Oregon Emergency Medical Services for Children Advisory Committee Meeting Minutes

2024 Quarter 1 | January 18, 2024
Chairperson Matthew Philbrick
Vice Chairperson Christa Schulz, MD

Appointed Committee Member		
Committee Member Name	**Committee Position**	**Present, Absent or Vacant**
Tamara Bakewell	Family representative	Present
Andrea Bell	Nurse with pediatric experience	Absent w/o Notice
SunHee Chung, MD	Physician with pediatric training	Present
Jeffrey Dana	At-large member	Present
Carl Eriksson, MD	Pediatric Emergency Preparedness representative	Present
Jennifer Eskridge	Injury Prevention representative	Present
Matthew House	EMT/Paramedic currently practicing, ground level provider	Present
Kelly Kapri	Highway Traffic Safety representative	Present
Joann Lundberg	Behavioral Health representative	Present
Todd Luther	Emergency Department Manager	Present
Danielle Meyer	Hospital Association representative	Present
Matthew Philbrick	EMS Patient Transport representative	Present
Dana Pursley-Haner	EMS Educator	Absent w/o Notice
Justin Sales, MD	Emergency Physician	Present
Christa Schulz, MD	Pediatric Hospitalist	Absent w/ Notice
Jill Shipley	Hospital Trauma Coordinator	Present
Vacant	Tribal EMS Representative	Vacant

HRSA EMSC Grant Required Committee Members		
Committee Member Name	**Committee Position**	**Present, Absent or Vacant**
Amani Atallah	OHA EMS Representative - Secondary	Present
Rachel Ford, MPH	Oregon EMSC Program Manager	Present
Dr. David Lehrfeld	OHA EMS Representative - Primary	Present (late arrival)
Dr. Dana Selover	HRSA EMSC Grant Point of Contact	Present (late arrival)
Oregon Health Authority EMS & Trauma Systems Program Staff		
Peter Geissert, Julie Miller, Laxmi Pallathadka		

Guest Speakers and Members of the Public
Krista Baker (Mercy Flights), Mariya Fuge (Portland Fire & Rescue), Dr. Matt Hansen (OHSU), Susan Steen (OHSU), Brittany Tagliaferro-Lucas (Oregon Center for Children & Youth with Special Health Needs), Simeon Wakefield (North Lincoln Fire & Rescue), Barrett Johnson (Office of Representative Dacia Grayber)

Call to Order | Matthew Philbrick, Chairperson
Start Time: 9:04am Committee Roll Call

Approve October 2023 Minutes | Chairperson
October 2023 minutes were reviewed. No changes noted. Motion to approve minutes as written: Jeffrey Dana Second: Matthew House None opposed. Motion carried.

Chairperson Election | Committee
Nominations: Justin Sales nominated self for Chairperson. Motion to approve Justin Sales for Chairperson: Todd Luther Second: Danielle Meyer Votes: Tamara Bakewell - yes; SunHee Chung - yes; Jeffrey Dana - yes; Carl Eriksson - yes; Jennifer Eskridge - yes; Matthew House - yes; Kelly Kapri - yes; Joann Lundberg - yes; Todd Luther - yes; Danielle Meyer - yes; Matthew Philbrick - yes; Justin Sales - abstain; Jill Shipley - yes. Justin thanked Matt Philbrick for all the years he has given to the EMSC Advisory Committee. Matt will serve the remainder of his term as EMS Patient Transport representative.

Committee Membership | Chairperson
The EMSC Program is recruiting to fill the Tribal EMS representative EMSC Advisory Committee position. For more information, contact Rachel Ford at 971-673-0564 or rachel.l.ford@dhsoha.state.or.us. Apply here: www.surveymonkey.com/r/EMSTSCOMMITTEE Matt Philbrick has continued to advocate at the other Committee meetings. Asked committee members to spread the news that we need this position to be filled.

Committee Member Roundtable | Chairperson
Share updates related to your committee position; pediatric emergency medical, trauma, injury prevention, behavioral health, and/or family centered. **Tamara Bakewell**: Family activities have slowed down. Doing a table talk, that is a small group discussion where they listen to families concerns and will be doing one in March about injury prevention.

SunHee Chung, MD: Doernbecher has developed the Neonatal Resuscitation Program (NRP) curriculum for EMS agencies. Recruiting some paramedics and EMS providers for a small study. Contact if interested in participating.

Jeffrey Dana: Currently putting together training program for the year. Pushing to get pediatrics in the EMS training and to get HERO Kids Registry program for the county. Next year want to get more involved in HERO Kids. Thank you to Matt Philbrick for his service and thank you Justin Sales for your work as the next Chairperson.

Carl Eriksson, MD: Rachel Ford and Carl did some work late last fall with hospitals around the state that have inpatient pediatrics to prepare for a potential viral surge, making sure some of the plans (protocols, policies, procedures) they prepared last year were ready.
Dr. Matt Hansen and Carl just published a study on EMS care for pediatric out of hospital cardiac arrest, that included over 1,000 kids from across the country. The major finding was that over 60% have a severe adverse safety event at some point in their care. This is not a criticism on EMS. When a child is in cardiac arrest, EMS is in an extremely challenging situation where they may have not seen this situation in years or ever. It highlights that there are challenges for younger children.

Jennifer Eskridge: March 17-24, 2024 is National Prevention Week. This is the week that the Oregon Poison Center promotes prevention with committee partners, raise awareness of Poison Center services, raise awareness of how to prevent poisons in the home, and share resources. Planning for a busy summer of events. Continuing to see a lot of fentanyl related overdoses/poisonings at the poison center. The Oregon Poison Center Medical Director and another toxicologist did a study about pediatric exposure to illicit fentanyl. There have been zero cases for 10 years and then jump in cases last year. The overall numbers are small, but the jump is concerning. Trying to reach out to the families about locking cabinets, etc. to protect kids. **Matt Philbrick**: Is there any data that leads to this spike? **Jennifer**: The presence of fentanyl in the community and it is matching trends with adults. Unfortunately, it is in the environment where kids are present. **Rachel Ford**: Instigated a conversation at the last State Child Fatality Review Team Meeting. Will keep the Committee posted on future work on this topic. **Justin Sales**: Five years ago, the lethal means and counseling reduction in ED was all firearms related, but the last 2-3 years have included opioid exposures, overdoses of kids under 2 years old. It pushes the need for more distribution of Narcan for those families that have opioid use disorders to have available.
ACTION: Jennifer to share the National Poison Prevention Week resources after the meeting and the pediatric fentanyl study when it is published.

Matthew House: Added two more car seat technicians to service area and able to obtain more grants for car seats and bicycle helmets. Affiliated with ATAB 3 and have a standing agenda item to update about the EMSC Committee. **Matt Philbrick**: Feel free to share the update Rachel Ford sends out to your ATABs.

Kelly Kapri: Last year Kelly and the Traffic Incident Management (TIM) presented to the State EMS and STAB Committees. This year, the presentation will be offered at the Oregon EMS Conference. It will be a 2-hour training with 2-hours of CEUs. Also offering fee assistance for rural and frontier EMS providers that would like to attend the State of Jefferson, Eastern Oregon, or Oregon EMS conferences. **Matt Philbrick**: The TIM training changed how complete on-scene assessment. Can this training be done virtually? **Kelly**: The Oregon EMS conference will be done in-person and virtually.

Joann Lundberg: There is an increased use of the psychedelics. Since the passing of measure 109, there have been several service centers that have opened statewide, a few of which have opened in the Portland area. Recently participated in a training for clinicians and natural healers. Learned the screening processes that would exclude people from use of psilocybin services. The increased use of psilocybin services could create an increase in behavioral health emergency calls. Persons seeking psilocybin

services are required to have a transportation plan upon leaving the service center. However, if they do not have a transportation plan, then service center is encouraged to call EMS so there could be more psychedelic related emergencies. **Matt Philbrick**: Is there a volume of therapeutic modality? Are there specific locations where this must be done? What does this look like for EMS? **Joann**: There is no prescription that is required. Any person that wants to seek out psilocybin services can seek out a facilitator, but it must be at a licensed service center. Service centers are licensed by the State of Oregon and must follow strict regulations and staffing requirements. There are specific staffing ratios according to the dose. Even with thorough screening, the use of psilocybin can be unpredictable. **Matt Philbrick**: Is there an age requirement for use? **Joann**: 21 years and older. People under 21 would not be allowed to be in a service center. Psilocybin is only allowed to be taken onsite.

Todd Luther: Will be offering a pediatric course to emergency nurses and will open the training up to other areas in the region. Have also encouraged a CPN certification that will ensure education and expertise within emergency department. Opening behavioral health unit at the end of the month. It will have 12 beds for patients 18 years and older.

Matthew Philbrick: Rachel Ford and Matt are proud of the work that the Committee has done. They have been submitting abstracts to conferences to talk about the good work done over the past several years. Some agencies are now connecting with HERO Kids. **Jennifer Eskridge**: Have you included HERO Kids in any of the abstracts? **Matt**: Have not because there has been a HERO Kids table at the same conferences. **Rachel Ford**: The HERO Kids team would be happy for any Committee member to share HERO Kids information during presentations and will provide slides and materials needed.

Justin Sales, MD: Seeing less children, but a significant increase in injuries. Lots of incidents with sledding head injuries and extremity fractures. Continuing discussion with injury prevention. **SunHee Chung, MD**: Saw a lot of head injuries during the storm. Surgeon asked if kids were wearing a helmet, but do not know if this is a standardized practice. **Justin**: With any moving “vehicle” a person should wear a helmet. **Jennifer Eskridge**: Will take this recommendation back to some of the injury prevention groups to think about how to push this message out. Pre-school just required helmet use on playground. Seeing some movement in this field.
ACTION: Jennifer to take helmet while sledding recommendation to injury prevention groups.

Jill Shipley: Uptick in sledding injuries and echo the same concerns. Legacy held EMS Symposium in November, and it was extremely successful.

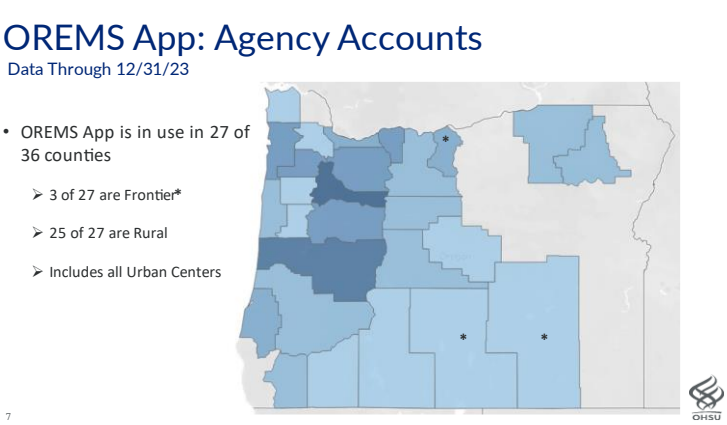
Health Emergency Ready Oregon (HERO) Kids Registry | Brittany Tagliaferro-Lucas, OCCYSHN

Registration Form Submissions for 2023: 188 forms were submitted in 2023, with a total of 150 registrants and 18 that include an emergency protocol letter.

Children and Young Adults Registered through 12/31/23: Registrants reside in 23 of 36 counties. 2 of 23 are frontier, 21 of 23 are rural, and all urban centers represented.

Emergency Department Information Exchange (EDIE) Alerts for 2023: An EDIE alert is a notification that tells emergency department providers that the child or young adult has information in the HERO Kids Registry. EDIE alerts show up in the ED track board, electronic health record, or by fax depending on the hospital. A total of 114 EDIE Alerts notifications for 2023.

Oregon Registries for EMS (OREMS) App: Direct access to the Oregon POLST Registry and HERO Kids Registry. Providers do not need to call the hotline when using the app. As of 12/31/23: 71 of 135 transporting agencies have signed up across 27 counties. Questions about app can go to Abby Dotson, dotsoab@ohsu.edu.



Education Update: Total presentations and conferences from 8/1/22-12/31/23:19 emergency department/emergency medical services, 47 family and youth, 45 primary care and other stakeholders.

2023 Q4 Outreach Recap: Clackamas County Head/Early Start Staff Meeting, Central Oregon Disability Support Network Family Info Seminar (Spanish outreach), Corvallis Safety Fair, Hillsboro School District Disability Resource Fair, Hillsboro Special Education Resource Fair, Northwest Regional Educational Service District Staff Meeting, OHSU Metabolic/Genetics Providers Staff Meeting, OHSU Palliative Care/Peds Palliative Care Grand Rounds, Oregon Speech and Hearing Fall Conference, Tualatin Early Learning Harvest Festival, UCP Oregon Conference, and UNETE Family Outreach Presentation (Spanish outreach).

Highlighting Community Partner Education: Oregon Family-to-Family Health Information Center Oregon Poison Center, OHA Maternal Child Health Division, and OHSU social media.

- Bend School District newsletter
- Hood River County School District peachjar page
- Malheur County Health Department page
- Oregon Health News
- Oregon Nurse Home Visiting newsletter
- Open Oregon Educational Resources EMS Lab Manual
- Provider Matters newsletter
- Siletz Valley Fire page
- Siuslaw School District page
- University Center for Excellence in Developmental Disabilities (UCEDD) X post

Social Media Campaigns: Original campaign 10/2022-10/2023 on Facebook and Instagram. New campaign 11/2023-ongoing on Facebook, Instagram, and Twitter. Both campaigns focused in Oregon,

ages 18-65+, and focused on families and professionals. Original campaign 724,274 views Future: television ads.

Collaboration & Future Development:

- **Collaboration with the Pediatric Pandemic Network (PPN)**: Primary and specialty care provider outreach; national workgroup
- **Q4 consultation with other states**: Arkansas
- **Development FY24**: Electronic Emergency Protocol form feedback from subject matter experts; Registry system improvements will be based on user feedback.

Marketing Videos: Everyday Emergency | Behavioral Health | Disaster Preparedness
Visit website or YouTube for shareable links. Videos available in English & Spanish.

Continued Asks for the Committee:

- Share HERO Kids information: Volunteer to present HERO Kids information to your organization, network, or at outreach events. HERO Kids provides slides, scripts, and materials.
- Encourage families to complete HERO Kids Registry as part of emergency preparedness plan.
- Include HERO Kids link in newsletters, websites, social media, or other communications.
- Provide input to HERO Kids team: Do you have specific recommendations about how to improve awareness among EMS and ED providers, families, or youth? What are you hearing about HERO Kids? What ideas or recommendations do you have for the short-term or long-term?

Comments/Questions:

- **Matt Philbrick**: Has there been any parent/teacher, back-to-school nights where HERO Kids has had a table? **Tamara Bakewell**: The problem is that there are not enough of us to staff all the events. HERO Kids has been doing a lot with school districts in Washington Co (Beaverton, Hillsboro), meeting school nurses, and parents. Let HERO Kids know about school events. **Matt**: Any pushbacks from the schools? **Tamara**: Even though we have not been able to reach all school administration, we are working district by district. **Brittany**: Have had some small successes with schools sharing HERO Kids informational flyers with families. Will continue to advocate for more communication from schools to families.
- **Jill Shipley**: Is there a way the HERO Kids videos can be shown on the screens in the waiting rooms at the hospitals? **Brittany**: We are very interested in doing this but heard it is very difficult to get access. Please share hospital contact information.

ACTION: Jill Shipley to reach out to Randall and Carl Eriksson to assist with Doernbecher.

- **Tamara Bakewell**: There is a question in the Chat about National Alliance on Mental Illness (NAMI). HERO Kids has connected with NAMI, but need to follow-up.
- **Rachel Ford**: Shout out to those that helped with Emergency Protocol form feedback.

EMSC Program | Rachel Ford, MPH

Pediatric Readiness Program: The November education session, Respiratory Distress Assessment & Management, was presented by Sandra McLaughlin and Rhonda Shoemaker and the recording and slides are available at www.pedsreadyprogram.org. The session was well attended, with 80 participants from clinics, hospitals, and EMS agencies.

Registration is open for the February 15th 1200-1300 education session *Pediatric Fentanyl Exposures* presented by Dr. Robert G. Hendrickson. CME for physicians and CE for nurses and other medical professionals is available.

Naloxone Leave Behind: Save Lives Oregon has a harm reduction supply clearinghouse. EMS and fire agencies are eligible to access no cost naloxone to provide to community members as part of a Leave Behind program. When EMS & Fire agencies are engaging in Leave Behind efforts, Save Lives Oregon can also provide naloxone to use in case of an on-site overdose emergency. Apply: www.savelivesoregon.org/apply/. This information is being shared with the Committee because of the rising number of pediatric fentanyl overdoses and deaths. In a report shared by the Portland Police Bureau, the children and young adults ranged in age from 1 to 17 years old. This report and others have spurred conversation and proposed action by the State Child Death Review and Prevention Team. Rachel Ford will continue to update the Committee.

Trauma Program: In October, Rachel Ford presented at the Trauma Nurse Coordinators meeting. The presentation was focused on pediatric readiness. In the presentation, the pediatric readiness definition and why it is important, the American College of Surgeons standard 5.10, and how to complete a Pediatric Readiness assessment were shared. How the EMSC Program supports the Trauma Nurse Coordinators work and the tools available to hospitals were also shared.

In November, Rachel Ford had a virtual trauma meeting with Renee Escamilla (Alaska EMSC) and Wendy Allen (Alaska Trauma Program Coordinator), and walked through the Oregon trauma triage and trauma activation standards and talked about proposed changes to the Oregon trauma rules.

Hospital Pediatric Readiness: One of the tools shared with the Trauma Nurse Coordinators was the National Pediatric Readiness Project assessment. It is available for improving pediatric readiness, www.pedsready.org. When hospitals complete the assessment, they receive a report that may be used to create a plan to address any gaps in pediatric readiness. More resources are available in the hospital section of the EMSC website, www.oregonemsc.org.

NASEMSO Pediatric Emergency Care Council: In early October, Rachel Ford was one of the Oregon team members that attended the in-person NASEMSO West Region Meeting. The California team were gracious hosts and provided high-quality presentations.

In late October, Rachel Ford was re-elected to Secretary of Pediatric Emergency Care (PEC) Council and will serve until May 2024 and then decide whether to pursue re-election. Rachel has been addressing the gaps left by the previous Secretaries and drafting the 2024 PEC Council annual meeting agenda.

HRSA: Rachel Ford continues to participate in the State Partnership Advisory Committee and Pediatric Readiness Recognition Programs Collaborative. For the Collaborative, EMSC Program Managers are providing input on minimum criteria for prehospital and hospital pediatric readiness recognition programs. Rachel also completed and submitted the FY23 Progress Report.

Hospital Pediatric Champions: On January 2, Rachel Ford contacted the 9 hospitals that had not shared nurse and physician Pediatric Champion contact information. As of December 27, still need nurse and physician Pediatric Champion contact information from 5 hospitals. Have received full contact information from 50 hospitals and partial contact information from 4 hospitals.

Last week, Rachel sent the first of the new bi-monthly Nurse & Physician Pediatric Champion Newsletter. This hospital provider focused newsletter mirrors the format of the prehospital newsletter and includes just-in-time information, continuing education, and more. It is requested that Pediatric Champions share the newsletter with their team.

Pediatric Surge Capacity: Rachel Ford coordinated the Pediatric Surge Capacity Workgroup with Dr. Eriksson. The workgroup members from the nine participating hospitals were generous in their resource

sharing. The documents were pulled together and stored on a SharePoint page that is accessible to workgroup members.

On October 24, the workgroup meeting focused on the resources available and there were discussions about Pediatric Surge NICU and pediatric transport. In addition to the meetings, the Pediatric Readiness Program provided two education sessions that were available to all Oregon hospitals: 1) Pediatric Sedation for Intubated Patients: Perspectives from a PICU Doctor; and 2) Pediatric and Neonatal Respiratory Distress Assessment and Management. The session recordings and slides are posted on the Pediatric Readiness Program website and anyone who missed the live sessions.

The workgroup was wrapped up by responding to support requests, and by sending emails to all teams thanking them for their engagement and for sharing resources with the other participating hospital teams. The emails also included general information about pediatric transport and the Oregon Medical Coordination Center, and the teams were asked to answer these 4 follow-up questions.

Rachel is hoping to apply this model of engagement to a new project focused on water safety and drowning prevention. Stay tuned for more details.

Right Call Card: The "Right Call" card, which lists phone numbers and who to call for specific situations, is now available in in six languages: English, Russian, Simplified Chinese, Spanish, Traditional Chinese, and Vietnamese. The cards are available here: Prehospital Emergency Care Coordinator Resources

Comment/Questions:
Tamara Bakewell: Like the idea of focusing on water safety. Can you keep us posted on that? Do you have any data on disparities on race and drownings and near drownings?

ACTION: Rachel Ford to look into Tamara's question regarding data on disparities on race and drownings and near drownings.

Oregon Pediatric EMS Data Report | Peter Geissert, EMS & Trauma Systems Program Research Analyst

Peter Geissert shared a draft dashboard. Due to NEMSIS 3.5 transition, it is not ready to share on EMSC website. In the not-to-distant future will be able to run the dashboard and get updated numbers.

The dashboard always covers the last two years. Criteria is patients in Oregon 18 years or younger. You can hover over the points to see additional information. Grey represents the past year. Blue represents the current year. Inclusion criteria is patients in Oregon where patient contact was made.

Pediatric EMS Incidents by Age Group and Month, Oregon 2022-2023:
Comments/Questions:

- **Carl Eriksson**: The spike at the end of 2022 may be a data error or RSV spike in hospitalizations.
- **Matt Philbrick**: It seems like the 2022 volume in all age demographics seems to be relatively higher. Is this trending across all EMS, all regions, all states? You would think that it would go lower with each year.

ACTION: Peter will review uptick in volume at end of 2022 and overall decrease in volume for 2023.

Pediatric EMS Incidents by Patient Sex, Oregon 2022-2023: The unknown category combines missing data and records of non-identified data. Under NEMSIS 3.4 patient more aligned with patient sex. NEMSIS 3.5 introduced code in descriptors for transgender patients. In 2023, there was one

transgender patient record. Due to the scale, it does not show up, but as NEMSIS 3.5 goes on there will likely be more transgender patient records.

Pediatric EMS Incidents by Race and Ethnicity, Oregon 2022-2023: Percent of records which one value was selected. Given the circumstances of the patient in the field, the patient may be unconscious, and no one present to answer some questions, this field is not always documented.

Top 15 Pediatric EMS Procedures, Oregon 2022-2023: Some categories show no change, and the attempt is to de-duplicate the percentages. These are one to many, some to more than 100 percent and some to less than 100 percent. The list is only the top 15.
Comments/Questions:

- **Carl Eriksson**: Do not see interosseous (IO) on here. Is this something you look at? Also wondering about intravenous vs IO, whether see temporal changes in frequency of one versus the other? **Dana Selover**: Would it make sense to have this be a subset of severely ill or severely injured patients, then you could look at it better? **Carl**: Would be interested in understanding how much change looking at in severity of illness and age.
- **Matt Philbrick**: Would have expected Pulse Oximetry to be higher. Any insight why or why not that would be higher? **Peter**: May be documented in the vital records and not in this part of the ePCR.
- **Tamara Bakewell:** What is the moving patient category? **Peter**: Think this is just moving a patient. **Matt Philbrick**: This would be if they documented a specific way, they moved the patient.

ACTION: Peter to review if able to breakout by severity and age, whether IO access and pulse oximetry should be in top 15, and whether possible to group like items together (vascular access and IV cannulation; glucose measurement is listed twice).

Top 15 Pediatric EMS Cause of Injury, Oregon 2022-2023: No comments/questions.
ACTION: Peter to review what falls into the “Other” category.

Top 15 Pediatric EMS Primary Impressions, Oregon 2022-2023: No comments/questions.

Top 15 Pediatric EMS Primary Symptoms, Oregon 2022-2023:
Comments/Questions:

- **Carl Eriksson**: Would it be ok to change to under 18, instead of 18 and under? **Peter**: This would be an easy change. All the NEMSQA measures uses under 18. **Rachel Ford**: Will make sure it does not conflict with HRSA guidance.

ACTION: Peter to update the dashboard to under 18 years of age.

Top 15 Pediatric EMS Dispatch Complaints, Oregon 2022-2023: No comments/questions.

NEMSQA Performance Measures: The month is on the X Axis, and the year is indicated by the color of the solid line, and the dotted line indicates the goal. All these measures are for Oregon patients under 18 years with an EMS call.

Respiratory-01, Oregon 2022-2023: SpO2 and respiratory rate are recorded in ePCRs. Curious what the end of the year data will look like.
Comments/Questions:

- **Matt Philbrick**: Is this reflective of the procedure of pulse oximetry being added to the chart or reflective of the numerical value in the vital signs for each patient? **Peter**: Numerical value.

Asthma-01, Oregon 2022-2023: These are asthma patients that had a beta-agonist administered prior and it was documented in the narrative and not documented in the medications. Has a small number of

records, and had to aggregate it at a quarterly level, so a couple of records can cause the graphs to jump quite a bit.

Pediatric-03b, Oregon 2022-2023: Patients that had a documented weight in kilograms. Can see the beginning of the letter writing campaign and the subsequent rise, and it is currently at 98-99% of patient encounters that patient weight is being documented.

Safety-01, Oregon 2022-2023: These are the metrics used in the lights and sirens for the prevention of risk and accidents. This metric is lights and sirens when responding to a 911 call. The 70% goal is based on NEMSQA lights and sirens collaborative, where 70% of calls should be run without lights and sirens. Currently at 25%.

Safety-02, Oregon 2022-2023: This metric is lights and sirens during patient transport. Currently at 87% and not quite at the 95% goal.

Seizure-01, Oregon 2022-2023: One of our newer metrics. Often when EMS arrives the seizure is over. Question becomes how to set an appropriate goal for this metric. There is a default of 90% goal. May aggregate quarterly to get a better read.
Comments/Questions:

- **Rachel Ford**: Agree to move to quarterly chart, given the small number of patient records.
- **Matt Hansen**: What is the metric? **Peter**: This is the percentage of pediatric EMS calls where patients with static epilepticus who received a benzodiazepine, aimed at terminating their status seizure during the EMS response. **Matt**: How do they determine status? **Peter**: Impressions of seizures/epilepsy with status epilepticus, epilepsy and recurrent seizures, or epilepsy that is unspecified or intractable with status epilepticus. **Matt**: Washington and Clackamas Counties are doing the PediDOSE study of 911 calls with children with seizures and less than 10% are still seizing when EMS arrives. The supposition is that you are seeing a random use of that diagnosis code, it may be some connection with longer seizures or do not know what the diagnosis means. **Rachel Ford**: Is there any consideration from NEMSQA to revise this measure considering what Dr. Hansen shared? **Peter**: Reached out to NEMSQA and they said there is not an easy way to determine whether the patient is still seizing or not from discrete fields, and more often that is captured in the narrative. They are of the mind that states should adjust the goal to reflect this. Over the long term, can think about how would document this and how reliable the reported time is before EMS arrives. **Matt**: With PediDOSE, the eligibility is determined if the patient is seizing when EMS arrives. Have a lot of experience with trying to evaluate that and the only way to really find this is in the narrative, and even then it is not well documented. Concerned that the way they mapped this is not well correlated with the ICD-10 diagnosis codes and concerned have an unreliable input. **Peter**: Sounds like this deserves more work. NEMSQA and NEMSIS might be open to include a field of whether the patient is seizing at the time of EMS arrival.
- **Matt Philbrick:** Suggested adding this topic as an agenda item at the next Committee meeting, with some work done before hand between Peter and other stakeholders. No Committee opposition to keeping it on the dashboard.

ACTION: Peter to change to quarterly chart. Peter to prepare for the following Seizure-01 presentation and discussion at the April EMSC Advisory Committee meeting: whether to adjust goal of the measure, need for discrete field in ePCR, and whether correlation with ICD-10 codes is correct.

Pediatric Research | Dr. Matt Hansen, OHSU

PediDOSE Study: Enrolled 70 Washington and Clackamas County patients. Very few patients are seizing on arrival. Most patients are fully awake and being discharged when they arrive at the hospital. If unclear of the status of the child, whether or not seizing when they arrive at the hospital, using a point-of-

care electroencephalogram (EEG) device called Ceribell. It is placed on the child's head and it can record a rapid EEG within 2 minutes. The criterion for using the device is if the child is non-responsive. In the usual care arm of the study and will transition to the intervention stage of the study and begin using the diazepam age-based protocol.

Also working on a study looking at treating children with severe asthma. The pilot study is with 3 sites: Buffalo, NY, Charlotte, NC, and Salt Lake City, UT. Start enrolling on January 19, 2024 in Buffalo. Currently testing feasibility of data collection.

There will be evidence around pediatric C-spine management from PECARN study led by Dr. Julie Leonard from Columbus, OH. Have collected a lot of data form ED and prehospital and has developed and validated a clinical prediction rule for pediatric cervical spine clearance that will likely be the best cervical spine clearance rule available when it comes out. She is validating separately for hospital and EMS environments.

Pedi-PART study is a pediatric pragmatic airway resuscitation trial to compare bag mask ventilation with glottic airways and endotracheal intubation among respiratory failure pediatric patients. OHSU is not a site in that study, but Dr. Hansen is participating on the science team. There are ten hubs and over 50 agencies. Will start enrolling in late spring for that study and it will enroll for 5 years.

Working on another study where they are going to try to answer the question, "What is the best ventilation rate for children?" There is little data to guide this right now in the prehospital or ED environment. They are going to collect monitor files from the participants enrolled in Pedi-PART and use some analytic techniques to identify what the best ventilation strategy will be for children. When PALS (pediatric advanced life support) comes out, they will have data that informs their recommendations.

EMS Modernization 2024 Legislative Concept | Barrett Johnson, Chief of Staff, Office of Representative Dacia Grayber

EMS Modernization Bill will be introduced at the upcoming legislative session starting in February. The goal is to close some inefficiency gaps in Oregon EMS and make sure always providing the right care in the right place and the right time during critical time sensitive emergencies. The work group has been convening since June 2023, but this has been a policy framework that has been around for decades.

Dacia Grayber's office is convening stakeholders, negotiating the bill that works for as many people as possible, and then navigating the challenges of the legislature. If there are technical questions, they will go to Dr. Lehrfeld and Dr. Selover.

Top-Level Takeaways:

- Organizes the patchwork EMS committee structure at the state level into a more unified and streamlined network of governance committees.
- Applies Oregon's existing Trauma model to other time-sensitive emergencies, expanding the Trauma Regions and their functions into EMS Regions.

What the Bill does not do:

- The Bill does not try to interrupt any of the work being done by the state committees. Just trying to organize them into a more cohesive whole.
- Not to dilute focus off trauma, but with this change and expansion of the trauma regions, there will be meetings to expand on these specialty areas.
- Does not disrupt any county Ambulance Service Agreements.
- Does not limit local control or innovations.

- Does not anticipate an addition of significant operational cost.
- Does not require any technology adoption. No software or hardware will be required. There may be some software adoption requirements on the part of OHA, but OHA is ready and prepared for that.
- This is not OHA dictating standards to Oregon's EMS communities.

Recent History of EMS in Oregon:

- National Transportation Safety Advisory Board Committee Report notes a "dramatic deterioration" of the system over the last 14 years (2006).
- EMS & Trauma reform bill fails (2007).
- ACEP National Report Card releases – Oregon receives a D and ranks 47th (2008).
- Bill passes to create a Trauma Registry (2009).
- Task Force is convened to create a policy framework for modernizing Oregon's EMS (2010).
- Task Force recommendations bill is gut-and-stuffed for licensure requirements (2011). Emergency Medical System Governance Workgroup is convened to help model committee structures and services for EMS & Trauma (2011).
- Bill passes to create a Stroke Advisory Committee (2013).
- Bill passes to create a State Trauma Advisory Board (2013).
- OHA & Office of Rural Health deep dive on rural EMS – rural areas of Oregon are severely underserved, and workforces are primarily volunteer-driven (2017).
- COVID-19 strains healthcare system but leads to a temporary version of EMS Modernization (2019).
- EMS Modernization bill, HB 2076, fails to pass (2021).
- EMS leaders testify before legislature regarding ongoing workforce shortages (2022).

EMS Modernization Workgroup:

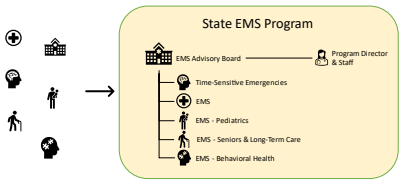
- Interviews began in June 2023, first table convened in September.
- 40+ organizations and 70+ individual stakeholders.
- Objective is to develop policy for EMS Modernization, which will pass in two parts over the 2024 and 2025 legislative sessions.

EMS in Oregon: Oregon EMS is working as a patchwork of many different isolated systems. At state level have different standalone committees doing different work. Have EMSC, EMS, STAB, Stroke, Seniors, and Behavioral Health committees and boards. Then add in fire districts and EMS services, hospitals, etc. Every single system has their own standards, procedures, definitions, ways information is measured, etc. All the differences create a whole host of issues. It is almost impossible to get a coherent top-down view of Oregon EMS to see where improvements can be made.

Oregon Trauma Model: One of the best examples in the nation. At the state level the State Trauma Advisory Board (STAB) which sets the state's minimum standards for trauma patients are cared for and how prehospital care is handled. The Area Trauma Advisory Boards (ATABs) who create regional implementation plans of how to execute the state standards given resource and geographic limitations. Once plans are established, the local operators in that region are informed by those plans as they take care of patients.

The objective for this bill is fixing the current patchwork approach of EMS by adopting a model closer to the Oregon Trauma model across all of EMS. The bill tries to accomplish this in several ways.

1: Reorganize State EMS Governance



2: Trauma Regions -> EMS Regions

3: Adopt Data-Driven National Standards

Incentivize, Don't Punish (Regulations):

- All NEW state EMS programs/grants in Oregon are administered by the State EMS Program.
- Access is granted based on adoption (or coming into adoption) with approved regional plans.

Next Steps:

PART I (2024)

- Statewide quality standards with regional plans of implementation
- Integrated EMS Data Systems
- Coordinated communication network and protocols
- Regulatory mechanism for accountability

PART II (2025)

- Analysis of workforce needs with programs to support
- Long-term funding mechanisms
- Add-On: EMS Mobilization plan

Questions? Contact Representative Dacia Grayber, Rep.DaciaGrayber@OregonLegislature.gov

Comments/Questions:

- **Tamara Bakewell**: Can you give examples of time sensitive emergencies? **Barrett**: The big ones are stroke and cardiac, but there is flexibility for a lot more categories like pediatrics, long-term care, senior care, etc. **Dr. Lehrfeld**: If you look at current work, it informs what we want to do in the future.
- **Todd Luther**: Can you speak to data collection for hospitals? How will this be collected and shared? This may be a significant burden to some. **Barrett**: Hospitals are already doing this for trauma, stroke, and cardiac but utilizing a different registries. Trying to get all hospitals on the same registry. **Dr. Lehrfeld**: The hospitals are already doing this but want to get unified, so all hospitals use the same registry, same definitions, and same data points. **Barrett**: Working with the hospital association on a timeline for rollout. Larger organizations in 2027 and smaller organizations in 2030.
- **Carl Eriksson**: There is a pediatric facility designation interest for Oregon. You can argue that pediatric emergencies are individually low frequency, but the level of preparedness for a peds patient can make a very big difference for a child with respiratory distress, sepsis, etc. My guess is that this Committee would favor a pediatric emergency designation. **Barrett**: Time sensitive standards already exist for this. It is a more complicated process when no national standards exist. It falls in the purview of what we are trying to do here.

ACTION: Barrett Johnson will make sure the slides are available to Committee.

State EMS and Trauma Systems Program | Amani Atallah, Dr. David Lehrfeld, Dr. Dana Selover

Dana Selover:

- Legislative short session February 5-March 10. Tracking the legislative concepts before they become bills.
- Finished some Paramedic education rules
- Ambulance Agency and Vehicle and EMS Educations rules will be reviewed in 2024
- The trauma Exhibits 2 and 3 are out for public comment. There is an opportunity to provide written feedback until January 22, 2024 at 5pm. Send to: OHA, Public Health Division Brittany Hall, Administrative Rules Coordinator 800 NE Oregon Street, Suite 930 Portland, Oregon 97232. Comments may be emailed to: publichealth.rules@odhsoha.oregon.gov or sent by fax to: (971) 673-1299.

Amani Atallah:

- Program Analyst 2: Welcome to Laxmi Pallathadka, who is serving in the Program Analyst 2 position. Laxmi is a recent graduate of Pacific University's Master of Business Administration and Healthcare Management and has several years of experience in research in healthcare settings. Laxmi has hit the ground running and is working on the NEMSIS 3.5 project among others.
- Research Analyst 3: Andey Nunes-Brewster moved to another position. The RA3 position is open for recruitment. Conducted interviews last week and sent out for references for top candidate.
- Substance Abuse and Mental Health Services Administration: Notice of Funding Opportunity - Applications due Wednesday, March 20, 2024. EMS grant focused on opioid overdoses, https://www.samhsa.gov/grants/grant-announcements/ti-23-011

Public Comments | Chairperson

Mariya Fuge, Portland Fire & Rescue: Trying to get hospital follow-up for emergency medicine, especially pediatrics. Is there is anyone here that can help or access this feedback? **Matt Philbrick**: Put your email in the chat and will discuss with Rachel Ford and steer you in the right direction.

Next meeting is April 11, 2024
Location: In-Person, PSOB, 800 NE Oregon Street, Portland, OR 97232

Meeting Adjourned: 11:55am

These minutes are drafted and have not been reviewed and approved by the Oregon Emergency Medical Services for Children Advisory Committee.