



MINUTES OF CLACKAMAS COUNTY
EMERGENCY MEDICAL SERVICES COUNCIL MEETING

July 24, 2018

Members Present:

Bill Conway, Clackamas Fire, Chair
Sarah Eckman, Disaster Management
Richard Newton, Gladstone Fire
Dr Warden Warden, M.D.
Mark Spross, CCOM

Sean Stone, M.D.
Matt Dale, Canby Fire
Sarah Eckman, DM
Steve Dehart, L.O Fire

Members Absent:

Jason Mahle, AMR
Vince Stafford

Phil Moyer

Guests:

Mohamud Daya, M.D
Brent VanKeulen, TVF&R
Josh Santos, CCFD1
Sue Scobert, LOCOM
Brent VanKeulen, TVF&R

Dan Hall, AMR
Chris Lake, Kaiser Permanente
Justin Gold, AMR
Cyndi Newton, AMR

Staff:

Richard Swift, Clackamas County Health, Housing, and Human Services Director
Philip Mason-Joyner, Clackamas County Public Health, Operations Manager
Jack Nuttall, Clackamas County Public Health, EMS Coordinator
Dr Ritu Sahni, M.D., Clackamas County Public Health, EMS Medical Director
Sherry Olson, Clackamas County Business Services Manager
Sarah Present, M.D., Clackamas County Public Health Officer
Apryl Herron, Clackamas County Program Coordinator

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- Chair Bill Conway called the meeting to order at 0904. Quorum present.
 - Introductions: Council members identified and introduced themselves. Each guest introduced themselves.
 - Additions / Deletions / Acceptance of Agenda: Agenda approved, with addition of a 'lift assist' discussion in the Ops committee section.
 - Approval of Minutes from July 24, 2018: Council members approved minutes.
 - Call to the Public: No requests from the public.

- Staff Reports:
 - **Review of Financials – Sherry Olson**
 - Updated financial information provided. Nothing of note to discuss.
 - **Data Dashboard Update – Phillip Mason-Joyner**
 - Philip discussed the data dashboard project, giving an explanation of where it is at the moment. There are two options that the council can proceed with, First Watch and the Interra system. A small group will meet on August 14th to discuss the merits of both software systems and plan on a way forward. Bill gave a brief summary to the group of the two systems and the pros and cons of each. There was also discussion on the IGA and RFP processes, and the merits of each. It is possible to go out to a full RFP, or to negotiate an IGA to allow one of the software packages to be stood up, without the need for a full RFP.
 - **EMS Electronic Protocols Update – Jack Nuttall and Philip Mason-Joyner**
 - Jack began the update on the move to bring electronic protocols to Clackamas County. He discussed progress towards the selection of the three finalists that will be tested in the coming weeks by a panel of EMS staff from across the county. Washington County has expressed a desire to also be a part of the roll out when the finalist is chosen. Philip adds additional information that the three finalists are Paramedic Protocol Provider, Hantevy, and Responsoft.
 - **Medication Shortages – Dr Sahni Sahni, MD**
 - Dr Sahni began discussions on drug shortages throughout the county, state, and region. Of particular note is the critical shortage of Ondansetron, but dire shortages of other drugs, particularly opioid based pain relievers are of great concern. The Northwest however, is still doing better than much of the rest of the county. There is a particular problem getting these drugs through the supplier, McKesson – because AMR can't get Ondansetron through them, but Metro West can obtain it through an alternative supplier. The situation has become so extreme that the FDA is putting together a drug shortage taskforce, and the Senate is looking at legislative options (current quota system may exacerbate problem as it means Fentanyl costs more to produce than it can sell for). NAEMSPA has a list of essential medications to assist with legislative efforts.
- Committee / Special Interest Reports:
 - **SQI Committee – Jack Nuttall and Dr Sahni, MD**
 - Jack gave an overview of the results of the previous QI committee held earlier in July. May's STEMI data was discussed, as was the need to bring charts and other information to the meetings to provide some context for the aggregate numbers themselves. The next meeting will be in September and it is hoped that three months of data will be available to do deep dive into STEMI treatment in the county. Dr Sahni suggested numbers are looking good so far, but there is always room for improvement. Washington County and Fae Wright were specially thanked for their contribution to the project in Clackamas County.

- **Protocol Development Committee – Dr Warden, MD**
 - Dr Warden gave an overview of changes to the LVAD protocol and efforts of the committee to look at alternative drugs for nausea and pain. He encouraged as many reps from agencies in Clackamas County to attend as impossible, as the committee is dominated by other counties at present.
- **Operations Subcommittee – Bill Conway**
 - Bill will be sending out a poll to find a good time for the next Ops Committee meeting, which he intends to have as soon as possible. Steve Dehart began a discussion on CCOs and their frequent use of EMS to help with lift assists on residents. He will be sending a proposal to the City of Lake Oswego on plans to recoup the cost through the imposition of a fee on the care providers. He has hopes this may be taken up by the state legislature. It was noted that this is not just an Oregon problem, but a growing national problem, as the population ages. The cost to EMS from injury and down-time for these usually non-emergent calls is staggering. Steve noted that Oregon law requires CCOs to “provide staff adequate to assist residents with activities of daily living”, and argued that not having staff trained to help in a common event such as a lift does not fulfill that requirement. Bill noted that CCFD1 already has a provision to charge a reimbursement fees for non-emergent calls where facilities utilize 911 in lieu of providing adequate staff. Steve said Lake Oswego is due to get thousands of new retired residents in the coming years and that the problem could become a crisis then. Dr Daya suggested that up to 20% of these fall/lift assist calls actually involve trauma, so training for staff of the CCOs would be needed if EMS were to avoid them. Sean Stone noted that a flat fee may be the better solution, as it is less complicated than staff training due to high turn-over in the CCOs.
- **System Enhancement Subcommittee – Jason Mahle (absent), AMR**
 - Bill gave an overview of Project Hope (opioid intervention via community paramedic program) and the funding request that successfully passed through the System Enhancement, with Dr Sahni giving the context of the problem of addiction in the county. Apryl Herron gave a thorough roundup of the nature of the ongoing support that the \$40,000 request would provide, through peer mentor support, and an equitable distribution of services throughout the county - rather than just in the urban areas. Josh Santos then went on to give describe the concept of health equity as it applies to opioid intervention services, and how this unique program contributes to that. Dr Daya voiced concern of sustainability in the years to come, and advised the parties involved to collect as much data as possible to ensure the success of the pilot project. The group put forward a number of potential funding sources that could be utilized in the years following the initial pilot. Dr Warden discussed PHI and the need get IGAs to take the safety of that data into consideration. ER interventions were discussed and Apryl stated that these are already being considered, with outreach being made to ERs on their current methodology, and ways this program could work to improve their systems. It was agreed that there will be quarterly reporting of how the project is going back to the Council. A motion was moved to approve the funding, and it passed unanimously.
 - TVF&R’s video laryngoscope funding request was described by Philip, and a motion was made to approve the \$14000 reimbursement request for the units. The motion was carried unanimously.

- **Multi-Agency Training (MAT) – Steve DeHart**
 - Steve discusses the proposed training dates for the next MAT in October. The focus will be high performance CPR, cardiac arrest, and STEMI. Videoing of the training is encouraged by Mo. The practicalities of holding the next EMS Council meeting at a lunchbreak during the training was debated. The exact date of the next EMS Council meeting will be postponed until people in the group have worked out their October calendars.
- **Disaster Management – Sarah Eckman**
 - Sarah described the activities of Disaster management over the last three months, including; the Cascadia Receding full scale exercise, the FDB giving input into the development of new disaster transportation routes, and the development of 'public alerts Clackamas'. She explained the new features of the system, such as geo specific texting. September is also preparedness month, and KGW will be working with the County to promote this.
- **PSAP – Mark Spross**
 - Mark gave an overview of the situation at CCOM. The new CAD is still being problematic, especially with mapping. There is a new version coming out shortly that will upgrade the system – the time for this is expected to be in the next 30 to 60 days, with CCOM in the middle of contract discussions with their labor group. The new Director will also be decided shortly, and there are three candidates. Digital radios are rolling out, with new towers being installed. MPDS is becoming the majority PSAP system in the region, with only Metro West and WACCA not using it. In-house QI/QA will be prioritized at CCOM after staffing issues are solved. Mark also introduced the new LOCOM Director, Sue Scobert to the group. Mark discussed FATPOT, the system that allows data sharing with AMR and other states partners. Charting at the patient side was also discussed, and the importance of this for QI related to KPIs in the future.

Old Business:

- None

New Business:

- **EMS Contract extension:**
 - Richard Swift introduced himself to the group as the H3S Director and described the contract extension process to the group. He articulated that the desire of the Board of County Commissioners was to extend the contract rather than move to a full RFP when it expires next year. This was the stated view of the board at the policy session that occurred on February 6th, and Rich described how the board had initially wanted to move during that meeting to extend, but that a letter of intent from the contractor (AMR) was required first – that letter has since been received. Rich gave a description of the process that Multnomah County has gone through in opening their EMS RFP, stating the view that it has been a very complicated and difficult process and has led to a potentially worse contract for the people of the county than previously existed. To avoid a tough renegotiation, Rich would like to align with the

views of the commissioners and move to from the opportunity for five years of contract extensions to ten. He states that the county is happy with the service that AMR provides and would like to avoid an ongoing cycle of RFP preparation, then negotiation, as it is extremely costly and time intensive. Rich would like to present the option of changing the total number of years of contract extensions available from five years to ten to the board at the work session on August 7.

- Bill Conway said he had some concerns that no changes will be permitted in the current contract for five additional years if this occurs. He fears that reform will not be possible, and that RFP is the only time that enhancements to the system are able to take place. Bill stated that ten years of contract extensions could be conceived of as 'kicking the can down the road' on matters of EMS system innovation. Rich said that he does not believe that RFP and contractual change is the time to make improvements to the system. He explained what had occurred in 2013 with the RFP and the 'nightmare scenario' that had almost occurred, where AMR came within two weeks of suspending services due to contractual negotiation hanging up through the political process. Bill appeared to concur Rich's viewpoint at this moment, but wanted to ensure that reforms could be made outside of the RFP process. Rich encouraged planning outside of contract renewal, and believes the Council should take the lead in suggesting changes to the current model that lead to innovation and a more effective EMS system.
- Following this, Bill again expressed some concern that there was no motivation for AMR to consider any kind of change suggested outside of the contract negotiation process. Rich said that the county can negotiate with AMR to make changes as long as they are within the bounds of the current contract, and fair warning is given. Rich again talked of the situation at Multnomah County, and how difficult and complicated it is – he described giving Multnomah County advice not to proceed with a full RFP process. Rich stated that the EMS Council can make recommendations for improvements to the EMS System within a renewed contract, and a consultant can even be brought in to suggest improvements if the council desires it. Rich also said he would try to come to more EMS Council meetings to discuss this on an ongoing basis. He also described impending difficulties if the county did move to a full RFP, there being no attorney at the county currently who has any EMS contracting experience, and admin and staff support being limited. He also suggested RFPs are also so time intensive that were the county to continue with the option of five years of extensions, preparation for RFP would need to occur in the next 12 months.
- Dr Sahni raised the point that in contract negotiations, AMR can be difficult to make system changes with because of the national corporate structure, thus reducing the capacity for changes at time of RFP. He suggested that a strategic plan could be a way forward to make any changes. Rich described the political nature of the contract renewal process, as lobby efforts can make profound changes and derail initial efforts to bring about an enhanced system. Dr Warden asked if outside agencies could sue if the county changed the number of years of extensions, Rich says they technically could, but he believes any cases would be tossed out rather than proceed.
- Rich then discussed creating a culture in the county where EMS worked collaboratively to overcome issues, and make positive changes. He cited changes in behavioral health transportation protocols in ASAs outside of direct county control

as an example of this type of collaborative arrangement within the existing ASA structure. Matt Dale raised concerns that the contract could potentially be 'altered' outside of a full RFP process, and that this may impact on the independence of the other ASAs. It was decided to table the discussion on ASAs to another meeting, and Rich stated that he welcomes more discussion on any issue raised at the meeting – encouraging concerned members to approach him for further conversations to clarify issues. With ASA discussion tabled to another time, the group talked briefly on positive efforts already occurring where the ASAs work together, such as EMS QI Committee. Mark also requested an 'ASA 101' presentation at the next council meeting so that the group may better understand them. Rich mentioned Heath Share, and how it can be utilized to bring data to the council, and assist in making an already collaborative regional EMS system even more so. The group then moved to a more general discussion of how the council could work to improve the system within its current contractual boundaries.

General Announcements

- Richard Newton stated that Chief O'Conner is leaving Gladstone Fire. Gladstone Fire also had a highly effective cardiac arrest save at the 24hr fitness, with a great outcome.

Next Meeting Date, Time, and Location: The next EMS Council Meeting is scheduled on October 23rd, 2018, Development Services Building, 150 Beavercreek Road, Room 119, Oregon City, Oregon

Adjourn: Meeting adjourned at 11:32 am