of the Board of Medical Examiners OAR, and whether this language contradicts language in the Division 265 rules and whether there is enough enforcement opportunity as the language currently stands. The Committee determined the following:

1. The committee believes this rule applies to the Supervising Physicians and is appropriate in the BME rules.
2. This should not be a mandatory requirement for every EMT, and therefore it does not belong in the revisions of 265 at this time.
3. The Supervising Physician already has the authority to require a two hour meeting with EMTs as they deem necessary, enforced by not signing certification paperwork.
4. The committee's interpretation of the language is that the intention of the BME language is to put requirements on the Supervising Physicians to make themselves available to the EMTs they supervise.
5. This is an appropriate topic for the State EMS Medical Director, Dr. Ritu Sahni, to address and bring more unity to across committees once he starts in that role.

B) EMS Data

Update

Susie Werner provided the committee with an overview of current EMS and Trauma Systems data initiatives. She reported that there are 68 core data elements defined by the Feds as the data elements they want to collect on a nationwide basis. There are 200 additional elements available. The agency PCR must correlate with the State PCR data elements in their database, incorporating the Nemsis core elements. Will Worrall has provided Susie Werner with an extensive list of databases that transporting agencies around the state, including what type of programs they use and whether or not they are currently pursuing updates on their databases. There are currently 10 of 145 that are working with an electronic database that's Nemsis compatible. The remaining, home-grown, databases will need to be adapted to be able to

assimilate into the data repository at our agency. Our test data repository should be up and running Monday June 11th and we plan to ensure the integrity of the data as it is assimilated. Susie reported that EMS/Trauma is also looking at a web-based system for use by EMS personnel to input PCR information online. This endeavor will be available to smaller agencies in particular, who may not have the monetary capability of purchasing a system on their own. Susie then detailed some of the funding efforts the EMS and Trauma Section is pursuing in relation to the database planning, and the informational capabilities that will be gained once these databases are in place. There was some discussion around the importance of a unique identifier and how to overcome issues that may arise, as well as how to link possible data that is related. It was requested by the committee that the EMS systems coordinator ensure that a unique identifier be built in to these systems.

What can be done with the data?

Dr. Jui reviewed a handout sample, to be kept confidential, of what can be done with the data that is being collected. Discussion followed regarding how data can be translated and the need to define best practices to achieve median conformity in medical direction across the agencies and the state.

5) PUBLIC FORUM AND COMMENT

No items were brought to the floor.

6) ADJOURN

As there was no further business, the meeting was adjourned at 4:00 pm.

Respectfully submitted,

Jennifer M. Manchester