



National Association of State EMS Officials
Medical Directors Council (MDC)
January 15, 2014

San Ignacio Room
JW Marriott Star Pass Resort
Tucson, AZ

Meeting Record

Members Attending – Dr. Joe Nelson, Chair (FL), Peter Taillac, Chair-Elect (UT), Carol Cunningham, Immediate Past Chair (OH), Matthew Sholl, Secretary (ME), Tim Cathey (OK), Art Kanowitz (CO), Douglas Kupas (PA), David Lehrfeld (OR), George Lindbeck (VA), Julia Martin (KY, by phone), Ross Megargel (DE), Brian Moore (NM), Matthew Sholl (ME), Harry Sibold (MT), Peter Taillac (UT), Ken Williams (RI), James “Tripp” Winslow (NC), Dan Wolfson (VT), Ken Zafren (AK), Mary Hedges (NASEMSO Program Manager)

Guests Attending - Drew Dawson (NHTSA), Susan McHenry (NHTSA), Jim DeTienne (NASEMSO President), Bryan Choi (EMS Fellow, RI), Eric Cortez (EMS Fellow, OH), Terry Mullins (AZ state director), Novneet Sahu (EMS Fellow, DE)

Call to Order / Welcome / Introductions – Dr. Joe Nelson, Chair, called the meeting to order at 8:45. Members and guests introduced themselves.

Review/Approval of Meeting Minutes – November Meeting minutes were approved.

Prehospital Use of TXA Discussion - Dr. Peter Taillac presented results of a study (20,000 patients) on the use of tranexamic acid (TXA) to stop bleeding in trauma patients. The results showed that early intervention with TXA made a positive difference. It is a non-branded drug that is not patented and costs pennies. It is extensively used in Europe and is now fielded in Afghanistan, Montana, Alaska, Oregon, Oklahoma City and NYC. Extensive discussion followed.

2014 Strategic Plan: Revisions to the Work Plan

Dr. Nelson reviewed the work plan, working through the goals and tasks. Discussion ensued about the training of EMS fellows. Joe noted that Dr. David Lehrfeld was appointed as the MDC representative to the Joint Trauma Committee. Peter Taillac was appointed as the NASEMSO liaison to NAEMSP, replacing the now-retired Bob Bass. George Lindbeck, Ken Williams, and Harry Sibold volunteered to serve on the Air Medical Project.

Mary Hedges requested input for the **NASEMSO Drug Shortages Summit, March 5 2014**. Speakers will include Dr. Erin Fox from the University of Utah Drug Information Service, Jim Augustine and Peter Taillac, who will discuss Utah’s experience with allowing the use of medications 6 months post expiration date. Dr. Kupas noted that Pennsylvania is also allowing post-expired medications. Regarding “parked issues” in the work plan, Dr. Nelson suggested adding disaster medical guidelines in the future if funding can be obtained.

Comments from NASEMSO President - Jim DeTienne gave a brief history of NASEMSO and noted how much the Association has grown in the past few years. He added that the strategic plans were created to help the councils focus on goals that are a priority of the Association. He very much appreciates the work of the Medical Directors Council. Jim reported that the EMS Personnel Licensure Model Interstate Compact Project, funded by Department of Homeland Security, has resulted in NASEMSO receiving a great deal of positive attention.

Mobile Integrated Healthcare/Community Paramedicine - Jim DeTienne, Doug Kupas

- Update on NASEMSO Activities – Dr. Kupas reported that NAEMT has developed a draft white paper which is has been distributed for comments. Previously NASEMSO participated as part of the Joint Committee on Rural Emergency Committee (JCREC) in the development of a white paper on the topic, which is now somewhat dated. The AHRQ project paper was published in 2012. It outlines the current status of this rapidly evolving area. Jim DeTienne noted that the

NAEMT CP Committee is working more on medical oversight, whereas NASEMSO's MIH/CP Committee is focused on state level discussions, including regulatory matters.

- Non-Emergent Data Module – Dr. David Lehrfeld (OR) stated he is concerned about incorporating MIH/CP data in NEMSIS. He spoke with Clay Mann, who said that NEMSIS 3 will be more flexible in this regard. Clay referred him to Lynn White at AMR who is leading a work group to address this. Dr. Lehrfeld does not want to see states reporting this differently. Jim DeTienne commented that this is an important data point that should be addressed with NEMSIS 3.

State Reports (Part 1)

- Oregon – Dr. Lehrfeld said Oregon EMS secured DOT funding to upgrade to NEMSIS 3. They are struggling to get CARES data, but are successful in uploading trauma and EMS data. Oregon licensure levels have been upgraded to the new provider levels. Stroke and STEMI systems failed in the state legislature, largely because hospitals oppose sharing their data. Oregon EMS will be trying to enact the regionalized systems in the next legislative session again.
- New Mexico – Dr. Moore reported that the Legislature enacted and funded stroke and STEMI systems with the EMS office as the home for these regionalized systems of care. Pediatric intubation was removed from the scope of practice, except for air medical.
- Montana – Dr. Sibold said the new levels of EMS licensure became effective January 1. They just completed new statewide protocols that match the new levels of licensure. TXA is in the new protocols with medical oversight. There has been an interesting flurry of air medical activity.
- Oklahoma - Dr. Cathey reported they are finishing revisions to protocols. He asked if others are allowing inter-nasal glucagon.
- Maine – The state protocols are now being revised every 3 years, rather than biennially, according to Dr. Sholl, and will be changing to the New Hampshire format. The state does not have outcome data on cardiac arrest and is trying to change that. They are beginning to develop an EMS medical director course.
- Ohio – Carol reported that authority over medical transportation (ground and air) was transferred from the Ohio Medical Transportation Board to the Division of EMS July 1, 2013, and the merger of the boards is now complete. She has been asked to draft a white paper on mobile integrated healthcare to seek legislative support, and requested information from others who have information (costs savings in staffing, reduction in readmission to the hospital, reduction in EMS dispatch, etc.) In terms of disaster response, they recently hosted a visit from Dr. Isaac Ashkenazi, Harvard professor and the first surgeon general for the Israel Defense Forces. He has developed a nimble Kevlar emergency medical tent that can be transported on the hitch of a pick-up truck and is working on a simulation center focused upon management of active shooter, IED, and WMD incidents. DHS, NHTSA, and DHHS are working with the NSA at the White House and hosting an IED/active shooter stakeholder workshop she will be attending in February. Carol reminded everyone that Ohio is hosting the NASEMSO Annual Meeting, which will include a social outing to the Rock and Roll Hall of Fame on Wednesday evening, October 8th.
- Pennsylvania – Doug said he is looking for information from states that have implemented the AEMT level where there had not previously been EMT-Intermediates. They are awaiting the CARES reports comparing 2012-2013 since they changed to statewide cardiac arrest protocols that include compression-only technique and pit crew approach.
- North Carolina – Tripp Winslow said North Carolina EMS Office is in the midst of rule revision. They review every RSI done in the state due to some bad outcomes. They have had a few bad outcomes with needle decompressions as well. They are working on a mobile disaster hospital.
- Alabama – Sarah Nafziger reported that Dr. John Campbell is recovering from his recent severe illness. Alabama is half-way through a one-year pilot program for a statewide stroke system. An issue to address is whether or not to require video-based telemedicine vs voice only consultation for stroke-ready hospitals. This has been controversial. Several stroke-ready hospitals already administer tPA with voice only neurology consultation. They updated EMS patient care protocols this year. Funding continues to be a challenge. They are in the early stages of discussions about moving forward with Mobile Integrated Healthcare.

NASEMSO Model EMS Guidelines – Dr. Carol Cunningham reported that the Model EMS Guidelines Project continues to stay ahead of schedule. They have completed a rough draft of the guidelines which are being compiled into a single document by Kevin McGinnis. The work group will be meeting this evening. The first draft will be presented at the NASEMSO Mid Year Meeting in March after which it will be distributed to the public for comments. The final product is due to NHTSA in September.

Impact of State Policies on EMS Response in Acute MI – Jacqueline Green, MD, MPH, joined the meeting by speaker phone. Dr. Green is a Fellow at the University of Michigan in training as a cardiologist. She would like the Council's insight on regionalization of STEMI care. Many cardiologists suggest that STEMI care be organized on the state level. Over the last decade there has been tremendous improvement in the door to balloon time but there is much opportunity for improvement in transport time. Her research hypothesis is that states with policies permitting pre-hospital by-pass of non specialty hospitals have better cardiac outcomes. She asked the Council if research in this area would be beneficial. Dr. Taillac answered that it is important to note that some states, such as Utah, have areas that are more than 60 minutes from a PCI Center. Ross Megargel said Delaware is a small, densely populated state where no one is more than 20 minutes from a PCI Center. Dr. Nelson pointed out that states vary greatly in that some have mandated protocols whereas others operate under local protocols. Brian Moore said New Mexico recently enacted and funded regionalized systems of care and placed the authority in the state EMS office. Dr. Nelson noted that Florida has enacted stroke systems and trauma systems into law but not STEMI systems. However, STEMI systems have arisen locally on their own. Art Kanowitz commented how important it is to get stakeholder involvement when writing protocols. Dr. Kupas has collected much of this information and has submitted it for publication, and offered to speak with Dr. Green individually. Dr. Nelson asked her to submit 3 or 4 questions and we will try to obtain answers from the states for her.

Hot Topics Discussion:

- Denial of Injury & Patient Documentation – Dr. Harry Sibold (MT) and John Clark, JD – John is a former paramedic and now writes a legal column for an air medical journal. He questioned whether paramedics are sufficiently trained to measure patient competency. For example, how do they determine if 17 year olds are competent to make their own decisions? If a patient refuses care, do medics leave a signed copy of the form refusing care? Do the patients declining care understand the repercussions? There is little case law on this subject to help guide EMS agencies.
- Targeted Temperature Management (Therapeutic Hypothermia) – Dr. Dan Wolfson (VT) commented on the ever-evolving name for this practice, which became popular after the study reported in a 2002 article in the *New England Journal of Medicine*. A more recent study reported in the same journal involving more patients found no difference in results between cooling levels. Originally patients were cooled to 32-33 degrees. Now the recommendation seems to be moving towards a target temperature of 36 degrees, and the utility and safety of the prehospital chilled IV saline bolus is being questioned. He asked what members think of these recommendations and if they are changing their protocols. Discussion followed.
- NEMSAC: Should EMS Education Agenda be Updated? – Dr. Carol Cunningham (OH) reported that NEMSAC is seeking input on whether the Education agenda should be updated. The comment period will close on February 1st. While there may be a need to update it, some feel that it would be a major undertaking and it may be too soon with minor revisions all that may be necessary. NASEMSO has drafted a letter and has asked all the Councils to review it to see if they have any further input. Members reviewed the draft letter. Ken Zafren moved to endorse the draft letter. David Lehrfeld 2nded. Motion passed. Carol added that individuals can submit comments on their own also.

NASEMSO Poster Competition – Terry Mullins, Director, AZ Office of EMS
Terry thanked the Council for inviting him to speak about the poster competition NASEMSO is sponsoring for the first time at the Annual Meeting in October. He referred members to the NASEMSO Annual Meeting webpage where the poster competition is announced and described. At least one of the

contributing authors should be a member of the state EMS office and it should focus on systems. He encouraged MDC members to consider entering the competition.

Federal Partner Update - Drew Dawson, NHTSA Office of EMS

Drew Dawson announced that the House just passed the omnibus appropriations bill which will now go to the Senate. The sad news is that NHTSA Administrator David Strickland has resigned for a position in the private sector. Drew commented that they are impressed with the work done to date on the Model EMS Clinical Guidelines. Regarding evidence-based guidelines, the initial EBGs were accepted for publication in *PreHospital Emergency Care (PEC)*. They are being published in a special supplement to PEC which will be presented tomorrow morning at the opening of the NAEMSP Meeting. NAEMSP was awarded funding from NHTSA and HRSA to develop a strategy for implementing EBGs; this project will be the focus of a meeting on Saturday. He also referred to Peter Taillac's involvement with a newly developed EBG on hemorrhage control. Drew said NEMSAC is also considering whether the original *EMS Agenda for the Future* should be revised, as it is broader and older than the *EMS Education Agenda for the Future*. He added that FICEMS has recently completed a strategic plan which will be posted in the near future. Susan McHenry added that she is excited about the fact that 46 states are now submitting data to NEMSIS TAC, with Montana being the latest state to come on board. She has been working on the planning committee for the meeting on the Hospital Information Exchange and the Pre-hospital Environment on February 4 in Washington, DC. Joe Nelson added he will be attending the meeting.

IOM Crisis Standards of Care – Dr. Carol Cunningham

Carol presented a brief overview of the Institute of Medicine's Crisis Standards of Care, which are intended to be guidelines in a disaster situation. She and Jolene Whitney (Utah's Assistant State EMS Director) helped create the EMS toolkit that is part of the document. The documents are available on the IOM website and can be downloaded at no cost. It consists of 7 chapters/booklets. A toolkit was subsequently published in 2013 to accompany the original Crisis of Care Standards; she and Jolene wrote the EMS section of the toolkit.

Protocols Added to NEMSIS Version 3 – Rachael Alter, NASEMSO Staff to Data Managers Council

Rachael Alter reviewed the additional protocols that are being proposed for the next version of NEMSIS V3, soliciting input from members. This will be sent out for public comment on Friday, January 17. Members offered comments. Dr. Nelson asked her to send the spreadsheet to the MDC members.

State Reports (continued)

- Utah – Peter said the state has recently completed a 3-year transition to the new EMS licensure levels. They started the transition early and he would be happy to share their experience if anyone would like to know more. Utah came on board as a CARES state about a year ago; they are doing it differently by running it through the state EMS office.
- Colorado – Art Kanowitz reported that legislation was enacted for stroke and STEMI systems. Legislation was also passed to require the state to develop a critical care paramedic program. It will be an endorsement to the paramedic license. He has been working for about 5 years to develop a statewide regional medical direction program; it was finally financed last year. They have 11 regions and will have to demonstrate success in order to ensure continued funding.
- Virginia – George Lindbeck said that the community paramedicine program recently had a setback when the Hospice and Homecare Association objected. Their AGs have advised them to put things on hold until this is resolved.
- Alaska – Ken Zafren compared Alaska to Utah in that there are a couple of major urban areas with much of the state sparsely populated. Their new state EMS director has been on the job for about 2 months.
- Delaware – Ross Megargel said they have experienced concerns with 911 recordings being made public and now some are reluctant to call public dispatch centers. They are dealing with Narcan issues. He asked if any BLS agencies are using Zofran. Air medical utilization has dropped. The trauma mortality rate is increasing and they fear this may be related.
- Vermont – Dan Wolfson reported that Vermont is now a National Registry state. Vermont has just

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released new Statewide EMS Protocols and is actively transitioning folks into their use. Vermont is exploring a firefighter rehab protocol and interested in what other states are doing.

- Florida – Joe Nelson said Florida is working on incorporating the 2013 NHTSA reassessment recommendations into their State EMS Strategic Plan. Rules are being drafted to require all agencies to report EMS data to the state office. Trauma transport guidelines are being updated to incorporate the CDC Field Trauma Triage guidelines.
- Rhode Island – Ken Williams said the state is close to electronic uploading of their EMS data to NEMSIS TAC. The transition to Advanced EMT ran into a road block when the firefighters objected to the economic impact it would have. They will be moving to adopt the New England/New Hampshire format for protocols. The *Rhode Island Medical Journal* recently published an issue devoted to EMS.

Adjourn - The meeting adjourned at 5:05 PM.