NASEMSO Medical Directors Council

January 13, 2016, 1:00 – 7:00 pm
Cortez Hill C, Manchester Grand Hyatt
San Diego, CA

Meeting Record

Attending – Peter Taillac (Chair), Paul Patrick (NASEMSO President), Harry Sibold (MT), Carol Cunningham (OH), James Bledsoe (AR), Curtis Sandy (ID), James "Tripp" Winslow (NC), Suzanne Martens (WI), Ross Megargel (DE), Matt Sholl (ME), Dave Lehrfeld (OR), Jeffrey Sather (ND), Douglas Kupas (PA), George Lindbeck (VA), Brain Froelke (MO), Joe Nelson (FL), Jim Suozzi (NH), Aaron Burnett (MN), Ken Zafren (AK), William Fales (MI), Mary Hedges (NASEMSO), Cathy Gotschall (NHTSA OEMS)

Partial Attendance – Howard Backer (CA), Brian Moore (NM), Ritu Sahni (NAEMSP), Dia Gainor (NASEMSO), Keith Wages (GA State Director), Bob Bass (EMS Compass), Noah Smith (NHTSA), John Marshall (Interim Director of NHTSA Office of EMS)

Call to Order and Roll Call – Dr. Peter Taillac, Chair, called the meeting to order at 1:08 PM Pacific time.

Introductions and New Members – Dr. Taillac asked members to introduce themselves and welcomed two new members to the council.

- Dr. Aaron Burnett was appointed as the state medical director for Minnesota about 4 months ago. He practices emergency medicine in St. Paul, Minnesota.
- Dr. Suzanne Martens replaced Charles Cady in early fall as the state medical director in Wisconsin.

Approval of Meeting Minutes – Dr. Harry Sibold, Secretary, presented the November 2nd meeting record. The minutes were approved as written.

Comments from NASEMSO President – Paul Patrick, NASEMSO President, explained that NASEMSO is moving to a new meeting schedule with spring and fall meetings, instead of annual and mid-year meetings. The spring meeting will become the larger of the two meetings, beginning in the spring of 2017. One reason for this change is to make it easier for federal partners to attend. Another option under consideration is for each region to convene a regional meeting in place of the smaller meeting of NASEMSO. Paul commented that NASEMSO is moving forward with many projects in spite of a reduced budget for the upcoming fiscal year.

Regarding REPLICA (the interstate compact for EMS personnel), two states passed the legislation last year (Colorado and Texas) and several more states are expected to enact the legislation in 2016. A minimum of 10 states must adopt the legislation before the compact can be formed. NASEMSO, in partnership with Carolinas HealthCare System, has been awarded a federal grant for "Developing Evidence-Based Guidelines for Fatigue Risk Management in Emergency Medical Services." The project is funded by the NHTSA Office of Behavioral Safety Research.

SPECIAL PRESENTATION: Earthquake & Avalanche at Everest Base Camp: A Wilderness Mass Casualty Incident – Dr. Ken Zafren (AK) presented his experience in Nepal when an earthquake and avalanche occurred on April 25, 2015, and 9,000 people were killed. He described the response to this unusual MCI. There is no formal search and rescue structure in Nepal, and the ambulance service is BLS only. Entire villages were destroyed, while other districts did not sustain much damage. Most of the capital city of Kathmandu was spared, due to the fact that the city was built on an old lake bed. He was among 1300 people at the Everett base camp at the time, and was first at the staging area when the avalanche occurred. They had no communication, rescue or EMS service. The closest hospital was 15 hours walk. Ken will be giving the full presentation at the NAEMSP meeting.

DEA Update / EMS Carve Out Bill – Dr. Ritu Sahni reported **HR 4365, Protecting Patient Access to Emergency Medications Act of 2016**, was introduced yesterday in Congress by Representative Hudson (R, NC). The bill proposes to allow EMS to administer controlled substances by standing order (to "legalize" the long-standing practice) and to allow EMS agencies to register with the DEA, rather than rely on the DEA registration of the medical director. The bill requires the EMS agency to have a physician medical director to apply for DEA registration. Harry Sibold noted that Montana and Texas do not require physician medical directors for EMS agencies. (Montana allows mid-level practitioners to serve as an EMS medical director.) Ritu encouraged folks to ask their congressional representatives to support the bill. With regard to a Senate companion bill, Ritu said it was recommended that they start in the House, because there are two committees of jurisdiction. There is only one committee of jurisdiction in the Senate, which Senator Grassley chairs. Ritu said that NAEMSP is hosting a Government Relations Academy the day before EMS on the Hill Day, on April 20, at no cost to NAEMSP members. It will be held at Holland and Knight offices.

2015 AHA/ASA Guidelines – Dr. Doug Kupas presented an overview of the 2015 update to the American Heart Association guidelines. He commented that it was not as extensive as prior AHA updates. On the BLS side, they changed the quality of chest compressions. There are mixed recommendations regarding passive ventilation. They now recommend 10 breaths per minute (formerly 8-10 breaths). They recommend conducting CPR where patient is found rather than moving patient. There is also a recommendation regarding the use of naloxone in known or suspected overdoses. Regarding adjuncts, they state that the manual chest compressions remain the standard of care, but mechanical devices may be a reasonable alternative for properly trained personnel. On the ACLS side, the maximum feasible inspired oxygen during CPR was strengthened, vasopressin was removed, epinephrine ASAP for non-shockable rhythm

is recommended. Amiodorone should be considered for VF/pulseless VT that is unresponsive to CPR. There is no numerical target for $ETCO_2$ during CPR. It is reasonable to bypass closest facility for PCI facility where contact to balloon times are less than 90 minutes and transport times are relatively short. In pediatric BLS, they recommend compression only CPR for infants and children in cardiac arrest. Newborns should receive prehospital CPR according to infant guidelines. Delayed cord clamping for longer than 30 seconds is reasonable for both term and preterm infants who do not require resuscitation at birth.

Model EMS Clinical Guidelines Continuation Project – Dr. Carol Cunningham reported the work group has been revising the cardiac section and it is currently in draft form. She is recommending that the revised cardiac section be posted for public comment before it is incorporated into the Guidelines document. Carol noted that due to the 20% reduction to NASEMSO funding from NHTSA, the continuation of the project will not be as robust as hoped, at least for the near future. Cathy Gotschall noted that the Prehospital EBG Consortium will be meeting on Friday, 9 -11 a.m., in La Jolla AB at the NAEMSP meeting and encouraged members to attend. She added the AHRQ has a National Guideline Clearinghouse, known as the Guideline Matrix. It can be found under guideline.gov.

CARES Update – Bryan McNally informed members that CARES has created a $15,000 scholarship to incentivize states to join. They will be offering the financial assistance to up to 10 states in 2016/17. The goal is to expand the CARES footprint from 25% of the US population to 50%. Dr. McNally can be reached at bmcnall@emory.edu for more information.

State Reports – Members not reporting at the October meeting were given first priority to report on state activities.

North Carolina – Tripp Winslow reported they have been active in incorporating naloxone in their protocols. Community paramedicine has been a hot topic and the state is offering grants to EMS agencies. They are collecting data regarding RSI. None of the paramedics are well trained on use of capnography so they have developed online training.

New Hampshire – Jim Suozzi stated they are working on CARES training. They developed high performance CPR protocols and are looking at concept of defining EMS medical director. Naloxone is available over the counter. There is a home health waiver for mobile integrated healthcare.

Oregon – David Lehrfeld said the state police have decided to remove the EMR course from their training academy, which is concerning. They are purchasing new licensing software from ImageTrend®. They collect EMS data for those who voluntarily submit and are sending the cardiac data to CARES. The state requires CPR training in the schools. Air medical provider(s) have filed a lawsuit and named the state as a party. The EMS office has received a grant to collect all protocols from around the state and reviewing them for compliance with AHA guidelines.

Idaho – Curtis Sandy said the administrative rules for the time-sensitive emergency system are in place but must go to the legislature for approval. The EMS Bureau has been working on

developing regional councils for the system. They have purchased a licensing system from ImageTrend® after struggling for years with a homegrown system. A course for community paramedicine has been developed which is based on the Minnesota model.

North Dakota – Jeff Sather reported they also have an air ambulance lawsuit based on a bill passed by the legislature. They have had serious quality issues with some helicopter services. The EMS office is working on state protocol revision; the protocols are voluntary. Because of declining oil prices, state government offices are facing some financial cuts. The state has partnered with Ghana for five years, and he will be going to Ghana next month to teach EMS medical directors.

EMS Compass Project / Role of Medical Directors Council – Dr. Bob Bass, Chair of the EMS Compass Steering Committee, reported on the progress of EMS Compass. They began the project without an evidence review piece. They would like to form an evidence review group comprised of five members of the Medical Directors Council and five outside experts in the evidence-based process. He has found it is nearly impossible to do this work by phone, so they plan to convene two face-to-face meetings, one in March and another in May. Dr. Alex Garza will chair the process. Bob feels, and others agreed, that the evidence-review process is closely aligned with the Model EMS Clinical Guidelines Project. Dr. Howard Backer, who is also on the Compass Steering Committee, commented that sustainability of the project will likely fall under the realm of the Medical Directors Council. Dr. Fales asked how the project would connect with the ambulance fee schedule or pay for performance. Bob explained that the focus of the project is to focus on patient care improvement.

John Marshall, Interim Director at NHTSA OEMS, explained that he and Mike Brown are rotating the interim position for two months at a time. They intend to keep EMS as an important priority for NHTSA. Noah Smith, also from NHTSA OEMS, added that the EMS Compass project is exciting, and he is now the NHTSA project director for NEMSIS. He sees the two projects as closely related. NHTSA has set a deadline of December 2016 for states to implement NEMSIS Version 3.

State Reports (continued)

Missouri – Brian Froelke said they have been working with their patient safety organization (PSO) to promote patient safety in EMS. They are collecting data on patient safety events. He encouraged folks to visit the booth for patient safety here at the NAEMSP meeting to learn more. Peter asked Brian to present on the topic at the fall meeting.

Minnesota – Aaron Burnett reported that Minnesota recently passed legislation defining community EMT. They previously had community paramedicine in statute. They have established an EMS consortium through the University of Minnesota, using a hub and spoke model to reach out to EMS throughout the state.

Wisconsin – Suzanne Martens reported that community paramedic is a topic of interest but not yet regulated in Wisconsin. Naloxone legislation was passed. In spite of their opposition, a change was enacted in statute allowing an EMR to serve as the 2nd person on the ambulance.

They changed their renewal process so that the applicant merely has to check a box that the continuing education requirements were met. Ten percent of the renewals will be audited.

Ohio – Carol Cunningham reported that Ohio convened a summit on time-sensitive emergencies. Dr. Samar Mustaffa (formerly a member of the MDC) assisted with the summit. They created an avenue for community paramedic/mobile integrated healthcare, but immunity laws do not apply. Pharmacists are now allowed to sell naloxone without a prescription. There is an effort underway to educate physicians about their narcotic prescribing practices. She updated the naloxone training module to include intranasal naloxone which has now been approved by the FDA. Carol referred members to the survey related to blood glucose monitoring to assist CLIA with understanding EMS. She has been busy with preparedness planning for the Republican National Convention which will be held in Cleveland. The CDC is considering replacing Mark I® kits with Duodote®, and she was asked by her board to inquire with the CDC about this proposed change and to highlight the risk of 2-PAM overdose in the geriatric and pediatric populations with them.

Delaware – Ross Megargel said they are working on a time-sensitive emergency system with stroke included and asked for information from other states, including which stroke scales are being used, as well as bypass procedures.

New Mexico - Brian Moore reminded members that New Mexico is hosting the NASEMSO Fall Meeting in September, which they anticipate to be an exciting event (and may involve a hot air balloon). The state implemented fingerprinting as part of their licensing system and recently had their first experience in finding an applicant with previously unknown convictions. She was a North Dakota EMS provider who had several aliases.

Alaska – Ken Zafren said they are working on a new POLST form; he is seeking input.

Adjourn – The meeting adjourned at 7:03 PM.

The meeting record was respectfully prepared by NASEMSO Program Manager Mary Hedges.