



# STATE EMERGENCY MEDICAL SERVICES COMMITTEE

December 5, 2003

## Meeting Minutes



- Members:** Jon Jui, Erin Burnham, William Ferguson, Denise Giard, Pat Hart, T.R. Hilton, Pete Kingsley, Charles McCart, Helen Miller, Linda Quackenbush, Richard Straw,
- Absent:** Terry Griffith, Ken Parsons, William Porter, Suzann Schmele, Jim Thomas
- Staff:** Jonathan Chin, Karen Baker, Debbie Danna, Susan Werner, William Worrall
- Guests:** Shawn Baird, Kara Kohfield, Gregg Lander, Ameen Ramzy, Ritu Sahni, John Wish

### 1. CALL TO ORDER

- A) Jon Jui called the meeting to order at 1:36 pm. All were reminded of the no smoking policy.
- B) September 5, 2003 meeting minutes approved with one change, the date on the minutes. Motioned by Denise Giard and seconded by Pete Kingsley to accept September 5, 2003 minutes with one correction. The committee accepted minutes.
- C) Introduction new staff member of the EMS & Trauma Systems Section, Paul Bollinger, Prehospital Systems Manager will be starting on December 15, 2003.

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

#### Subcommittees

#### A) **EMT Certification and Discipline**

Dr. Charles McCart reported the executive session on discipline met on December 4, 2003 with eight individuals on probation, two have been released with six continuing. Discussion held on the use of LMA's by EMT-Basic's. It was decided that we were not going to support the use of LMA's at this time due to training and complications. Discussion held on recertification time for Paramedics based on two year cycle determined by birthday year. Researching background checks for First Responders and imposing fees. Discussion held regarding the use of the National Registry Paramedic Exam though no decision was made. Discussion held regarding the need to review the certification for instructor providing continuing education for the prehospital setting. Further discussion needs to be held.

**B) EMS Database**

Will Worrall reported that the biggest accomplishment is the distribution of EPCIS 1.24. The program is being developed to pick up data from other prehospital systems. By summer the program should be able to capture 60% of agency data. The goal is to collect data from every incident. Patient identifiers are removed before information is generated as data for agencies to help ensure HIPAA policy is being followed.

**C) Health Services**

No report at this time.

**D) Disaster Planning**

HRSA Grant update. Allan Visnick provided an agenda and a handout that went into detail. The HRSA grant is \$1.5 million for the first year and \$6.2 million for the second year. Eighty percent must go to hospitals and twenty percent to administration. The Health Preparedness Advisory Committee (HPAC) was created to help supervise the distribution of the Grant. The Hospital and Healthcare System Preparedness Implementation Committee (HPIC) is reviewing a survey that was sent to all the hospitals in Oregon. HPIC is to review the survey with a dual purpose of setting priorities and setting critical benchmarks. Regionalization must be developed first. Critical Benchmark #3 is focused on developing a mutual aid plan for upgrading and deploying EMS units in jurisdiction they do not normally cover, in response to a mass casualty incident due to terrorism. The outcome is to designate an Ad Hoc Committee to work on development of a statewide mutual program and develop an EMS Survey to assess bioterrorism preparedness, capacity requirements and needs. Discussion held on how the Committee should start the process and what should the outcome be. A planning process on how to implement the HRSA funding to the state from an EMS perspective and the priorities should be developed by the Committee. Agree to work as ATABs to define what is needed. Dr. Jui will write out benchmarks on the functional capabilities, what is viable and what is not, and operational issues. Pete Kingsley, Denise Giard, Ameen Ramzy, Shawn Baird, Helen Miller, T.R. Hilton, Charles McCart, and Richard Straw volunteered to work with Dr. Jui to develop benchmarks. Dr. Jui draft benchmarks before ATAB meetings. Also need to involve ATABs involved in benchmarks. This will be a joint project between SEMSC and ATABs.

**Liaisons**

**A) B.M.E. - EMT**

B.M.E. meeting to be held next week.

- B) **EMS for Children**  
Debbie Danna reported that EMSC has been analyzing the prehospital system equipment survey. There are three vacancies on the EMSC Committee, Ambulance Director, Injury Prevention member, and a Public at Large member. The 2004 EMSC Conference will be held in Eugene, October 22 and 23, with the preconference regarding Pediatric Traumatic Brain Injury on October 21, 2004. Year 2 for the EMSC Grant has been submitted. There is a new helmet for children under the age of 16 starting January 1, 2004. Continuing to work with the Clackamas County Sheriff's office to gain CE hours on the Annual Child Abuse Conference.
- C) **Oregon State Ambulance Association**  
Written report submitted by Shawn Baird. Medicare prescription drug adjustment for five years equaling \$200M divided by 18 states.
- D) **Oregon Fire & Medical Administrators Association**  
Written report submitted by Denise Giard. Four major items: submitted proposed revisions to the OARs; financial issues affecting ambulance agencies; 4<sup>th</sup> Annual Leadership Conference February 12 and 13, 2004; and goal setting for 2004.
- E) **Oregon Volunteer Firefighters Association**  
Written report submitted by Dave Lapof.
- F) **EMT Consortium**  
Meeting January 23. Waiting for guidelines to establish bylaws.
- G) **Oregon ACEP**  
Dr. John McManus will probably be the liaison for the Oregon ACEP.
- H) **Oregon DMAT Team**  
Helen Miller reported that the DMAT Team is transferring to FEMA in July. Trained with Alaska, California, Hawaii, and Guam. Went on alert status three times in 2003. Working on the State DOJ caches, three or four, Portland, Bend, Eugene, and the Gorge. These caches will be small. We cannot touch the Federal cache without reassurance that the State will reimburse the Federal cache.
- I) **Oregon Airmedical Workgroup**  
Dr. Ameen Ramzy reported that the Workgroup is close to completing the Oregon Resource Guide. The Workgroup is also developing mission goals.

### 3. OLD BUSINESS

#### A) NHTSA

The 1992 NHTSA Report points out areas of strengths and weaknesses in the State EMS System. The SEMSC will review the report, from the State point of view, and provide strategic planning to the infrastructure in the State. The Communications report not available for this meeting.

*Human Resources and Training* – Report given by Ms. Quackenbush. Issues needed to be addressed: EMT-I Scope of Practice; educational requirements for instructor and training officers, course director model needs to be extended down to the training officers; follow up of information on EMTs in database; new requirement for background checks with credentials; and how the EMT-P degree program has increased patient care.

*Transportation* – Report given by Mr. Baird. No comprehensive legislation exists. Ambulances are all licensed and subject to inspection, but are not being inspected on a regular basis due to lack of personnel at the State. Non-transport vehicles are outside the realm of licensing. Need to integrate non-transport vehicles into the licensing arena. A comprehensive medical transportation plan should be developed. State operational and accrediting standards need to be reviewed against the national standards.

*Medical Direction* – Report given by Ms. Burnham. Seven areas are identified in the NHTSA Report. 1) Provide legislation for medical directors. 2) Develop of State Medical Advisory Committee. 3) Direct agency supervision. 4) Regionalization of state medical directors. 5) Adopting national guidelines for medical directors. 6) Limiting liability exposure for physicians who are medical directors. 7) Statewide online medical direction plan. Top three goals should include reviewing the national guidelines for medical directors for possible adoption, developing a State Medical Advisory Committee, and regionalization of state medical directors through an Ad Hoc Committee from the SEMSC. There needs to be a significant work done to improve the standards of the medical directors.

*Resource Management* – Report given by Ms. Giard. Five areas are identified in the NHTSA Report. Under each category, problems and issues are identified. 1) Centralized coordination entity for State EMS Systems. Problems: the relationship with BME and the Scope of Practice; integration of EMS with other health care providers and provider networks; expanded role of EMS in public health; collaborative relationships; and community partnerships. 2) Prehospital and hospital agencies identified and categorized. Problems: hospital identification

of medical specialties; identification of First Responder Agencies, i.e., BLS/ALS; credentialing of medical personnel in regards with mutual aid specialization. 3) Statewide EMS data system. Problems: only tracking trauma patients; collection of prehospital documentation; access to statistical information either State or local; on-going funding to support data system. 4) Comprehensive EMS Legislation. Problems: inadequate funding to EMS Office; credentialing of EMS personnel with authority to practice outside of local jurisdiction; identification and certification of first responders with special training. 5) Compliance and oversight. Problems: FTEs to handle workload; inspection schedule; inadequate funding; consistent medical control/direction; ability to provide technical expertise. Recommendation is to increase funding and personnel to be able to address these issues.

After all NHTSA issues have been reviewed, they will each be summarized and an executive summary will be written. This report can be used to help promote legislative changes for the State EMS office. At this time, the Committee agrees that there is no need to bring NHTSA back for a reassessment.

**B) SEMSC Bylaws**

Changes have been incorporated. Unanimous vote to accept changes to the Bylaws. Amended Bylaws adopted on December 5, 2003.

**C) SEMSC Appointment**

Mr. Baird here by Proxy from Ken Parson's. Mr. Baird will official begin his duties on January 1, 2004. Ms. Quackenbush's last meeting is today. The EMT Consortium will be submitting a name to replace her. A physician position is still vacant from ATAB 5. Position has been posted, but no responses. Position needs to be filled from the Klamath Falls area.

**4. NEW BUSINESS**

**A) Rules Package**

Three of the professional associations combined efforts to review the OAR's and submitted proposed revisions.

**B) Statutory Concepts: ORS 682 and ORS 431**

Please review the statutes. If there are any changes please let Mr. Chin know.

**C) Homeland Security Issues**

Discussed in the HRSA Grant.

- D) **Advance Disaster Life Support and Basic Disaster Life Support**  
There is a push for a merit badge by the National Association of State EMS Directors. A doctor and a paramedic and others need to review the program and to advise on how the State should proceed. Dr. Jui will ask Dr. John McManus and Ben Megs if they will be interested in reviewing the program and report back to the committee.
- E) **LMA**  
Discussion held about the use of the LMA. We believe that the LMA device is potential useful, but needs to be validated in literature and as well as field trials need to be performed as to address their safety and effective in that setting. An area the LMA is most helpful with is pediatric, especially in ethic children where the combitube is not a viable option.
- F) **Current Issues**  
*First Responder* – a new statute was passed that requires that anyone who provides care to the vulnerable population, the elderly or the young, to have a criminal history check completed. First Responders have not been checked. EMS Section has performed a preliminary assessment that there will be a need of an additional 1.5FTE in Section based on 4,000 First Responders. Our responsibility is for all 911 dispatched First Responders. The obstacles will be the numbers of First Responder, the finical issues to agencies and the EMS Section, and the individuals who refuse a background check. The entire workforce needs to be checked.
- EMT-I Program* – The State is working to reestablish the EMT-I Workgroup to address the EMT-I Program.
- Oregon Prehospital Registry* – Information presented earlier.

## 5. STAFF REPORTS

Accepted as written.

## 6. PUBLIC FORUM AND COMMENT

No comments.

## 7. ADJOURN

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