

# Minutes



**Ambulance Service Area Advisory Committee**

**January 18, 2022**

**10:00-11:09 am**

**Webex Meeting (video or call in)**

**Facilitator: Shawn Baird Recorder: Sara Taylor**

**Appointed:**  Shawn Baird  Sherry Bensema  Mark Bjorklund  Brian Butler  Dan Mullen  Loren Hall  Adam Mauer

**Attendees:**  William O’Neal  Mike Corless  Brian Carrera  Jim Triewiler  Rebecca Shivers-Singleterry  Matt Black  
 Mike Mayfield  Jordan Donat  Stephanie McClung  Kevin Hendricks  Kathleen Silva  
 Katrina Rothenberger  Scott Heesacker  Shannon Gima  Darren George

Time	Agenda Item (Who) Information/Discussion	Description
10:00 – 10:05	Welcome & Introductions	
10:05 – 10:10	Public Comment	Expected folks were not in attendance.
10:10-10:15	New ASA Members (Katrina)  Representation for EMS on HPP? (Shawn)	<p>Katrina: New ASA members to be appointed at the January 26<sup>th</sup> Board Meeting: Dan Mullen (reappointed), Rebecca Shivers-Singleterry, Stephanie McCullen, Scott Heesacker, and Brian Carrera. Brian Butler’s end term will be corrected.</p> <p>After all of these additions, we will be at 11 members. Since there is a maximum of 12, the board may consider adding another if someone wants to apply.</p> <p>Shawn: We need a designated EMS to attend the HPP Board Meetings. It IS time consuming, but they are refocusing their attention on core missions. Dan Mullen and Shawn discussed EMS projects they could pursue and how HPP funding opportunities could help. Is there anyone interested on the ASA committee who wants to be the liaison and attend meetings? Meetings are the <u>3<sup>rd</sup> Friday of every other month</u>. Meetings are open, anyone is welcome. It’s nice to have someone we know that can attend those meetings and give us feedback. It’s also important to know when funding opportunities come up since they often solicit projects that benefit multiple provider entities. People can think about it or maybe they know someone else who would be interested. If so, contact Shawn and Katrina.</p> <p>Meetings in January, March, July, and September are held via teams and are 2-2.5 hours long. May and November meetings will be on-site (if conditions permit) from 9:00-3:00. Lunch will be provided and there will be a training exercise or demonstration.</p> <p>William suggested he would be able to recommend someone to take on the liaison role. Thanks William!</p>

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<p>10:15-10:20</p>	<p>COVID Update (Katrina)</p>	<p>Because the Omicron variant is spreading much quicker than previous variants, we are shifting our COVID-19 strategy. We're currently experiencing a surge that is straining our healthcare resources, hospitals, EMS, long term care, and public health.</p> <p>Our current approach has been case investigation and contact-tracing. As of January 14<sup>th</sup>, we have discontinued universal case investigation and contact tracing, however, it is still used in high consequence areas like schools, long term care facilities, jails, daycares. These places are still being investigated and we are still doing worksite notifications.</p> <p>Public health's goal is evolving. We are shifting our focus to the most affective public health interventions available to us: vaccinations for kids 5+, boosters, therapeutics, testing, and spreading messaging around preventive measures. We are also focusing on directing our workforce to help prevent severe disease and hospitalizations, maintaining equity focus, and keeping kids in school.</p> <p>There won't be any more EMS notifications, we just won't have capacity to notify folks of ALL exposures that happen during transports.</p> <p>We anticipate the surge on cases to peak any day now and then the surge for hospitalizations should peak at the end of January.</p>
<p>10:20-10:30</p>	<p>Workforce Roundtable (Shawn)</p>	<p>Shawn: Check-in on our EMS workforce: So many agencies are trying to hire. The list of needs is growing by the minute.</p> <p>Woodburn is currently ahead of our needs, but with Omicron we can never tell who is out for 5 days. A full schedule can quickly change. Anyone else having any comment or suggestions?</p> <p>Dan Mullen: Ambulances are up against a lot since so many hospitals are full. Trying their best to treat and help citizens in our county.</p> <p>Katrina: The peak won't have a dramatic decline. However, the surge luckily won't last as long as Delta.</p> <p>Turner: Our goal is keeping our staff and crew healthy. We need to make sure we have responders. We've backed off a lot of in-person and gotten more staff. In the last few years we have tripled our call volume and it isn't all COVID related. Turner has grown. Even with full staffing we are still at our max capacity.</p> <p>Shawn: National discussion about incentives for students wanting an EMS career and making the workforce more reflective of the community we serve.</p>
<p>10:30-10:40</p>	<p>Marion Co. Emergency Management Plan Updates (Sherry/Kathleen)</p>	<p>Kathleen: Mass Casualty Incident plan.</p> <p>Mike Hence has been working with a lot of you on the MCI plan. One question to review is "Where is this going to reside?"</p> <p>The existing plan is great for day to day, but we need the plan to focus on it being a coordinated effort with our Emergency Operations Plan before going to the Board of Commissioners for adoption. Kathleen wouldn't change a lot other than</p>

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		<p>addressing what would be triggers for activation and what is the need from ASA that Emergency Management Program or the Emergency Operations Center can give when mass casualty plan is activated. She wants to focus on what would be needed from the Emergency Management Program and the EOC. She wants the ASA Plan, the Mass Casualty Plan, AND the Region 2 Plan for hospital to be more coordinated.</p> <p>Sherrri: The last time she viewed the plan, she felt it was too cumbersome to work on for stakeholders. The plan needs to slim down to address issues that Kathleen had questions on. It reflects way too much on day to day operations for responders and stakeholders. It NEEDS to address the broader topics. We need to reengage in planning, get meetings going again, and stop postponing. We need it to work better for fire, hospitals, transportation. We need a slimmer collaborative document rather than a 50-page document to reference when we're in emergency mode. It needs to be in line with what the region is also looking for. There are lots of complicating moving pieces that needs actual engagement. Reengagement is THE next step.</p> <p>Shawn: There are so many different documents that need to intersect and agree on. If we slim it down to true mass casualty interaction with EOC and have providers, we can avoid pitfalls of accidently having conflicting plans. What is the timeline for bringing it to the Board?</p> <p>Kathleen: We would like all of the plans to be maintained and updated following the same timeline so that no plan becomes obsolete in comparison to others. Kathleen's planner is Mike Hintz. His contact info is: <a href="mailto:Hintz-MHintz@co.marion.or.us">Hintz-MHintz@co.marion.or.us</a></p> <p>Sherrri wants a copy of current draft plan sent out to everybody so that we can get feedback. That way, when the EMG (emergency management group) meets next time, they have a better idea of what everyone needs to help ALL of the plans line up. We need to know what each stakeholder wants in the plan so that were referencing plans that are actually updated. She has examples that are much slimmer and realistic expectations of what we want the plan to look like. It needs to work if we're going to spend energy on it.</p> <p>Katrina: She agrees getting clear and specific would be helpful. She encourages everyone to review the plan thus far and submit comments or feedback. **Katrina will send the plan out to everyone for review.</p>
10:40-10:45	<p><b>Clinical Topic for 2022- Brainstorm Ideas (Sherry/Shawn)</b></p>	<p>Katrina: Can we partner with community-based organizations/provide funding/offer scholarships for folks to get them interested into workforce pipeline?</p> <p>Sherrri does not have a committee appointed at this point. It started out with Tony, Sherrri, and maybe Mark before the pandemic blew everything up. Sherrri believes the committee needs some new blood and new brains. It would be very helpful to focus on system topics, not just clinical topics. Our system is getting weaker because we aren't able to cover our own area. We're missing calls, having trouble hiring people, driving further and further because hospitals are full, no diversion plans, ect. We need broad representation so that everything can be addressed.</p> <p>Shawn: Should we put out some dates and see if anyone wants to shoot Sherrri an email. Sherry will organize a day and time. The hospital drop times was a great representation of everyone getting involved. We need to brainstorm and narrow it down to a specific topic that involves multiple stakeholders. It takes a lot of work but we get a lot of system improvement.</p>

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		<p>Mark B: What IS EMS? It needs to be addressed and educated publicly. Every agency is going on calls that don't actually require an ambulance but you can't say no. Hospitals are saying to call 911.</p> <p>Sherrri: EMS is the only true universal access to healthcare that people have. There's value in that system and it needs to be appropriately funded.</p> <p>Scott Heesacker from Woodburn: Multnomah uses an alternate destination/alternate method approach. They utilize county paid program to take less emergent transports to different destinations. Is that something we've considered in Marion County? Maybe use state funding to provide a cab or Uber.</p> <p>Mike Mayfield: In the past, we went to the CCOs to help alleviate tying up ambulances by using community paramedics.</p> <p>**Katrina can help engage that conversation with the CCO.</p>
10:45-11:00	ASA Response Time map & plan review schedule for 2022 (Katrina)	<p>Katrina will send emails to ASA's needing response time data for 2020 and 2021. We've been a bit relaxed in following up with folks to submit data due to COVID. Sara researched and found which months are not accounted for. They will hopefully get emailed out this week.</p> <p>Ambulance Response times:</p> <p>Katrina displayed a map of the most updated ambulance response time broken up into counties. Oregon Administrative Rules definitions are not very specific. Katrina can send out an email with map and definitions and have people respond/be prepared to discuss at the next meeting. This may need another longer conversation in the future.</p> <p>Toni: She's looked at this issue years ago. It's frustrating because the only thing that measures success is response times. However, there's no correlation other than cardiac arrest, to outcomes for patients with response time levels. It would be nice to find something else to measure that reflects our performance/quality of care.</p> <p>Dan Mullen agrees.</p> <p>Shawn: The key is collaborative efforts from all partners. You need the whole system to work for all the gears to spin together.</p> <p>Katrina: The law is all around response times. We're not in a position to make big structural changes to ASA plan. Comments are well received about outcomes being the important piece.</p> <p>Rebecca: Are counties reporting differently? Maybe we need to be more consistent in the data we are reporting. We may not be reporting the same way so that might reflect differences.</p>

**Next Meeting: March 10<sup>th</sup> 10:00am-11:30am**

**Ideas for agenda topics: Readdress response times and ASA plan revisions/suggestions**