

Oregon Emergency Medical Services for Children Advisory Committee Meeting Minutes

2024 Quarter 3 | July 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 | Absent w/ Notice |
| SunHee Chung, MD | Physician with pediatric training | Absent w/o Notice |
| Jeffrey Dana | At-large member | Absent w/o Notice |
| 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 (late arrival) |
| 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 | Absent w/ Notice |
| Dana Pursley-Haner | EMS Educator | Absent w/ Notice |
| 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 |
| Adam Wagner, MS | OHA EMS Representative - Secondary | Present |
| Rachel Ford, MPH | Oregon EMSC Program Manager | Present |
| David Lehrfeld, MD | OHA EMS Representative - Primary | Present |
| Dana Selover, MD | HRSA EMSC Grant Point of Contact | Present (late arrival) |
| Oregon Health Authority EMS & Trauma Systems Program Staff | | |
| Julie Miller, Nicole Perkins, Albert Ramon, Peter Geissert | | |

Guest Speakers and Members of the Public

Dilla [surname unknown] (Portland State University student), Debbie Andresen (Cal-Ore Life Flight), Susan Arterberry (Canby Fire District), Frank Ehrmantraut (Polk County Fire District), DeWayne Hatcher (Oregon Health Authority), Kiara Morelli (Oregon Health & Science University nursing student), Kelsey Mounts (Oregon Health & Science University), Brittany Tagliaferro-Lucas (Oregon Center for Children and Youth with Special Health Needs)

Call to Order | Dr. Justin Sales, Chairperson

Start Time: 9:02 a.m.
Committee Roll Call

Committee Membership | Chairperson

The Committee has two 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@oha.oregon.gov.

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: For the next six years, going to be on the executive committee for an American Academy of Pediatrics (AAP) group, Council on Children and Disasters, and want to encourage collaboration and alignment with other groups, especially related to disasters.

Jennifer Eskridge: Currently in busy time for injury prevention outreach education events for the Oregon Poison Center and partners (hospitals, EMS agencies, other community organizations). Recent events: June 22, Safe Kids Day at Oaks Park with local coalitions for Washington County and Portland Metro area. Event used to happen at the Portland Zoo and was suspended during COVID. Unfortunately, an unforeseen prior event at the venue meant lower turnout, but there was great partner engagement on many topics including car seat education, gun safety, safe sleep, window falls, poison prevention, fire safety, and water safety. The following week, June 29, a partner at Randall's put on a Touch-a-Truck event in Milwaukie that was very well attended by partners with huge community turnout. Partners did a fantastic job bringing resources to the event that attendees could take home (e.g., life jackets), which helps with follow-through on prevention. The team continues to bring HERO Kids materials to all events and share about the program. Any specific events to be shared, please reach out so it can be spread to injury prevention networks and distributed on social media. **Justin Sales:** Any upcoming safety events or educational opportunities that the group may be interested in hearing about? **Jennifer:** "Safety Towns" are camps put on for preschoolers, typically administered by local municipalities, usually a week or two long, to have preschoolers learn about safety topics with visitors from municipal departments. Kids also learn about calling 911. Huge increase in requests for these camps this year – at least four municipalities are running them, several with multiple camps each. Good to see interest from families. Additionally, Yakima Valley Farm Workers Association is hosting a series of health fairs in several locations. Can share details if requested. Oregon Poison Center will be attending in August. The organization provides basic medical and dental work during the fairs, and also shares safety information. They reach many low-income and Spanish-speaking families.

Matthew House: Around Memorial Day, the agency held a successful collaborative event with PeaceHealth Peace Harbor at the sand dunes, an area with frequent recreational injuries from all-terrain vehicles (ATVs). Helmets, protective gear, rider safety information, and hotdogs were distributed.

Kelly Kapri: Working to provide Prehospital Trauma Life Support (PHTLS) and extrication training in rural areas, and will continue through next year. Anyone interested is encouraged to reach out.

Todd Luther: Planning for the hospital's annual Kids Safety Day that will be held this year at a supermarket across the street. Typically, there are 600-800 attendees, though hoping for more.

Danielle Meyer: No updates to share.

Justin Sales, MD: A provider at Randall Children's is a strong advocate and secured grant funding to continue to distribute trigger locks. The trigger locks are made freely available in the emergency department waiting room so that families can grab them with instructions, without having to ask. Proud of the provider and initiative.

Christa Schulz, MD: At the last meeting, had discussed Bend's MRI going down and the move to a mobile MRI machine starting July 19. MRI services will be limited. The planning team has adjusted so there will be more capacity for critical patients than previously expected, which will hopefully result in fewer transfers to Redmond. Most outpatient and stable sedated MRIs will be done in Redmond. For pediatrics, going to get update tomorrow but current understanding is that the mobile unit will not scan any patients under age two, so team will be discussing feasibility for transfer, especially in higher-acuity cases (e.g., osteomyelitis and seizures). In the next few months, the area may need more transfers to Portland to get patients adequate care. **Justin Sales:** Any time expected without MRI access? **Christa:** No. The mobile unit should arrive next week. There will be a training period, then it is going live the same day the stationary machine is going down. Most requests will have to go through radiology to determine if other imaging modalities can be used instead.

Jill Shipley: Things are picking up in the trauma world over the summer, as usual. Legacy's EMS conference on trauma will be held November 5 and 6. First responders, EMS partners, and others interested can sign up through Legacy: [Legacy Trauma EMS Symposium](#).

ACTION: Jill will send information about the EMS conference on trauma to Rachel Ford to distribute.

Rachel Ford: Tamara Bakewell was recognized at the national level for ten years of work as a Family Representative. She is unable to be present today, but the committee would like to express how happy the community is to have her serving in this role. Rachel also introduced Nicole Perkins, new Administrative Specialist for the OHA EMS & Trauma Systems Program, who will be supporting EMS for Children along with other projects.

Approve April 2024 Minutes | Chairperson

April 2024 minutes were reviewed. No changes noted.

Motion to approve minutes as written: Matthew House

Second: Christa Schulz

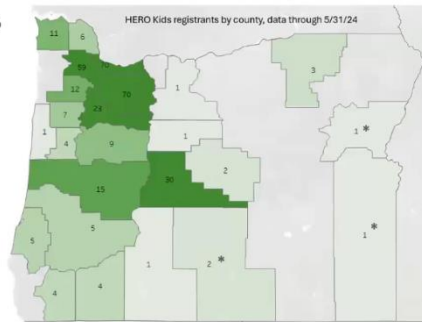
All in favor, none opposed. Motion carried.

Children and Young Adults Registered

Data Through 5/31/24

- Registrants reside in 25 of 36 counties

- 3 of 25 are Frontier*
- 22 of 25 are Rural
- Includes all Urban Centers



- **Registration:** April 2024 was highest month to date with 29 forms. As of May 31, 363 children and young adults registered.

- **County distribution of registrations:** 25/36 counties (2 more since last meeting), 3 frontier counties, 22 rural counties, includes all urban centers.

- **Emergency Department Information Exchange (EDIE) Alerts:** alerts are generated for patients registered with HERO Kids, and alerts peaked in April at 23 notifications.

- **Reminder for the Oregon Registries for EMS (OREMS) app:** it allows direct access to both the POLST registry and HERO Kids. Requests from agencies for app access have slowed; please encourage agencies to sign up.

- **Utilization of the app:** agencies are using OREMS regularly for HERO Kids searches, 80-100 per month starting in January.

- **Social media campaigns:** ads have been viewed more than 1.3 million times (original and new campaigns combined). Feel free to share for posting on other accounts.

- **New Marketing:** HERO Kids will have new offline marketing including digital billboards and posters on the Interstate-5 (I-5) corridor, Klamath Falls, and in the Gorge. Also working to increase digital presence via Google Ads that will run in late summer and fall. Also working with hospitals to include HERO Kids information on inpatient video screens. Legacy hospitals have information live; OHSU is working on similar integration. Will be working with other interested hospitals.

- **Education update:** thanks to the Oregon Family-to-Family Health Information Center (F2F) and community education partners for getting the word out.

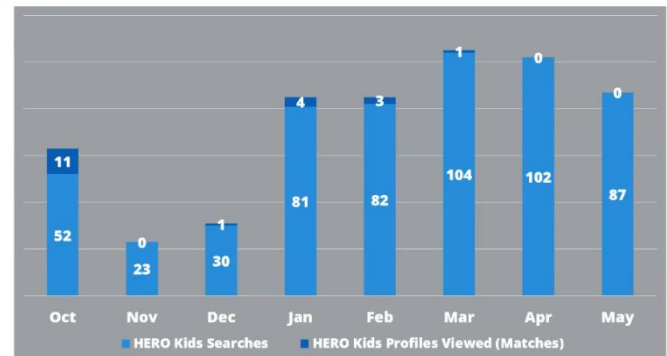
- **Inaugural program report:** released today; it is on the [program website](#). HERO Kids team is hoping to share broadly; reach out with distribution ideas.

- **Request:** HERO Kids team asked the committee to share information, encourage sign-ups, help connect with others.

Comments/Questions:

- **Justin Sales:** Program is exciting to hear about during its development and implementation, and grateful for what it provides for those working on the frontline with kids. Was the April uptick in submissions related to specific outreach in March or during April that was particularly successful?
Brittany: Mostly due to Tami Bakewell and her team at Oregon F2F; they were out in force this

OREMS App HERO Kids Registry Searches, 10/07/23-5/31/24



spring at community events which helped drive registration. **Justin:** One more reason the committee wishes Tami were here, to highlight what a powerhouse she is for this movement.

- **Jennifer Eskridge:** Regarding EMS agencies, the presentation mentioned a drop-off in sign-ups. Are there communities where this slowed down or that are needing more focus? Are there areas committee members could help reach out to? **Brittany:** Dr. Abby Dotson manages OREMS app registrations and would have more information as to what areas of the state or regions need additional outreach. **Jennifer:** Since the committee is so well-networked and supportive, it might be good to have a list of communities that may need help. **Brittany:** Dr. Dotson could pull something together, at least a list of who currently has accounts and then can glean who is missing. **Rachel Ford:** Already have a cleaned-up version of that list, happy to share with the committee. **Jennifer:** Congratulations to Brittany for the work on this; the social media numbers are impressive.

ACTION: Rachel to share list of agencies with OREMS accounts with committee members.

- **Christa Schulz:** Previously discussed that there were going to be emergency protocol letters integrated into the system. Any updates on that? **Brittany:** Template is in its final stages. Going to run by OHSU legal and then it will be released as a paper form and fillable PDF. Integration with the platform itself may come later if additional funding can be secured for platform updates.

EMSC Program | Rachel Ford

Prehospital Pediatric Readiness Project (PPRP) Assessment

EMS transport agencies have until July 31 to complete the PPRP Assessment. As of June 27, 50% of Oregon EMS transport agencies (62/124) have completed the assessment. At that time the national response rate was 30%. Given that this is the first time this assessment has been rolled out, this will provide baseline data. Strong work, Oregon EMS – expectation was 20-30% response rate, so 50% is surpassing expectations. If agencies have questions about the assessment, they are encouraged to contact Rachel Ford at rachel.l.ford@oha.oregon.gov. For tools to improve pediatric readiness, visit the Prehospital Pediatric Emergency Care Coordinator section of the EMSC website, www.oregonemsc.org.

Baker City OB Simulation

In May, Rachel supported a mother and newborn progressive scenario simulation in Baker City. This was an effort to support EMS and hospital providers following the closure of the Saint Alphonsus Labor & Delivery unit. There were 14 participants for the pre-simulation education on intubation, intraosseous vascular access (IO) placement, needle decompression, JADA placement (used for severe hemorrhage), rapid infuser, and umbilical vein access. On the following day, there were 17 EMS and emergency department participants for the simulation. The simulation started with a home birth delivery, followed by a call to 911 and care of both mother and child in the emergency department. The child was transported via ambulance and the mother was transported via private vehicle. The mother was hemorrhaging, and the baby had multiple complications that required advanced care. This was the first time adding an education component on the day before the simulation, which allowed participants to get hands-on practice with equipment. Oregon Health Authority's Health Security, Preparedness, and Response Program (HSPR) paid for the simulation, which was much appreciated.

Pediatric Readiness Program

The May education session, *Pediatric Readiness in the Emergency Department: Does it translate to better outcomes?*, was presented by Dr. Beech Burns. There were 56 participants from hospitals, clinics, school districts and more. The recording and slides are available at www.pedsreadyprogram.org.

[Registration](#) is open for the August 15 1200-1300 education session, that will cover two topics and be co-presented by Dr. Laura Bliss and Dr. Alison Christy: *Pediatric Seizures in the Emergency Department & An Increase in Pediatric Emergency Room Visits for Headache: Why Is This Happening and What Can*

We Do? CME for physicians and CE for nurses and other medical professionals is available. Archived sessions are posted on the Pediatric Readiness Program Education page, www.pedsreadyprogram.org.

Pediatric Emergency Preparedness Workshop

Rachel conducted a workshop in Astoria before the last quarterly meeting. The May workshop in Tillamook was a success. There were 20 EMS & hospital participants. Feedback was positive, and the team has made a few adjustments for the next round of workshops. The team is looking at November dates and has connected with a few locations in the Salem area for upcoming workshops and may try running both workshops on the same day to decrease travel time and expense.

Prehospital Pediatric Recognition Program

Brief update on the prehospital pediatric recognition program. Rachel is working with Nicole to develop a Smartsheet-based application. Rachel is also developing Peds Ready EMS Application Process and Program FAQ documents and hopes to have materials ready to present by next quarter.

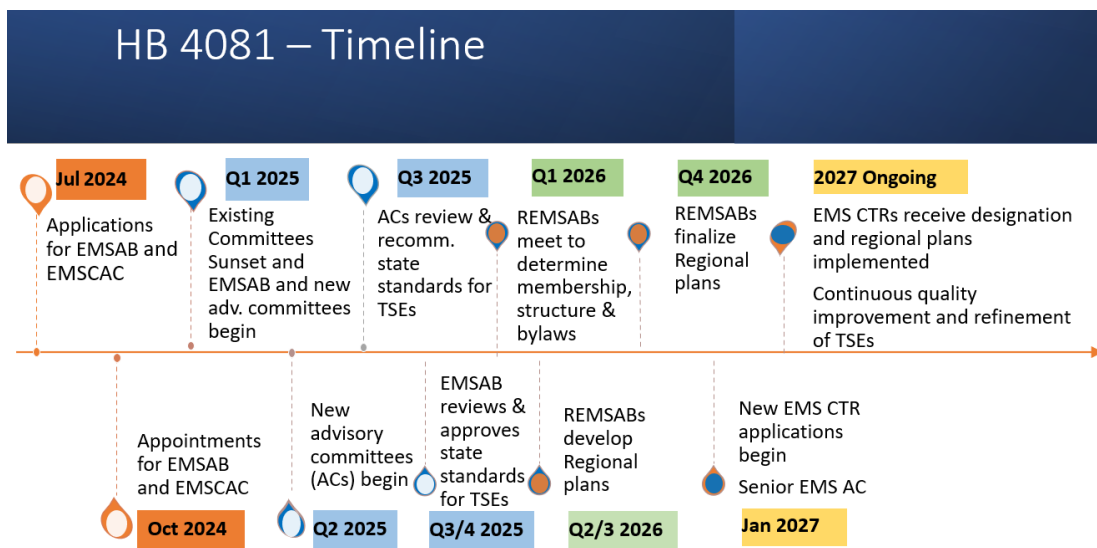
Comments/Questions:

- **Justin Sales:** Appreciate all the work of the Oregon EMSC Program but especially education work in the community, which is nice to do in-person. **Rachel:** With the Pediatric Readiness Program, have been hearing more from hospitals about requests for education initiatives they need but do not have time to create, and it is fun to share available resources that have already been created.

EMS Modernization Rollout | David Lehrfeld, Dana Selover, Rachel Ford

Overview - David Lehrfeld and Dana Selover

House Bill 4081, the EMS Modernization Act, has been in the works, at least as an idea, since 2006. Previous unsuccessful attempts to pass legislation in 2011 and 2021, but it passed in 2024 near-unanimously, and about 70 different organizations were involved. It directs the Oregon Health Authority (OHA) to expand the current trauma system to include other time-sensitive emergencies, mentioning some specifically – stroke, cardiac, pediatrics, behavioral health – but also gives broad direction to create others as needed. The bill reorganizes boards and committees. It directs OHA to implement integrated data systems, which have been in-progress for a while. The bill also mentions a nebulous and to-be-determined incentive structure with potential grants for performance improvement. It also requires biannual reports to the legislature.



“EMS centers” are hospitals with specialty services; also known as regional hospitals. Required to have at least one per EMS region. At first the EMS regions will be synonymous with the Area Trauma Advisory Boards (ATABs), because the ATABs were built on natural referral patterns. Each ATAB has a Level I or II trauma center, which is often the stroke and cardiac center as well. Like the trauma system, EMS centers will have the opportunity for voluntary categorization. The bill requires adoption of national standards for categorization where they exist. Once standards are recommended, they will be put into rule. There is some flexibility for hospitals to adopt data systems. Collecting data and doing performance improvement is part of categorization/designation.

Conceptual integration of data systems: just as is done now, various data sources are used to make different products. Where possible, required to identify and use national data standards. If there are no national standards (e.g., behavioral health), committees will have to create standards and advise the EMS Advisory Board on their implementation, including quality measures. National standards come with quality measures built in, but others will need to be developed.

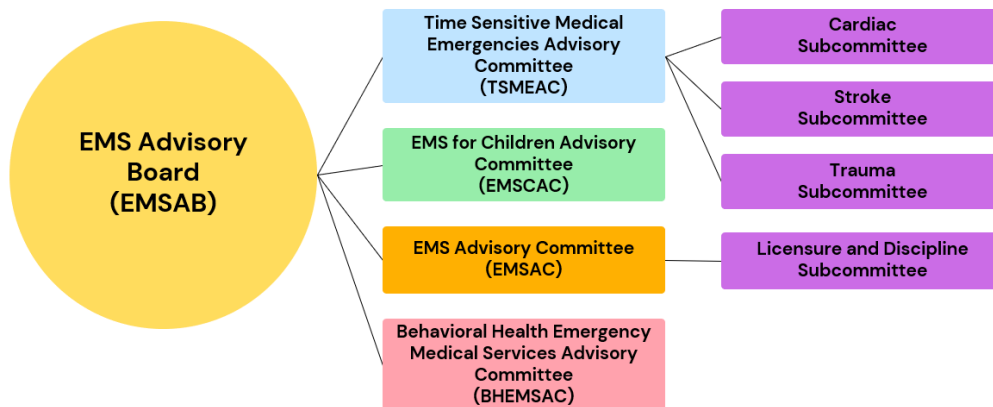
2024-2025 will be busy. EMS for Children work will continue; NEMSQA performance measures, education work, etc. will be ongoing. But there will also be discussion of new work: voluntary recognition for EMS agencies and hospital emergency departments. Standards will have to be adopted and put into rule, and the committee will need to come up with a categorization process.

Dr. Lehrfeld, Dr. Selover, and the EMS & Trauma Systems Program team are doing outreach and communication to community partners and persons involved in and impacted by the bill. Data team is reviewing potential new data systems. For the 2025 legislative session, going to update on progress for the 2024 bill and provide input on further changes for phase 2.

EMS Modernization: Board, Advisory Committees, & Subcommittees - Rachel Ford

Starting in 2025, there will be a new EMS Advisory Board, which will be chaired by Dr. Lehrfeld. There will be four advisory committees: Time-Sensitive Medical Emergencies, EMS for Children, EMS, and Behavioral Health. There will also be four permanent subcommittees: Cardiac, Stroke, and Trauma housed under Time-Sensitive Medical Emergencies, and Licensure & Discipline under EMS. Other subcommittees may be added as needed. Each advisory committee and subcommittee will feed information to the EMS Advisory Board.

2025 EMS Modernization Board, Advisory Committees & Subcommittees



In 2026, there will be seven Regional EMS Advisory Boards replacing the ATABs. In 2027, the Long-Term Care and Senior Care EMS Advisory Committee will be migrating to OHA as a transition from the Senior EMS Advisory Council currently housed at the Oregon Department of Human Services.

The board and advisory committees will go through the process of appointing new membership. All of those currently serving on boards and committees will have the opportunity to apply. There will be a new application portal. All applicants must submit a resume or CV and a letter of interest. Members are eligible for two consecutive four-year terms, but EMS Advisory Board members will have staggered first terms, one to four years in length, to avoid the full board membership turning over all at once. After 2025, all appointments and reappointments will be for four-year terms.

Rachel provided a demonstration of the EMS for Children Advisory Committee application form, which has moved to a Smartsheet template. At this point, all appointments are new appointments. For EMS for Children, the committee seats listed on the form are the committee seats in statute.

Each advisory committee will have a minimum of one representative that will be an appointed member to the EMS Advisory Board. There are nineteen positions for the EMS Advisory Board including Dr. Lehrfeld as chair. There are quite a few new positions not on current EMS and Trauma Systems Program boards and committees. EMS and Trauma Systems staff have been developing a document to explain the positions and qualifications.

Several EMS for Children Advisory Committee positions were listed in statute. They are the seven federal grant required members. There are also two additional physicians specializing in treating pediatric emergency patients and a patient equity organization or academic professional specializing in health equity. During the first meeting in 2025, the new EMS for Children Advisory Committee will draft bylaws that will likely include additional members, including some positions on the current EMS for Children Advisory Committee not covered in statute. Once the bylaws are approved by the EMS Advisory Board, those additional members will be recruited and appointed.

For those who are interested in participating in the EMS for Children Advisory Committee or EMS Advisory Board, the application portal opens on Monday, July 15. Communication will be sent out that day to all existing committee and board members with instructions on how to apply. Other advisory committees and subcommittees will have their application portals opened in February of 2025.

Timeline

EMSAB and EMSCAC:

- Application portal opens July 15, 2024.

EMSAB:

- Application period closes August 16, 2024.
- Applicants will be notified by September 30, 2024.

EMSCAC:

- Application period closes October 31, 2024.
- Applicants will be notified by November 27, 2024.

TSMEAC, EMSAC, BHEMSAC, and the subcommittees:

- The application portal opens February 17, 2025.
- The application period closes March 3, 2025.
- Applicants will be notified by March 26, 2025.



Starting in 2025, there will be an updated meeting schedule. There have been ongoing conflicts with January meeting dates due to national conferences. The new schedule will be February, May, August, and November. Meetings will run Tuesday through Friday; EMS for Children will continue to meet

Thursday mornings, 0900-1200. For 2025, only the EMS Advisory Board and EMS for Children will meet in February, and the other committees and subcommittees will start meeting in May.

Comments/Questions:

- **Carl Eriksson:** What will be the interaction between the EMS for Children Advisory Committee and Time-Sensitive Medical Emergencies? Will there be pediatric representation for Time-Sensitive Emergencies, or will time-sensitive pediatric emergencies mainly be a pediatric issue? Could risk creating the impression that there are not pediatric time-sensitive emergencies. **Dana:** Fully expect there to be overlap, as there is now. The EMS Advisory Board will have those discussions. Glad to have input. **David:** Committee structures can be sliced and diced many different ways. This is how it emerged, partly from the federal grant and also given that 70+ organizations gave input to the bill. Expecting that there will be some advising on pediatric trauma, probably less so for cardiac and stroke given their low prevalence in pediatric populations. Having separate pediatric and time-sensitive emergency committees is where a large group of stakeholders landed, because pediatrics touches so much. Not perfect, but it was agreed on by the legislature.
- **Christa Schulz:** Regarding the pediatric designation system, with trauma designations there are levels with specified referral patterns under certain criteria. Do you foresee there being something similar for pediatrics? Will hospitals have to accept patients that they did not have to before, or will referral patterns change? How do you foresee that working? **David:** Years away from that. Pediatric specialists that were part of forming this bill said they had a distinct idea of what pediatric hospital accreditation is. It will be the job of the advisory committee to determine; it will likely not be analogous with the trauma system, which took a long time to get where it is now. Mission for the first year is to look at national standards, decide what to adopt, and decide what initial standards will be for agencies and hospitals. Building statewide systems for pediatric care will evolve over years. **Dana:** Rachel has information from colleagues about what other states are doing. There are some national standards for recognition. Recognition, accreditation, categorization, etc. are synonymous and used interchangeably. Rachel prefers recognition because it is used nationally. Rachel has tools to help. **Christa:** It will be interesting. **Dana:** Reminder that it will be voluntary and built collaboratively.
- **Christa Schulz:** Thinking through Emergency Medical Transfer and Labor Act (EMTALA) requirements versus pediatric designation, obviously not turning kids away, but for hospitals that do not have a voluntary pediatric designation, will there be pressure to send patients elsewhere to a hospital that has one? **David:** Trauma system does not invoke mandatory EMTALA obligations; they are separate. Trauma transfers are frequently refused because hospitals must have capability and capacity to deal with the patient. The emergency medical community has wanted to do this for years: it enables analysis of gaps to help increase ability to care for patients with additional assets. It will be fun with regionalization to examine capabilities as a state. **Christa:** Categorization has good potential to help with pediatric readiness as well, because the criteria will likely overlap. **Rachel:** Emphasis will still be on everyday pediatric readiness for all hospitals. Data shows that is most beneficial and supports better patient outcomes. **Justin Sales:** Conceptually, the idea is very exciting and likely to lead to improved outcomes. Data from pediatric readiness shows that increased readiness lowers morbidity and mortality. For states that have done similar programs, particularly voluntary recognition, it has not significantly shifted their referral patterns but has helped encourage facilities that are enthusiastic about improving their pediatric care by providing guidelines. Committee will be in a unique position to help define guidelines based on existing data and available joint policy statements. For facilities it is very internal, giving momentum and something to strive to given individual geography and patient populations, rather than focusing on transfer. There will be a lot of fun conversations coming up, especially after pediatric readiness work for the past decade. **Rachel:** Bill has voluntary categorization for both EMS agencies and hospital emergency departments that meet pediatric readiness criteria, essentially Health Resources & Services Administration (HRSA) guidelines. Working with a nationwide collaborative on parameters both on the prehospital side and on the hospital side. Have basic requirements from performance measures manual from HRSA but want to refine, based on lessons and changes from states that have had programs for a while.

Dipping toes in the water with drafting prehospital readiness because it is slightly less complicated. This committee, current and future, will shape what it ends up being.

- **Jennifer Eskridge:** Is this last meeting for this committee as it stands? **Rachel:** No, the last meeting is in October. Still good through the end of the year. For example, Todd's term was expiring at the end of July, and just got reappointment for August 1 through December 31. Everyone interested in continuing to serve is encouraged to apply. Some positions currently on committee are not on the list of positions in statute but are likely to be added in bylaws once discussed and approved by the board in February. Will reach back out to people to apply once additional positions are approved and added. Those who fill the additional positions will have their first meeting in May 2025. **Jennifer:** Thanks for clarifying. Proceeding for rest of this year, and new positions listed in presentation have applications open next week? **Rachel:** Yes, applications open Monday, July 15.

State EMS and Trauma Systems Program | Dana Selover, Adam Wagner

Introduced Adam Wagner, new EMS and Trauma Systems Program Manager. Adam has been with the program for about a month and joins during exciting changes for EMS modernization. Adam worked in Oregon Health and Science University's paramedic program for over a decade and served as their program director. He has also been involved in research with Dr. Matt Hansen, who frequently presents to this committee.

Legislation & Rules - Dana Selover

Reference: [OHA EMS and Trauma Systems Quarter 2 Report](#)

Legislation:

- Senate Bill 1552: Prequalification background check for students. There will be a staff position to support this for EMS licensees.
- House Bill 4136: For Lane County to do innovation around emergency and urgent care, as a result of the loss of PeaceHealth Sacred Heart Medical Center University District. Plan is to look at options around appropriate locations for patients given emergency department capacity issues. Indirect impacts for pediatric resources. Lane County will write a report, including models that may be interesting for other counties and statewide. OHA EMS and Trauma Systems Program is monitoring from a regulatory perspective for things that are licensing-adjacent, and will give system-level feedback on applicability outside of Lane County. **David Lehrfeld:** Grant went to Lane County Public Health; they released two requests for proposals (RFPs), one for a nurse triage line and the other for alternate response and destinations with flexibility in personnel for lower-acuity calls. **Dana:** It may be of interest in terms of destinations for pediatric patients. Dr. Alicia Bond and her team in Southern Oregon are doing interesting things as well to use resources more efficiently. Everyone is looking for solutions to use resources more wisely.

Rules:

- Exhibit 4 from trauma rules currently under review by Rule Advisory Committee.
- EMS provider initial education rules going out for public comment soon.
- Ambulance service and ambulance vehicle rules include some interesting pediatric considerations which Rachel Ford is following.
- Trying to have all current updates in place by end of year to focus on new boards/committees. Urgent changes needed for ambulance service plan rules as well, hopefully also by end of year, with minimal pediatric consequences.

EMS and Trauma Systems Program - Adam Wagner

- Professional Standards Unit finished Emergency Medical Responder (EMR) license renewals.
- All Paramedic and Advanced EMT (AEMT) psychomotor tests and retests were completed, creating a clean slate for the new testing process that started July 1 based on changes with National Registry. For EMS provider courses at all levels, a new testing process will be starting for the 2024-2025 academic year: a competency-based education program will replace psychomotor testing.
- Data team is making progress with the National EMS Information System (NEMSIS) 3.5 transition. Still in contracting phase with ImageTrend for the Oregon Trauma Registry.

Public Comments | Chairperson

None.

Meeting adjourned: 10:55 a.m.

Next meeting is October 10, 2024, 9:00 a.m. to 12:00 p.m.

Location: Portland State Office Building, 800 NE Oregon St., Room 177, Portland, OR, 97232

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