Oregon Emergency Medical Services for Children Advisory Committee Meeting Minutes

2024 Quarter 2 | April 11, 2024
Chairperson Justin Sales, MD
Vice Chairperson Christa Schulz, MD

Appointed Committee Member		
Committee Member Name	**Committee Position**	**Present, Absent or Vacant**
Tamara Bakewell	Family representative	Present
SunHee Chung, MD	Physician with pediatric training	Present (virtual)
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 (virtual)
Joann Lundberg	Behavioral Health representative	Present (late arrival)
Todd Luther	Emergency Department Manager	Present
Danielle Meyer	Hospital Association representative	Present
Matthew Philbrick	EMS Patient Transport representative	Present (virtual)
Dana Pursley-Haner	EMS Educator	Present
Justin Sales, MD	Emergency Physician	Present
Christa Schulz, MD	Pediatric Hospitalist	Present
Jill Shipley	Hospital Trauma Coordinator	Present
Vacant	Tribal EMS Representative	Vacant
Vacant	Nurse with pediatric experience	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
David Lehrfeld	OHA EMS Representative - Primary	Absent
Dana Selover	HRSA EMSC Grant Point of Contact	Present
Oregon Health Authority EMS & Trauma Systems Program Staff		
Peter Geissert, Julie Miller, Laxmi Pallathadka, Albert Ramon		

Guest Speakers and Members of the Public
Meghan Crane (Oregon Health Authority), Sara Garza (Marion County Health and Human Services), Valerie Haynes (Health and Safety Consultant for Head Start and Early Head Start of Lane County), Amber Kroeker (Randall Children's Hospital), Brian Pitkin (Oregon Health Authority), Susan Steen (Doernbecher Children's Hospital), Kelly (public health student)

Call to Order | Dr. Justin Sales, Chairperson
Start Time: 9:01am Committee Roll Call

Approve January 2024 Minutes | Chairperson
January 2024 minutes were reviewed. No changes noted. Motion to approve minutes as written: Todd Luther Second: Jeffrey Dana None opposed. Motion carried.

Committee Membership | Chairperson
Andrea Bell resigned her position as Nurse with pediatric experience. Thank you to Andrea Bell for 4 years of service to the EMS for Children Advisory Committee. The Committee has 2 vacancies: Nurse with pediatric experience and Tribal EMS representative. Please share any potential candidates. 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 **ACTION:** Carl Eriksson and Christa Schulz will reach out to their groups with the need for Nurse with pediatric experience.

Committee Member Roundtable | Committee
Share updates related to committee position; pediatric emergency medical, trauma, injury prevention, behavioral health, and/or family centered. **Carl Eriksson, MD**: Trying to capture experiences from the fall 2022 RSV Surge. Describing the magnitude of the threats, actions taken, and what happened as a result. **Rachel Ford**: The experience of the Peds Surge Workshop got published by the EMSC Innovation and Improvement Center and went out to all EMSC program managers and hopefully this will inspire other states to do the same. **Todd Luther**: Collaborating with REACH Air Medical for pediatric education at the end of April. Several EMS Services and Mercy Medical will receive a full day of education. Working on annual Kids Safety Day and need to identify a new venue for July event. **Jennifer Eskridge**: A couple of local Pediatric Injury Prevention Coalitions are planning a Safe Kids Day at Oaks Park on June 22: Safe Kids Portland Metro and Safe Kids Washington County. The Oregon Poison Center's Pediatric Illicit Fentanyl study was published. There were 16 pediatric fentanyl exposures in 2023. There were two in 2021 and zero in 2020. That data is mirrored nationally

using the full national data set. The increase is very concerning. The ask is to community health partners is to look at ways to share prevention messaging, push lock boxes and naloxone, and reach high-risk families. Research found that the average age is 2 years old and 93% of the cases are happening at home. The study looked at 10 years of date and the numbers have grown immensely. More fentanyl in community means more exposure to kids. **Rachel Ford**: Dean Sidelinger, Tom Gene and David Lehrfeld and others will be meeting next week to discuss this issue. After the meeting, hope to pull in partners at the Oregon Poison Center.
ACTION: Jennifer will share the flyer with the EMSC Committee once it is finalized.
ACTION: Committee continue to discuss and cooperatively share safety messaging.

Jill Shipley: With the weather getting nicer, there will be an increase in pediatric injuries. Have seen an increase with kids that are not restrained; not that they were improperly restrained, but that they were unrestrained entirely. Looking at restraints and working closely with injury prevention team to track trends. Pediatric trauma education: Legacy and OHSU are happy to put on trainings upon request. The April 24-26 Trauma Conference registration is still open.

Matthew House: Doing the first of the biennial car seat clinic and helmet fitting on April 13. Have a standing agenda item for ATAB 3 and can share EMSC communication at those meetings.

Tamara Bakewell: Worked with Jennifer Eskridge on an injury prevention virtual presentation and there were about 11 people that attended. Also conducted Table Talks, which are small group discussions, and offered in English and Spanish. Two people attended the Spanish discussion. Have been working with the Oregon Developmental Disabilities Program, who has a plan for every child with an intellectual disability (Individual Support Plan - ISP). There is a section in this plan for emergency preparedness/disaster preparedness. Families have shared that the small section for this information is not enough and need more instruction for this section of the ISP. Tamara and team have been able to provide guidance to make this section more robust.

Justin Sales, MD: Fentanyl exposures are increasing and on the minds of those working in the emergency department. Also increasing behavioral health concerns with adolescents. A study showed that there has been a 200% increase in eating disorders during and post-COVID and seeing a lot of those children in the emergency department and urgent care.

Dana Pursley-Haner: At the agency-level working on trying to recognize the signs and symptoms of pediatric overdoses and using Narcan. Trying to get more comfortable using Narcan in pediatric cases.

Christa Schulz, MD: Working with a lot of pediatric traumas recently. As Bend grows, impacted by population bursts. The Family Birthing Center unit is overflowing onto Pediatric until, which limits number of pediatric beds and increases pediatric boarding in the emergency department. Continue to work on the hospital system for boarding in areas that are more comfortable for the teenage pediatric patients. Christa has been asked by St. Charles trauma team to be the trauma committee pediatric liaison. This summer the hospital system is upgrading magnetic resonance imaging (MRI), so they will only have a mobile MRI unit starting in June. The mobile MRI will not be capable of imaging critical patients or sedated pediatric patients. The hospital is planning for transporting patients to different hospitals if the need arises. **Dana Selover**: Urged Christa to convey to the hospital the need for a solid patient transport plan. EMS cannot increase transport volume in an instant. **Jill Shipley**: May want to reach out to the Pediatric Trauma Society to get some resources. This is a great resource. **Tamara Bakewell**: Oregon Health Authority has been working on the Non-Emergent Medical Transport (NEMT) protocols and there are some nice improvements. It could be an opportunity to discuss with the NEMT team. Tamara will discuss this with NEMT about this upcoming need. **Carl Eriksson**: Daniel Davis is the representative for St. Charles to reach out to the regional resource hospitals. I would be good to provide information 2-4 weeks in advance of the plan.

ACTION: Tamara will check with NEMT regarding increased need at St. Charles.
ACTION: Christa will check with Daniel Davis regarding contacting regional resource hospitals and MRI update plan.

SunHee Chung, MD: The Regional Committee, the Protocol Development Committee, along with a few pediatric physicians, are working on clarifying the termination of the resuscitation protocols for out of hospital pediatric cardiac arrests. There have been a lot of inconsistencies and working on unifying resuscitation protocols and guidelines and determine the information needs are before termination in the field.

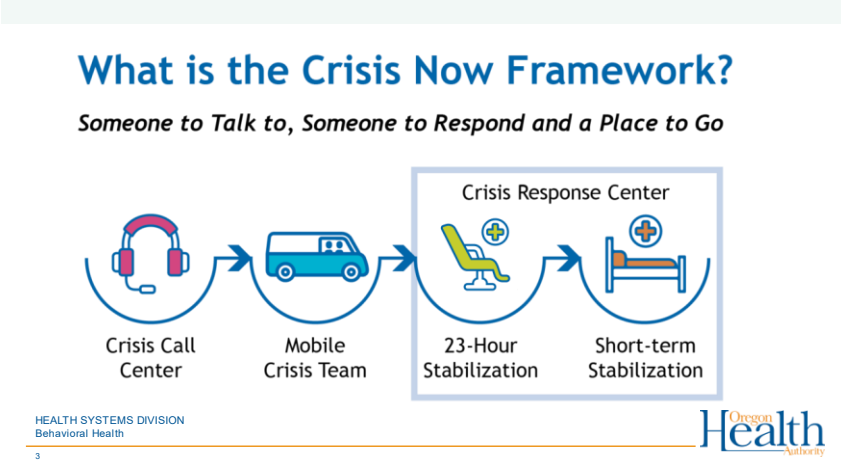
Mobile Response and Stabilization Services | Brian Pitkin, Children's 988 and Mobile Response & Stabilization Services Coordinator

The vision is to create a behavioral health crisis system that provides a behavioral health response to a behavioral crisis through equity- and trauma-informed, as well as culturally, linguistically responsive, and developmentally appropriate services.

The long-term vision is that everyone in Oregon experiencing a crisis has someone to call, someone to respond, and somewhere to go. Since its launch in July 2022, anyone who needs suicide or mental health-related crisis support, or who has a loved one in crisis, can connect with a trained counselor by calling, chatting, or texting 988.

Crisis System implementation includes 3 different programs - some of these exist at a foundational level and some are brand new. Counties are at various stages of crisis system implementation.

1. 988 Call Centers
2. Mobile Crisis Intervention Services as well as Mobile Response and Stabilization Services for children, youth, and young adults (0-20 years)
3. Crisis Receiving Centers and Crisis Stabilization Centers



Someone to Call - 988 Call Centers

The goal is to provide every person in Oregon a no-barrier, confidential, compassionate, trained response during moments of crisis informed by clinical best practice and voices of lived experience. Individuals, family members, friends or bystanders can connect with a trained crisis counselor 24/7 by calling or texting the three-digit number, 9-8-8, or sending a chat online. 988 supports callers of all backgrounds and demographics, including youth, older adults, rural Oregonians, people of color, people with disabilities and people of all genders and sexual orientations. 988 call centers provide 24/7 service via phone, text, and chat in English and Spanish. Interpretation is available in 250+ languages and for callers who are Deaf or Hard of Hearing. Follow-up calls are offered for all callers at imminent risk of suicide. Referrals to community resources are offered and available for all callers who are interested.

Someone to Respond - Mobile Crisis Intervention Services
The goal is to provide an evidence-based, trauma-informed crisis response that is developmentally appropriate and meets the unique needs of children, youth, young adults, and their families that extends past the initial crisis response, to prevent further deterioration or re-escalation, or out-of-home placements.

- Available 24/7/365 to people of all ages, regardless of insurance type
- A two-person team is required to respond to the location of the individual in crisis; does not include law enforcement
- In addition to the initial crisis response, Mobile Crisis Intervention Services also includes follow-up services which may be provided for up to 72 hours
- A Clinician and Family Support Specialist work collaboratively with the youth and family to identify ongoing needs and connections to services, https://www.oregon.gov/oha/HSD/BH-Child-Family/Pages/MRSS.aspx

One of the key elements of building a true crisis system is ensuring that individuals in crisis and their families have a “no wrong door” approach to accessing services. While 988 can be a front door to accessing mobile crisis intervention teams, individuals can also call their county crisis line, and emergency services can also directly call Community Mental Health Programs to get connected to such teams.

Somewhere to Go - Crisis Receiving and Stabilization Centers
The goal is to provide a safe and secure environment that is staffed with clinical practitioners to: 1) stabilize an individual; 2) interrupt the jail and hospital pipeline; and 3) help those in crisis quickly return to their community.

Crisis Receiving Centers (CRC) are less than 24-hour outpatient facilities that accept all age-appropriate referrals and primarily utilize recliners. Crisis Stabilization Centers are 24-hour to 14-day inpatient facilities, accept all referrals from CRCs, and are facilities with beds. Statewide crisis receiving and stabilization centers are currently in the planning phase. There is currently no statewide funding stream.

What Types of Resources Can 988 Offer?
About 10% of 988 contacts request resources; most resources are related to mental health. Other frequent services include substance use, housing, and financial assistance. In addition to resources, 988 can offer direct transfers to county crisis lines and other local services. 988 can also arrange for in-person support through 9-1-1 emergency services or through county mobile crisis intervention teams.

National 988 lines for specialized support include Veterans Crisis Line, Spanish language line, LGBTQI+, and American Sign Language videophone, text, and chat.

What You Can Do to Help

- Answer questions and combat misinformation about 988.
- Spread the word and find resources: https://www.samhsa.gov/resource-search/988

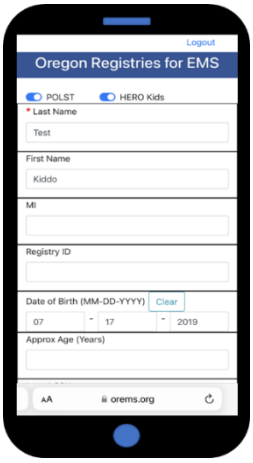
Comments/Questions:

- **Carl Eriksson**: Want to highlight that when kids are in crisis and if there is no other option, they will end up in emergency departments. Is there anything the EMSC Advisory Committee can do to support this, a letter of support, any other form of advocacy for building out this system? **Brian**: Will reach out to Dean Carson, 988 Communications Lead. That would be wonderful if the Committee wanted to put forth a letter of support. The Mobile Response and Stabilization Services (MRSS) model was developed and based on a program in Oregon called Crisis and Transition Services (CATS), which was launched in 9 counties just before the pandemic. CATS was focused on preventing emergency department boarding. MRSS serves kids in their communities.
- **Dana Selover**: With the passage of EMS Modernization, there will be a Behavioral Health Advisory Committee. This should not conflict with, nor duplicate the 988 system. Where are you with the MRSS? What is the progress and projection of MRSS for this Committee? When will those resources be available? **Brian**: Just received annual data report that is done in collaboration with Oregon Health & Science University. If someone calls 988 and asks for a Mobile Crisis Team for anyone under the age of 20, a mobile crisis team will be dispatched. There have been some issues staffing the two-person teams. Some counties are using an Emergency Medical Technician in the place of a Qualified Mental Health Associate or Qualified Mental Health Professional. There are also discrepancies in the training the responders have but moving in the right direction.
- **Matt Philbrick**: For activation of the Mobile Crisis Intervention Services, does that come exclusively through 988 or are there 911 centers that will move to 988, or automatically rerouted to 988? **Brian**: There are efforts to have collaboration between 911 centers and 988 and it is in various stages. Deschutes County recently entered a coordination between their crisis line and their 911 center and it was incredibly successful. Idea of the system is that if someone calls 911 and tells them experiencing a crisis of heightened anxiety, that 911 will transfer call to 988. A person can also access a response team by calling the county crisis line and by calling 911.
- **Kelly (guest)**: Currently work at Veterans Affairs emergency department that sees many veteran patients that have called the crisis line. Several veterans have called with an out-of-state phone number and are given information for other states. Is there any discussion about a number for callers who call with an out-of-state phone number but live in Oregon? **Brian**: There is a new geo-routing feature that willing rolled out in about 6 months to the 988 call centers. The geo-routing will be pinging the location of the caller by the nearest cell phone tower, not the area code of the phone number. This way callers will get directed to the resources in their physical location.
- **Todd Luther**: What we have seen is great! The gap we see is in the crisis receiving part and having the spot for the youth in crisis with wraparound services. The emergency department is not good for the kids.
- **Christa Schulz**: Short term residential crisis, is this part of the stabilization center? **Brian**: Looking at stabilization centers and youth specific respite facilities. Some of these facilities will have the ability for short-term stays. It impacts the families as well and the families will be able to take advantage of the respite centers as well. Stabilization center for patient is still short on funding. The goal is stabilization centers first, and then respite centers.
- **Justin Sales:** Thank you and the EMSC Program will probably reach back out to you to share more. If you think of ways for Committee to support this program, please contact Rachel Ford.

ACTION: Brian will investigate an Oregon specific phone line for Veterans and reach out to Dean Carson about how the Committee can support.

Health Emergency Ready Oregon (HERO) Kids Registry | Tamara Bakewell

From March 1, 2023 and February 29, 2024, there were 193 form submissions, with 18 registrants that included an emergency protocol letter. Registrants reside in 23 of 36 counties; 2 of 23 are frontier, 21 of 23 are rural, and includes all urban centers.



The Oregon Registries for EMS (OREMS) App provides direct access to the HERO Kids Registry and Oregon POLST Registry. Providers do not need to call the hotline when using the app. As of February 29, 2024, 82 of 135 transporting agencies have signed up across 28 counties; 3 of 28 are frontier, 25 of 28 are rural, and includes all urban centers. Questions about app can be sent to Abby Dotson, dotsoab@ohsu.edu.

SIGN UP!

HERO Kids is working with a marketing company to run billboards and print ads and working with OHSU and Legacy hospitals to add HERO Kids videos to in-patient video systems (GetWell Network) and/or QR codes into printed and digital patient resources.

Education Outreach for 2024 Quarter 1: Annual Pediatric Mental Health Conference, Chinese Community Health Fair, EMS Scientific Review Committee, Randall Children's Hospital Pediatric Grand Rounds, State of Jefferson EMS Conference, HRSA Family-to-Family Grantees Monthly Meeting.

HERO Kids held the first Train the Trainer event. Trainers were provided general orientation to HERO Kids, details on HERO Kids presentations, tabling tips, and a special set of FAQs for trainers. Trainers will report back on presentations and table events.

Providing consultation as requested from other states. 2024 Quarter 1 meetings included Arkansas EMSC, New Jersey EMSC, Tennessee EMSC, and Texas EMSC.

Developing the Electronic Emergency Protocol form and recruiting specialty care providers to provide feedback and mock-ups of completed forms.

New marketing videos:

- Everyday Emergency
- Behavioral Health
- Disaster Preparedness

Visit website for shareable links; MP4 video files available upon request.

There are continued asks for the Committee:

- Share HERO Kids information
- Volunteer to present HERO Kids information to your organization, network, or at outreach events
- Encourage families to complete registration as part of their emergency preparedness plan and reunification during a disaster
- Encourage EMS agencies to sign up for the OREMS app
- Share HERO Kids videos and posters in hospital and other settings
- Provide input

Comments/Questions:

- **Justin Sales**: Can you see who is searching, emergency department vs emergency medical services? **Tamara**: Will check with team to see if this can be reported during future updates.
- **Dana Selover**: About reunification, are you thinking about systems that are in schools or other settings? How do you know that you are not duplicating what others are already doing? **Tamara**: HERO Kids is a complementary approach and would work with any other current programs. **Carl Eriksson**: In a disaster, there is no consent if those situations. **Rachel Ford**: Nice thing about HERO kids is that families can put down as many contacts as they like in the system. Just started meeting with each of the healthcare coalitions, so this is part of the conversation.
- **Christa Schulz**: How would that work if an unknown child shows up at ED? Would the child have to have the registration number on them? **Rachel Ford**: Either the identification number or enough identifying information (name, age, address) and that would be entered into the system to find them.
- **Jennifer Eskridge**: Day cares would be a good location for the HERO Kids resource to raise awareness for families.
- **Christa Schulz**: Justin Sales and Carl Eriksson, have you been seeing an increase of patients registered with HERO Kids in the specialty care clinics? **Justin**: Have not asked. **Carl**: Not yet. Once Emergency Protocol is finalized this would be a good opportunity. Need to make sure we have a way to get info into HERO Kids system once it is ready. Want to bring it to department meetings and identify point people to get kids enrolled in HERO Kids. This could be transformative and is incredibly important. This is a huge step forward and need to have the protocol system set up ahead so we can get this working. This is critically important. **Christa**: We are seeing so many more complex medical peds in ED. This needs to trickle down from specialists.
- **Online Question**: Has HERO Kids reached out to Department of Human Services? **Tamara**: Yes. The medical folks at DHS.

ACTION: Tamara will inquire with HERO Kids team about reporting out in future updates provider type that are searching the registry during emergency medical care and showing numbers for emergency department and emergency medical services in future reports.
ACTION: Justin and Carl will give Tamara specialists contacts.

EMSC Program | Rachel Ford

Pediatric Readiness Program

The February education session, *Pediatric Fentanyl Exposures,* was presented by Dr. Robert G. Hendrickson, Medical Director at Oregon Poison Center. The recording and slides are available at www.pedsreadyprogram.org. The session had the best attendance yet with **169** participants from clinics, hospitals, EMS agencies, and more.

Registration is open for the May 9, 2024 1200-1300 education session, *Pediatric Readiness in the Emergency Department: Does it translate to better outcomes?* presented by Dr. Beech Burns, Medical Director at Doernbecher Emergency Department. CME for physicians and CE for nurses and other medical professionals is available.

Rachel Ford had two opportunities in February, the first was to present pediatric readiness information to the Providence OR Region Children's Services Operations Council, and the second was an opportunity to co-present with Justin Sales for the Legacy Pediatric Grand Rounds.

Tourniquet Distribution

Over the last year Rachel has been offering tourniquets to EMS and fire agencies, there were 227 requested and distributed. To further strengthen Oregon's EMS system, the EMSC Program offered tourniquets to the Sheriff's Offices that serve rural and frontier communities. They were instructed to only request the exact number that would be immediately deployed. There were 15 requests submitted. In

March 2024, Rachel mailed a total of 317 tourniquets to Sheriff's Offices. The EMSC Program is grateful to support law enforcement who often arrives first on-scene in the rural and frontier areas of the state.

Pediatric Emergency Preparedness Workshop
Many hours of prep went into the Tillamook and Astoria workshops. Unfortunately, winter weather changed the plans a bit. The Tillamook workshop had to be moved from March 4 to May 20 because of winter road conditions.

On March 5, the team was able to travel to Astoria and provide a workshop. There were 23 participants from Astoria-area EMS agencies and Columbia Memorial Hospital. There were four presenters: Dr. Justin Sales, Rhonda Shoemaker, Sandra McLaughlin, and Dr. Jessica Bailey. They provided didactic and hands-on sessions in mass casualty triage, patient assessment, medication administration, and pediatric readiness. The same team will be providing two workshops in fall 2024, and the Committee was asked to share EMS agencies or hospitals that would particularly benefit from the workshop.

Comments/Questions:
Tamara Bakewell: What is taught during the workshop? **Justin Sales**: Half-day workshop to talk about the unique characteristics for caring for ill and injured children with a little bit of a lens for more emergent or disaster care, with some triage skills. There is a didactic portion and a skills portion. **Rachel Ford**: Participants enjoy the breakout sessions with hands-on work. For the fall workshops, have also asked the health care coalition representatives about need for the workshop in their respective regions.

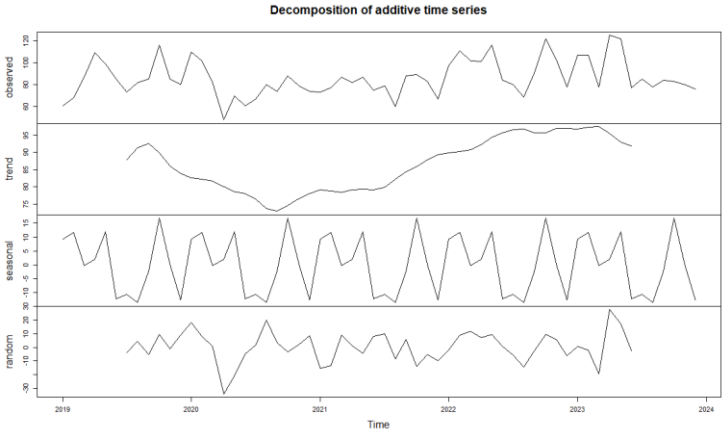
Prehospital Pediatric Recognition Program
Rachel Ford started development by requesting documents from states that have existing prehospital pediatric recognition programs and was also invited to join the Northeast Region meetings. From there, Rachel drafted a preliminary program structure and asked EMSC Advisory Committee members to volunteer to review. Justin Sales, Jeffrey Dana, Matt House, and Matt Philbrick volunteered for the workgroup. The workgroup met for the first time on April 4. Once there is a more complete working draft it will be presented to the full Committee for input. Committee members were welcomed to join the workgroup.

Prehospital Pediatric Readiness Project (PPRP) Assessment
In May 2024, EMS transport agencies will be asked to complete the PPRP Assessment. Before completing the assessment, agencies should collect the following data: annual call volume, annual pediatric call volume, and the number of personnel in the agency at each level of certification. The assessment will take 30-45 minutes, and the agency will receive a report that identifies specific gaps in the EMS agency's pediatric readiness. There are tools to improve pediatric readiness in the Prehospital Pediatric Emergency Care Coordinator section of the EMSC website, www.oregonemsc.org.
Rachel has included a couple handouts that include resources for agencies: 1) Preview of the PPRP; and 2) Prehospital Pediatric Readiness Checklist. The preview document defines peds readiness, explains the assessment, and walks the EMS transport agencies through how to use the PPRP checklist and toolkit. The checklist document is interactive, broken into categories, and easy to use.

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

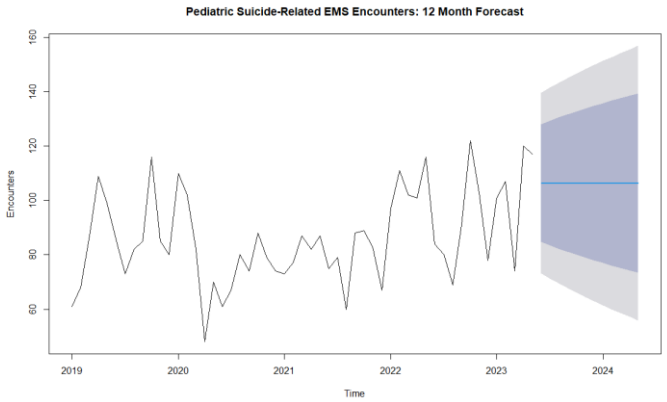
In updating the data, *pediatric suicide-related EMS patient encounters by month - Oregon 2019-2023,* there is a lot of work to produce what is already present. Need to look more systematically to get good details. In the seasonal plot, there are spikes in January through February, April through May, and October. Peter would like to get input from Committee on what they see as seasonality in April through May.

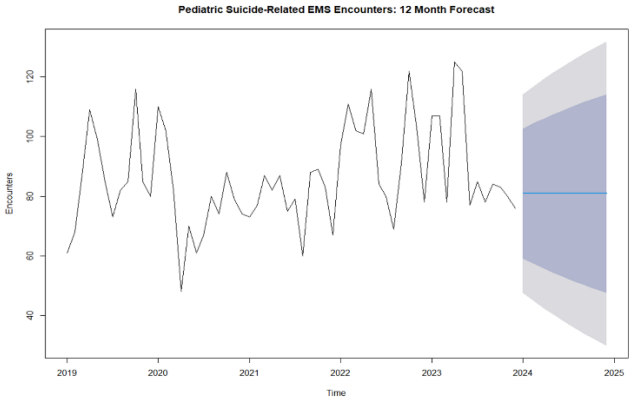
- Across the top is raw data.
- The second row is a 12-month data trends. There was a big dip in 2020 and after the pandemic the numbers began to rise. 2023 it looked like it started leveling out. At the end of 2023, the trend is starting to reverse.
- Third row is monthly data, repeats on a monthly cycle.
- Last row is random.



Pediatric Suicide-Related EMS Encounters: 12 Month Forecast

- Expected average has been a little over 100, and the new forecast is at 80.
- Something interesting that warrants attention.





EMS Suicide Data Project Summary

- Trend line leveled and has begun to decline
- Strong seasonality: January-February, April-May, October
- Compared to 12-month forecast from last year the end of 2023 was below the expected average
- New 12-month forecast projects a lower expected average in 2024
- Wide confidence intervals

Limitations

- The case definition still generates both false negatives and false positives
- Aggregate counts should be very close
- Still cannot distinguish ideation and attempts or separate out attempts by method

Next Steps

- Full Automation
- Working on identifying systematic errors
- Parsimonious sentence-wise random forest model
- Attempt to refine an attempt/ideation model
- Model method

Comments/Questions:

- **Jeffrey Dana**: Is there a graph or chart that can show completed attempts, overlayed with current charts? **Peter**: Would need to go to vital records data. Do not have a complete account of fatalities and it would give low numbers. Another thing to look at is if there is patient contact and/or treatments, does that person continue to attempt suicide. Would like to add this to future work on this topic.
- **Christa Schulz**: This is specifically EMS calls. Does it include any 988 calls? **Peter**: No. this is only EMS calls. **Christa**: As we shift into 988 calls, we should see these numbers go down. **Peter**: If had 988 calls and mobile crisis response data by county, could enter those numbers into time series model. Example: Multnomah county - is there impact on the numbers based on implementation of services.
- **Meghan Crane** (OHA Suicide Prevention Program): The Suicide Prevention program reviews death data, hospitalization (both ED and inpatient), as well as Essence data. Generally, see an increase in April and May and just put out a Call to Action to the schools. Have a new data dashboard that will be coming out and keep in contact with 988 team about new opportunities. **Tamara Bakewell**: Are there any reasons that the numbers change in the spring? **Meghan**: Generally, in spring you see suicide rates go up due to being more active and being out more with the better weather. School districts are required to have suicide prevention, intervention and postvention plans. There is not a lot of funding for this, so provide information to the schools. **Tamara**: Families talk a lot about the stressors the kids have in the spring such as prom, final exams, and college entrance. **Todd Luther**: School can be a stability for many kids and when school ends that stability for youth ends.
- **Jeffrey Dana**: What is the top age in the data? **Peter**: Under 18 years.
- **Justin Sales**: You cannot manage something you cannot measure. It is always helpful to have the information.

ACTION: Meghan Crane will share school Call to Action with Rachel the information.
ACTION: Peter will add complete count of fatalities and patient contact and/or treatment and whether there are continued suicide attempts to future suicide project work.

State EMS and Trauma Systems Program | Amani Atallah, Dana Selover

EMS and Trauma Systems Program Update - Amani Atallah

Warm welcome to new Research Analyst 3, Albert Ramon. Albert is working on a data migration for the Oregon Trauma Registry replacement project.

Last week, the EMS and Trauma Systems Program completed two days of interviews for Administrative Specialist 2 position. This is a new position that will be dedicated to EMS Modernization and advisory board and committees.

Amani will be stepping down to May 17, 2024. Amani thanked everyone for the opportunity to serve them in various capacities. Interviews for new program manager will be conducted soon.

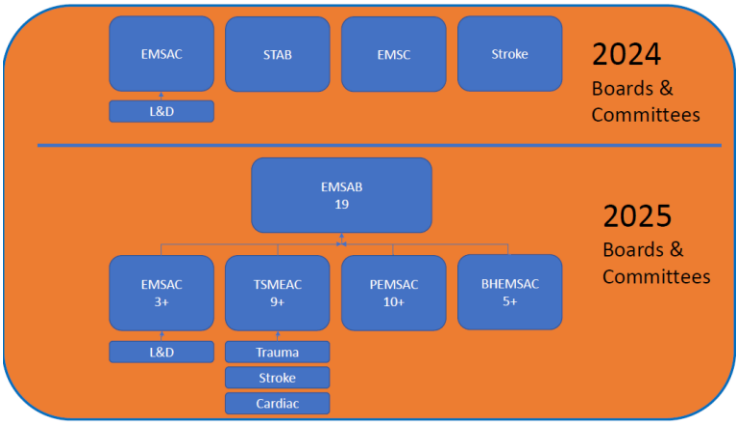
EMS Modernization HB 4081 Implementation Plan Kickoff - Dana Selover

Overview

- Expansion from current trauma statute to time-sensitive emergency (TSE) statute
- Board and committee reorganization including regionalization
- Integrated data systems
- Incentive structure to encourage compliance with TSE and regional plans
- Biennial reports to the legislature

Timeline

- 2024: Applications and appointments for Emergency Medical Services Advisory Board (EMSAB)
- 2025: Existing Board and Committees sunset and the EMSAB and new advisory committees begin. Board and Committee work will include recommendation, review, and approval of state TSE standards.
- 2026: Regional EMSABs meet to determine membership, structure, and bylaws, and followed by the development and new regional plans.
- 2027: New EMS Centers applications and designation. Regional plans implemented. Long Term Care and Senior Emergency Medical Services Advisory Committee begins. Continuous quality improvement.



EMS Centers – hospital specialty services

There will be at least one EMS Center per region. They will be modeled on current trauma system; stroke, cardiac and behavioral health. Voluntary categorization as EMS Center to receive TSE patients. EMS Center standards will be developed, with nationally recognized preferred. Follow state standards in Oregon Administrative Rule and regional plans. Flexibility for hospitals to become compliant and adopt data systems.

Integrated emergency medical services data systems

- Identify current national data standards
- Adopt national standard when available
- Form workgroups to create standards when none exist
- Advise program on implementation of data systems
- Develop and adopt quality measures
- Adopt rules and policies to implement data systems

Implementation Plan

- Board and committee reorganization, including transition from existing structure
- Internal operations startup: draft timelines, assign internal staff, and strategic planning
- Adopt administrative rules
- Outreach and communication
- Assessment of new workload and request for resource needs beyond 2025

Board & Committee Reorganization

- Analysis and mapping old and new structure
- Membership applications and appointments

- Board materials and documents
- Bylaws
- Member orientation and planning
- Maintenance of existing systems and ensure smooth transition

Advisory boards & Committee – Transition Activities

- Membership, bylaws, and subcommittees
- Agendas and timelines
- Review and recommend state standards
- Adopt rules to implement standards
- Advise on implementation of data systems
- Collaborate with and advise other committees
- Support regions in development of plans
- Ongoing monitoring of quality and system improvement

Outreach and Communication

- Communication with current boards and committees
- Enlist medical specialty societies, trauma, stroke, and behavioral health
- Prepare Area Trauma Advisory Boards (ATABs) for transition to regional EMSABs
- Work with new and existing vendors for future data system requirements
- Report progress to partners and legislature

Next Steps

- Communicate implementation plan to partners and ATABs
- Initial operations and transition work
- Ongoing analysis and planning for administrative rules, regionalization, and TSE infrastructure
- Wrap-up for existing boards and committees

Comments/Questions:

- **Christa Schulz**: Will the ATABs still be called ATABs, and will the area boundaries change? **Dana**: The areas may rename, but do not know for sure. The Bill says that OHA will determine the regions. Do not see any reason at this point to change the regions.
- **Tamara Bakewell**: What is Senior EMS? **Dana**: There is a current senior EMS advisory committee over at Oregon Department of Human Services and it is about long-term care interface with EMS.

Public Comments | Chairperson

- **Amber Kroeker**: Randall Children's Hospital is hosting a Touch A Truck health education event on June 29, 2024 at Clackamas Community College Harmony Campus. Nearly 1,000 families participated last year. 40 community agencies will provide health and safety information and resources to families.
- **Sara Garza**: Services Coordinator with Intellectual and Developmental Disabilities Services for Marion County Health and Human Services. Encouraging as much as possible for all families to enroll their children in HERO Kids.

Meeting adjourned: 12:00pm

Next meeting is July 11, 2024

Location: Virtual (Zoom)

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