



# STATE EMERGENCY MEDICAL SERVICES COMMITTEE

June 6, 2003  
Meeting Minutes



**Members:** Jon Jui, Erin Burnham, William Ferguson, Denise Giard, Pat Hart, T.R. Hilton, Pete Kingsley, Charles McCart, Helen Miller, Ken Parsons, William Porter, Linda Quackenbush, Suzann Schmele,

**Absent:** James Giesen, Terry Griffith, Richard Straw, Jim Thomas

**Staff:** Jonathan Chin, Susan Werner, Raelene Jarvis, Debbie Danna, Timothy Hennigan, Catherine Schmitz

**Guests:** John Wish, Shawn Baird, John Herbold, Gregg Lander, Chris Benson, Mark Stevens, Eric Schult, Paula Wilson, John McManus, Ameen Ramsey, Ritu Sahni, Kara Koffield

## 1. CALL TO ORDER

- A) Jon Jui called the meeting to order at 1:35 pm. All were reminded of the no smoking policy.
- B) New staff members of the EMS & Trauma Systems Section, Timothy Hennigan - Prehospital Standards Representative, and Debbie Danna, EMS for Children Coordinator. Goal of the Section is to have all vacant positions filled by the end of the month.
- C) Motion by Pat Hart and seconded by Denise Giard to accept December 6, 2002 minutes. The committee accepted minutes.

## 2. SUBCOMMITTEE & LIAISON SECTION – REPORTS/COMMITTEE DISCUSSION

### A) Board of Medical Examiners EMT Advisory Board Liaison

Susan Schmele reported the BME EMT Advisory Board meet the morning of June 6, 2003. The meeting was mainly focused on issues regarding the EMT-I Scope of Practice and Jonathan Chin will provide further information later in this meeting. The Board approved clean-up work needed in the language in the Scope of Practice and the nomination process for two open positions on the Board. Dr. McNeil and Suzann Schmele have decided not to continue on the Board. There were a great number of applications for the positions.

- B) **Subcommittee on EMT Certification, Education, and Discipline**  
Suzann Schmele reported the executive session on discipline met on June 5, 2003 with two individuals on probation who are doing well and will complete probation at the end of June. Measures to shorten the time criminal history backgrounds are taking to complete are starting to work.
- C) **EMT Education**  
Jonathan Chin reported once the Prehospital Systems Manager is hired, he/she would be responsible for this item. The recertification process is under way including the Paramedic exam. To date, only 23 of those who have taken the exam have failed, and of those that have retaken the exam, only one has failed the second test.
- D) **EMS for Children**  
Raelene Jarvis reported Debbie Danna has been hired as the new EMSC Coordinator. The committee meeting will be held on June 9, 2003 to accommodate members and focus on prioritization of SB 243 and EMSC grant activities. The EMSC Conference is coming up this month in Corvallis and we are pleased to be hosting the very first Pacific Region EMSC Conference.
- E) **Oregon State Ambulance Association Liaison**  
Ken Parsons' reported that the Association had been active tracking the legislation process, in particular the PIP \$5k increase. An executive summary was presented on the legislative process. Any Bills that include money or steal money from others have died in the process. Medicare revenue is down 20% in the Association. Currently, there are two federal legislation pieces, one in the House and one in the Senate. One Bill would freeze Medicare payments for 2 years with a big decrease at the end of the 2 years. Agencies are trying to recoup the money. There are no options for a permanent solution to the Medicare problem right now.
- F) **Oregon ACEP**  
John McManus reported the quarterly meeting was held earlier this week, and the agenda addressed next year's conference and the upcoming legislation with funding issue (\$1.4 million) of the Poison Center being cut. The estimated impact to EMS is in the range of an additional 70,000 calls per year. Weapons of Mass Destruction toxicology falls under the Poison Control Center.

### 3. **NEW BUSINESS**

- A) **SEMSC Membership**  
Six members will expire at the end of this year and seven members terms have already expired. In 2001, all members asked to continue on the Committee.

Dr. Eric Brunswick has resigned his expired position on the Committee. Please let Mr. Chin know as soon as possible if you wish to resign your expired position or resign your position that expires in December 2003 so he can recruit for all the positions needed at once. The Committee elects the Chairman. If you would like to apply for the position please let Mr. Chin know. Dr. Jui will stay on for now. Expiration will be four years of your original expiration date. Position that needs to be filled now is from ATAB 9 (original ATAB), Klamath County area. If you know of anyone who might be interested, please notify Mr. Chin.

**B) Presentation of EMT-I Survey Data**

Last fall, Mr. Chin asked the BME for the opportunity to survey the EMT-I Scope of Practice (SOP). The survey found that regardless of demographics and geographic locations, both providers and agencies wanted to expand the SOP. The workgroup is looking at changes in the SOP. There were issues in regards to education requirements, costs to providers versus their salary, and union issues. Dr. Daya from OHSU suggested that the workgroup look at what the patient needs not what the provider wants, i.e., long bone patient needs morphine, or other drugs, for long transport times. Education times become an issue when educators only have 120 hours allotted for the program. Paramedic program was revised in 1994; consideration should be given to the EMT-I program. A decision was made to evaluate the entire EMT-I program – education, SOP, administration, operation, logistics, policy, and costs. New survey will be specific to rural EMT-I agencies for information. BME, SEMSC, consortium, educators, and professional associations will be working with the workgroup. A discussion was held in regards to the EMT-I protocols and standing orders.

**C) Intranasal Narcan**

The intranasal narcan protocols for EMT-Is are going to be handled the same way as the Paramedic level.

**D) Rule Revision Update**

No report.

**E) NHTSA Process**

SEMSC members were sent package with survey and NHTSA report. A response from all members would be appreciated. We need a perspective on where we are as well as the priorities and where we need to go.

**E) Criminal Background Checks**

Background checks are taking 12 to 16 weeks to process. Criminal Records Unit (CRU) has made a few changes improving turn around time down to 6 to 8 weeks. Background checks are currently being completed on new and reciprocity

applicants. Colleges are not properly informing students of the finger print process and finger print cards until they are ready to test. The EMS Section will send out packages including the finger print cards to the colleges to help prevent the hold up in the application process.

F) **SEMISC Meeting**

The September meetings will be held September 4<sup>th</sup> and 5<sup>th</sup> in Portland. Travel constraints with the State budget are still in place. Alternatives, such as teleconferencing, should be used as much as possible. Five members prefer the Thursday/Friday schedule and three members prefer all meetings in one day. Ms. Schmele, Dr. Jui, and Mr. Chin will discuss and communicate as to discussion by e-mail to all members.

4. **DISCUSSION**

A) **A.A.S. Degree**

Two agencies reported that the A.A.S. Degree requirements were hindering their ability to recruit individuals. Mr. Johnny Mack submitted a White Paper explaining the lack of education and interpretation of the lack of education venues in their areas and the degree program being a problem with a couple of the Fire Chiefs in the State. The issue is now a mute point.

B) **Air Medical Committee**

At the request of the STAB and SEMISC, the different organizations that fly within Oregon met to discuss and resolve some air medical issues. The idea of formalizing the group will need to be addressed. Options are as a stand-alone committee, subcommittee, task force, or workgroup. One of the goals of the group is to create operational policies. The first product created by the workgroup will be an Operational Field Guide.

C) **MAST**

The 1042<sup>nd</sup> is the first non-active duty unit to receive the MAST designation. The unit is available for use when no other civilian unit is available or unable to fulfill the mission. The 1042<sup>nd</sup> is limited in their availability due to limited staffing and money. They are participating with the air medical workgroup.

D) **BME Rules and Players**

See above.

E) **Paramedic Recertification Exam**

See above.

- F) **New Staff**  
See above.

## 5. **SUBCOMMITTEE REPORTS**

**EMS Database.** The database is up and running but has a few glitches. We are working on fixing those glitches now. Twelve providers are up and running the program. There are 68 computers available and we are now starting to put the software onto those computers. There is a significant funding issue with this program. We have enough funding for this program to last another year to year and a half without finding other sources of funding.

**EMT Certification.** No report.

**Health Services.** No report.

**Disaster Planning.** On March 1<sup>st</sup>, the DMAT moved under the Department of Homeland Security. On March 1<sup>st</sup>, the team went on official alert and are now trying to move all of their equipment to the Portland Airport for a faster response time. Still focusing recruitment in rural areas. If there were an issue in Oregon, the team would stay here, not go elsewhere if needed. A core group of people is ready to serve here in Oregon as well as in other places. New legislation gives the State Health Officer the ability to deploy the team in case of emergency. Nationally, there were 42 funded demonstrations, Oregon had two, one in Lane County and one in Multnomah County.

## 6. **STAFF REPORTS**

Accepted as written.

## 7. **PUBLIC FORUM AND COMMENT**

Dr. Ameen Ramsey had a question in regards the drugs for Basic and Intermediates, which level are these changes taking place. Response: In the Intermediate SOP only. There will be a workgroup to discuss which drugs will be added or changed in SOP. Mr. John Wish commented on his appreciation in getting the air medical group together and getting it underway.

## 8. **ADJOURN**

Motioned by Mr. Hart and seconded by Ms. Giard. Meeting adjourned.