



**State EMS Committee**  
*Friday, January 8, 2016*  
8:30 a.m. – 12:00 p.m.

Meeting Minutes

Chair	Ameen Ramzy, M.D.
Vice Chair	Greg Marlar, Paramedic
Members present	Ameen Ramzy, M.D.; Leslie Terrell, R.N.; JD Fuiten; Paul Rostykus, M.D.; Dave Lapof, EMT; Gary Heigel, Paramedic; Doug Gruzd, MD; William Foster, M.D; Greg Marlar, Paramedic; Elizabeth Hatfield-Keller, M.D.; Melissa Doherty, M.D.
Members not present	Ed Freysinger
Guests present	Jonathan Chin, Paramedic; Paul Bollinger; Gregg Lander, Paramedic; Bill Steward; Mark Stevens, Paramedic; Jan Acebo, Paramedic; Randy Lauer, Paramedic; Charmain Katar, R.N.; Kara Kohfield, Paramedic
PHD staff present	Dana Selover, M.D.; David Lehrfeld, M.D.; Candace Hamilton, Paramedic; Stella Rausch-Scott, EMT; Dagan Wright; Lisa Millet; Phil Engle; Justin Hardwick, Paramedic; Mike Harryman; Mellony Bernal; Stacy Delong; John Adams; Sandra Smith; Brandon Klocko, Paramedic; Veronica Seymour, EMR; Jara Poppinga
Members on the phone	Eric Blankenship, RN; Bradley Adams, M.D.; Elizabeth Heckathorn, Paramedic; Jim Thomas, Paramedic
Guests on the phone	Kelly Kapri; Justin Hopkins; Victor Hoffer, Paramedic

<b>Agenda Item</b>	<i>Call to Order – Dr. Ameen Ramzy</i>
The meeting was called to order. Dr. Ramzy requested that Greg Marlar chair the meeting. A roll call was taken and Dr. Elizabeth Hatfield-Keller was introduced as the new Physician committee member.	

<b>Agenda Item</b>	<i>Approve minutes – Greg Marlar</i>
<p>Greg Marlar requested the committee review and approve the minutes for the October 2015 meeting.</p> <p>Paul Rostykus motioned to approve the minutes and Dave Lapof seconded the motion. The motion was approved.</p>	

<b>Agenda Item</b>	<i>ODOT Presentation – Victor Hoffer</i>
<p>Victor Hoffer presented a summary of the Oregon Transportation Safety Committee (OTSC) work that has taken place in support of Oregon EMS and Fire. The OTSC will begin working on the 2016 Transportation Safety Action Plan and Victor will continue to advocate that EMS be a top priority. Grant money has contributed to the OHA EMS Data system in order to support further data collection from EMS agencies. The OTSC has also provided 304 scholarships for the EMS conferences in Oregon. Funds from ODOT were used to provide child safety restraints to transporting agencies. This was done with the help from EMS for Children who identified which agencies were in need of the new equipment.</p>	

<b>Agenda Item</b>	<i>Rural EMS subcommittee – Dave Lapof</i>
<p>The workgroup presented information collected from Oregon EMS agencies. They sent a questionnaire during the 4<sup>th</sup> quarter of 2015 to 14 agencies and responses identified similar issues which were:</p> <ul style="list-style-type: none"> <li>• Needing more volunteers</li> <li>• No funds for the more expensive equipment</li> </ul> <p>Some rural agencies feel that the urban agencies do not understand the issues that they are faced with. These were identified as:</p> <ul style="list-style-type: none"> <li>• Funding for Personal Protective Equipment and other needed equipment</li> <li>• Response times to and from scenes</li> <li>• Communication</li> <li>• Qualified staffing for transportation</li> <li>• How to bill for responses</li> <li>• Training and staffing</li> <li>• Cost to meet minimum safety requirements</li> </ul> <p>There was discussion about fees charged for services. There is no flat fee and most rural and frontier agencies are nonprofit agencies that do not have the operational knowledge or infrastructure to bill for services.</p> <p>The committee recommended that the subcommittee:</p> <ul style="list-style-type: none"> <li>• Further review options to help agencies with billing. This could involve options such as: <ul style="list-style-type: none"> <li>○ Group billing</li> <li>○ Mileage rates being implemented</li> </ul> </li> <li>• Classes and training</li> </ul>	

- Investigate grants available for agencies
- Assess more agencies for their needs to provide adequate EMS care
- Create options for training for administrative duties:
  - Webinars
  - Education toolkits
  - Classes during conferences
  
- Review the variance rule that requires ambulance patient transports meet a licensed provider criteria.
- The Office of Rural Health (ORH) webinars should be provided at times when volunteers can log on.
  - Rules for online EMR and EMT courses should be reviewed for changes

The subcommittee will need to consider that not all of the counties have the same allotment of ASA boundaries and that not all providers are nonprofit. There may be grants available for rural agencies but many grants are only available for public agencies.

<b>Action Item</b>	The subcommittee should review options for agencies billing process, grants, variance rules, ORH health webinars and online EMS course rules and report back to the group with future action plans.
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<b>Agenda Item</b>	<i>Patient Transportation Rules Subcommittee –Liz Heckathorn</i>
<p>Liz Heckathorn presented the rule changes for secure patient transportation in Oregon Administrative Rules chapter 333, division 250 and summarized the work of the workgroup. Workgroup members included Liz Heckathorn, Dr. Rostykus, Justin Hardwick and Mellony Bernal. Ambulance service agencies are often requested to provide transport to individuals suffering from a behavioral health crisis who are in custody or on diversion, often referred to as 'secure transport.' These rules address policy and education requirements that are necessary for an ambulance service agency to provide secure transport. Approval of secure transport providers are addressed in OAR 309-033-0432. Ambulance agencies are not required to provide secure patient transport but this will allow agencies to opt in for secure transport within their area. The process for getting approval will be handled through the OHA-Health Systems Division. The changes were considered in part because of a new facility, "Unity Center," that will be located in the Portland area, however, the primary goal was to establish rule to align with existing practice. Additional issues discussed:</p> <ul style="list-style-type: none"> <li>• There was some previous misunderstanding that EMS providers would be placing patients into custody. It was noted that ambulance service agencies and providers would not be determining the need for custody nor placing patients into custody rather receiving patients that are already in custody either through mental health assessors or in some cases law enforcement. Patients in custody would not have the right to refuse transport, as is the case with most other patients.</li> </ul>	

- The workgroup found the proposed rules generally acceptable with the provision that law enforcement would accompany any such transport if deemed necessary by the EMS provider.
- A question was considered by the workgroup whether secure transport would look differently in the Portland Metro area versus other areas? It was noted that the secure transport function would operate the same regardless of location.
- The workgroup reviewed prior rule history relating to patient rights which had been repealed in 2007. While many of the statements in the patient rights rule are addressed elsewhere in OAR 333-250, it was noted that in order to provide secure transport, other OHA rules require that the secure transport provider have a policy on patient rights. Several areas of the health care industry have similar rules relating to patient rights.
- It was noted that many EMS providers and medical directors from the tri-county area have been participating in the Unity Transportation Workgroup. A brief update was provided on the progress of the Unity Center which is anticipated to open in November 2016.

Liz Heckathorn motioned that the EMS Committee support the rule changes presented and Dr. Paul Rostykus seconded the motion. The motion was approved.

<b>Agenda Item</b>	<i>Wildland Fire Response Rules Subcommittee – Dr. Paul Rostykus</i>
<p>Paul Rostykus presented the rule changes for wildland firefighter response. The subcommittee reviewed proposal to permanently adopt a rule which allows an out-of-state EMS provider to obtain a temporary Oregon license in order to assist with emergency medical needs of staff on fire response teams. The State of Oregon will often experience critical fire dangers which result in evacuations and threatens critical infrastructure and physical structures. In 2015, the Authority received a request to expedite limited license reciprocity for out-of-state EMS providers in order to address these critical fire dangers. In response, a temporary rule (OAR 333-265-0055) was adopted that expires on February 6, 2016. This rulemaking will replace those temporary changes permanently. The license will be good for 90 consecutive days.</p> <p>A question was raised about the rule stating that a background check “may” be conducted. The enabling language allows the office to do a background check, but since most states require a background check before issuing a permanent license, the office has decided to accept these in order to fast-track the provider’s license.</p> <p>Dr. Paul Rostykus motioned that the committee support the proposed rule changes and JD Fuiten seconded the motion. The motion was approved.</p>	
<b>Action Item</b>	The EMS/TS office will be moving forward with rule adoption.

<b>Agenda Item</b>	<i>EMS &amp; Trauma Director’s update- Dr. Dana Selover, Dr. David Lehrfeld and Candace Hamilton</i>
<p>There have been staff changes in the EMS and Trauma office. Veronica Seymour is the new ambulance licensing program lead who will also be coordinating communication with and oversight of approval of the EMS Medical Directors and Supervising Physicians.</p>	

Renee Schneider is the administrative support for the trauma program. John Adams is the new front office administrative specialist and will be providing support and answering the phones. There are two vacant positions that will be recruited – an executive administrative assistant and a licensing administrative specialist.

The new licensing software is moving forward and will be in place for the next licensing period for EMRs. There are many components to the software that will be used for the office, agencies and providers, which will create many efficiencies.

Dr. Lehrfeld noted that the program is applying for a new ODOT grant that will continue the work of EMS data collection. The specific grant is to link the EMS prehospital data fields in the NEMSIS data set with the outcome data field in the Oregon Trauma Registry. The goal is to help with accuracy and completeness of data and reduce workload. Goal is to start in January 2017 if funded.

- The Office of Rural Health has awarded the EMS and Trauma system a new cycle of grants and the following projects are being worked on: ASA plans will be reformatted and a template for ASA plans will be designed so that all counties are submitting information in uniform format.
- Protocols from transporting agencies on cardiac arrest and strokes will be reviewed and compared to current guidelines. Dr. Rostykus has been selected as the project manager.
- Continue High Performance CPR training across the state.
- Support an ATAB geriatric falls project looking at training, education and unified protocols for their ATAB providers.

EMS staff shared that they have begun to review ASA plans including looking at the legal requirements prescribed by rule and statute and conduct a gap analysis, formatting will be made consistent, and considering the adequacy of the plan, and performing a system analysis.

Ambulance Licensing and inspections have resumed. The turnaround time for processing is set for 10 days.

EMS staff shared the outcome of an interpretation of an Oregon State Board of Nursing (OSBN) rule [OAR 851-045-0060(8)(p) and (q) which state that nurses may not delegate the insertion or removal of devices intended for IV infusion and may not delegate administration of medication by IV. This rule was issued in 2008 and recently stopped all training for EMS providers in hospital's emergency rooms. This prohibition does not extend to students of a Paramedic/EMT program because their education takes place in a preceptor environment. The OSBN will be rewriting the rules when they are opened. Until the rule is changed, a hospital should consider having a physician delegate the task instead of the nurse.

A review of the last two years research projects was presented.

- Urban/Rural Disparities in Oregon Pediatric Traumatic Brain Injury
  - (submitted for publication)

- Development and validation of a prehospital prediction model for acute traumatic coagulopathy
  - (submitted for publication)
- Portland Bureau of Transportation Vision Zero
- The Value of Emergency Care for Injured Older Adults
- Incidence and Risk Factors of Fatal and Nonfatal Motor Vehicle Crashes among Veterans after Combat Deployments
- Drexel Firefighter Injury Study

Dana gave an overview of administrative rules that are being reviewed and possibly revised including EMS provider (clean-up), waivers, reciprocity and ambulance service licensing, fees, expectations and standards.

The office will be reviewing Legislative Concepts for 2017. Concepts that are being considered:

- Comprehensive EMS Regulation
- EMS Data System
- Community Paramedicine /MIH
- EMS Mobilization plan

The state will support an interstate licensing concept but will not submit the sponsor the Legislative concept.

<b>Agenda Item</b>	<i>Workforce Reporting Program – Stacy DeLong</i>
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<p>The Healthcare Workforce Reporting Program (HWRP) established in 2005, captures information about Oregon’s licensed health professionals. When a licensed professional renews his or her license he/she is required to answer a 5-8 minute questionnaire. The data is processed and analyzed by OHA. Data submitted includes:</p>	<ul style="list-style-type: none"> <li>• Demographics ( gender, languages spoken and ethnicity)</li> <li>• Education (specialty training, educational background and certification)</li> <li>• Practice ( Employment status and type, specialty, practice setting and location)</li> </ul> <p>OHA data is used for reporting, planning and data-driven decisions. The data is also shared with HW Committee, Legislative, local government, educational programs and others.</p> <p>SB 230 (2015) requires 17 healthcare licensing boards to submit information to the HWRP. Physicians are required to submit information but EMS providers are not required to do so. The HWRP can have the EMS &amp; Trauma System participate as a voluntary board and create voluntary questionnaires for all EMS providers to complete. Participating as a voluntary board would not require a fee per-license. The data collection could begin in April 2017 and the data would be available to the program and the state EMS Committee.</p> <p>The committee discussed that physicians are required to complete the questionnaire for the Oregon Medical Board (OMB) but there are no questions about supervising physicians and their roles outside of providing care in the hospital. Committee asked Stacy whether questions could be added in the future and it was noted that yes, they could add and questions will be reviewed for the next licensing period for physicians.</p>
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Gary Heigel motioned that the EMS Committee support the HWRP to pursue a voluntary questionnaire for EMS providers. Dr. Melissa Doherty seconded the motion. The motion passed.

<b>Action Item</b>	EMS/TS: Work with HWRP to create an EMS voluntary questionnaire. HWRP should review the physician questionnaire and incorporate more questions regarding supervising physician.
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<b>Agenda Item</b>	<i>Cardiac Arrest Registry to Enhance Survival (CARES) report – Dr. Paul Rostykus</i>
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Dr. Paul Rostykus presented the 2014 CARES data report and overview of CARES to the committee. Dr. Rostykus recommended that the OHA EMS office obtain, manage and mandate the statewide collection of out-of-hospital cardiac arrest data including research and engaging the public and EMS providers and improving system of care. The CARES program started out as a CDC grant and the grant cycle is coming to an end. Each state will need to determine if they will support the collection of data and training and if so must determine how to do this.

The HeartRescue project was a grant that Washington state received and later included Alaska and Oregon. The CARES data comes mainly from prehospital agencies and a goal would be to have hospitals input more data about care during the hospital stay. Links to other data collection should be reviewed such as ImageTrend or TraumaOne.

The CARES report showed demographic and survival characteristics of data collected in Oregon and at a national level. A majority of the data that is coming from Oregon is in the high population areas. Most hospitals will not submit data stating it is a HIPAA violation.

Dr. Rostykus made a recommendation for the committee to support the request for the State EMS office to follow Oregon Institute of Medicine (OIM) in developing the out of hospital cardiac arrest reporting to a statewide and/or national database.

Dr. Doherty motioned for an approval of Dr. Rostykus' request and Dave Lapof seconded the motion. The motion was approved.

Dr. Lehrfeld informed the committee that the Public Health Director has approved the first EMS Public Health indicator which is out-of-hospital cardiac arrests. This will be an annual report that is published and provided to the OHA office and the public. The OHA public health indicators come from a NEMSIS database automatically without mandatory data reporting.

The request will need to be done in stages and the funding and workload for the integration will need to be reviewed.

<b>Action Item</b>	A request for the EMS office review for: <ul style="list-style-type: none"> <li>• A part time CARES coordinator managed by the state office.</li> <li>• Link the CARES system to ImageTrend.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Generate an annual report</li> </ul>
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<b>Agenda Item</b>	<i>Ebola PSAP questions – Dr. Paul Rostykus</i>
<p>Dr. Paul Rostykus requested input from the committee about whether Ebola PSAP questions need to continue. The Jackson County Public Health sent an email to providers stating that the PSAPs no longer will be screening 9-1-1 calls about travel and contact with potential Ebola patients. Dr. Rostykus polled the rest of the committee to see if similar practices were being done around the rest of the state. It is known that some PSAPs are still requesting the information but it depends on the county. Washington County representative stated that there is a process to start eliminating the request for information from callers but that there is a process and policy if the need for questioning arises at a later time.</p> <p>The group discussed what the requirements are in general for PSAPs and having a Medical Director. PSAPs are overseen by OEM but only the telecommunication piece and routing of calls. There are no requirements that PSAPs have a Medical Director. Dr. Jon Jui has created a template of medical direction and questions to ask when a medical call is taken. He is not the Medical Director of all the PSAPs.</p> <p>Dr. Paul Rostykus has requested to review a legislative concept for PSAPs to have required medical directors.</p>	
<b>Action Item</b>	<p>EMS/TS: Investigate a possible legislative concept to require PSAPs to have medical directors.</p> <p>Information be requested for the OHA office for recommendation of PSAPs Ebola screening process.</p>

<b>Agenda Item</b>	<i>Noble LifeSaver Oregon – Mike Harryman</i>
<p>Mike Harryman, HSPR Director, presented an overview of the Oregon Noble Lifesaver’s workshop and the Cascadia Subduction zone playbook. The workshop scenario was for a large earthquake that effected the entire west coast of North America and gave day-by-day situations that required resources and help to be dispersed through Oregon and to move patients out of the affected areas. The workshop had different branches of the military, local and private agencies, Public Health officials, hospital representatives and others who would be making decisions together to review the exercise. The workshop was able to identify areas that Oregon officials are not prepared for such as patient movement, fuel allocation and critical resources and federal aid preparedness. Private agencies should review what the county and fuel provider contracts are for disasters as it has been noted that only public agencies will be provided fuel during a declared disaster. Resources that are already located in Oregon will need to consider that the personnel will also be effected and not ready or able to be in the correct location for immediate use. A large exercise for the Cascadia Zone will be held June of 2016.</p>	

<b>Agenda Item</b>	<i>Legislative Concept – Dr. David Lehrfeld</i>
<p>Dr. David Lehrfeld requested the committee consider which legislative concepts should move forward for the 2017 legislative session.</p> <ul style="list-style-type: none"> <li>• Comprehensive EMS regulations - All regulations only apply for those that transport patients to the hospital. The committee would like consider expanding the state EMS regulations to non-transporting agencies and PSAPs.</li> </ul>	

<b>Agenda Item</b>	<i>Public Comments</i>
<p>Dr. Rostykus wanted to remind the committee that the NAEMSP is meeting in San Diego this weekend.</p>	

<b>Agenda Item</b>	<i>Meeting adjourned</i>
<p>Next scheduled State EMS Committee Meeting -  April 15, 2016  PSOB Building, Room 1B from 8:30am to 12pm.</p>	

***These draft minutes have not yet been approved by the State EMS Committee***