Minutes

Oregon Emergency Medical Services for Children Advisory Committee Meeting
Thursday, July 9, 2020, 9:02 a.m. - 11:56 a.m.
Virtual Meeting
Teleconference line: 1-877-336-1831 **Participant Code**: 640551
Please join the meeting from your computer, tablet or smartphone:
https://global.gotomeeting.com/join/762145085

Committee Member Phone Attendance: Tamara Bakewell, Andrea Bell, Jacqueline DeSilva, Dr. Carl Eriksson, Dr. Brent Heimuller, Kelly Kapri, Erik Kola, Todd Luther, Danielle Meyer, Matthew Philbrick, Dr. Justin Sales, Dr. Christa Schulz, Anna Stiefvater, Troy Thom

EMS & Trauma Systems Staff: Rachel Ford, Peter Geissert, Elizabeth Heckathorn, David Lehrfeld, Julie Miller, Andey Nunes, Prachi Patel, Dr. Dana Selover

Absent: Matthew House, Marisa Marquez

Public/Guest: Amber Bidwell, Shelley Campbell, Lucie Drum, Shanda Hochstetler, Pamela Huntley, Kathy Halverson, Dr. Matthew Hansen, Julia Lodge, Sabrina Riggs, Alfredo Soto, unknown caller

Meeting called to order: 9:02 a.m. by Committee Chair Matthew Philbrick

Discussion and Conclusion of Each Agenda Item:

1. **Confirmed Attendance (phone) and Introductions: Matthew Philbrick**
   Committee members and public/guests confirmed attendance.

2. **Review and Approve April 9, 2020 Minutes: Committee**
   Minutes were reviewed. No changes noted.
   Jacqueline DeSilva motioned to accept minutes and Todd Luther seconded. None opposed. Motion passed.

3. **Committee Membership Update: Chair**
   EMS Training Director or EMS Educator Vacant: Contact Rachel Ford
   State will review all applications. Would like to have a range of representation across the state. The Committee would like to have someone from one of the following counties: Morrow, Umatilla Union, Molalla, Baker, Mahler, Hood River, Wasco, Sherman or Gilliam.

4. **Goal of Presentations for Today: Rachel Ford**
   Jackie DeSilva started the prevention project effort before her EMSC Committee Chair expired. The Committee will determine what kind of injury prevention or mortality prevention project they want to support. Three organizations will present information and the Committee will decide how to move forward.

5. **Safe Kids: Lucie Drum**

Safe Kids Worldwide (www.safekids.org) is the parent organization. Safe Kids Portland Metro is led by American Medical Response and supported by many partner organizations. The mission is to prevent childhood injuries. It is a worldwide organization working to prevent the almost one million children losing their life from an injury each year, with almost every one of those deaths being preventable.

The organization works with kids ages 0-19. It was founded in 1988 and now has 400 Coalitions in the United States and partners in 30+ countries. Goals include reducing injuries from traffic injuries, drownings, falls, burns, poisonings and more.

In 2002, Safe Kids Portland Metro became a coalition. Since then deaths have been reduced by 60%. Preventable injuries are leading cause of death for Oregonians 1 to 44 years. Portland Metro injury prevention focus areas include child passenger safety; teen driving; pedestrian, bike and motorcycle safety; distracted driving presentation; fire and burn safety; carbon monoxide safety; medication safety; and safe sleep.

Safe Kids Day is an event that has taken place for 21 Years at the Oregon Zoo. It was canceled this year due to COVID-19. Event stats: 4797 attended, nearly 250 volunteers (1146.5 volunteer hours), 527 bike helmets distributed, 16 bikes and scooters raffled, and thousands of prizes, educational materials, and guest speakers. Safe Kids Portland Metro needs include incentive prizes, bike and skateboarding helmets, reflective products, medicine safety lock boxes, car seats, booster seats, pack-n-plays, and home safety items (cabinet locks, window blind cord keeper, safety gates, etc.).

Questions from Committee:

- Are Motor vehicle crashes still the #1 preventable injury? Believe it is sleep related issues.
- On the measuring impact slide, it showed a significant decrease nationally of unintentional injury fatalities in the US. Is there any data specific to Oregon since the program started in Oregon? Is there any one platform that had the biggest impact? Don't have enough data yet to say. Biggest impact is child passenger safety.
- Has the Safe Kids platform reached rural areas? Yes, Clackamas County: Canby, Molalla, south of Wilsonville. Little by little, kids are more receptive to helmets. When we give helmets to a group at a school, it normalizes helmet use.
- Do you provide your materials in other languages? Yes, we do have materials in other languages, at a minimum of English and Spanish. For one event we provided materials in up to 10 languages. If you make an inquiry, they will create materials in languages needed.
- Any local or national materials regarding firearm/gun safety? Yes, we do touch on this as a coalition. We partner with Sheriff's Office to distribute gun safety locks. This is not commonly requested by schools and others who are interested in presentations by Safe Kids.
- Do you provide materials for bike rodeos? Yes.
- How are the coalitions created? How many are there and what part of the state do they cover. Safe Kids Oregon is a state-wide effort and we work with them. They are looking for grants for the coalition. They meet quarterly.

6. **Trauma Nurses Talk Tough: Shelley Campbell**

Trauma Nurses Talk Tough (TNTT) has been presenting for 32 years and is the injury prevention arm of Legacy Emanuel's Level I Trauma program. Prevention efforts for adults, children and families. There are four coordinators that oversee the following:

- Grants
- Senior Falls Program
- Adult Education: primarily court focused and includes seatbelt safety, distracted driving, speeding, High-Risk Driving class, impact panels for DUII drivers, Share the Road class, and Sexual Assaults.
- Preschool through middle school kids: Helmet and Bike Safety Program and Safety Towns.
- Elementary and middle school kids: road safety, fire safety, gun and violence prevention, substance abuse (alcohol and cannabis age related effect on developing brains, how it alters good decision making, translates into injuries, and carries on into high school). Adjust presentations for the location (city, country, rural, etc.). Request teachers share what they would like us to focus on.
- Middle school and high school kids: Minor in Possession and Juvenile Court presentations, Family Safety presentations, and Drivers Education program.
- High school kids: Juvenile Court and Peer Court. Presentations offered for juveniles and their parents. Presentations are provided at schools, PTA meetings, and Gang Violence Task Force at the MacLaren and Donald E. Long facilities. Drivers Education in the Portland metro area is a 2-hour presentation that pairs with what the kids are learning in their class.
- Families: these are high-risk families where violence has been involved. Discuss conflict issues and how to keep kids safe.

Work with hospitals throughout the state and setup community prevention programs in their area. These are usually in smaller communities. We teach how to present the program. COVID-19 has had an impact on TNTT program. Spent time looking into platform that we could use to present virtually that is interactive, complies with HIPAA and offers survey function. This will give us a larger reach.

Questions:

- What is your program's capacity for multi languages? Reach out to the community for those that can translate. This is the best way to get the transpose to be the most effective.
- How can EMSC help and be involved? Provide information in their EMS communities and learn to do the presentations.
- What is the platform you will use for virtual presenting? Adobe Connect. Approved by the federal level, HIPAA verified, gives white board features, provides means for students to interact, and can insert into an existing meeting.

7. **Suicide Prevention: Shanda Hochstetler**

Suicide is the #1 leading cause of death in youth (ages 10-24) in Oregon (2018, CDC). In 2017, it was the second leading cause of death. Most current statistics (CDC) are from 2018. Oregon ranks 11th worst in the United States, which is up from 17th in 2017. Suicide rates in Oregon have been

increasing at a higher than national rate. Recovery and wellness are possible. Hope, help and healing are within reach. Many who attempt suicide, do not go on to die of suicide.

In spring 2019, Oregon State legislature provided funding for the first time for suicide prevention through state general funds. The Big 6 Program for Suicide Prevention - Statewide Coordination, Collaboration and Evaluation; low or no cost.

Prevention: Happens before thoughts of suicide

- **Sources of Strength**: Youth-led program to help promote healthy norms and coping skills provided to fellow peers in a school setting. Focuses on hope, help, and strength.

Intervention: Intervening when kids are having thoughts of suicide

- **USA Mental Health First Aid**: 6-8-hour 1-day training. Youth, veterans, mental health. More in-depth look at mental health. Has virtual platform.
- **QPR Institute (Question Persuade Refer)**: Hands on 1.5 hour online or in-person training program for ages 16+ that teaches three easy steps to identify signs that someone is thinking about suicide and how to connect them with help. Has virtual platform.
- **SafeTalk**: Similar to QPR, but longer format and more in-depth. Ages 15+. Does not offer a virtual platform.
- **ASIST**: 2-day training. Intervene safety planning for those with suicidal thoughts. Schools: counselors, teachers. Hospitals: social workers, medical workers. Does not offer a virtual platform.

Postvention: When there has been a suicide death in the community

- **Connect**: Connect postvention teaches adult service providers the best practices to respond in a coordinated and comprehensive way in the aftermath of a suicide. Has virtual platform.

These trainings are evidence based, already working in Oregon, address suicide prevention, intervention and postvention, built on current systems in place within the community, etc.

- OHA, Youth and Local Communities work at the local level. Workers come from: Alliance to Prevent Suicide, Oregon Health Authority staff, Five School Suicide Prevention Specialists, Big Six Statewide Coordinators, Remote Risk Assessment and Safety Planning Line and Local Mental Health Authorities.
- Train the Trainer available for the prevention, intervention and postvention programs.
- Offer funding for course support, but not for the extras for the training such as training space and lunches.

Questions:

- Any information on key indicators/casual factors for recent increase in Oregon's higher rate of suicide? The numbers are still behind. 2019 numbers will be higher than 2018. 2020 will not be as high as 2019. Economics do have an effect. Income goes down, suicide goes up. In our COVID-19 world we are headed into a suicide crisis and mental health crisis. Oregon has not seen an increase in suicide deaths yet this year. There has been a decrease in emergency visits so far this year. Some reasons for that is that people just are not going to the hospital during COVID-19.

Usually 3-4 months after a disaster we see an effect. 3 months after losing a job, suicide is greater than the day after losing job. Suicide due to COVID-19 is inevitable. Keeping a close eye, but not seeing a rapid increase currently.

- Are you reaching out to LGBTQI? Yes, there is $220,000 for mini grants to address this need.

8. **Committee Injury, Morbidity and Mortality Prevention Project Plan: Committee**

Committee discussion:

- Medford seeing increase in suicide; trust comes from those working in community
- Suicide prevention has the most built in infrastructure that EMSC could get behind. Achievable goals; real-time data (OR-EMSIS); easy for frontline responders to participate (train-the-trainer) and increase traction of program; with community outreach it goes further
- Rural, underserved populations increased disparity and challenging issues; support for teens problematic
- Statewide effort; most impact
- Systems approach
- Hospital Association working on behavioral health - lean towards suicide prevention
- EMS providers could use more training to deal with suicidal individuals
- Primary Care: issue obtaining services for children in the ER with suicidality, often sitting in ER for days/weeks
- Training for school nurses

Vote: Jackie DeSilva motioned to accept Suicide Prevention and Dr. Christa Schulz seconded the motion. None opposed. Motion passed.

Next Steps:

- First responders: decrease suicide rate and increase prevention efforts.
- Committee members: take training(s); train the trainer for communities.
- Data: assess if increase behavioral health calls and suicide generally and for peds age group (peds only and/or matching CDC age range); ACE score correlation with suicide risk; review Injury and Violence Prevention data report.

Action: Peter Geissert will break out data by age in the coming quarter. Will also look at the following: way to make projections, data trending, historic pandemic data, modeling literature for community and economic levels, and Injury and Violence Prevention program data.

- Connect with youth: Learn from youth involved in the training programs and doing the work
- Follow-up w/ Shanda Hochstetler regarding possible next steps
- Prevention, intervention, postvention: where have most impact
- Is there a way for people who are looking for other resources that were presented today (Safe Kids and Trauma Nurse Talk Tough) to be published on the EMSC website?

Action: Rachel Ford will put information on EMSC website and send to Committee.

9. **Pediatric EMS Data Report: Peter Geissert**

Presented the new Oregon Pediatric EMS Data Report. The report allows for hovering over each data point to review expanded information. The report includes a Demographic Tab (pediatric EMS incidents by month for 2019-20; EMS patient encounters by age and gender); Compass measure

Pediatrics-01, percentage of EMS responses originating from a 911 request for patients less than 18 years old with primary or secondary impression of respiratory distress who had a respiratory assessment; Compass measure Pediatrics-02, percentage of EMS responses originating from a 911 request for patients 2-18 years of age with a diagnosis of asthma who had an aerosolized beta agonist administered; Compass measure Pediatrics-03, percentage of EMS responses originating from a 911 request for patients less than 18 years of age who received a weight-based medication and had a documented weight in kilograms or length-based weight estimate documented during the EMS response; Transport Tab top 15 for 2019-20 (EMS pediatric procedures performed; EMS pediatric causes of injury; EMS pediatric primary impressions; EMS pediatric primary symptoms; and EMS pediatric dispatch complaints).

Comments:
Committee would like to hear about any plans for education to try to improve the Compass measure Pediatrics-01. Respiratory distress is a critical point that needs addressing.
Action: Rachel Ford will add Compass measure Pediatics-01 report to October meeting agenda.

10. **Pediatric Emergency Care Applied Research Network (PECARN) Project Update: Dr. Matthew Hansen**

Work at Oregon Health & Science University in pediatric medicine and EMS research. Affiliated with Pediatric Emergency Care Applied Research Network and work with them on research. The most advanced study is the cervical spine injury clearance rule for children. This is based on clearance in the ED and in EMS and is specific to prehospital care.

Two studies that have grants submitted: 1) Midazolam Dosing Study: Three standardized doses of Midazolam based on weight ranges for seizure. This study is focused on pain management.; and 2) Pilot Trial Study for Pre-Hospital Treatment for Wheezing Children. This study is about children that may need to be transported to a children's hospital instead of general hospital and creating a decision rule for this decision.

11. **EMSC Program & Pediatric Readiness Quality Collaborative Update: Rachel Ford**

- **EMSC 02 and EMSC 03 Survey (EMSC Prehospital Performance Measures)**: Sent thank you email to all EMS agencies that participated in the 2020 EMSC 02 & 03 survey; 70.5% response rate. Sent Communication Card sets to agencies that were new survey participants. Sent out about 80 packages of cards to the agencies that had not participated in the past.
- **Pediatric Readiness Quality Collaborative:** The PRQC project is coming to an end. Final PRQC presentation was canceled by the EIIC (EMSC Innovation and Improvement Center) due to COVID-19 furloughs. Met with EIIC twice to strategize final activities and SP manager engagement. Final documentation requested included team photos, National Pediatric Readiness Assessment and PRQC Exit Survey. Oregon teams continued to have monthly meetings and education sessions. Completed all but one final site visit. The EIIC has asked Rachel Ford to be the lead writer on a white paper that includes the EMSC Program Manager perspective of participating in the PRQC. Paper due September 2020.
- **Pediatric Readiness Program:** www.pedsreadyprogram.org. With the PRQC project ending, the Oregon teams decided that we did not want this great work, the many resources and the

momentum behind improving pediatric readiness to end. We asked the hospitals that participated in the PRQC to give feedback on a future peds readiness program. The PRP is a collaborative effort to promote enhanced pediatric emergency care through quality improvement work, education, and knowledge sharing among emergency departments who care for kids across the state of Oregon and Southwest Washington. The PRP Support Team is motivated by a passion for providing high-quality care to sick children where they are cared for and by the spirit of continuous improvement wherever we practice. We are interested in facilitating meaningful collaboration with participating hospitals to improve everyday pediatric readiness. The PRP offers opportunities to collaborate on pediatric quality improvement projects, problem solving, resource sharing and education. We are inviting all Oregon and Southwest Washington hospitals to participate at the level that best meets their individual needs. This will continue to be a collaborative effort to enhance and promote pediatric emergency care, through quality improvement work. A web developer created web pages on OHA site that include PRP description, education opportunities and shared resources. The resources that were gathered during the PRQC are posted on website and we will add more as we grow. An announcement went out to all the hospitals in region to let them know that the program exists. There will be an education session August 13, 2020, *COVID-19 in Kids: The Emergency Department Approach*.

- **Weight Conversion Tools:** Developed weight conversion tools based on Kansas EMSC models. These tools are for ED providers, parents, and caregivers. They are meant to assist providers with speaking, thinking and documenting ONLY in kilograms.
- **ODOT Grant:** The Oregon Emergency Medical Services for Children Program received a $22,000 grant from the Oregon Department of Transportation to provide pediatric restraint systems to Oregon rural and frontier EMS ground transport agencies. Rachel Ford is managing the grant and all administrative tasks. An invitation to apply and two reminders were sent to 104 agencies over the 6-week application period. The 41 applications submitted were reviewed, additional information was requested from several agencies, and number of units requested was crosschecked with previous equipment distributions. Three agencies were found to have already received equipment from EMSC or had purchased equivalent equipment. For the remaining 38 agencies, they had requested a total of 93 units. Ferno agreed to provide 93 Pedi-Mate Plus units at the same price quoted for 65. The product manual and several education video links were included in the award letter that was sent to the agencies. The 93 pediatric restraint systems that meet OAR 333-255-0072 requirements will be shipped directly to the 38 agencies.

12. State EMS and Trauma Systems Program Update: Elizabeth Heckathorn

Please refer to EMS and Trauma Systems 2nd quarter report.

- **AmeriCorps VISTA:** There is a new AmeriCorps Vista member, Prachi Patel. Prachi will help support Oregon's rural and frontier EMS agencies who are at risk or experiencing instability. Prachi will administer a pilot project using the Informed Community Self-Determination process that was introduced by last VISTA member Robbie Edwards.
- **EMS & Trauma Systems staff updates**: Received permission to hire Administrative Specialist 2 Limited Duration and to permanently fill the Research Assistant 4 position. The Compliance Specialist 3 is on hold until January 2021 due to hiring restrictions.

- **EMS Continuing Education Conferences:** With COVID, many of the EMS conferences were canceled. OHA EMS partnered with a few of the conferences and provided two virtual conferences. 19 presenters delivered 15,000 hours of education. There were attendees from 39 states and 10 countries. EMS and Trauma Systems staff were trained to host future web-based trainings. The upcoming Trauma conference will be virtual and hoping to support a virtual Stroke conference.
- **Renewals**: 131 EMS transport agencies and licensed ambulances; 1000+ Emergency Medical Responders.
- **Initial Emergency Provisional License:** This is a new rule. Received 95 applicants and 52 have been licensed to date. At the upcoming EMS Committee, it will be proposed to make this Rule permanent.
- **Virtual Surveys and Exams**: Staff is exploring virtual agency surveys, advanced exams for EMS providers, and trauma surveys.

13. AmeriCorps VISTA Member Project Update: Prachi Patel

Prachi Patel will be contacting a county and associated EMS agencies and community partners about the pilot project. Once there is agreement to participate, Prachi will administer an abbreviated form of the Informed Community Self-Determination Process. This will include reviewing data, identifying gaps, and sharing tools to address identified needs.

14. Committee Member Roundtable

None

15. Public Comments

No public comments

16. Meeting Adjourned 11:56 a.m.

NEXT MEETING:
October 8, 2020
9:00 a.m. - 12:00 p.m.
Location: Virtual Zoom Meeting