



NASEMSO Medical Directors Council

Hyatt Regency – Albuquerque

Enchantment CD & Foyer II

Sept 19-20, 2016

MEETING RECORD Monday, September 19

Attending – Peter Taillac (UT) Chair, Ken Williams (RI) Chair-Elect, Harry Sibold, Secretary (MT), George Lindbeck (VA), Richard Alcorta (MD), Joe Holley (TN), Bill Fales (MI), Douglas Kupas (PA), Eric Ernest (NE), Suzanne Martens (WI), Aaron Burnett (MN), Richard Kamin (CT), Kate Zimmerman (ME), Matthew Sholl (ME), Jim Suozzi (NH), Curtis Sandy (ID), Arthur Kanowitz (CO), Jeff Beckman (CO), James Bledsoe (AR), Carol Cunningham (OH), Joe Nelson, Immediate Past Chair (FL), Michael Olinger (IN), Mary Hedges (NASEMSO)

Guests - Jane Brice (NAEMSP), Paul Hinchey (NAEMT), Susan McHenry (NHTSA), Jon Krohmer (NHTSA), Chris Bell (VT), Lenny Ybarra, Amber Smith (Teleflex), Holly Stewart (Medtronic)

Call to Order, Welcome and Introductions– Dr. Peter Taillac (UT), Chair, called the meeting to order at 8:35 a.m. Members and guests introduced themselves.

Approval of Agenda and Meeting Minutes – Dr. Harry Sibold (MT), Secretary, presented the July meeting minutes which were approved as presented.

Orientation for New Members - Dr. Ken Williams (RI), Chair-Elect, presented a brief overview of NASEMSO and the Medical Directors Council. He noted there have been some changes in NASEMSO as there are now 5 regions (previously 4). In addition, the annual (larger) meeting is moving to the spring, rather than fall. The first large spring meeting will be March 5-9, 2017 in New Orleans.

Downgrading of Hospitals to Freestanding Emergency Departments: A Concerning Trend – Dr. Rick Alcorta (MD) shared legislation that has been drafted for consideration by the Maryland Health Care Commission. He believes the concept will spread nationwide and that we should be concerned. One concern is the impact on EMS transport with the longer distances to hospitals. Various members shared their experiences with this trend in their respective states. Hospitals are relying on community paramedics to fill gaps from the hospital closures. See http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_shp/documents/Freestanding_medical_facility/FMF_Draft_SHP_chapter_062316.pdf **Action: Dr. Alcorta will draft a position and bring back to the Council for consideration. Drs. Kamin, Backer, Lindbeck, and Beckman will help with the position statement.**

Eliminating Preventable Deaths from Unplanned Extubation – Dr. Arthur Kanowitz (CO), on behalf of the Patient Safety Movement, presented an overview of the group's efforts to address 16 major safety challenges in hospitals. Dr. Kanowitz has brought attention to the issue of failed airways and unplanned extubations. There is a 7.3 % rate of unplanned extubations in the ICU with some 12000 deaths occurring as a result. See <http://www.SaferAirway.org/> (Dr. Kanowitz disclosed his involvement with an airway device)

Military Trauma Care's Learning Health System and its Translation to Civilian Sector: *EMS Recommendations from the National Academy of Medicine Report* – Dr. Douglas Kupas (PA), NAM Committee Member, presented to a joint session with the Trauma Managers Council, the Medical Directors Council and the Education and Professional Services Council. See <https://www.nasemso.org/Meetings/Annual/documents/Integrating-Military-and-Civilian-Trauma-Care-Systems-Kupas-2016.pdf>

NASEMSO Leadership Update – Dia Gainor, Executive Director & Paul Patrick, President, shared remarks. Paul said that NASEMSO is extremely proud of the Medical Directors Council. He added that he has seen tremendous growth. Dia added that the Medical Directors Council has had representation on every single project that has NASEMSO has undertaken in recent years. She noted the next phase of the Model EMS Guidelines is an important project included in the new cooperative agreement with NHTSA. The implementation of a pre-hospital evidence-based guideline has been an important project that is now wrapping up after 5 years of work. Dia said that NASEMSO was recently awarded a project through HHS, ASPR to develop transport guidelines with highly infectious disease. The Fatigue in EMS project is underway. EMS Compass is in its final stage, and we look forward to new performance measures resulting from that effort. Dia added that NASEMSO has entered into a partnership with the new **National EMSC Innovation & Improvement Center** that was recently awarded to Baylor College of Medicine and Texas Children's Hospital. Dia added that NASEMSO looks forward to developing the new EMS Agenda for the Future. Drs. Kamin and Taillac mentioned how helpful it would be to have an updated electronic platform to conduct member discussions. Dia said she is well aware of the concern and the need to update our platform.

CARES Registry - Monica Rajdev, Director of State Programs and Data Integration, presented an update on the CARES Registry in a Joint meeting with the Data Managers Council. See <https://www.nasemso.org/Meetings/Annual/documents/MDC-DMS-CARES-Registry-Update-Rajdev-and-McNally-2016.pdf>

Strategies to Improve Cardiac Arrest Survival: Presentation to the National Academies of Science: IOM – Dr. Peter Taillac summarized his recent presentation to the NAS (formerly the Institute of Medicine) highlighting the advances over the last decade in developing national standards for prehospital cardiac care, including improved research, development and promulgation of evidence-based care guidelines, and the recent EMS Compass initiative which is developing evidence-based prehospital performance improvement measures for cardiac arrest management.

CARES Resolution – Dr. Taillac presented a proposed NASEMSO resolution: *Support of the Cardiac Arrest Registry to Enhance Survival (CARES)*. The resolution supports the CARES Registry data elements as the national prehospital dataset for cardiac arrest. The draft resolution is also being reviewed by the Data Managers Council who will likely co-sponsor the resolution with the Medical Directors Council. (Note: the final resolution as adopted by NASEMSO is available at <http://nasemso.org/Advocacy/PositionsResolutions/documents/2016-01-CARES.pdf>)

Model EMS Clinical Guidelines: The Next Phase – Drs. Carol Cunningham (OH) & Richard Kamin (CT) reported that the project is in its second phase. New guidelines will be added and existing guidelines will be reviewed for potential revisions. A new workgroup with some original members plus new members has been meeting monthly by teleconference and will hold a face-to-face meeting in New Orleans in conjunction with the NAEMSP meeting in January. See <https://www.nasemso.org/Meetings/Annual/documents/MDC-National-Model-EMS-Clinical-Guidelines-Cunningham-and-Kamin-2016.pdf>

IMAGETREND[®] (PLATINUM SPONSOR) **Roundtable**

Dr. Michael Wilcox, ImageTrend physician consultant (and former state EMS Medical Director in MN) and Dave Zaiman, Business Development Manager, shared information about ImageTrend and its products in a roundtable format. ImageTrend has a variety of electronic data tools it has developed to build upon its prehospital patient care reporting systems. One of its newer data tools is designed for community paramedicine.

CAPCE (formerly CECBEMS) – Dr. Joe Holley explained that the Commission on Accreditation for Pre-Hospital Continuing Education (CAPCE) is responsible for certifying the quality of continuing education for EMS. Recently they have been reviewing online providers and found many areas of concern. Many do not provide adequate safeguards to ensure that the time spent matches the time for which credit is given, that testing ensures knowledge of the student, and that programs are consistent. CAPCE will be notifying these providers to correct these issues or face loss of accreditation. However, the scope of this issue is taxing to CAPCE resources. State EMS offices should consider additional safeguards related to the use of online continuing education. Some providers are using mirrored sites for CECBEMS auditors vs. the typical user, that allow getting around gating and protections. CAPCE using “secret shopper” model to evaluate compliance. For instance, in TN, not allowing more than 50% of hours to be provided by online resources. See <https://www.cecbems.org/About.aspx>

State Reports

Ohio, Dr. Carol Cunningham – The Republican National Convention occurred without much incident, although there was a great deal of preparedness planning for the year leading up to the event. They are addressing opioid crisis, as Ohio is in the top 5 states. They have a naloxone training module, including one for non-medical providers which will be posted on EMS website. Carfentanyl is an emerging problem. State EMS Board passed a resolution to convene a statewide task force to address active shooter events and include in treatment guidelines.

Florida, Dr. Joe Nelson – The state has a new surgeon general and new EMS chief, both with experience. Florida will not be a NREMT state at the start of 2017, but will be a CARES state in 2017. They are working to improve cardiac arrest performance across the state. They are upgrading to the newest version of NEMSIS. There has been increased training in active shooter events after the mass shooting at the Pulse Nightclub in Orlando; utilizing the New England recommendations. Florida EMS is using RACE score predominantly to bypass primary for comprehensive stroke centers.

Connecticut, Dr. Rich Kamin – They now have state protocols, which look much like NH-New England-Model guidelines. The state is working with the conundrum where everyone wants to give naloxone. They are trying to address data system challenges. Another issue is the ski patrol, including the skill of providers and whether medical direction is required.

Maine, Dr. Matt Sholl - Maine has added a new Assistant State Medical Director, Dr. Kate Zimmerman. They recently worked to expand medical direction committee, especially to include pediatricians. They built in a role for a pharmacist and an at-large member (hoped to get air medical folks involved). The state is expanding the community paramedicine program. One health care insurer is looking to partner around a community paramedicine program, and is likely to start with readmission prevention, as well as patients who are without access to healthcare and low acuity EMS calls. They are joining the Heart Rescue project and are sending persons to the Resuscitation Academy. They are continuing with New England common guideline project. A regional assessment is upcoming but are being told to cut their budget which may threaten the regional assessment. Finally, Maine is fully feeling the brunt of the opioid epidemic, but has not run into carfentanil. Hepatitis B is running at 200% of previous rates. One local hospital recently ran into a naloxone shortage and was unable to obtain it.

Recess – The meeting recessed at 4:45 pm.

MEETING RECORD **Tuesday, September 20**

Reconvene, Update Agenda, New introductions – Dr. Peter Taillac reconvened the meeting at 8:35 a.m.

Comments from NHTSA OEMS Director – Dr. Jon Krohmer commented that he was greatly impressed with the quality of the discussion at the Medical Directors Council meeting yesterday. He shared his excitement about his recent appointment to the Director of the NHTSA Office of EMS.

State Reports (continued)

New Hampshire, Dr. Jim Suozzi – New Hampshire is moving forward with CARES and hoping to have it in place the first of the year. They have a high performance CPR initiative. The state is part of the New England Resuscitation Academy and working on Northern New England protocol for stroke. At the direction of the Governor, they created a law enforcement provider level for the purpose of administering naloxone.

Idaho, Dr. Curtis Sandy – Idaho is in its first year of the time-sensitive emergency care system and has designated 4 stroke centers and 5 STEMI centers. CARES has been implemented and the hospitals are paying the fees for EMS agencies. The state continues to be challenged with wildland fires and is hoping that their new REPLICA law will help with the issue of out-of-state providers who are temporarily in the state to fight the wildland fires.

Colorado, Dr. Art Kanowitz & Dr. Jeff Beckman – Art will be retiring and extended his appreciation to the Council and the responses he receives from the listserv. Dr. Jeff Beckman is replacing him. Dr. Beckman said there has been a great deal of discussion related to marijuana; they have seen a reduction in opioid overdoses with the new relaxed marijuana laws. One problem has been with regard to the edibles and children mistaking them for candy. There are programs in place allowing family members to purchase naloxone, as well as law enforcement to administer naloxone. They are proposing new legislation related to critical care paramedic and community paramedic.

Arkansas, Dr. James Bledsoe – Arkansas started a stroke pilot program this year to determine if it makes a difference in patient outcomes. The governor has been very supportive. They plan to start a similar program with STEMI. They are finalizing statewide EMS protocols (voluntary) this year. He relied heavily on the statewide EMS medical directors committee. Community paramedics have taken hold now that they are recognized in state law. Funding community paramedics has been a challenge.

Minnesota, Dr. Aaron Burnett – Minnesota is becoming a NCCR state requiring all EMS levels to be certified by the National Registry of EMTs. Ebola funding was made available by the state legislature. Minnesota's EMS agency is an independent regulatory board, which recently celebrated its 20th anniversary. They have liberalized rules to allow epinephrine to be administered by EMTs in a volume-limited syringe (as opposed to Epi-pens). The state trauma system is now about 10 years old. He is a member of the Statewide Trauma Advisory Committee, and they have strengthened EMS involvement with a new advisory group comprised of 3 EMS representatives and 3 trauma representatives.

Wisconsin, Dr. Suzanne Martens – The Legislature has relaxed the staffing requirement for 2 EMTs on an ambulance and now may use an EMT and first responder. They also passed a law requiring EMTs to be able to administer naloxone. They are examining cross-border licensing issues. She recently developed a training module to train first responders (EMRs) to draw up epinephrine.

Nebraska, Dr. Eric Ernest – Nebraska awarded a grant through the Helmsley Foundation for 4 simulation trucks, with the goal to target CME for EMS and critical access hospitals. Nebraska was on-boarded as a CARES Registry state a little over a year ago with over 50% of the population covered by the CARES Registry. The state is looking at a certification process and continuing education process for physician medical directors, as well as the use of regionalized medical direction. They have expanded scope of practice for the EMT to use IM epinephrine. They have LUCAS deployment across the state, having CPR induced consciousness (Publishing of paper in British Paramedic journal and editorial in Resuscitation). The state has new stroke designation legislation.

Pennsylvania, Dr. Doug Kupas – High performance CPR was rolled out across the state; they have been training and testing providers to improve their skills. They completed an emergency update to their opiate overdose protocol to increase the naloxone dosage (starting with the low dose and increasing gradually). The AHA is now pushing cookie-cutter legislation for

comprehensive stroke centers, which was not addressed when they advanced the primary stroke center legislation previously.

Michigan, Dr. Bill Fales – The state is still trying to recover from the Flint water crisis. They have a fledgling statewide cardiac arrest initiative. They have about 75% of the state covered by the CARES Registry. The next version of the pediatric drug dosing system is being rolled out. They received an EMSC Targeted Issues grant. The state is also implementing a child restraint system for transporting children in ambulances. They are attempting to track naloxone misuse.

Council Elections

Chair-Elect – Dr. Harry Sibold was nominated by Dr. Rick Alcorta and seconded by Dr. Joe Holley for Chair-Elect. There were no other nominations for Chair-Elect. Dr. Harry Sibold was elected as Chair-Elect by acclamation.

Secretary - Dr. Taillac nominated Dr. Jim Suozzi, who declined. Dr. Cunningham nominated Dr. Aaron Burnett, which was seconded by Dr. Alcorta. There were no other nominations. Dr. Burnett was elected Secretary by acclamation.

The following individuals were elected as regional representatives:

East Region- Dr. Matt Sholl/Dr. Kate Zimmerman

Great Lakes – Dr. Carol Cunningham

Midwest – Dr. Peter Taillac

South – Dr. Joe Nelson

West – Dr. Curtis Sandy

NAEMSP Remarks - Dr. Jane Brice, President of NAEMSP, reported the NAEMSP Annual Meeting is January 24-26 in New Orleans. NAEMSP has focused on international EMS systems. They have been to a number of countries and will soon be going to Sri Lanka and the Dominican Republic. NAEMSP has recently developed a Fellow of EMS and have received 200 applications already. They have worked diligently on the federal legislation, Protecting Patient Access to Emergency Medications Act of 2016 in Congress. Dr. Taillac said the MDC is interested in working with NAEMSP to develop a pipeline of information for EMS medical directors who are not members of NAEMSP.

NAEMT Remarks – Dr. Paul Hinchey encouraged members to participate in NAEMT's EMS on the Hill Day which is held annually in the spring. The dates have not yet been announced but it will be in April 2017. In July the Veterans EMS Transition Act was passed. It establishes a pilot project. NAEMT has also completed two surveys in the past year: one is on the use of data in EMS and the other related to mental health issues in EMS, which addresses the increased suicide rate in EMS. NAEMT continues to develop new courses for EMS providers. The next one to be released is on the subject of psychological trauma.

Federal Partner Updates

NHTSA Update - Susan McHenry reported that Dr. Jon Krohmer participated in the NEMSAC meeting on his second day after starting his position with NHTSA OEMS. Two new advisories were approved by NEMSAC -- one supporting REPLICA and the other dealing with an emergency amendment to change the Scope of Practice model to include the administration of naloxone by EMTs and EMRs. The EMS Agenda for the Future will be undergoing a major update. FICEMS is pushing for it to be a data driven EMS Agenda for the Future.

HRSA EMSC Update - Diane Pilkey reported that HRSA has recently awarded three new state partnership Regionalization of Care grants to New Mexico, Montana and California. They also recently funded five new Targeted Issues grants. They are rolling out new performance measures, as well as beginning a 5-year strategic planning effort.

State Reports (continued)

Indiana, Dr. Michael Olinger – Recently upgraded to Image Trend®, with NEMSIS 3 being tested. State decided not to make merit badge for tactical paramedic. Problem with distribution of resources: \$30k to put tourniquets in rural schools. The state is standing back on MIH but it is happening locally. He believes that they have the general skills with further training by local hospital entities generally. Indiana just became a NREMT state for EMT certification. They have no unified statewide protocols, but working on developing regional protocols. The 3rd annual EMS medical director conference was recently held. Noted discussion of penetrating trauma as a surgical disease, including early rapid transport, and that any process delaying surgery is probably not warranted.

Tennessee, Dr. Joe Holley – Community paramedicine legislation is at the AG's office. The state is working on stroke and STEMI systems. They will be completing IV training for all EMTs. In TN, ALS ambulance must have AEMT & paramedic for 95% of transports and BLS ambulance 2 x AEMT on all. They are moving to a statewide ePCR with Image Trend. Since TN became an NREMT state, they have seen pass rates go down, especially at the AEMT level.

Maryland, Dr. Rick Alcorta – They will be posting the state EMS director position as Dr. Kevin Seaman is leaving. Rick will serve as co-director once again until the position is filled. He has no interest in the position long term. He notes that CMS has contracted with Novitas and has established a 5 failure rule. Will kick back those that are not compliant. The state has gone from 20% to 60% denial rate on first submission.

California, Dr. Howard Backer – They have 3 levels of active shooter training. Project to include EMS record in hospital EHR. Statute passed which states hospitals may share information with EMS (sponsored by hospital association). When is modified NIHSS acceptable. Dr. Backer states that the committee he worked with felt that full stroke scale should always be used. Not appropriate for a comprehensive stroke center to refuse a patient.

Rhode Island, Dr. Ken Williams – They are doing CT angio on almost every stroke victim and variably finding patients with symptoms without clot or blockage and patients with no symptoms with big clot. Two to four patients are being transported per day. He highlighted the fact that stroke is a vascular disease and we should be imaging the vessels. They are getting some information that TPA may not be as useful as once thought, and there are 324 pages of new guidelines.

NAEMSO Strategies to Coordinate EMS Training Using Learning Management Systems (LMS)
(Joint Session with EPSC and DP Committee) - Gam Wejitunge (NHTSA) & Kandra Strauss-Riggs
(National Center for Disaster Medicine & Public Health)

Gam Wejitunge reported that FICEMS identified a gap in just-in-time training for EMS. He introduced Kandra Strauss-Riggs from the National Center for Disaster Medicine and Public Health. Kandra explained there is plenty of good material available but states do not know how to access it. She asked attendees to address their training needs. Some responded that they found the learning management system they tried was difficult to use; there is a need for a LMS that is user-friendly. Several reported using Train. Dr. Taillac reported that they attempted to use Train in the Implementation of a Prehospital EBG Project, but had to abandon it due to the problems encountered. Gam asked if there is role for LMS in implementing the Model EMS Clinical Guidelines as well as for just-in-time training for emerging events. Participants agreed there was a need for a user friendly learning management system.



(Gold Sponsor) ***Eagle Pharmaceuticals Roundtable***

Unanswered Questions in Heat-Related Emergencies - Moderated by Judi Miller

Ms. Miller asked if there would be an interest in a drug for heat-related emergencies. Dr. Taillac pointed out that heat stroke is not among the top 10 reasons for EMS calls. Dr. Kamin added it is not easy to diagnose. Ms. Miller commented that the high school athletic programs all now have rectal thermometers. Dr. Fales informed the Eagle representatives that they may not always be able to bill for drugs administered. Ms. Miller and the Eagle representative thanked everyone for the input.

Project/Committee Reports

Role of State EMS Medical Director Position Statement – Dr. Douglas Kupas reported the final version has been completed and includes the additions requested by the MDC.

Prehospital EBG Consortium – Dr. Peter Taillac reported the consortium is moving along quietly in the background. The current effort is focused on developing a toolkit which should be ready for the EBG consortium meeting at the NAEMSP conference in January.

Air Medical Model Rules – Dr. George Lindbeck reported that the air model rules have been approved by NHTSA's legal counsel and will be acted upon by the NAEMSO Board at tomorrow's meeting.

Fatigue in EMS Project – Dr. Lindbeck reported that he and Dr. Doug Kupas represent the MDC on this project. They are looking at patient safety issues across the board. Doug added that he thinks it will be interesting to see if the EMS community adopts the evidence-based guidelines that result from this project.

Brain Attack Coalition – Dr. Taillac represents NASEMSO on this coalition of 15 organizations interested in stroke care. They will be releasing another white paper.

State Efforts to implement High-Performance CPR – Dr. Peter Taillac shared that Heart Rescue funded two groups to attend the Seattle Resuscitation Academy. They conducted two one-day trainings in Salt Lake City (trained 80 individuals). The goal is to at least touch every EMS agency in the state with high performance CPR.

Preparedness Group – Dr. Kamin reported that he represents NASEMSO on a high threat task force recently formed by ACEP. There was a request from NTSB after recent derailment incident to integrate rapid Police transport in the emergency response plan of Philadelphia. Felt that the word “police” should be removed as a means of breaking down silos. Included coordination of hospital destination regardless of method of transport. Dr. Kupas notes that historically Philadelphia has done police transport for penetrating trauma. Dr. Alcorta inquired about the position on ballistic vests for the line paramedic (not the TEMS provider)? There are several controversies and positions.

Updating the 2010 “Resource Document” – Dr. Carol Cunningham noted that the document was first created in 2007. The most recent version (updated in 2010) is available at <http://nasemsso.org/Councils/MedicalDirectors/documents/StateMedicalDirection-ResourceDocument-FINALforPEC2.pdf>. Discussion ensued as to whether it should be updated. Dr. Taillac asked if it is worth going forward with the effort for a comprehensive update? Dr. Kupas noted that the chances of publishing in PEC are diminished if not updated. If revised, Dr. Kamin suggests building something (or process) that is more easily updated in the future.

CARES Resolution – The edited Resolution on the Cardiac Arrest Registry to Enhance Survival (CARES) Data Set/Elements was reviewed.

Adjourn – The meeting adjourned at 4:30 pm.

The meeting record was prepared by Dr. Harry Sibold, Secretary, and Mary Hedges, NASEMSO Program Manager.