



Oregon EMS and Trauma Systems Program Update - June 2009

The Department of Human Services Public Health Division Office of the Oregon Emergency Medical Services and Trauma Systems (EMS/TS) Program is open Monday through Friday, 8 a.m. - 4 p.m., in the Portland State Office Building, Suite 465, 800 N.E. Oregon Street, Portland.

Status of 2009 recertification

Recertification is in full bloom and many of you are wondering "where is my certificate?" The EMS and Trauma Systems Section is processing over 9000 applications for recertification. Each application must go through several steps before a new certificate is issued. To check the status of an application, please see our website at www.oregon.gov/DHS/ph/ems/ and click on the red link in the middle of the page. It will bring up an alphabetical listing of all EMTs and indicate their status in the recertification process.

If the status is "in process" it could mean that our staff has not completed processing all parts of the application, that the payment has not been processed or that the results of criminal backgrounds have not been received and reviewed.

The list on the internet will be updated Wednesdays and Fridays each week.

If the Department needs more information or if a piece of the application is missing, we will contact you. Please remember that staff is very busy processing certifications and time spent answering phone calls takes away from the production time of issuing certifications. If an application was submitted by June 1st and processing the application cannot be completed by June 30th, then that individual will be issued an extension on their certification.



State budget update

The Joint Ways and Means Committee budget draft includes \$1.7 million of general funds for the EMS and Trauma Systems budget. Included are funds for the trauma

system and the EMS general funds budget that pays for programmatic activities for the EMS system that are not covered by EMT certification, recertification or ambulance licensing. These activities include quality improvement initiatives, EMS medical director initiatives, a small portion of a couple of EMS positions, all of the funds for the two mobile training unit personnel and their travel, and the EMSC general funds. The Joint Ways and Means Committee draft budget does not fund the EMS database project coordinator position.

The following Web site is a PDF of the Joint Committee on Ways and Means Co-Chairs' 2009-11 Recommended Budget:

www.leg.state.or.us/budget/2009_11Co_ChairRecommendedBudget.pdf.

The budget still has to pass through the House and Senate.



Oregon EMS Advisory Committee

On Friday June 5, the Oregon EMS Advisory Committee met. Several new members were present. Committee members are: physician Ameen Ramzy, Jon Jui, Charles McCart and Erin Brunham are joined by new physician members Douglas Grudz, Andrew Nichols and Raymond Moreno; EMT members Denise Giard, Jennifer Michke (representing volunteer services) and Greg Marlara (public services) are joined by Ken McGinnis, Leslie Terrell and James Thomas; William McMillan is the new hospital administration board member; Cathy Murphey is the new nurse member and Victor Greiner is the new Emergency Dispatch member. John Mack continues to represent Community Colleges and JD Fuiten is the Private ambulance representative.

Chief Denise Giard, EMT-P with Eugene Fire, was elected to chair the Committee and Charles McCart, M.D., from Roseburg is the Vice-Chair.

Several new members were appointed to the subcommittee on Certification and Discipline, which is required to have five physician and four EMT members. The members are Chair Charles McCart, MD, Ameen Ramzy, M.D., Jon Jui, M.D., Andrew Nichols, D.O., Raymond Moreno, M.D., Denise Giard, EMT-P, Greg Marlara, EMT-P, Leslie Terrell, EMT-P and James Thomas, EMT-P.

The Oregon EMS Advisory Committee is scheduled to meet next on September 11, 2009 in the Portland State Office Building, 800 NE Oregon Avenue, Portland Oregon.



EMS Program activity

MAY 2009 EMT STATISTICS

BASIC EXAMS	FAILED	PASSED	
Written exams	29	93	
Practical exams	20	36	
INTERMEDIATE	FAILED	PASSED	
Written exams	17	37	
Practical exams	10	52	
PARAMEDIC	FAILED	PASSED	
Written exams	4	4	
Practical exams			
RECIPROCITY	BASICS	PARAMEDICS	
Applications received	9	7	
Certificates issued	6	7	
RECERTIFICATION	EMT-B	EMT-I	EMT-P
	1,883	649	1,694
BACKGROUND CHECKS			
LEDS	6,800 in April and May		
National	311 in May		



Nominations for EMS awards

Very few EMS folks have been nominated for awards this past year. Please take the time to nominate someone who has made EMS in Oregon special. We are accepting nominations for the 2009 Oregon EMS awards. Please see our awards Web site to download a nomination form and manual that defines the awards. Submit your nominations by June 30, 2009 at <http://egov.oregon.gov/DHS/ph/ems/recognition>.

**Take a minute to recognize someone in Oregon
who makes EMS special.**



Planning for EMT recertification in 2011

The next recertification period will require more continuing education hours. Starting now for this will make it much easier. The table below is a schedule that would meet the new continuing education requirements.

To recertify in 2010, a first responder will need 12 hours of continuing education. To recertify 2011 an EMT-Basic will need 24 hours, an EMT-Intermediate will need 36 hours and an EMT-Paramedic will need 48 hours.

There are alternatives such as completing a refresher course that will also meet these standards or you could retake and pass the first responder, basic or paramedic national registry exam.

Here is a suggested quarterly schedule for easing completion of this training for the next recertification period.

Recertification training plan over 7 quarters					First responder — 2 hours per quarter
EMT-B — 4 hours per quarter	EMT-I — 5.5 hours per quarter			EMT-P — 7 hours per quarter	
CME topics	Number of hours per certification cycle				Notes
	FR	EMT-B	EMT-I	EMT-P	
Trauma emergencies	2	3	5	6	
Medical emergencies	2	3	6	8	
Pediatric and OB	1	3	6	8	
Airway, breathing and cardiology	2	4	6	9	
Misc. EMS topics	1	3	1	1	
EMS or public health	4	8	12	16	
Skills competency					
CPR					
Airway management and adjuncts					
Cardiac arrest management					
Splinting and immobilization					
Vascular access					
Chest decompression/circothroidotomy					

Topics

First quarter

- Triage/multiple patient injuries tabletop — 2 hours
- AMS — Endocrine emergencies — 1.5 hours
- Online — Hot topics in preparedness — 1 hour
<http://www.nwcphp.org/training/hot-topics/>
- Misc. journal reading — 1.5 hour
- Pediatrics – 1 hour, Assessment Triangle

Second quarter

- Trauma assessment — Thoracic trauma/skill practice chest decompression — 2 hours
- AMS — Cerebral vascular accident/transient ischemic attacks — 2 hours

- Obstetrics — 1 hour
- Online — Ethical decision making in times of public health catastrophe, part 1, Dr. Harvey Kayman — 1 hour
- Pediatrics — Respiratory emergencies — 1 hour

Third quarter

- Trauma assessment — Blunt trauma/scenarios discussion — 2 hours
- Medical — Acute abdomen in the geriatric patient age 55+ — 2 hours
- Pediatric — Medical emergencies, scenarios — 1 hour
- Online — Ethical decision making in times of public health catastrophe, part 2, Dr. Harvey Kayman — 1 hour
- Journal reading — 1 hour

Fourth quarter

- Trauma assessment — Skeletal injuries, scenarios, role playing and splinting — 2 hours
- Medical — Cardiac assessment, scenarios, AED/EKG practice — 2 hours
- Patient with special health care needs — 2 hours
- Online — Disaster behavioral health — 1 hour www.nwcphp.org/training/hot-topics

Fifth quarter

- Trauma functional mass casualty incident drill — 2 to 4 hours
- Medical respiratory emergencies of the adult patient scenarios/skills practice — 2 hours
- Pediatric toxic exposures — 1 hour

Sixth quarter

- Trauma patients and the Oregon Trauma System — 2 hours
- Medical behavioral emergencies — 1 hour
- Creative pharmacology — street drugs — 2 hours
- Legal issues cases studies — 1 hour
- Online – Centers for Disease Control radiological terrorism: Medical response to mass casualties (Web-based) http://emergency.cdc.gov/coca/ppt/radiologicalterrorism_part1.ppt — 1 hour

Seventh quarter

- Trauma - Traumatic brain injury — 2 hours
- Medical – Cardiac physiology and electrocardiography interpretation — 2 hours
- Online — Ethical decision making in times of public health catastrophe, part 3, Dr. Harvey Kayman — 1 hour
- Pediatric trauma — 1 hour
- Patients from diverse cultures — 1 hour



Overview of May 29, 2009 EMS Supervising Physicians Forum

The 2009 Spring EMS Supervising Physicians Forum was attended by 32 EMS medical directors and EMS agency administrators. The topics/presentations included the following:

- Paul Rostykus, M.D., presented an overview of Drug Enforcement Agency issues. Many medical directors were interested in sharing some best practices in controlled substance policy.
- Mohamud Daya, M.D., presented an overview of the literature and a proposed protocol regarding induced hypothermia after return of spontaneous circulation from a cardiac arrest.
- Ritu Sahni, M.D., presented the findings and initial recommendations of the EMS Vision 2012 Workgroup. Dr. Sahni also presented the results of the EMS Data Pilot Project. The May 2008 data was reviewed. Participants felt that it was helpful and that collecting such statewide data should continue and can be used to help drive further policy decisions on EMS in Oregon.



Oregon STEMI Summit

The Oregon Chapter of the American College of Cardiology hosted the Oregon STEMI Summit. The 200 attendees included MDs, EMTs, RNs and hospital administrators. Representative Ron Maurer also attended and spoke briefly. Panel discussions included strategies for improving STEMI care in EMS, in the emergency department and in the hospital. The summit concluded with a discussion on how we build on the momentum and energy generated from the Summit to build stronger regional STEMI systems.

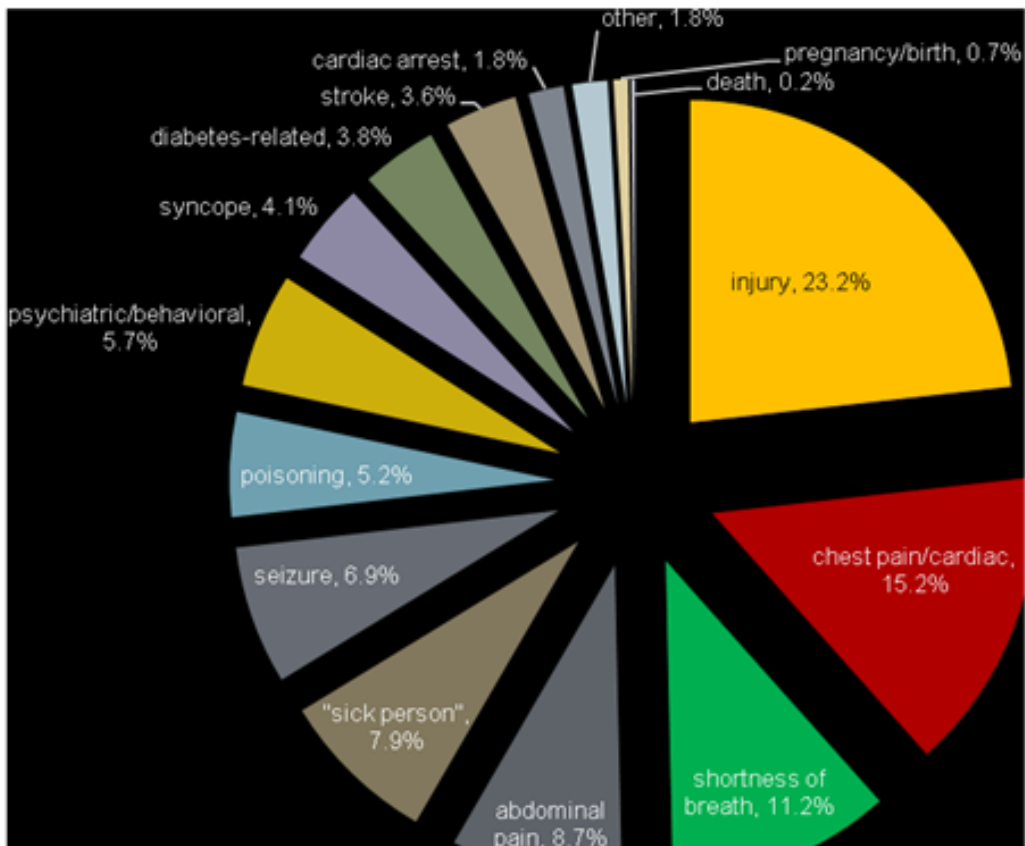


State EMS Patient Database Project moves to Phase III

Phase I of the EMS pilot project demonstrated that collecting data from EMS agencies across Oregon is feasible and that the resulting information has substantial utility in describing EMS practices across the state. Although primarily descriptive, the majority of the statewide information gathered had not previously existed for Oregon EMS.

Currently underway, Phase II of the pilot study includes finalizing the EMS data capture for May 2008. The deadline for data capture is June 30, 2009. After June 30th we will begin the process of linking the statewide database to hospital-based outcomes and other novel information sources. Oregon databases that may be pursued for linkage include: Oregon Hospital Discharge database, Fatal Accident Reporting System (FARS) for motor vehicle crashes, Oregon State Trauma Registry, commercial vehicle crash file (ODOT), ODOT-dispatched vehicles for motor vehicle crashes, and the Oregon Department of Motor Vehicles database. As unique identifiers between these data sources do not exist, it is required that we identify the set of pre-hospital variables most critical for linking records.

The following chart is an example of data collected during Phase I of the pilot. It answers the question “What types of patients are evaluated by EMS providers in Oregon?”.





NREMT I-99 course clarification

The National USDOT I-99 curriculum can be taught in lieu of the Oregon EMT-I curriculum as long as the objectives of the Oregon EMT-I curriculum are met during the training. A person who becomes an NREMT I-99 as a result of this process (passing the course and NREMT testing) can be certified in Oregon as an EMT-I. We currently accept reciprocity into Oregon for the EMT-I level if the individual is an NREMT I-99 and licensed in another state (not for I-85). The National Registry will be phasing out the I-99 level as part of the implementation of the EMS Education Agenda for the Future. When this occurs, there will be a transition course for NREMT I-99 to paramedic. It is unknown how long the course will be or how long it will take to complete. When this course is completed, the I-99 will be eligible to take the NREMT Paramedic examination. Those who pass will be certified by the NREMT as paramedics. At this time, we anticipate that anyone will be eligible to be a paramedic in Oregon if he or she obtains a NREMT paramedic certificate in this manner and has an associate degree or higher.



Influenza pandemic

The World Health Organization (WHO) has determined that the influenza has reached Phase 6. WHO Phase 6 is related to a widespread human infection based on **geographic data**; it is **not** a reflection of the virus's severity. At the present time, most deaths have been reported in persons with comorbid factors (such as the elderly and/or persons with chronic disease). However, recovery is largely uneventful for the general population (even for those who have not taken antivirals), and there is no need for panic. That's not to say communities should not be prepared for increasing rates and/or severity of illness and other activities intended to mitigate the spread of disease.

EMS agencies are encouraged to review and revise pandemic flu policies and procedures as needed.

Mask and respirator shortfalls predicted if true influenza pandemic occurs. The U.S. Department of Health and Human Services (HHS) says the nation would need more than 30 billion masks — 27 billion of the simple surgical variety and 5 billion of the sturdier N95 respirator variety — to protect all Americans adequately in the event of a serious epidemic. However, the Centers for Disease Control and Prevention (CDC) Strategic National Stockpile currently contains only 119 million masks — 39 million surgical and 80 million N95 respirators. The U.S. mask shortfall stands in stark contrast to what other nations have on hand: The United States has one mask for every three

Americans, while Australia has 2.5 masks per resident and Great Britain boasts six. To read the entire article, please visit: www.time.com/time/health/article/0,8599,1899526,00.html.

CMS posts Q & A regarding H1N1 and EMTALA requirements

The Centers for Medicare and Medicaid Services (CMS) has posted a brief question and answer document describing the waiver requirements for hospitals that have implemented hospital disaster protocols in response to an emergency and the Medicare fee-for-service payment policy and billing related to the H1N1 situation. CMS published operational guidance, Influenza Pandemic Emergency Preparedness – Waiver of Certain Medicare Requirements, in March 2009. Additional CMS information is available at www.cms.hhs.gov/Emergency/10_PandemicFlu.asp.



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