

**OREGON STATE EMERGENCY MEDICAL
SERVICES FOR CHILDREN ADVISORY COMMITTEE**

MEETING MINUTES

March 6, 2008

Portland State Office Building

800 NE Oregon St.

Portland, Or

Members Present: Leigh Avery RN, EMT-P; Steve Myren EMT-I; Merlin Curry EMT-P; Cindy Cristofani MD; David Spiro MD; Scott Shepherd EMT-P (TCON); Mary Barnum RN; William Lennarz MD; Troy Thom EMT P; Sharon Stapleton RN (TCON); Jane Burke RN; Gina Craven RN; Kelly Kapri; Garth Meckler MD

Members Absent Excused: Jane Burke RN, Sandra Dunbrasky MD, Pam Bessler RN

OHD Staff Present: Philip Engle, Robert Leopold, Michelle Haun-Hood RN

Review of Minutes

David Spiro called the meeting to order at 9:00am. The minutes from October 19th, 2007 were reviewed and approved.

Old Business

a. Recognition of Committee Member

David Spiro acknowledged Robert Walter's committee to children and service on the Oregon EMSC Committee. Robert Walters resigned from the committee to take a position as EMS Coordinator for the Grand Canyon National Park. The committee presented plaque in recognition of his service.

b. Changes to Bylaws.

David Spiro updated the committee on the revisions being made to the bylaws reflecting membership composition. The amended bylaws will reflect the federal EMSC Partnership Grant requirements to comply with performance measures for committee composition. Current committee members with expired terms all expressed an interest in continuing to serve and submitted letters of interest to the Department of Public Health. DHS approved the reappointments and new committee members. New members include: Troy Thom EMT-P (Tribal EMS ATAB 7); William Lennarz MD, (Pediatric Emergency Physician ATAB 1); Andi Easton (Hospital Association Representative). Leigh Avery

will serve as Vice Chair. Garth Meckler (ad hoc member) will chair the subcommittee on prehospital education.

Action: Philip Engle will email the revised bylaws to committee members for approval.

c. State EMS and Trauma Systems Update

- Michelle Haun-Hood updated committee on the revisions being considered to the Oregon trauma regulations. Trauma Systems has held two meetings to gather input from ATABs on proposed changes. The changes are based on updated standards set forth by the American College of Surgeons for trauma designation. ACS has expanded its pediatric recommendations and these recommendations will be reviewed to determine what changes to the Oregon Trauma Rules should be considered in defining criteria for pediatric care.
- Bob Leopold reported that the State EMS/TS section has completed a draft of the Oregon EMS Mass Casualty Plan. Meetings to review the draft and receive comments will continue to take place around the state. A copy of the plan can be found on the State EMS Trauma System website.
- Bob Leopold reported that the State is currently working on a 2 data projects . He said that without prehospital patient encounter data it is difficult to conduct QI and planning. The first project is to identify the barriers to collecting prehospital data from agencies in 6 rural communities during the month of May utilizing a web-based program provided to the EMS/Trauma Systems Section through a grant from the Office of Rural Health. Additionally the EMS/Trauma Systems Section will import May patient encounter data from 12 providers who currently use other prehospital patient record programs. The EMS/Trauma System Section will identify stakeholder groups, including pediatric providers, ems providers, medical directors, and epidemiologists to review data variables and how this data could best be used. The final result of these efforts will be a report to the legislature by November.
- There has been a national movement called “EMS for the future” which proposes that NHTSA would no longer look at scope of practice and training for prehospital providers after 2011. Additionally, NHTSA would no longer publish the training manual used for EMT education. Dr. Sahni will convene a workgroup to look at the proposal and see how it will affect Oregon’s educational program.. Currently EMT-P and EMT-Basic educational programs use national

standard programs. The EMT-Intermediate curriculum was developed by an Oregon EMS Workgroup with oversight from the State EMS Advisory Committee.

d. Education Update

Garth Meckler updated committee on the status of funding for the pediatric simulation project. A proposal was submitted to the Oregon Parks Department through the ATV Grants program. Awards will be announced in December 2008. Dr. Meckler attended the international conference on simulation in San Diego in January and learned of a program in Florida that has successfully developed a statewide simulation training program. The program is based in an academic setting and involves partners with the state to coordinate the program. The State of Florida explored having the program centralized vs. having statewide affiliates to conduct simulation training. They found out that it was too difficult to operate a program from a single centralized location.

Philip Engle reported that request for bids for two pediatric high fidelity simulation manikins are in process. Steve Myren asked if additional manikins will be purchased or if the EMSC manikins will be shipped around the state. Garth Meckler said that part of the pediatric simulation education project would assess the states existing resources for pediatric simulation and training capacity. Most likely the EMSC simulator manikins would be incorporated in the mobile training unit and used primarily for rural agencies that do not have access to equipment and training resources.

Action: Garth Meckler will coordinate a meeting with the EMSC subcommittee on education in preparation for developing a curriculum for the EMS for pediatric simulation training . He and Philip Engle will continue to work on the ODOT proposal.

e. National EMSC Performance Measures

Philip Engle gave an update for National EMSC Performance Measures. The 2007/08 surveys of agencies and hospitals are in the final stage of completion. States are required to obtain a 80% response rate for each of the performance measures.

PM66 A&B to assess offline/online pediatric medical direction and prehospital supplies. Survey response by agencies is currently 72%.

PM66 D&E assesses Interfacility transfer agreements and guidelines. Oregon has achieved the required 80% response from hospitals. The deadline for survey completion is March 14th.

Action: Philip Engle will continue to contact agencies that haven't completed the survey and reach an 80% response. Analysis of the surveys will be conducted in April and May and made available on the website and reported to the committee in June.

New Business

a. Presentation on facility recognition by Evelyn Lyons Illinois EMSC

Evelyn Lyons presented an overview of the Illinois EMSC Facility Recognition Program and the experience, challenges and lessons learned. Facility recognition (performance measure 66c) requires states with EMSC programs to develop a standardized system that recognizes hospitals that are able to stabilize and/or manage pediatric medical emergencies and trauma. Phil Engle said the first step in developing a program for Oregon will be to conduct a system analysis of services for emergency and acute medical care for pediatric patients. He said an RFP will be put out on the Oregon Procurement Information Network to conduct the analysis.

Evelyn Lyons presentation with audio and slides is available at:

www.oregonemsc.org

Action: Philip Engle and Susan Werner will prepare RFP for posting on ORPIN by mid March.

Adjourned: As there was no further business, the meeting was adjourned at 12:00pm