



STATE EMERGENCY MEDICAL SERVICES COMMITTEE

September 7, 2007

Meeting Minutes



Members: Jon Jui; Suzann Schmidt; Shawn Baird; Erin Burnham; Greg Marlar; Jennifer Mitchke; John Mack; Denise Giard; Ameen Ramzy; Mr. Kingsley

Staff: Grant Higginson; Susan Werner; Philip Engle; Duenna Ignacio-Kawanishi; Ritu Sahni; Bob Leopold; Dana Selover; Kaysie Salsbury

Guests: Gregg Lander; Jonathan Chin; Nancy Hungerford-Levine; Mark Steven; Mark Anderson

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. Introductions for the new EMS trauma director. A voting quorum was present.
- B) Minutes: The draft meeting minutes from the State EMS Committee meeting held on June 8, 2007 were approved.

2. SUBCOMMITTEE, LIAISON, & SECTION REPORTS

A) BME – EMT Advisory Board Liaison

Dr. Ritu Sahni reported on behalf of Paul. Matt Eschelbock is the new physician (took over for Greg Lourdes). Dr Sahni reported on a previous motion and scope of practice change to introduce Fentanyl to the EMT Intermediate scope of practice which was re-introduced, re-voted upon, and passed at the BME meeting and now requires one more vote. He also reported on a new proposal to add Glucose monitoring to the scope of practice for certified first responders. The proposal was presented to the committee, but it still requires three more readings and one more full board meeting to pass. Dr. Sahni will write a brief statement addressing lack of knowledge on CLIA requirements so that informed discussions can take place in the future. He would also like to talk about ways to more formalize requests for our office to discuss in writing the implications of any of these changes and also as a part of that process he would request input from this committee when those issues arise. The EMS office serves as a conduit between the BME and this committee for those particular scope of practice issues. Dr. Ramzy asked what the BME does and Dr. Sahni briefly reviewed the BME's responsibilities.

Dr. Jui took a moment to report three issues or editorial changes:

1) In Oregon the governance of the EMS providers and their physicians are the BME and the state department here as well. There have been coordination problems between the BME and the EMS department and we will need to collaborate more to be more in sync.

2) Fentanyl is a positive addition and now the committee will have to come up with the education for the intermediate for the curriculum. It is now up to the medical director to approve and provide the training. Dr. Shani will discuss further on the side with the educational colleagues and Dr. Jui regarding the process for starting and putting together the curriculum for Fentanyl training. Dr. Jui pointed out that a very big danger occurs when you're "stacking" regarding Fentanyl and morphine and needs to be included in the practice.

3) Regarding the "Intermediate issue" there needs to be a review of what has happened so far with the EMT Intermediates and how the process is coming along. Something that was decided a couple of weeks prior was reconstituting the EMT Intermediate changes group to perform a retrospective evaluation. The role of the BME and it's relationship with the EMS committee has been in a report and needs to be followed up on and addressed.

B) Subcommittee on EMT Certification & Discipline

Suzann Schmidt reported that the EMT Certification & Discipline Subcommittee meeting had been cancelled.

C) EMT Education

Gregg Lander reported that they have a meeting coming up in October.

D) Oregon State Ambulance Association Liaison

Shawn Baird provided an update on their last meeting, which largely centered around the draft version of the 265. There was an overwhelming consensus from the members of the OSAA that there is a press for national certification, national registry reciprocity, and trying to address workforce mobility issues. There has not yet been a final discussion on the required number of continuing education hours, but it will be addressed in an upcoming report. Also, there will be an electronic vote to approve the committee's draft version of the congressional letter regarding Oregon's funding cut.

E) Oregon ACEP Liaison

Dr. Jui reported for Erin, who was not present, that there will winter meeting coming up in February. Dr. Sahni stated that he will be meeting with their board in a couple of weeks.

F) AAMRO Liaison

Ameen Ramzy reported to the committee that there is an issue regarding ground to air communication for air medical safety. The committee discussed various ways of solving the issue, including dedicating a VHF frequency solely to this purpose. Action item left up to Bob and his group to see if he can work with AAMRO. Dr. Ramzy will have one or two requests to the committee, which has been sent to Susie Werner, so that she may prepare an action item and a process that can make dedicating a VHF frequency to ground to air communication possible.

G) EMSC Committee Liaison

Phil Engle reported on behalf of David Spiro. The committee continues to provide planning support for the EMSC conference in October. The number of positions on the advisory committee is expanding to comply with federal grant requirements. They include a school nurse and a highway transportation and safety administrator. A continuing education course for school nurses is planned for November titled "Managing School Emergencies". A limited number of scholarships are being offered to school nurses in rural areas of the state to attend the course in Portland. EMSC in collaboration with OHSU and the State Mobile Training Unit on developing opportunities to enhance pediatric training of pre-hospital providers through pediatric simulation. The committee plans to begin guiding the development of a pediatric recognition of hospitals program with state wide partners some time in early 2008.

I) Trauma Committee Liaison

Written report anticipated though not yet available.

J) EMS & Trauma Systems Update

1. EMS Director

- Bob Leopold introduced himself as the new EMS Director and provided his background previous to when he arrived here. Mr. Leopold would like to see this committee put together a list of things that the committee, administration, and others are statutorily responsible for. He would also like to see “what EMS is actually doing and what EMS is not actually doing and what our constituents want us to do, then try to actually do it.” Mr. Leopold reviewed recently filled positions and provided an update of positions that are currently open in EMS. Currently there are three positions open in EMS, with two of them having persons acting in the open positions.
- Grant Higginson and Bob Leopold provided a legislative update, including the status of SB 162 and OAR 265. Future efforts on SB 162 will include breaking the legislation into smaller pieces rather than including it all in one bill. Committee discussed future expectations in 2008 and 2009 legislative sessions to address future EMS funding and positions. Leopold shared that EMS stakeholders will be given one last opportunity to comment on OAR 265 before the rules are submitted for final rule making hearings. Copies of draft rules will be provided at the EMS conference in Bend. The intent is to have the rules in place by January 2008. Dr. Ramzy inquired about continuing education credits. There will be credits offered during the medical director’s portion of the conference.

2. EMS Medical Director

- Ritu Sahni reported on the small amount of funding available for EMS Medical Directors to attend the EMS conference on September 21st. Dr. Sahni reviewed his goals as EMS Medical Director, which includes serving as a conduit of information between this and BME committee. He would also like to learn about medical direction in Oregon.

- Phil Engle provided his background and “vision” for what he would like to accomplish. In the next year Mr. Engle would like to make sure that the State is on track for meeting the requirements for the federal grant regarding online medical direction and 90% of transport agencies keeping all of the appropriate pediatric equipment in their vehicles by 2011. There was some discussion by the board on lack of knowledge from transport agency surveys, rules, equipment, and training regarding pediatric emergencies. John Mack will add a few questions to the questionnaire to help gain more knowledge from the Fire Districts; including, “Who is your Medical Director?”
- There was some discussion regarding OAR 265 and the belief that there are not enough required continuing education hours for the various EMT levels. A reasonable compromise was presented at the workgroup, that suggested that first responders should require 12 hours of continuing education, EMT Basic should require 24 hours, EMT Intermediate should require 36 hours, and EMT Paramedics should require 48 hours instead of the current continuing education hourly requirements. There was also some discussion regarding possible ways of broadening the pool of EMT applicants. Dr. Sahni stated that included in the proposed rules change is reciprocity for intermediate level if they move to Oregon. The other way that the rule is written in the reciprocity section is to have an associate’s degree in a health or biological related science, which is a much less specific requirement than before. Dr. Jui suggested that there should be better communication, such as FAQs, for prospective applicants from other states wanting to come to Oregon. Gregg mentioned that there used to be an informational newsletter that came out quarterly and Dr. Jui stated that that newsletter should start being produced again. He also reported that there is a perception of a lack of paramedics, which might actually be true in the rural areas, but in actuality many paramedics are going to the fire services and urban areas where contracts are generally better. Dr. Jui asked the committee if the high standards should be maintained for recruitment of paramedics or are there other options that can be pursued. Suzanne Schmidt suggested that the State should form some kind of relationship with a college registrar’s office so that we can see course equivalencies. Baird responded by asking, “Why can’t we say AAS or higher degree from an accredited institution and your national registry card and that would eliminate the equivalency issue?” Gregg Landers indicated that the AAS requirement should be brought up at our next consortium meeting and middle ground does sound like it would be a good idea.

3) OLD BUSINESS

A) ToppOff 2007

Dr. Jui posed the question: “Where do you want to take the lessons learned from TopOff as a state?” There was no response and he stated that there are three global areas of our concern:

There is no state EMS medical response, there is no way to pay for a state EMS medical response, and there are no commanding controls.

B) Dr. Higginson's Update

Dr. Higginson took a moment to say that he believes EMS has come a long way and has seen major improvements. He will attend these meetings when it makes sense for him to, but will step out now for Bob Leopold and Dr. Ritu Sahni. He thanked everyone for their support, their input, and a productive year.

4) NEW BUSINESS

No items were brought to the floor.

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 3:42 pm.

Respectfully submitted,

Kaysie Salsbury