Minutes

Oregon Emergency Medical Services for Children Advisory Committee Meeting
Thursday, October 8, 2020, 9:00 a.m. - 11:59 a.m.
Virtual Meeting
Teleconference line: 1-646-828-7666 **Meeting ID**: 160 073 3881
Please join the meeting from your computer, tablet or smartphone:
https://www.zoomgov.com/meeting/register/vJItd-6rrTMiGyH47gE38-R0y2uUzYlK6FI

Committee Member Phone Attendance: Tamara Bakewell, Andrea Bell, Jacqueline DeSilva, Dr. Carl Eriksson, Dr. Brent Heimuller, Matthew House, Kelly Kapri, Erik Kola, Marisa Marquez, Matthew Philbrick, Dr. Justin Sales, Dr. Christa Schulz, Anna Stiefvater

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

Absent: Todd Luther, Danielle Meyer, Troy Thom

Public/Guest: Heather Bailey, Jill Baker, Kara Boulahanis, Christy Fawcett, Jessica Fritts, Shanda Hochstetler, Jonathan Rochelle, Dr. John Seeley, Laura Sisulak

Meeting called to order: 9:00 a.m. by Committee Chair Matthew Philbrick

Discussion and Conclusion of Each Agenda Item:

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

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

3. **Committee Membership Update: Chair**
   EMS Training Director or EMS Educator Vacancy
   All applications will be considered, but in order to have representation from across the state we would like to recruit individuals who live and/or work in the following counties: Morrow, Umatilla, Union, Wallowa, Baker, Malheur, Hood River, Wasco, Sherman and Gilliam. There has been recent outreach to several potential candidates, but Committee member recommendations to fill this position would be appreciated. Please click HERE to apply or contact Rachel Ford for details.

4. **Suicide Prevention Project: Andrea Bell**
   Andrea Bell is a Nurse Manager at Salem Health and Suicide Prevention Chair for Marion County. In July, the Committee chose to support suicide prevention efforts in the state. The next steps

discussed included: overall decrease suicide rate and increase prevention; Committee members become trainers and/or take trainings; connect with youth; suicide data; and what the Committee could do to have the most impact in prevention, intervention, and postvention.

In September and October, the project workgroup members Andrea Bell, Rachel Ford, Erik Kola, Todd Luther, Marisa Marquez, Danielle Meyer and Matthew Philbrick met to discuss the suicide prevention opportunities for Committee members.

Trainings

- **Question Persuade Refer (QPR)** is a prevention training. Upcoming training dates include October 27-28, 2020 (1pm-4pm) and November 17-18, 2020 (9am-12pm). QPR teaches 3 easy steps to identify signs someone is thinking about suicide and how to connect them with help. QPR is designed for meeting the immediate need of an individual in crisis and getting them through it by listening and offering support and hope, and then connecting them to resources so that they may receive ongoing support. Lines for Life has grant funding for up to 130 trainers. QPR trainings can be adapted for any population. It is a flexible training model which means that information and training time can be tailored to specific groups.
- **Mental Health First Aid (MHFA)** is a prevention training. Upcoming training date is November 10-12, 2020 (Adult Training) and TBD 2021 (Youth Training). MHFA gives you the skills you need to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis. Adult and Youth curriculum available. The Association of Oregon Community Mental Health Programs (AOCMHP) offer instructor trainings; one Committee member can attend and AOCMHP will cover the cost. There is a need in Oregon for Spanish speaking instructors. If you do not want to be an instructor, but you would like to take the training, see the national MHFA website.
- **Connection** is a postvention training. Training adult service providers best practices to respond in a coordinated and comprehensive way in the aftermath of a suicide; including impact on individuals and community, best practices, signs of grief, coping mechanisms, communication protocols, and community resources. The training for trainers (T4T) is on hold due to COVID and until able to meet in-person again. The AOCMHP will be offering modified 2-day trainings that utilize content from T4T. Six of these will be scheduled between now and June 2021. Cost TBD. Participation will depend on whether Committee members live/work in the counties that are hosting trainings.

Connecting with Youth

- **Youth & Young adult Engagement Advisory (YYEA)** is a youth and young adult advisory committee staffed for the Oregon Health Authority by Emily Morrisey. The YYEA sends youth representatives to many committees in the state to incorporate youth voice. These youth have a lived experience. It has been recommended that EMSC Committee member(s) interested in connecting with youth attend a YYEA meeting if there are questions that the Committee has for the youth members, project ideas for YYEA to weigh-in on, etc.

- **YouthLine** is a 24-hour crisis, support and helpline hosted by Lines for Life for youth dedicated to preventing substance abuse and suicide. They have a pool of youth and young adults that can be tapped for various projects.

Other Opportunities to Consider

- **Transitions of Care Committee** for the Oregon Alliance identifies best practices, innovative approaches and gaps to safe and uninterrupted transitions for youth, young adults and their caregivers when experiencing mental health crisis or risk of crisis. It promotes policies and practices that effectively support their needs for continuity during the period in which intentional coordination of care is imperative. This Committee is currently reforming by recruiting new members and looking at new priorities for Committee work. It has been suggested by Oregon Health Authority Suicide Prevention staff, that the EMSC Committee consider sending a member to attend the public meetings.
- **Safe + Strong Helpline** is a new emotional support and resource referral line that can assist anyone who is struggling and seeking support. They will listen, assess your needs, and problem-solve with referral to resources if needed. The EMSC Committee may want to share and promote this resource in their respective communities, through the EMSC website and other means.
- **Legislative priorities** from the Oregon Alliance to Prevent Suicide identified for the 2021 session include: 1. Amend current legislation on youth suicide to expand age range from 10 to 24, to include all school age children (5-24).; 2. Require behavioral health workforce to receive continuing education on suicide prevention, intervention, and management. Hope is that Committee member(s) will support the concepts and share with the Committee what is happening in legislation.

Data Requests

- Ideations vs. Attempts vs. Completed: picture of the problem in Oregon
- Injuries related to suicide attempts/completed suicides: long-term physical effects, and/or continued care/counseling required; impact to trauma system and healthcare system
- Success in moving individuals away from committing suicide: inquire with Oregon Health Authority Suicide Prevention program and supporting organizations about success rate
- Individuals that attempt more than once
- Overall trends and projections

Project Benchmarks

- # of EMSC Advisory Committee members that become trainers/instructors
- # of EMSC Advisory Committee members that attend trainings
- # of trainings provided
- # of individuals trained
- # of populations reached with trainings
- # of products (community impact, physical deliverables, community involvement) that come from trainings and other outreach efforts
- Participant feedback/assessment of the trainings/program

Committee Questions and Feedback

- **Matt Philbrick**: What kind of commitment do you see yourself making as a Committee member? Refer to the project description that was attached to the meeting invite. In making a commitment there is a whole spectrum of what that can look like. Some of the lower time commitments options might be what most can do. Overarching goal is that this is a Committee run project with buy-in from the Committee. The buy-in is subjective and will look different for every Committee member.
- **Eric Kola**: QPR offers the broadest form of training. Accessible training that covers a lot of information. Happy to be involved and provide trainings if this is the route the committee will be taking.
- **Tamara Bakewell**: Would like to support the legislative piece and can work at the assistance level.
- **Dr. Christa Schulz**: Might be helpful to send out goals and what the estimated time would be so we can decide what the time commitment would be.
    - **Rachel Ford**: Jill Baker provided answers to questions about time commitment. Review the attachment in the meeting and reach out to the workgroup with your questions.
- **Erik Kola**: Leaning towards the practical skills on the front line. Do we serve a role in providing the resources or are we encouraging and offering a recommendation?
    - **Matt Philbrick**: Need to look at the Committee as subject matter experts and pick what resonates with each Committee member.
- **Anna Stiefvater**: My experience leads me to think that there are ethnic and racial disparities with the suicide rates. Is there a way to look at the plan or look at priorities that would look at these disparities?
    - **Matt Philbrick**: Can look if this is traceable.
- **Jackie DeSilva**: I support the initiative to move forward.
- **Matt House**: My mind goes to the levels and how to get this to work with fire response units. How can we segue to other levels down to the front line?
- **Jill Baker**: I work with the Oregon Health Authority Youth Suicide program. Hoping that the Committee will advocate to take the trainings and we have lots of trainers that can assist. The goal is that high-level administrators will support the trainings and investigate if they have what they need (training, safety plan, etc.) at a system-level. separate training. One way to make a high impact is writing a letter to support for a bill/legislative concept. To address racial disparity, Native American youth have the highest suicide rate, and African American males' rate is the highest. The value of your voice goes a long way.
- **Rachel Ford**: We will be following up with your questions next week and will provide you with requested information.
    - **Matt Philbrick**: Next steps are for Rachel Ford and me to reach out, answer questions and provide resources.

5. Pediatric EMS Data Report: Compass Peds-01 and Suicide: Peter Geissert

- Suicide Data: Caution that with numbers this small, rates and percentages can fluctuate quite a bit. The incorporation of attempts will have more stable rates. Would not put too much stock in the poisoning rates because they are so small. Clarification that the denominators are per total

population rather than deaths. The three types of suicide deaths shown are firearms, poisoning and suffocation.

- Compass Peds-01 Respiratory Assessment Data: Shows the inclusion criteria drawn directly from the Pediatric-01 Compass Metric related to the respiratory assessment. This is calculated over 1.5 years, January 2019 - July 2020.
    - All Pediatric 911 patients with relevant respiratory impressions: 15% of patients with respiratory distress did not receive the complete respiratory assessment; 85% of patients with raspatory distress did receive the complete respiratory assessment.
    - All pediatric 911 patients with relevant respiratory impressions who received no respiratory assessment: Majority of patients received either the Respiratory Rate or the SpO2; 43 patients received neither Respiratory Rate nor SpO2.
    - All pediatric 911 patients with relevant respiratory impressions who received no respiratory assessment by EMS disposition: 42.99% patients treated were transported by EMS unit; 17.13% patients refused evaluation/care without transport; 13.08% patients treated and released against medical advice; 11.21% patients evaluated and no treatment/transport required; 10.09% patients treated and transferred care to another EMS Unit; 2.49% patients treated and released per protocol; 1.87% patients dead at scene, resuscitation attempted and no transport; 0.31% patients dead at scene, resuscitation attempted and transported.
- Broken out by agency, county (largely driven by population) and age (vast majority of patients are between the age of 0 and 5 years).
- Next Steps: Drill down and look at those patients who did not receive either the SpO2 or Respiratory Rate. Open to additional ideas from the Committee if you would like more information.

Committee Questions and Feedback

- **Matt Philbrick**: Looking at the Agency tab, it looks like the lower the percentage the higher the compliance. Is a transfer tracked in both fields of both agencies?
    - **Peter Geissert**: Yes.

6. EMSC Program Update: Rachel Ford

EMSC 02/03 Survey

The Health Resources and Services Administration (HRSA) requires EMSC program managers to survey prehospital EMS agencies annually. Data cleaning includes removing agencies that do not respond to 911 and duplicate agencies. Performance Measure calculation excludes tribal and military. In 2017-18, one tribal and one military EMS agency were surveyed, and in 2020 two tribal and one military EMS agency surveyed. See table below.

The EMSC 02 performance measure is the percentage of EMS agencies that have a designated individual who coordinates pediatric emergency care. During the 2020 EMS agency renewal agencies were asked to identify a Pediatric Emergency Care Coordinator (PECC) contact. This information is housed in the licensing management software, ImageTrend. In August and September 2020 an introductory email with equipment and education resources was sent to all Oregon PECCs. The hope

is that through regular contact and resource sharing, the EMSC Program will be able to provide greater support to agency-level pediatric readiness activities.

The EMSC 03 performance measure is the percentage of EMS agencies that have a process that requires providers to physically demonstrate the correct use of pediatric equipment. There was some improvement. This need was addressed with the recent distribution of pediatric restraint systems. Distribution included four training videos and a performance checklist that could be used to train and assess competency.

Committee Questions and Feedback

- **Dr. Carl Eriksson**: Looking at the increase in numbers and the smaller rural agencies, is there a model where there could be a centralized resource that could support multiple agencies?
    - **Rachel Ford**: HRSA has talked about this and there are a few states where they have funding for pediatric coordinators that are set up in regions. In the process of requesting more information about this. In the meantime, in rural areas, there seems to be crossover with trainings and knowledge sharing.

Survey Year	Overall Response	Records in Dataset	Records Used in Calculation	Performance Measure	Response Rate
2017-18	231/281 81.9%	220	218	EMSC 02	79/218 36.2%
2017-18	231/281 81.9%	220	218	EMSC 03	48/218 22.0%
2020	253/359 70.5%	215	212	EMSC 02	40/212 18.9%
2020	253/359 70.5%	215	212	EMSC 03	61/212 28.8%

Pediatric Readiness Quality Collaborative (PRQC)

The PRQC project has ended. Rachel Ford was asked by the EMSC Innovation and Improvement Center (EIIC) to be the lead author of a white paper. The paper includes Oregon, Alaska and Wisconsin EMSC Program Managers' experience participating in the PRQC. The paper has been published by the EIIC and can be found on their PRQC webpage. The link will be sent to the Committee.

Pediatric Readiness Program

The website is complete, and resources have been posted, www.pedsreacyprogram.org. An introduction was sent to all Oregon and Southwest Washington hospital Chief Administrative Officers, Chief Nursing Officers and Emergency Department Nurse Managers, as well as the Oregon chapters of the Emergency Nurses Association, American Academy of Pediatrics, and American College of Emergency Physicians.

- In August 2020, there was an education session *COVID in Kids* that was presented by Dr. Justin Sales and Dr. Beech Burns. The session was recorded and has been posted on the website.

- Emergency Department Clinical Pathways complete and posted.
- PRP Support Team has continued to bi-monthly meetings to discuss the website, education sessions, stakeholder involvement, and next steps. Supporting quality improvement projects and discussing weighing kids in kilograms all the time. Pulling together a continuous quality improvement workshop and toolkit for the hospitals.
- During the PRQC project many hospitals stated that they needed a list of providers/specialists and where/when they practice. Rachel Ford met with Karen Hale to discuss the Oregon Provider Directory (OPD). The OPD will allow providers to pull reports for all pediatric specialists in a specific area. There will be a soft launch in Central Oregon with date TBD. The OPD would address the needs of the hospitals and support family-centered care by attempting to locate care closer to the patient's home. The hope would be that pediatric patients would not by default be transferred to Portland which can put a strain on the family and is not the best family-centered care.
- On November 12th at 8am there will be an education session, *Pediatric Sepsis Management: A Thoughtful Approach*. Registration details are on the Pediatric Readiness Program website.

ODOT Grant

Shipped 93 pediatrics restraints systems to 38 rural EMS ground transport agencies. Four training videos, a users' manual, and a performance checklist were emailed to the agencies. The Oregon Office of Rural Health (ORH) published news about the project on their website, in a July 23, 2020 ORH Facebook post, and in the September 2020 newsletter.

Health Resources and Services Administration (HRSA) EMSC Grant Administration

2019-2020 Performance Report submitted and approved. HRSA Performance Measures feedback submitted. Yolanda Baker (HRSA) has been checking in on more regular basis during COVID.

National Association of State EMS Officials

Rachel Ford was appointed to the Pediatric Emergency Care Council Secretary position. It is a 2-year term and begins the end of October. Rachel will continue to be the West Region lead as well.

Note: Please refer to the EMS and Trauma Quarter Report for more information.

Committee Questions and Feedback

- **Matt Philbrick**: Took a moment to praise Rachel. She has completed huge accomplishments!

7. Youth Suicide Intervention and Prevention Plan (YSIPP): Jill Baker, Dr. John Seeley

Jill Baker, Oregon Health Authority Youth Suicide program and Dr. John Seeley, University of Oregon requested feedback on the YSIPP. Youth in Oregon is defined as 24 years and younger. The current YSIPP and future YSIPP 2.0 are 5-year plans. The plan that will expire the end of 2020 includes 117 action items. YSIPP 2.0 evaluation team includes: Dr. John Seeley, Jonathan Rochelle, and Kaliq Fulton-Mathis.

General Opening Questions for the EMSC committee that will inform on the next five-year plan:

- What activities, programs or initiatives that have been successful in the area of comprehensive suicide screening, assessment, and/or treatment? Do these efforts address the cultural and diversity needs in your field?

    - **Dr. Christa Schulz:** Pediatric Hospitalist in Bend, OR. The suicide screening and assessment is separate from the medical team itself. The communication we get from that entity is separate as well. The patients go home, and we don't know if our treatment is successful. Some patients we see as repeat attempts that continue to come in. Communication between the two ends is a challenge.
    - **Matt Philbrick:** Medical Operations Manager for Mercy Flights in Medford, OR: No prevention or postvention training for our EMS (911 responders). We have some connections with public health and the hospitals, but on a whole, this is a missing piece.
- Cultural and diversity needs:
    - **Dr. Christa Schulz:** It is a different system when there are issues with DHS, American Indian population (or Reservation) and our system. Have no idea what kind of resources are available to these groups and how that differs from our system. Works well when someone has been specifically trained in pediatric suicide intervention and assessment.
    - **Shanda Hochstetler:** Encourage folks to think about what activities you do around screening or intervention that have felt good and worry less about if it is successful. Your part of the picture is what we want to know about. When you have interacted with kids that have shown suicide, what is working for you when you are interacting with the patient?
- Screening referral and treatment:
    - **Jill Baker:** Integrating behavioral health needs with the fast pace of the doctor's office would be very helpful.
- How is telehealth working in the time of COVID-19? What is going well? What are the major obstacles (e.g., access, digital literacy, etc.)?
    - **Dr. Brent Heimuller:** This has gone well. There are some patients that we lose track of since they cannot come into the office. But we got ahold of a lot of other patients that we would not have otherwise by using telehealth. Reestablished contact and if they needed help, we provided services.
- How is teleworking working with suicide patients?
    - **Dr. Brent Heimuller**: Have two psychologists/psychiatrists onsite that can work patients in on the spot when issues come up. Difficult to get them to go to the ED, but telehealth is working well.
- How is telehealth working with digital literacy and technology?
    - **Dr. Brent Heimuller**: Some cannot connect and need to call. This makes it unsatisfying if we cannot see them. There is an impediment there for some. **Jill Baker**: Are there concerns with privacy for children 14 years or older when their parents are around? **Dr. Brent Heimuller:** It has not come up yet. They could use their phone so that allows better privacy.
    - **Tamara Baker**: The massive pivot getting technology into each home is tremendous. Making sure that kids have the equipment is a big lift.
- How to get better educated on suicide prevention, screening, treatment or care? What specific steps would you take? How would you identify services (e.g., Google, ask colleagues, etc.) for EME's, CEUs? Are there organizations that you would look to facilitate that training?
    - **Marissa Marquez**: Mental Health department is seeing kids only online and kids are not doing well with this.

    - **Dr. Christa Schulz**: This is a huge issue and it comes back to time. What do you choose to educate and do your CME on? May have an already dedicated person that does this for your team. Look to AAP, Randall Children's and Doernbecher Children's who do CMEs. It is tricky to find education on mental health.
- If this training were to push out to you, what would be the best way to do this?
    - **Dr. Christa Schulz**: Offer CEUs. Offer Grand Rounds to get credit for lecture. Small groups trainings in the facility itself.
- Are setting specific approaches better than online?
    - **Dr. Christa Schulz**: Yes.
    - **Carl Eriksson**: Yes, setting approach works well. The trainings we end up going to are the ones that are tailored to our need and accessible, departmental meetings, floor meetings, and specific populations**.**
    - **Jill Baker**: Setting specific trainings are available.
    - **Andrea Bell**: Work in pediatric unit. Often waiting for beds. Nurses struggle to know how to better resource. ED has patients waiting for beds before transfer to psych unit.
    - **Dr. Justin Sales**: Pediatric emergency physician at Randall Children's. Stress for screening in ED. All are striving to be competent caregivers.
- Should these trainings be mandated prior to the entering the field?
    - **Matthew Philbrick**: Yes, I think it should be mandated prior to graduation.
    - **Dr. Christa Schulz**: Making it mandated is the way to go. Many would choose not to take this if it were not mandated.
- Trying to figure out how to overcome the resistance to mandate training. Your involvement in the Transitions Care Committee, The Alliance to Prevent Suicide or HB3090 work would be helpful. House Bill 3090 requires emergency departments to have policies regarding behavioral health crisis, a caring contact, and someone to follow-up within the high stress window of time. There is high stress during the transition of care; within 24 hours and up to 7 days. Oregon Health Authority (OHA) did a survey on this soon after HB3090 was passed to see what hospitals have implemented this policy.
    - **Dr. John Seeley**: Did OHA provide any technical assistance to the hospitals, such as policy templates? **Jill Baker**: There is a FAQ and a template. It is being monitored by complaint only and there are only 2 complaints attached to this legislative mandate. **Dr. John Seeley**: Sounds like one of the key issues is awareness, requirements, how to actively support the implementation of the bill.
    - **Rachel Ford**: Rural hospitals benefit from having a template, policy examples, etc. to support practice changes.
    - **Jill Baker**: Some have this policy and did not know this was a law. Maintaining an in with the Committee will be very helpful.
    - **Matt Philbrick**: Reach out to either Matt Philbrick or Rachel Ford with a request and will try to accommodate and help where we can.

8. **AmeriCorps VISTA Member Project Update: Prachi Patel**
   The pilot project survey will utilize modified versions of the Informed Community Self-Determination and Community Based Needs Assessment tools to assess at-risk EMS agencies across the state. These surveys are designed to provide the agencies with an in-depth assessment and to inform which tools would best improve sustainability of their agencies. Tools will be provided at the end of the process.

9. **EMS Modernization Legislative Concept: Dr. Dana Selover**
   EMS Modernization Overview: Organize EMS systems in a way that has statewide and regional structures. The purpose is to create a comprehensive integrated emergency healthcare system that recognizes problems, determines which services are needed, and then delivers the patient to those resources. The focus is right care, right place and right time.

   It is projected that the Legislative Concept will achieve:
   - Better health and healthcare through the regionalization and coordination of emergency healthcare.
   - Stronger quality improvement and data systems.
   - Improved triage, stabilization, and transfer from small general hospitals to regional referral centers.
   - Enhanced quality of care and access to care for rural and minority populations that experience disparities in emergency medical care.
   - Coordinated and targeted EMS transport of TSE patients to specialty care centers.
   - Upgraded and coordinated EMS response capability in disasters.

   Why this and why now? Over 30 years ago, Dr. Daniel Lowe, MD at OHSU noted large disparities in trauma treatment depending on where patients were treated. Oregon then established the largest statewide trauma system to address disparities in trauma care and to lower the trauma mortality rate. A patient should receive quality care no matter who they are or where they live. In 2010, the Oregon Emergency Healthcare Task Force recommended transforming trauma system into emergency healthcare system, which resulted in the partial adoption of a stroke system in 2011. Other interim progress has included establishing a cardiac arrest network and local acute myocardial infarction programs.

   In 2020, systems have developed as far as they can without further infrastructure to bring the parts of the emergency healthcare systems together.
   - Current EMS committee system: EMS Committee, EMS for Children, State Trauma Advisory Board and Stroke Committee. Current regional committee system: Area Trauma Advisory Boards, local time sensitive emergencies initiatives, and local preparedness.
   - Modernized EMS committee system: State Emergency Healthcare Board (EMS, Pediatrics, Time Sensitive Emergencies) and Regional Time Sensitive Emergency Boards.
   - Current data systems: EMS, Trauma and Stroke
   - Modernized data systems: EMS, Trauma, Stroke, and Cardiac

Current EMS and Trauma Systems program regulatory authority includes: EMS Providers, Trauma Hospitals, and ambulance/transporting EMS Agencies. The current authority does not include guidance for non-transport EMS agencies and other time sensitive emergency hospitals. Discussing going back to legislature in 2023 and moving this update forward.

Current EMS mobilization for disaster response includes Ambulance Service Agreements and mutual aid agreements. In the future, we would like to be able to bring EMS systems to a disaster.

Phase 1: 2021

- Redesign: Redesign advisory board structure. Develop new State and Regional Emergency Healthcare Board that combines existing committees.
- Establish: Create State and Regional Emergency Healthcare plans for Trauma, Stroke, Cardiac, Pediatrics and more.
- Designate: Designate emergency healthcare centers. Start with trauma and design other time sensitive emergencies (TSE) centers with the new Board. Follow-up in 2023 with additional TSE center requirements.
- Create: Create Emergency Healthcare Registry out of existing (trauma, stroke, etc.) registries.
- Sustain: Ensure that fee programs are sustainable. Increase ambulance service and ambulance vehicle fees under ORS 682.047. Last fee increases were in 1997. Fees cover essential regulatory functions of initial and renewal licensing, regular on-site surveys and complaint investigation.

Phase 2: 2023

- Add new types of TSE healthcare centers beyond existing trauma centers. Formalize details for other TSE centers with the new Board. Follow-up in 2023 with additional TSE center standards in statute.
- Transform ambulance regulation into an EMS regulatory statute ORS 682. Modify to establish comprehensive EMS licensing and regulation that includes EMS providers, ambulance/transporting EMS agencies and non-transporting EMS agencies. State Emergency Healthcare Board to recommend follow-up legislation in 2023.

Committee Questions and Feedback

- **Matthew Philbrick**: Oregon has a history of pioneering the trauma system template. Is another opportunity for the state to pioneer or the state modeling this platform off other successful models of implementations of modernization? **Dr. Dana Selover:** It is a combination. It is pioneering in that we do not know anyone else that has taken on the EMS mobilization and taken on regionalizing, but they have done similar things. It is customized for Oregon as it builds on the systems we already have. **Dr. David Lehrfeld:** We took what we thought was the best from other states and put it in one package that we thought would be best for Oregon.
- **Dr. Carl Eriksson:** How can we help? This is a very important step forward. It could be valuable to have stories that went well or didn't go well. Any specific things that we could provide that would help this? **Dr. Dana Selover:** Yes, helpful to know that generically you are supportive and that you understand how EMSC will come into this; to look at this and knowing what hospitals have the capability and integrating pediatrics into all of the time sensitive emergencies. As we have more legislative information, then we would like your feedback to add to this. Yes, stories

and participating in conversations as we are talking about time sensitive emergencies. We want your expertise. **Dr. David Lehrfeld:** The way we structure this new Board system and reason pediatrics its own separate committee, believe that this will fundamentally change the way the EMSC or the pediatric committee functions. As the time sensitive emergency comes up with their structures, the pediatrics Committee will have to adopt the pediatric version of that and they both will be reporting up to the higher Board with their recommendations. The higher Board's recommendations will be integrated into the local Boards. The work will look different in a few years.

The PDF version of the presentation slides will be emailed to the Committee.

10. Committee Member Roundtable

- **Dr. Carl Eriksson**: Carl is part of a research team at OHSU that is doing research in EMS care for kids with a cardiac arrest. Provide more support for frontline EMS providers in a very challenging situation. Will provide updates as this unfolds.

11. Public Comments

None

12. Meeting Adjourned 11:59 a.m.

NEXT MEETING:
January 7, 2021
9:00 a.m. - 12:00 p.m.
Location: Virtual