

## Minutes

### **Oregon Emergency Medical Services for Children Advisory Committee Meeting**

*Thursday, January 16, 2020, 9:04 a.m. – 11:22 a.m.*

Portland State Office Building  
800 NE Oregon Street, Room 1B  
Portland, OR 97232



**Committee Member In-Person Attendance:** Tamara Bakewell, Dr. Carl Eriksson, Kelly Kapri, Erik Kola, Danielle Meyer, Dr. Robert Moore, Matthew Philbrick, Anna Stiefvater

**Committee Member Phone Attendance:** Jacqueline DeSilva, Matthew House, Todd Luther, Dr. Justin Sales, Dr. Christa Schulz, Troy Thom

**EMS & Trauma Systems Staff:** Robbie Edwards, Rachel Ford, Peter Geissert, Elizabeth Heckathorn, Brandon Klocko, Dr. David Lehrfeld, Julie Miller

**Absent:** Marisa Marquez, Dr. Dana Selover

**Public/Guest:** Kristen Darmody (Health Security, Preparedness and Response)

**Meeting called to order:** 9:04 a.m. by Dr. Carl Eriksson, Vice Chair

### **Discussion and conclusion of each agenda item:**

#### **1. Confirmed Attendance (in-person and phone) and Introductions: Dr. Carl Eriksson, Vice Chair**

#### **2. Review and Approve October 10, 2019 Minutes: Committee**

Minutes were reviewed.

Changes: None

Jackie DeSilva motioned to accept minutes and Dr. Robert Moore seconded. None opposed. Motion passed.

#### **3. Chairperson Election: Vice Chair**

- Committee Chair may serve two consecutive 2-year terms. Jackie DeSilva is the current Committee Chair, and this is the end of her 2<sup>nd</sup> term. This is her last meeting as Chair.
- Discussion & Nomination: Dr. Eriksson nominated Matt Philbrick. Matt accepted the nomination. Tamara Bakewell seconded. No discussion. Moved to vote.
  - Vote: Tamara Bakewell-Approved, Jackie DeSilva-Approved, Carl Eriksson-Approved, Matt House-Approved, Kelly Kapri-Approved, Erik Kola-Approved, Todd Luther-Approved, Danielle Meyer-Approved, Bob Moore-Approved, Matt Philbrick-Abstain, Justin Sales-Approved, Christa Schulz-Approved, Anna Stiefvater-Approved, Troy Thom-Approved.

- Unanimous vote to approve Matthew Philbrick. Matthew will Chair his first meeting April 9, 2020. His first term will run until January 2022.

#### 4. Committee Membership Update: Vice Chair

- There are 3 open positions. Want to thank Tyson Botts and Lesley Zimkas for their work with the committee for the last year and Dr. Moore for his ongoing work with the committee for many years. Dr. Moore will stay on until a replacement for his position is found. Vacant positions: EMS Training Director or EMS Educator, Physician with pediatric training (e.g., Pediatrician or Pediatric Surgeon) and Nurse with pediatric experience.
- Suggestions on who could fill these roles.
  - **Rachel Ford:** Diversity is important, and we have a large state and a range of representation. If you have people in mind, refer to Rachel. Rachel will resend the email with the new application process information.
- **ACTION:**
  - **Danielle Meyer** has access to the Oregon Nurse Staffing Collaborative and will send the email to that group.
  - **Tamara Bakewell** will send email to Nursing faculty at OHSU School of Nursing.
  - **Dr. Moore** has been recruiting on his own.

#### 5. Mental Health Crisis Brochure: Danielle Meyer

- Handout: This brochure may be added to websites. It is a resource that may be handed to patients.
- HB3090 passed in 2017. It requires hospitals to do many things, specifically regarding behavioral health crisis. Hospital emergency departments must assess and do planning around triage and release of behavioral health patients from the emergency department.
- Previously sent out the brochure for feedback and to be sure it would be easily understood. Would like Committee members' thoughts and feedback. It is designed so you can start on any side of the page. It covers the following topics:
  - What is a Lay Caregiver?
  - What is a behavior health crisis?
  - What to expect in the hospital in the Hospital Emergency Department
  - What to expect after leaving the Emergency Department
  - Care Coordination and Case Management
  - Oregon Behavioral Health Laws
- The Federal Government is working on a nationwide 3-digit suicide number.
- Questions:
  - **Tamara Bakewell:** Is this to serve the patient and advocate? **Danielle:** Yes. If you have specific audience for wording, let Danielle know. This handout can be modified for a specific audience.
  - **Erik Kola:** The Child System is still utilizing most Emergency Departments (EDs). One of the challenges is that the parents need information. Their child is in crisis, they have not been in the ED before and they are stressed. Giving the parents a list of what to expect in the ED can be helpful. We can do a better job with giving the parents information for

mental health needs. A check list of what to expect when they leave the ED would also be helpful.

Peer Support System is in use. Do not think Lines for Life extends beyond the Portland Metro area. Local Community Crisis Lines should be available for all hospitals. Along the I-5 corridor there some peer-to-peer mentoring resources: Youth Move. Would be nice to have a list of those resources. With mental health, the specialties sometimes do not work. An option is to use Opal A and Opal K to call in and get consultation. **Danielle:** Many of the hospitals in the outlining areas can use Lines for Life, but Lines for Life will have to do some staffing up in order to be a resource for all hospitals. There is more work to be done for the outlining areas.

- **Rachel Ford:** There is a list of crisis numbers for each county on the EMSC website.
- **Tamara Bakewell:** Will communicate with Danielle about wording for group of families with disabilities.
- **Anna Stiefvater:** Will you have the handout translated? **Danielle:** No, but the hospitals may have it translated.
- **ACTION: Danielle Meyer** will send handout to Rachel electronically.

#### 6. EMSC Program Updates: Rachel Ford

- **Pediatric Emergency Preparedness Workshop:** This workshop was October 23 and 24, 2019. Siuslaw Fire & Rescue hosted two half-day workshop sessions. 45 Florence area prehospital and hospital providers participated. PeaceHealth Peace Harbor provided Continuing Medical Education credits.  
Discussed potential sites for next year. Any ideas of areas that might need that type of training, contact Rachel Ford. Portland, Medford, Bend and Florence have had this training in the past. Considering Hood River, The Dalles, Pendleton or Ontario.
- **EMSC Grant Administration:** Filed the Fiscal Year 20 Progress Report.
- **EMSC 02 and EMSC 03 Survey:** Survey for transporting and non-transporting services. Have 361 agencies that we are surveying. 24% have responded. Will send a series of emails over the next month or so, and then will start calling. Survey is hosted by NEDARC and we had to move contact information to their database. Took 45 hours to enter the data.
  - **Dr. Eriksson:** Is the contact list mainly training officers or emergency leaders? **Rachel:** About half training officers and half fire chiefs.
- **Pediatric Simulation Resource Team Training 2020-21:** Planning meetings with Oregon Office of Rural Health & Healthcare Safety Solutions, LLC (former executive director and educator for Idaho Simulation Network and NW Sim Alliance – both of which are being dissolved). They would like to provide a Simulation Resource Team Training to all Oregon critical access hospitals. The EMSC Program has been supporting one per year. Oregon Office of Rural Health has been supporting 4-5 per year. This will continue through 2021 or 2022 depending on funding. These trainings include two days of didactic and one day of simulation exercise and debrief. We train a local team, made up of prehospital and hospital providers so they can run their own exercises in the future.
  - **Danielle Meyer:** Which Critical Access Hospitals did you contact? **Rachel:** Will provide list to Danielle.

- **Special Needs Tracking & Awareness System (STARS):** Tamara Bakewell and Rachel Ford Heard about STARS program at EMSC grantee meeting. This is a program that runs out of Cardinal Glennon Children’s Hospital, to notify pre-hospital and hospital staff about kids with complex health care needs. Scheduled an introductory meeting with STARS employees Patricia Casey and Nicholas Salzman. They have shared all their resources. Investigating logistics of operating a similar program in Oregon. Will be meeting with groups of stakeholders to see if this could work and how it could work.
  - **Tamara Bakewell:** In Oregon we have a Waiver program. There are 3 categories. There are lots of kids on waiting lists to get these services. A program like STARS could be very helpful to serve Oregon. Will be talking to families to see if this will be a useful tool for them.
- **Health Security, Preparedness and Response (HSPR):** HSPR is coordinating the Oregon Health Authority participation in the Assistant Secretary for Preparedness and Response (ASPR) grant funded project. Rachel is a member of the EMSC/Pediatric Readiness and Mental Health workgroups. Have invited EMSC Program Managers from CA, AZ and NV.
  - **Dr. Eriksson:** The grant focuses on interstate preparedness. We are part of one of the groups that is funded. Our group includes CA, OR, WA, AZ and NV. It is a year-long grant. Deliverables are daunting. It is a big grant and is meant to be the first year of a multi-year program. Purpose is to prepare for disaster preparedness within these states and between these states and to create models for other regions.

Kristen Darmody is leading the development of the Emergency Support Function 8 (ESF8) Disproportionately Affected Populations Planning Toolkit. Rachel is a member of the Childrens’ subcommittee.

- **Kristin Darmody:** Working with a group of stakeholders from state and local public health and other organizations to identify specific resources for pediatric needs. Toolkit may be shared with others across the state.
- **April 2020 Committee Meeting:** Will have three presentations at the meeting. Shelly Campbell (Trauma Nurses Talk Tough), Lydia Hibsich (Providence Play Smart) and Lucie Drum (Safe Kids).
- **Pediatric Data Report:** Peter Geissert is the interim Research Assistant 4 for EMS & Trauma. Shared draft report and asked for feedback. Hope is that with the fully staffed data team, we can review the various sources of data, find the gaps and then focus our efforts.
- **Questions:**
  - **Dr. Eriksson:** Interested in Data from prior years to compare to current years.
  - **Anna Stiefvater:** What is the data source? **Dr. Lehrfeld:** NEMSIS source. 78% are reporting. The mean time is 5 hours to get the reports. Portland is 2 hours to get the reports. If you have Fellows, this would be a great study for them to do.
  - **Dr. Eriksson:** Would like to know the utilizers, number of visits and repeaters.
  - **Tamara Bakewell:** Data of race and ethnicity? **Dr. Lehrfeld:** Yes, the data is there.

## 7. Decreasing Adolescent Cardiac Arrests Through EKG Screenings: Brandon Klocko

- Brandon is a Paramedic and works in OHA EMS & Trauma Systems Program. For Aspiring Leaders Program, he researched adolescent cardiac arrests. Every year thousands of youth die from Sudden Cardiac Arrest (SCA) due to an undetected heart condition. Many could be

prevented through early detection. SCA is the leading medical cause of death under age 25, the number 1 killer of student athletes and the leading cause of death on school campuses.

- Parent Heart Watch, founded in 2005, is the only national organization solely dedicated to protecting youth from SCA. Its members include parents who have lost a child to SCA or who have a surviving child living with a heart condition. Members also include Young SCA survivors, medical practitioners, allied health professionals and passionate advocates. Parent Heart Watch Vision 2030 is to eliminate preventable deaths from SCA in youth by 2030.
- Brandon's goal is to create awareness. Providence Play Smart in Oregon is second to none in adolescent heart screenings. Lydia Hibsich from Providence Play Smart will be presenting to the Committee in April.
- Tigard High School requires EKG before participating in sports. Would like to see a professional athlete sponsor this project. This could be a prevention project for EMSC Advisory Committee.
- Discussion:
  - **Anna Stiefvater:** This is not standard practice, what are the barriers? **Brandon Klocko:** This is not the standard. We need to change the way we think. **Dr. Lehrfeld:** We need someone who can read the EKGs. The evidence that Brandon presented is compelling. We have never tried to initiate this type of program.
  - **Dr. Eriksson:** Would like to see the data on the numbers of the false positives and negative results and the ratings on the EKG machines. There are AEDs available in many places and at tournaments EMS is often on site. **Dr. Lehrfeld:** We have good numbers on Cardiac Arrests. Would like to see who our partners would be on this. EKGs would be primary prevention.
  - **Tamara Bakewell:** Who is paying of this? Does insurance cover this?
  - **David Lehrfeld:** What partners would work on this? Who does the physicals?
  - **Carl Eriksson:** Cardiac arrest does not only happen to children on a sports field. Some kids running to the bus have had cardiac arrest.
  - **Tamara Bakewell:** Can parents go to doctor and ask to have an EKG done on their child? **Robert Moore:** If a parent requests it, the doctor will do it.
  - **Anna Stiefvater:** When you sign your kids up for sports, there is a concussion waiver that is required to sign.
  - **Brandon Klocko:** OSAA partnered with OHA a few years ago and came out with a standard guideline for sports physicals, but it does not include EKG.

#### **8. Pediatric Readiness Quality Collaborative Updates: Angela Graves, Rachel Ford**

- For the Oregon teams: 6% of participating hospitals have not entered data, 53% have entered baseline data, 29% have entered baseline and cycle 1 data, and 12% have entered baseline, cycle 1 and cycle 2 data.
- We are conducting a second round of site visits, and the first one was completed yesterday. Most site visits will be in-person. During these site visits we are requesting feedback on future Oregon Pediatric Readiness Program. We are providing a two-page draft document to review. We have also connected with the hospitals about what education they may need while we are visiting.

- **Questions:**

- **Dr. Moore:** Do you ever have just one person going out, without the other people?  
**Rachel Ford:** We get better attention when we are there in person. Every person brings their expertise and it goes well.
- **Dr. Erikson:** It is important to them and we will do our best to get there.

## 9. State EMS and Trauma Program Updates: Dr. David Lehrfeld

- **NEMSIS System:** 88% EMS agencies that are covering 90% of the state are reporting, 7% are scheduled to onboard and have not heard from 7 agencies. Have until the end of the year for all agencies to be onboard. 144 agencies using 7 different electronic platforms that are providing data.

Report rates are about 50,000 ePCRs/month. Estimate that when all agencies are onboard there will be ½ million ePCRs every year. Mean time from dispatch until the ePCR hits NEMSIS system is 5 hours statewide and about 2 hours in Multnomah County.

Purchasing Data Mart and Data Vault. Data Vault will be for the old NEMSIS2 application. Data Mart is a mirror of our data, that is vendor hosted right now. The mirror of state servers will support data integration.

At the request of Mobile Integrated Health/Community Paramedic coalition, will purchase a community health data set from vendor which will have non-NEMSIS data points. This will be available for free for any registered agency in the state to use. Current timeline is to have those contracts completed by April-June 2020.

Will purchase CARES module from vendor that will allow automatic upload of cardiac arrest data out of the ePCRs directly into the Cardiac Arrest Registry. Currently this is entered manually. This is a 2-year timeline for the entire project.

- **EMS Data Team:** Hiring 3 data team members: Policy Analyst 2, Research Analyst 3 (hired Andey Nunes) and Research Analyst 4. In 2012 the data team was moved out of EMS and Trauma Systems, and they are now back with the program.

New hierarchy to prioritize and process data requests. Receive 18-20 data requests per year.

Unable to complete all requests. Hierarchy: #1 Come from within the office and stakeholders; #2 Other Oregon Health Authority programs; #3 Other state agencies; #4 Other local government; #5 & #6 External researchers, sponsored researchers, unsponsored researchers, non-profits and media.

- **Quality in EMS:** State EMS Committee requested review of EMS Compass Measures 01 and 02, that are focused on ambulance safety and the use of lights and sirens and whether they relate to increased ambulance crashes.

- Able to review ODOT ambulance crash data and local data to see how Oregon EMS is doing with regards to NEMSIS recommendations.
  - NASEMSO recommends that agencies limit use of lights and sirens in response to 50% and in transport phase to 5%.
  - Oregon: Lights and sirens were used 42% of the time, no lights and sirens 15% of the time and 43% of the time agencies did not record. Followed up with agencies where the data was not present. With the new info, lights and sirens used 68% of the time. The full report is on the EMS and Trauma Systems website.

- **2018 Cardiac Arrest Data:** Oregon is below the national standards in bystander CPR response. In Oregon, if the dispatcher instructs the caller to do CPR, then bystanders are 7.2 times more likely to do CPR. Will provide a pre-conference resuscitation academy at Oregon Association of Public Safety Communications Officials-National Emergency Number Association (APCO-NENA) conference. This is a 2-day academy for EMS personnel. Oregon EMS received a grant for \$40,000 to purchase two high fidelity simulation manikins and provide two resuscitation academies. The first academy was in Newport. Stella Rausch-Scott, Oregon EMS and Trauma Systems and Petar Hossick, Bend Fire Department are modifying the curriculum to make it applicable for dispatchers.
- **2021 Legislative Concept:** Proposed the Emergency Health Care in Oregon 2021 legislative concept to the Director's Office. This will create a comprehensive Emergency Health Care System instead of just a Trauma System and EMS System. It would combine all statewide EMS committees into an Emergency Health Care Board and create health care plans for trauma, stroke, pediatrics and potentially more. It includes time sensitive emergency subcommittees and Emergency Health Care Regions. Local control would likely be pushed to regions. It would also include the creation of an emergency health care data system and an EMS Mobilization plan for surge. The plan is moving next to Oregon Health Authority Director Patrick Allen.
  - **Dr. Eriksson:** Would advocacy be helpful? Do you have literature? **David Lehrfeld:** Yes, we have told the Director's Office that we have Committee/Board support. We are pushing internally. All the specialists and agencies are on board. Draft bill language will be sent to the committee.
  - **ACTION: David Lehrfeld** will send Rachel Ford proposal and draft bill language, and it will be forwarded to the Committee.
- **Rachel Ford:** Quarter Report provides information not included in Dr. Lehrfeld's report. Elizabeth Heckathorn is our new EMS & Trauma Systems Manager.
- **Questions:**
  - **Tamara Bakewell:** Is there a way to tell us if the numbers of vehicles/number of providers renewed is more or less from previous years? Are we losing capacity? **Rachel Ford:** Will need to look at previous quarterly reports. **Dr. Lehrfeld:** The licensing system is really a data system. Five years ago, it was on paper and now it is electronic. We can get data for this information, but we do not have the staff to analyze it.
- **AmeriCorps VISTA Member Project Update: Robbie Edwards**
  - The project is looking at the rural-urban gap. Started by reviewing agency survey results, and now working on a model of what the different factors are that contribute to the gap. Some are business sustainability, staffing shortages and revenue stream. Coming close to a model that will show the impact. The model will be presented at the April 2020 meeting. A few agency representatives will be asked to review the model and provide feedback.
  - A survey was included in the 2019 agency renewal application. A report on the survey results will be provided at the April 2020 meeting.
  - Also supporting community paramedicine coalition through helping with their data.
  - **Rachel Ford:** Has submitted Year 3 Vista application.

- **Questions:**
  - **Moore:** How do you define community paramedicine? **Robbie:** Paramedics that are in an expanded role, outside of their regular work. Coalition is comprised of different agencies in the state. The rural members often focus on home visits and medications, and the urban members often focus on overutilization of the 911 system.
- **ACTION: Robbie Edwards** will present the model and the 2019 renewal application survey results at the April 2020.

#### **10. Committee Member Roundtable & Public Comments:**

- **Erik Kola:** Will reach out to Danielle Meyer to talk about framework with families entering the Emergency Department.
- **Dr. Moore:** Promote the importance of adolescence screening. We should not lose the importance of using the AED and training.
- **Matthew Philbrick:** State of Jefferson Conference in March. It is the 10-year anniversary of the conference. Bringing back speakers from the past and is a high caliber of speakers. Same weekend as Eastern Oregon conference. Cost is \$160. Registration through Mercy Flights look for SOJ Conference. It is in Medford at Asante Rogue Regional.
- **Tamara Bakewell:** Rachel Ford and Tamara are presenting next week in Kaiser, OR at the Safe & Secure Symposium. This event is parent led and parent driven.
- **Kelly Kapri:** ODOT granted monies to three Oregon conferences, which allows conference organizers to offer scholarships to attendees.
- **Troy Thom:** Sports thing, very interested and want to learn more and seeing movement on that.
- **Erik Kola:** Point of clarification, I like the concept that we are behind something. Get this to a consensus that we can get behind this EKG effort.

#### **11. Meeting Adjourned 11:22 a.m.**

#### **NEXT MEETING:**

**April 9, 2020**

**9:00 a.m. - 12:00 p.m., PSOB Room 177**