Oregon Emergency Medical Services and Trauma Systems Program
UPDATE
January 2008

The Oregon Emergency Medical Services (EMS) and Trauma Systems Program office is open Monday through Friday, 8 a.m. to 4 p.m. We’re located in the Portland State Office Building, 800 NE Oregon Ave., Suite 465A, in Portland.

Statewide EMS Mass Casualty Incident Plan

As indicated last month, development of the long-awaited State of Oregon EMS Mass Casualty Incident Plan, is under way. Oregon has not had a single document outlining roles and responsibilities of the various components of our EMS system during a natural disaster or other large-scale events. Development of the plan is a cooperative effort between Oregon EMS and Trauma Systems Program and the Office of Rural Health at Oregon Health & Science University. Technical consultants Shawn Baird, Justin Dillingham and Denise Giard have been retained to assist in developing and writing the plan.

The completed plan will provide a blueprint for use during large-scale disasters that require more EMS resources than locally available. In order to create a useful, workable plan, we need the input and expertise of all our colleagues in EMS, as well as other emergency service providers. You can help in any of these three ways:

1. **Submit** any current disaster or MCI plans being used in your area to emsplan@gmail.com.

2. **Participate in a planning meeting.** We are planning a series of four meetings to work on the plan and allow for your input. Meetings will be held in regions across the state and scheduled for spring 2008. Invitations will be sent soon, and we hope all EMS agencies and hospitals are able to participate.

3. **Provide input from your group.** If you are a member of a group or department such as ATAB, informal regional EMS providers, a county fire defense board, hospital or other interested organization
and would like to have one of our consultants attend a meeting to
gather input, e-mail details to emsplan@gmail.com, and we will try to
arrange it.

For additional information, contact the technical consultants (Shawn Baird,
Justin Dillingham and Denise Giard) at emsplan@gmail.com.

**Oregon EMS data collection projects**

Work continues on the two data collection projects mentioned last month. More specific information will be available soon. Will Worrall and Donald Au traveled to Minnesota earlier this month to learn more about the ImageTrend product as a part of the pilot project. **If you have specific questions, contact Will Worrall, prehospital data systems coordinator, at 971-673-0536 or william.h.worrall@state.or.us.**

**EMT regulations**

The EMS and Trauma Systems Program is finalizing draft regulations following public hearings held in November and December. We will announce when the regulations are adopted. We are planning for a February 1, 2008 implementation date.

**EMS program activities**

In December, 14 new ambulances were licensed, 24 fingerprint background checks were conducted and 107 Law Enforcement Data System (LEDS) Oregon background checks were processed. The program received 11 new complaints and opened three new investigation files. The EMS/Trauma Systems Director placed one certificate holder on suspension, accepted one voluntary surrender and placed one individual on probation. Two investigations were closed.

The Prehospital Standards Unit passed an Agency Law Enforcement Data System audit in December.
A paramedic exam was conducted Jan. 5, 2008. Thirty candidates completed paramedic testing. A big thank you to Portland Community College for hosting the exam, along with Gregg Lander, National Registry representative, and the 22 evaluators and five assistants who assisted with the exam. The next paramedic exam is scheduled for July 2008.

**National EMS advisory council named**

The National Highway Traffic Safety Administration (NHTSA) announced the appointment of 25 individuals to serve on the newly established National Emergency Medical Services Advisory Council (NEMSAC). The council’s purpose is to provide advice and counsel to the Department of Transportation on national emergency medical services initiatives, while offering a forum for the non-federal deliberation of national EMS issues. Oregon’s EMS Medical Director, **Ritu Sahni**, MD, MPH, was among the 25 appointees. Sahni said he is greatly honored by the appointment and looks forward to participating on the council. Sahni also serves as a faculty member and emergency room physician at OHSU and Medical Director for Lake Oswego, Ore.

**Kyle R. Gorman**, MBA, EMT-P, executive officer of Clackamas County (Oregon) Fire District #1, also was appointed to the council.

**EMS medical directors information update**

We are updating information in our database related to EMS medical directors at Oregon EMS agencies. Please e-mail Will Worrall (william.h.worrall@state.or.us) with the following information:

1. Name of your EMS organization
2. Name of your EMS medical director (if more than one, identify each physician)
3. EMS medical director’s phone number
4. EMS medical director’s address
5. EMS medical director’s e-mail address
EMSC 2007 rural provider training grants awarded

The Emergency Medical Services for Children program awarded nine pediatric training grants to rural providers. The grants will help provide Pediatric Education for Prehospital Providers (PEPP) or Pediatric Advanced Life Support (PALS). The awards were based on need, criteria met and collaboration with other agencies. The nine agencies are:

Blue Mountain Hospital District
Jefferson County EMS
La Pine Rural Fire Protection District
Molalla Fire District 73
Newberg Fire Department
Sherman County Ambulance
Tillamook County General Hospital
West Valley Fire District

EMSC Hospital and Prehospital Survey Request

Oregon is required to conduct a survey of its Oregon hospitals and EMS providers in order to measure the effectiveness of the EMS for Children program. This is part of a national effort to reach federal performance measures. The performance measures evaluate the capacity of a state to provide pediatric emergency care at the scene of an emergency, including the ability to provide on-line and off-line pediatric medical direction and the availability of pediatric equipment, and the capacity of hospitals to identify and transfer pediatric patients who exceed their capacity.

The 2006 performance measures were analyzed by the National Emergency Medical Services Data Analysis Resource Center and reported to each state. Oregon’s results are available at: http://www.oregon.gov/DHS/ph/ems/emsc/index.shtml

Surveys will be sent by the end of January 2008. If you have specific questions or need assistance, contact Philip Engle, EMS-C program manager, at 971-673-0525 or philip.p.engle@state.or.us.
Upcoming Events

Supervising Physicians Forum
The date for the Supervising Physicians Forum has been changed to Friday, April 25, 2008, in Eugene. The one-day NAEMSP Medical Director’s course has been changed to Thursday, April 24, in Eugene. Contact Ritu Sahni, MD, MPH, for confirmation and details at 971-673-0631 or ritu.sahni@state.or.us.

Symposium on health outcomes for strokes
Friday, May 30, 2008 is the date for the symposium Acute Stroke and Acute Myocardial Infarction: Pre-hospital & Emergency Departments Working Together to Establish Systems of Care to Improve Health Outcomes. The event will bring together EMS supervising physicians, cardiologists, neurologists, hospital emergency department managers/administrators, EMS agency managers and others to share experiences, learn about STEMI triage programs and discuss how these ideas might apply to stroke care. The symposium will be held in Eugene.

19th Annual Northwest States Trauma Conference
Oregon Health & Sciences University Trauma Program has scheduled the 19th Annual Northwest States Trauma Conference in Sunriver, Oregon. Information is available on the website: http://www.ohsu.edu/trauma/education/nwstc/

2008 Oregon EMS Conference
The Oregon EMS conference has been scheduled for Oct. 10-12, 2008, in Bend. A Supervising Physician’s Forum also is scheduled for Friday, Oct. 10 during the conference. The Emergency Medical Services for Children program is sponsoring a 4-hour preconference with Pediatric Simulation Training.

EMS Week 2008 planning
EMS Week 2008 is May 18-24, 2008, with May 21 designated as EMS for Children Day. The slogan for 2008 is “EMS: Your Life is Our Mission.”
Are you up for the challenge?
A call to action from Shelley Shute, certification coordinator

Over the years I met many interesting, wonderful EMTs who have made a difference in the Oregon EMS community. From those and other meetings, I heard from many EMTs who have put their certification to work at home and abroad. Those conversations inspired me to launch the series “What are you doing with your certification?” The series showed the diversity of the evolving EMT role.

Now I want to challenge you again. The question is, “How are you working with the state EMS office to further your profession?” Although EMTs are some of the busiest people I know, we still need your involvement. The good news is there are easy ways to get involved, and you can do it right in your own community.

Each exam needs evaluators and certifying officers to administer the exams. We are planning to train exam evaluators and certifying officers, and we’re looking for new recruits. Are you interested? Watch for a postcard that will be mailed to all EMTs within the next few weeks for details on how to apply.

EMS for Children Day is another easy way to get involved with your community. This year’s date is May 21. Wouldn’t it be wonderful to have EMTs in every school talking to the kids about injury prevention? Children of all ages can benefit from learning how to prevent injuries, whether they’re playing on the playground or skateboarding. By also discussing how kids can assist during an emergency, you can give them important information and send a powerful message. For more suggestions and support with making the most of EMS for Children Day, call Phillip Engle, EMS for Children program manager, at 971-673-0525.

Those are just two ways you can become involved with the state EMS office and promote your profession. We would love to hear from you and get you involved.
Tax credit for volunteer EMTs

The Oregon Department of Revenue offers a tax credit for EMTs who volunteer their services to rural Oregon communities. The application process is done through the Office of Rural Health at Oregon Health & Science University. To be eligible for the credit you must be an EMT licensed in Oregon and providing some services on a volunteer basis.

To obtain an application for the tax credit, visit: http://www.ohsu.edu/ohsuedu/outreach/oregonruralhealth/providers/taxcredit/provider_tax_credit_emt.cfm, or contact Eric Jordan at 866-674-4376 or jordane@osu.edu.

NCSL publishes report on EMS in rural America

The National Conference of State Legislatures has published “EMS in Rural America,” a report summarizing its 2007 conference to inform policymakers about the challenges facing emergency medical service providers in rural America. The report covers challenges to the rural EMS system and strategies for improvement. Download the report at: http://www.nasemso.org/documents/EMSinruralamerica-g.pdf.

New CDC study finds 5.5 percent increase in injury mortality (1999 to 2004)

National injury death rates rose more than 5 percent after a two-decade period of decline, according to a study released by the Centers for Disease Control and Prevention (CDC) in the Dec. 14, 2007, “Morbidity and Mortality Weekly Report.” The statistics report the injury mortality death rate from unintentional and intentional intents. Unintentional sources include motor vehicle-related incidents, poisoning and falls. Intentional injuries occur as a result of suicides from firearms, poisoning and hanging/suffocation, as well as homicide and death from legal intervention.

From 1999 to 2004, unintentional injury and homicide rates decreased for persons less than 20 years, while the greatest increases in death rates for unintentional injury, suicide and homicide occurred among persons aged 20-
29 and 45-54 years. Unintentional injuries, suicides and homicides decreased for those aged 70 years and older.

Between 1999 and 2004, the unintentional injury rate for persons between the ages of 45-54 years increased 28.0 percent, largely as the result of an 87.0 percent increase in the rate for poisoning deaths, which includes prescription drug abuse. During 2002-2005, the illicit use of drugs other than marijuana by persons aged 18-25 years increased from 7.9 percent to 8.8 percent. Illicit use of such drugs did not increase for all persons aged 26 years and older, but did increase from 2.7 percent to 4.4 percent among those aged 50-59.

To view the full report, go to:  
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5649a1.htm

**CDC releases study on effectiveness of BTF guidelines**

The December 2007 issue of the “Journal of Trauma: Injury, Infection, and Critical Care” features a study conducted by the Centers for Disease Control and Prevention (CDC) on the effectiveness of adopting the Brain Trauma Foundation (BTF) in-hospital guidelines for the treatment of adults with severe traumatic brain injury (TBI). The BTF guidelines for in-hospital care were developed more than 10 years ago. Companion guidelines for prehospital care were prepared with the support of the National Highway Traffic Safety Administration (NHTSA) and issued later. Although disseminated widely, these guidelines need far greater implementation. For more information, visit the Brain Trauma Foundation’s Web site at www.braintrauma.org or the CDC’s section on TBI at www.cdc.gov/ncipc/tbi/TBI.htm.
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