

Washington County EMS Alliance



Washington County EMS Alliance
Governing Board
Meeting Minutes
May 27, 2021

Attendance:

Member/Delegate			Back-Up Delegate	
Present	Name	Jurisdiction	Present	Name
X	David Downey	City of Hillsboro		Greg Espinosa
X	Patrick Wineman	City of Forest Grove		Patrick Fale
X	Sia Lindstrom (Chair)	Washington County		TBD
X	Rodney Linz	Banks Fire District		TBD
X	Deric Weiss	Tualatin Valley Fire & Rescue	X	Steve Boughey

Other Interested Parties/Staff:

Adrienne Donner (WCEO), Jack Nuttall (WCEO), Tim Case (WCEO), Gaby Rodriguez (WCEO), Ritu Sahnii (WCEO), Jesse Bohrer-Clancy (WCEO), Tom Belusko (MWA), Shane Ryan (MWA), Kristin Chaffee (TVFR), Ben Sorenson (TVFR), Karen Eubanks (TVFR), Mark Buchholz (WCCCA), Jennifer Reese (WCCCA), Gail Madsen.

Summary of Actions and Decisions

1. Adoption of the Agenda
2. Review and approve April's meeting minutes
3. Strategic Direction
4. Workgroup Updates
5. EMS Staff Update
6. Covid-19 Response and Vaccine Planning

Opening Comments

Sia Lindstrom opened the meeting at 1:02 p.m. and welcomed everyone.

Adoption of the Agenda



Sia Lindstrom welcomed a motion for approval of the agenda. Motion for approval was made by Chief Weiss and second by Chief Downey, all said aye. Agenda was approved

Review and Approve Minutes

Sia Lindstrom asked for changes or approval of **April's** meeting minutes. Chief Weiss was marked as an attendee but was not present. Chief Wineman asked for a correction in his delegate listed, Patrick Fale should be a non-voting member instead of none voting member, page two, paragraph three. Chief Boughey added that he replaced Kenny Frentress and **should be listed as TVF&R's delegate**. Sia reminded all to designate delegates. Motion was made for the approval of the minutes as amended by Chief Wineman and seconded by Chief Linz. All said aye and the minutes were approved

Public Comment

Sia Lindstrom welcomed public comment. No public comment

Strategic Direction

Sia Lindstrom began this conversation by reminding everyone of the timeline, and that there were revisions to the document shared on the screen. She reminded all that they will begin by providing training, she thought this would be done in May or June but now believes it will be more likely July. She will get together with Chief Downey to discuss data and hopefully infuse it with the process. Today they will be looking at previous studies. She will bring in the 190 and Intergovernmental agreement and in September and October they are looking at two days of facilitated retreats.



Scope for EMS
Alliance Strategic Plan

Bullet #2, under number 1, was addressed by Tim Case and Karen Eubanks. He thanked Karen for the time she has spent discussing the past happenings about the EMS system and Washington County. He invited Karen to add perspective context where she sees fit, his historical context is all through what he has read. A PowerPoint



Washington
County EMS Alliance

presentation was shared. Tim began by sharing the first slide, which he believes is what they are all aiming for as an end product of the EMS system, that being when the residents of Washington county call 911 they should feel confident that they will receive safe, timely and appropriate care by an integrated, well-trained, and well-equipped care team. He went on to mention that Karen provided the timeline of efforts. He started with 1997 when the County entered into the franchise agreement with Metro West Ambulance. The Polaris group was engaged in 2005 and started over in September 2006. Polaris reviewed the EMS system to make recommendations for improvement. After they completed their work, they formed a report that broke it down

in sections.



Polaris: Sections

- Executive Summary
- Purpose and Methodology
 - Process
- Current System Design
 - Pt. Perspective
 - Ambulance Component (FA)
 - First Response (fire)
 - Medical Direction
- Competition in EMS
- The Role of Competition in EMS
- Legal Issues
- Quality Issues
- Emergency Ambulance Costs
- Primary Recommendation
- Additional Recommendations



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Polaris: Executive Summary

Overarching recommendation:

- WCEMS to revise its EMS system plan and Ambulance Service Area plan to permit Staff to incorporate and implement numerous incremental improvements to the system design and to negotiate a new performance-based contract with Metro West.

Additional recommendations contained in the report include measures to:

- Provide incentives for Fire agencies to voluntarily accept County oversight and coordination of their EMS operations.
- Improve interagency cooperation through further integration of Fire Department first responders and the ambulance contractor's efforts.
- Improve the dispatch data interface between the County (WCCCA) and the contractor and improve coordination of the communications centers.
- Require periodic financial reporting from the ambulance contractor.
- Strengthen the role of the County Medical Supervisor and unify the medical command structure of the EMS system.
- Review and adjust, as needed, the medical protocols.
- Redesign the County EMS office to improve overall leadership of the system.



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The Executive Summary was that they believed the system was sufficient in its design and implementation. They suggested WCEMS revise its EMS system plans to incorporate and implement incremental improvements to the system design and to negotiate a new performance-based contract with Metro West Ambulance.

The Polaris report boiled down to keeping what they had or would they start over. Their recommendation was to keep what was in place already, but make changes as need it.



Polaris: Purpose and Methodology

Specific objectives of this portion of the study include:

- Review and recommend revisions to the County Ambulance Service Area (ASA) Plan.
- Review current contracts.
- Identify governance and regulatory issues.
- Review medical protocols.
- Review Quality Improvement Systems.
- Evaluate system performance.
- Determine and evaluate EMS system costs.
- Perform a Performance/Cost comparison to similar markets.
- Evaluate the roles of providers participating in the EMS system.
- Identify opportunities for improvement of the system as a whole.





Polaris: Summary

Additional Recommendations

Based on information gathered during the stakeholder interviews, The Polaris Group recommends that the County consider the following initiatives during the revision of the ASA plan and contract renegotiation.

• Improve the Medical Control component by:

- Implementing incentives for Fire agencies to voluntarily adopt County oversight.
- Consider interim or long-term Board of Medical Advisors to assist and advise system-wide Medical Supervisor.
- Address stroke and cardiac (including 12 lead EKG) protocols at Medical Advisory committee and/or at Board of Medical Advisors.
- Investigate improved coordination with regional EMS systems.
- Assert role of County Medical Supervisor over dispatch protocols.
- Consider increasing time requirement/commitment of County Medical Supervisor.



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Polaris: Summary

Additional Recommendations

Based on information gathered during the stakeholder interviews, The Polaris Group recommends that the County consider the following initiatives during the revision of the ASA plan and contract renegotiation.

• Within the renegotiated contract include provisions that:

- Enable and encourage Fire response integration with the ambulance provider.
- Require improved methods for returning Fire medics to stations/districts.
- Improve interagency training, and PIER opportunities.
- Improve First responder resupply and equipment exchange procedures.
- Enhance the ability of the contractor to invest in the EMS system by adopting an initial term of 5-years.
- Encourage consistent performance by providing a mechanism for earned long-term contract renewals as long as the provider meets and exceeds the contract requirements.
- Require additional operational and financial reporting.
- Clarify response protocols for "staging" and rural responses.
- Resolve the CAD interface issues by requiring an advanced 2-way connection.
- Require improved dispatch "clock synchronization" to assure consistent and accurate performance reporting.



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Polaris: Summary

Additional Recommendations

Based on information gathered during the stakeholder interviews, The Polaris Group recommends that the County consider the following initiatives during the revision of the ASA plan and contract renegotiation.

- **Redesign the County EMS Office to include the following features:**
 - Improve overall leadership of entire EMS system.
 - Take leadership role in Countywide PIER programs
 - Improve participation in regional planning.
 - Investigate improvements in hospital diversion management.
 - Investigate improvements in mental health transportation.
 - Develop staffing plan and budget to meet expanded role.

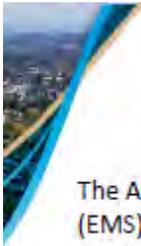


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Tim acknowledged this was a quick summary of the Polaris work and he mentioned that all the reports are on the EMS Washington County website for all to read further into, if interested. He added that sections do go into a much deeper dive with supporting documentation.

Back to the timeline: Polaris was adopted but things persisted with some challenges in 2014-2015. It resulted in a retreat. Tim invited Karen Eubanks to give a better insight on this time frame. He added that things continued to change and in 2015 TVF&R had an interaction with the County, to let the County know that things weren't great, and they believed things could be improved. This was when the EMS Advisory was formed and made of 13 members, EMS stakeholder and two citizens. The role was to review, advise, and make policy and operational recommendations to improve the delivery of the EMS in Washington County, just at the EMS Alliance serves now.

Through the Advisory Council they determined some system enhancement that needed to happen. They developed their vision and mission and determined there were 53 items that were needed for an ideal EMS System, from those there was five prioritized. Centralized dispatch was the highest priority. In 2017, the BOCC approved the EMS Vision, Mission and Foundational Principles. In 2018, work continued, but system wide improvement continued to be hampered. The Abaris group come in and conducted a review of the best practices and recommended structures that incorporated the foundational principles and to determine what governance system would work best.



Abaris: 2018

The Abaris Group was selected to support the stakeholders of the Emergency Medical Services (EMS) system in Washington County, Oregon. The objective was to develop a new governance model that delivered an integrated public/private system that meets the Foundation Principles established by the EMS Council.



- Integrated EMS system based on a collaborative public/private partnership
- Transparency and Accountability
- Responsive
- Fiscally Responsible
- Clinical Excellence
- Operational Effectiveness
- Culture of Safety and Mindfulness

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The Abaris group gave their recommendations and met with the EMS staff and other stakeholders, conducting interviews with them to get their opinions.



Abaris: Sections

Introduction

- EMS Council Interviews
 - Concerns
 - Suggested improvements
- Strategic Process
- Recommended System Components and Improvements
 - Centralized dispatch
 - First Responder Integration
 - Data-Driven EMS
 - Systemwide QI
 - Centralized Medical Direction
- Governance Options
 - Three options
- Financial Models
- EMS System Performance
- Policy Decisions and Changes
- Timeline and Process
- EMS System Compliance and Oversight



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Abaris

EMS System Concerns Mentioned by Council Members

- Not patient-centric focused
- Fragmented quality improvement program
- Lack of central data repository (dispatch to discharge)
- Unclear if there are clinical issues currently
- System values response times over clinical care
- Coordination lacking between first response and transport crews
- Only reactive use of fire transport units
- Lack of coordination between medical directors
- Different protocols possible for each provider
- Significant use of lights and siren response, ability to reduce?
- Minimal accountability of current agreement
- Stagnant EMS system due to evergreen transport agreement



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Abaris

Suggested System Improvements by Council Members

- Patient-centric focus throughout EMS system
- Coordinated, systemwide quality improvement program
- Establish systemwide performance tracking
- Ensure clinical care is valued over response times
- Centralized location for all EMS data
- More transparency with current ambulance provider
- Greater visibility enforcing current ambulance contract
- Consolidated fire/EMS dispatch center
- Greater Fire/EMS coordination
- Proactive use of fire-based ambulances
- Coordinated and centralized medical direction
- Consider best practice system innovations every 18 months



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Instead of just asking the EMS Advisory Council what their problems were, they also asked them what an ideal solution in their eyes would be. Those are also listed on the slide shown above.

They also determined they would look at three other EMS system that had also gone through governance changes.



Abaris

• Santa Cruz County, California

• San Mateo County, California

• Contra Costa County, California

All three innovative EMS systems shared certain best practice commonalities:

- Single, consolidated dispatch center
- Formalized inclusion and value of first responders
- Single electronic patient care report (ePCR) software platform
- System-level quality improvement – coordinated approach on all issues
- High level of transparency
- Centralized medical direction
- Standardized EMS equipment



Abaris

Heat Map Overall

Best Practice Summary	Santa Cruz		San Mateo		Contra Costa	
	Applicability	Value	Applicability	Value	Applicability	Value
Integrated EMS system	3.0	3.1	2.9	3.0	4.1	4.4
Transparency & Accountability	3.1	2.9	2.5	2.5	4.4	4.6
Responsive	3.3	3.0	2.8	2.5	4.4	4.0
Fiscally Responsible	2.0	2.0	1.6	1.9	3.6	3.6
Clinical Excellence	3.1	3.1	2.6	2.5	3.5	3.6
Operational Effectiveness	2.8	2.5	2.0	2.4	4.4	4.4
Culture of Safety and Mindfulness	3.1	2.7	2.9	3.0	3.9	4.1
Average	2.9	2.8	2.5	2.5	4.0	4.1



There was a scoring metric specific to the applicability and value they see from each system. Shown above. Contra Costa was the closest to what they were trying to accomplish.

Abaris

EMS Standards, Core Measures, & Benchmarks								
Organization	SCEMS	MedStar	EMSA	NEMESIS	Compass	NHS-UK	AHA	CMS
Cardiac Arrest								
Response interval < 5 minutes for CPR/AED		•						
Bystander CPR rate	•	•		•			•	
Bystander AED rate	•	•		•			•	
Appropriate airway management		•						
End-tidal CO2 monitored				•			•	
Pit crew/focused CPR	•							
Transport to "Resuscitation Center"		•						
ROSC percentage	•	•	•	•		•		
Survival to discharge (e.g., overall, Utstein)	•	•	•	•		•		
Hypoglycemia								
Glucose recorded before treatment					•	•		
Hypoglycemia corrected through treatment					•			
Glucose recorded after treatment						•		
Correct disposition (e.g., transport, referral, home)						•		
Pain Management								
Offered pain meds prior to movement		•	•					•
Pain score decreased		•			•			•



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There were many agencies' recommendations on clinical benchmarks, and this is only half of what was offered on the report.

The Abaris effort was more of what we had and how to make it better, out of this came the 190 agreement. The slide by side comparison of the two reports is shown below.

Report COMPARISON

Polaris	Abaris
<ul style="list-style-type: none"> Improve interagency cooperation through further integration of Fire Department first responders and the ambulance contractor's efforts. Improve the dispatch data interface between the County (WCCCA) and the contractor and improve coordination of the communications centers. Strengthen the role of the County Medical Supervisor and unify the medical command structure of the EMS system. 	<ul style="list-style-type: none"> First responder integration: Establish strong partnership between first response and transport services through formally integrating it into system. Centralized Dispatch: All fire and ambulance units are dispatched through the same dispatcher, at the same time, using the same radio system for EMS calls. Centralized Medical Direction: A uniform approach to medical direction across all providers with a consistent approach and input to review, education, and policy creation.



There were a few common threads through the years. The timeline was shared again and met where the efforts are today. The timeline does not show the most recent work, as COVID hindered some of the work. Karen said this was more of a conversation of

what has happened by giving ideas for the future. There is a lot of documentation behind it all; this was just a quick overview.

Karen Eubanks said it has not been from lack of trying that they are where they are today. The EMS Advisory Council made the decision and felt strongly about what was happening in the system that they championed a governance change. A lot of members who sat on that council had expertise back to 2005, or with that strategic report. She thinks it good to know how they got to where they are and the path they took to get here and to know why they need to be here today as those are two different paths. She encouraged the Alliance to dive deeper and bring those predecessors in to start the future strategic planning.

Chief Weiss said thank you for putting that together. A couple things he mentions that stuck with him: One, the sheer volume of stuff they want to look back at would take one or two days and he agrees with. Also, he thinks there may be other thing the EMS Alliance wants to learn about and trained on and hopes there will be input from the group about what they want to learn about. He would like to hear the perspective too from those predecessors and understand the why better than he does today. He talked about the timeline and realizes that with wildfire season coming up, if they go into doing some of these trainings now during the meetings, they will more than likely lose some members and they would miss out on this piece.

Chief Wineman agrees with Chief Weiss. He had time to pick **Karen's** brain recently. He thinks they need to create an opportunity where they can dive in and pick those pieces out. He thinks it will be good to have those historic pieces and will also help them when making those future decisions. He likes the way this is headed, and he **doesn't want** them to lose traction. He also agrees with Chief Weiss with fire season approaching he knows they would lose a lot of folk during this time. He invites moving this along sooner than later.

Sia Lindstrom appreciate comments on doing the deeper dive after fire season in September or October; two full day retreats is what they are looking at. She was impressed by the progress they have already made as an Alliance as they looked back at those prioritizations. Centralized dispatch has moved forward, she thinks the decision and solutions are impressive. She is looking forward to a report on the good result of that.

Chief Wineman clarified he is not advocating for after fire season, he wants to push that training sooner than later. He is interested in now. Others agreed.

Sia Lindstrom continued with first responder integration and centralized medical direction; she asked if they are top of the list? Chief Weiss said he said he thinks he **understands the second piece of that but isn't clear on the** first piece; he thinks he may need some training to understand the first responder integration. He is unable to weigh in on it. Chief Boughey has the same question, he wants to know they are all on the same page. According to Chief Boughey, it references integrated use of public ambulances into the system. In his time, they have had no progress in that area, the guidance has been the same.

Dr. Sahni added that the way the system is designed it is a contract for ambulance transportation. There is no formal design that takes into account the work the ALS first **responders'** response within the system. For example, Clackamas County has created a system that integrates ALS first response components. The system is designed to have an eight minute response from the ambulance, so if all other agencies decided to stop doing EMS the system is only designed to account for the ambulance transport and response, He believes the first responder integration was meant to integrate all ALS first respond to the system. He added that in regard to Centralized Medical Direction, no work has been done on this either. They have a protocol process with all Medical Directors in the region, and they all get along fine and talk frequently. Every consultant group in every county that he has seen always recommends a Centralized Medical Direction. It **doesn't need to be a single person**, but certainly a coordinated situation where there is a single office or single approach in formal agreements.

Sia Lindstrom says the opportunity she sees is pulling in that groundwork that has been done. She suggests doing a deep dive quickly. These are the buckets they would like to figure out: First Responder Integration and Centralized Medical Direction. She believes this is a good start to figure out what these mean to them and what they want to do with them. She also suggested they can look at the list of 53 identified issues and pull out the main priority of out that. She said these were the things out of the presentation that really pulled her in and thinks they can branch from there. She added that there **isn't a need to recreate the wheel, but they** just must decide what the priority is right now.

Chief Weiss said there was a couple things he needs to know, what their role and authority is, which are part of the training. He would like to know at least the top ten things they came up with that are important to an EMS system, so he can better understand the direction this group needs to go. He asked Karen Eubanks if that is her recollection of First Responder Integration. Karen said responder integration depends on what you read and interpretation; for her **she doesn't believe it helps them get on** the same page. She believes that their goal as an Alliance is to start on the same page, she added that they need to figure out what they all need to get the same shared knowledge so that everyone start at the same place. She feels there is great content out there, that they can use to establish their goals from. She pointed out private and public ambulance and figuring out the gaps on those two systems and what needs to be integrated. She added that maybe those top ten of the 53 items will help integrate it. She noted they have two different models right now and does private ambulance understand Fire. Karen emphasized knowing what their authority is and what is their scope of work will be important too. There are numerous public records that talk about their mission and responsibilities, which she believes are helpful. Abaris has excellent recommendations, road map of responsibilities. She suggests they emerge themselves and get a feel for it, she believes their next step is critical and there is no need to rush into it. Sia agreed, they must all get on the same page, having a common definition as there are many definitions out there, what is important is what do they want the definition to be. To come together as a group to figure out what definition is the one that works for them. There is a lot of foundation work and they just have to agree on the pieces they want to move on now and doing this virtually is much more difficult.

Tom Belusko suggest that its time they get together, as being in the same room is important.

Chief Downey said the first responder integration has not gone further and the way the system is it is not able to keep up with the need as it continues to get busier. He believes the intent is to integrate the public transports into the system as a backup when needed. He pointed out he believes the language correction being done to the Administrative Rules will help take them in the right directions as the language will reflect those changes. Adrienne Donner said they are updating the timeline to the documents review, as getting any document formalized does have many processes to go thru. once that is updated, they will get it out to the Alliance.

Sia Lindstrom said this gives her start to planning, she is going to go look at the list of 53 and she is hearing the interest in the role of the 190. Chief Weiss said their attorney has also looked at it and could help.

Sia Lindstrom recognizes there is a lot of material out there and now they need to focus on what is important to them so they can take it from there. She asked Tim to share the PowerPoint he presented with the group via email. Kristin Chaffee informed everyone that these documents are all on the County EMS site and can be accessed by everyone. Karen added that she is happy to help in any way. Sia thanked her. Sia thanked them all for the feedback and Tim and Karen for this presentation.

EMS Alliance Workgroup Updates

Sia Lindstrom asked for workgroup updates as to where they are at, along with feedback on the Admin Rules change. Adrienne Donner that public comment is being held tomorrow. Feedback needs to be received today.

Centralized Dispatch- Chief Weiss said Tim was at the centralized dispatch workgroup meeting and he already knows the response to the Administrative Rules change. They had a few questions about difficulty in changing it again as the planned dispatch changes are finished but knew there will be an opportunity change it again once that happens. As a group they had nothing, they are good there. Now in regard to Centralized Dispatch group, he mentioned Shane was on the Alliance call to and could tell them about the FDD and asked for the what FDD stands for. Shane said it is functional definition document [for the planned modification to the MWA CAD to CAD interface components], and it was received on the 5/17. This morning he had a related meeting and that group concurred it all looks well. If all agree, he can sign and move it forward. Chief Weiss thanked him for the work he has done and asked for the timeline to be clarified. Shane said the vendor works in sprints done every six weeks and this spring begins on Wednesday. **He isn't sure if will carry out** through the full six weeks but **it's** a fairly easy to do. He plans on six weeks at this point. Chief Weiss concluded that this was the update. Shane said if everyone is good with it, he will get it signed and sent out today. Chief Wineman asked whose signatures he needs? Shane clarified that this contract is with ZOLL and Metro West. Chief Wineman asked if there is a funding side that needs to get done? Shane said the signature is enough to get it going. Kristin Chaffee said she did share to the dispatch group that the FDD is not to be

shared broadly. Sia checked back with all if they are ready to ok this? Chief Weiss said yes, Chief Downey said yes, Chief Linz said yes, Chief Wineman said yes, WCCCA Mark Buchholz said he is ready to go make it happen, **but isn't sure what all needs to be done**, Shane said he has been working with Michael Smith on this and he is sure it **won't** require any work from anyone else. Using the current functionality, they control what information is being shared back and forth. Mark said thank you. Tom said yes. Sia said they got the go from everyone and she thanked them all.

Data- Chief Downey said they did not get together as a workgroup. Hillsboro had a good meeting with Metro West Ambulance about data and interpretation. They are moving along, slow and steady. Hillsboro had to get an interpretation from legal; they are working through that to get some hospital data exchanged **and he's** interested to see where that will take them. In regard to the Administrative Rule change, once he got past the understanding of the timeline, there is no opposition from the data group. Sia Lindstrom said she appreciated that. Dr. Sahni mentioned hospital data exchange is something the whole region is interested in. The vendors Image Trend and ESO are both involved in these conversations, they are looking at a regional approach. To integrate their records with Epic. They are having these discussions regionally and they are ping-ponging the decision makers in the system. Sia thanked them for the data update.

Regulatory Documents Review- Sia reminded all of the public session tomorrow, and comments need to come in today. Public comment can be taken ahead of time. Adrienne said feel free to join. Tim Case reported, they are still working on it. It is deep into the weeds of the regulatory process. He appreciates **everyone's** feedback. There weren't any comments to come out of the group formally. He had one on one conversations. Chief Wineman thanked Tim and said he was able to do one on one and also with Metro West Ambulance in person. He said Tim was helpful in clarifying some things for him. Sia thanked them all and clarified this was just a small clean up change and next time they would give a head up so that no one is taken by surprise when these changes are brought up.

EMS Staff Update

Adrienne Donner gave an update on EMS staff activity. They continue sharing the burden of COVID and Tim Case is the only fully focused on EMS. Jack Nutall is split between COVID and EMS. Adrienne said she is the weakest link, and Tim is picking up a lot of it for her. Briana has given notice. Her biggest duty is training, but through COVID it has not been a thing. They will look at this once COVID is over.

COVID-19 Response and Vaccine Planning

Adrienne Donner said the county is working with folks to get vaccinated and looking at a change to the mask guidance. They will continue to move forward with the budget process. Adrienne said to please feel free to use the lottery to incentivize, or if they have kids, they have the scholarship lottery, and there will be materials coming out from the **Governor's** office. They are transitioning for the vaccine approach in the summer. FEMA will be in Beaverton and can do 500 people a day; she will send out a notice. There will be 14 solid days of vaccine clinics in Beaverton.

Hillsboro- Chief Downey spoke on to Tom's point on encouraging crews to get vaccinated. they have also been taking about the incentivizing of vaccination and about the State's goal of 70%. Conversation as to what work looks like when they come back to work have begun.

Tualatin Valley Fire and Rescue- Chief Weiss said TVFR has delivered over 67,000 vaccinations in large part thanks to the county's partnership. This work is now ending in the first week of June. He noted 78%+ of his staff is vaccinated. Chief Boughey added he is super proud of the two-person team doing homebound vaccinations. They got a lot of reward out of it. They may be done early next week. The PPE group for the line personnel is looking to make adjustments and the doctors have made comments on it. Masks will stay but move to just the high-risk category for the suits. Chief Downey asked for TVF&R to share what they decide on for PPE with Hillsboro. Dr. Sahni added that the standard masking will be part of the EMS system for the rest of their life. Protocol is surgical for any patient, high risk is N95 plus a gown. Minimal may not need to change, high risk stays the same, and the middle area will be more of a discretionary area.

Chief Weiss said he was thinking about PPE and has a question about it. He is wondering how they can stockpile PPE in the county. Adrienne Donner said the warehouse in Blanton is closing. Stock piling is tricky. State level conversations are happening; they are looking at developing an actual system to rotate at the hospitals. The conversations are happening, but no solutions yet.

Banks- Chief Linz said things are good, everyone is healthy. One individual that was vaccinated got sick. All others are healthy, and supplies are good.

WCCCA- Mark Buchholz said no updates and they are steady right now. WCCCA has selected Kim Foster as the new operations manager. They will be working through some supervisory positions. Beginning tomorrow at WCCCA if you would like to show you are vaccinated in the dispatch center you can elect to not wear a mask in your designated area but must wear one when walking around.

Forest Grove, Gaston and Cornelius – Chief Wineman could not make his report as he had a connectivity issue.

Metro West Ambulance- Tom BeLusko said they had their first positive test but they are doing well.

Cardiac Monitor- Dr. Sahni mentioned Metro West Ambulance has received the new monitors. They put together a deployment group and they had in person meeting yesterday to start working on configuration. They developed a training plan and they are moving in the right direction. He added that they agencies will have some old and some new since they are not all getting it at the same time.

Public Comment

Sia Lindstrom offered the final opportunity for public comment.

Kristin Chaffee brought up the comment left in the Zoom chat feature from Chief Wineman. The fire chiefs have a conference scheduled on the same day as the next Alliance meeting. Adrienne Donner said she is thinking they will lose 5-6 members to a conference; she suggested a doodle poll. Chief Weiss said based on the agenda he will not be a part of the last section and will be done with the conference at noon. All agreed they would be available for the June 24th meeting and meeting was kept as is.

Next meeting: June 24, 2021 at 1:00 p.m.-3:00 p.m., via Zoom

Good of the Order

There was no good of the order.

Meeting was adjourned at 2:52 p.m. With the next meeting scheduled for June 24, 2021 at 1:00 p.m., via Zoom.

Minutes compiled by Gaby Rodriguez