



**National Association of State EMS Officials
2013 Annual Meeting
Medical Directors Council (MDC)**

Meeting Record - September 16-17, 2013

Gaylord Opryland Hotel & Convention Centre, Nashville, Tennessee

Members Attending – Dr. Joe Nelson, Chair (FL), Peter Taillac, Chair-Elect (UT), Carol Cunningham, Immediate Past Chair (OH), Matthew Sholl, Secretary (ME), Richard Alcorta (MD), Tim Cathey (OK), Charles Cady (WI), Brian Froelke (MO), Joel Hornung (KS), Richard Kamin (CT), Art Kanowitz (CO), Douglas Kupas (PA), David Lehrfeld (OR), George Lindbeck (VA), Selwyn Mahon (VI), Julia Martin (KY), Kendall McKenzie (MS), Brian Moore (NM), Curtis Sandy (ID), Matthew Sholl (ME), Harry Sibold (MT), Randy Szlabick (ND), Peter Taillac (UT), Ken Williams (RI), Paul Hinchey (NAEMT Liaison), Mary Hedges (NASEMSO Program Manager)

Guests – Drew Dawson (NHTSA), Susan McHenry (NHTSA), Cathy Gotschall (NHTSA), Elizabeth Edgerton (HRSA), Bill Seifarth (DHS), David Boyd (NAAMTA), Jim DeTienne (NASEMSO Pres.) Chris Bell (VT director), Andy Gienapp (WY director), Manish Shah (Baylor College of Medicine), Greg Mears (Zoll Medical Director), William Ferguson (UAB EMS Fellow)

Call to Order / Welcome / Introductions – Dr. Joe Nelson, Chair

ASTHO Drug Shortages White Paper – Dr. Carol Cunningham

Dr. Cunningham referred members to the ASTHO Drug Shortages White Paper (December 2012) inquiring if the EMS community found it helpful. Most of the members were aware of it, but few were able to implement strategies suggested in the document. Some commented that state boards of pharmacy restrict some options, while others reported their boards of pharmacy (PA and UT) do not regulate expiration dates. Dr. Taillac described what Utah does with respect to using drugs post expiration date. Members asked him to share Utah's policy. Dr. Kamin commented that it is concerning that there is so much divergent opinion on what is acceptable practice, and questioned the evidence supporting the different opinions. Dr. Cunningham asked if the MD Council should develop a position statement for distribution. Discussion transitioned to the varying DEA interpretations of EMS administering controlled substances. Drew Dawson stated that the DEA has taken a new interest in EMS and is committed to making some changes. Dr. Alcorta commented that, with Narcan becoming more available to laypersons and law enforcement personnel for use with overdoses, this may exacerbate the challenges for EMS when this drug is in short supply. There was discussion of possibly resurrecting and updating the joint letter to DEA from 2 years ago. ACTION: No action was taken.

Hartford Consensus Document – Dr. Richard Kamin referred members to the Hartford Consensus document initiated by the American College of Surgeons (ACS) which addresses response to active shooter events. He participated in drafting the second version. NASEMSO has been asked to endorse, and it has been referred to the MDC for a recommendation to the NASEMSO Board. Rich asked if members are able to support it, with or without comment. Concern was expressed about the statement that EMS should go into an active shooter situation without adequate protection. Rich stated this paper is a call to encourage early intervention but is not a call to arm EMS or for EMS to go into an active, unsafe event. Rather, it is calling for planning for early intervention by trained law enforcement or prepared EMS personnel in active shooter events. Dr. Alcorta moved that the MDC support the document with comment addressing the concern about safety of EMS personnel. Motion seconded and passed. ACTION: Dr. Kamin will work with Dr. Alcorta in drafting the comments. Mary Hedges will draft letter of endorsement for President DeTienne's signature.

Introduction of New Members and State Reports – Dr. Nelson called on the new members to introduce themselves and give a brief report on their respective states.

- **Dr. Curtis Sandy** (ID) said Idaho just released a model set of adult and pediatric protocols, which are modeled on North Carolina's EMS protocols. The Idaho EMS Physicians Committee worked on these protocols for three years, and they are non mandatory. Idaho has been very busy with wildland fires.
- **Dr. Joel Hornung** (KS) has been on the Kansas EMS Board for several years and was recently re-

designated as the state EMS medical director. He is changing from a family medicine practice to emergency medicine. Kansas is just finishing EMS scope of practice transition.

- Dr. Julia Martin (KY) has been the state EMS medical advisor for about a year. She has been in EMS for several years, having begun her career as a medic in West Virginia. Kentucky has recently passed advanced EMT regulations. Kentucky does not have state protocols.
- Dr. Randy Szlabick (ND) - It was noted that that Dr. Szlabick is the first state EMS medical director from North Dakota. He said that they were finally successful in obtaining funding to support the role in view of the state's large budget surplus. Dr. Szlabick was an EMT years ago and has some past experience as a medical director in Colorado, but is now a trauma surgeon. North Dakota has updated their non-mandatory state EMS protocols.
- Dr. Kendall McKenzie (MS) Currently an EMS fellow, Dr. McKenzie said he will be transitioning to the role of state EMS medical director in Mississippi. He is in the process of developing critical care paramedic program.
- Dr. Brian Froelke (MO) He recently became State EMS Medical Director. They have implemented a stroke system in Missouri and will soon be implementing a STEMI system.

ROC Request for Letter of Support

Dr Nelson said the Resuscitation Outcomes Consortium (ROC) has asked NASEMSO for a letter of support to continue NIH funding of their ongoing project. Several members commented on the productivity of this project. A motion was made/seconded/ passed to recommend that NASEMSO send a letter of support. ACTION: This recommendation will be made to the NASEMSO Board. If approved by the Board, Mary Hedges will draft letter of support for President DeTienne's signature.

Other Reports/Announcements

States with EMS Protocols - Doug Kupas reported that he, Dr. Kamin and Dr. Sholl are revising the list of states with and without statewide EMS protocols. He asked members to report to them on the status of state protocols.

EMS Node in PECARN - Dr. Brian Moore announced that the EMSC program is developing an EMS research node in the PECARN system. Dr. Elizabeth Edgerton from HRSA's EMSC program will provide further information in her report.

Crisis Standards of Care Toolkit - Dr. Cunningham announced that this Institute of Medicine document has now been released. ASPR at DHHS, Veterans Health Administration, and NHTSA requested and funded the project. She and Jolene Whitney (UT) wrote the EMS chapter.

Selective Spinal Immobilization Discussion – Dr. Peter Taillac referred to two documents recently published on this subject. The NAEMSP and ACS-COT issued a joint paper which noted the number of patients who have benefitted from long spine-board immobilization is small, while there are more patients who have experienced complications from long back board use. They recommend judicious use of long back board immobilization due to the fact that unintended complications outweigh the benefits. Both papers specifically mention that patients with penetrating trauma should not be immobilized on a spine board. The papers intentionally avoided addressing use of cervical collars, according to Dr. Cady, who was involved. Dr. Taillac shared the draft guideline/protocol on spinal immobilization from the Model EMS Clinical Guidelines Project.

Liaison Reports - Dr. Paul Hinchey, NAEMT Liaison, reported on the activities of NAEMT. The organization has created a Mobile Integrated Healthcare Committee comprised of representatives from national organizations. He reported on several courses NAEMT has developed, including a geriatric course, an EMS safety course which has been out for about a year. Principles of Ethics and Leadership is a course currently under development.

Work Plan: Review of Progress & Revisions - Dr. Joe Nelson and Mary Hedges reviewed the status of the Council's strategic work plan and requested input on which strategies should be continued or added when the work plan is revised for the December NASEMSO Board Strategic Planning Retreat.

Surviving an Urban EF5 Tornado: An Insider's View of the Moore Tornado –

Dr. Tim Cathey, Oklahoma State Medical Director, presented a slide show describing his experience in

responding to the Moore Oklahoma tornado in May of 2013.

Helicopter EMS Utilization (HEMS) Guidelines – Dr. Rick Alcorta presented Maryland’s experience with its guidelines on use of helicopter transport. He has been monitoring the statistics for the past 3 years, and noticed some under-triage in 2012. The HEMS guidelines are based on the CDC trauma triage protocol. Utilization of helicopter EMS is around 12%. They are in the midst of changing to a larger helicopter with an additional medical person on board. Patients transferred have a high injury severity score. Mortality rate and transfer rate have stayed relatively constant since 2003. EMS is improving its performance in meeting the criteria for flying a patient due to the HEMS guidelines. There is less utilization of helicopters both at scene and for transfers—most notable for category C and D patients from scene. Transfers from non-trauma centers have increased. Indicators suggest that the HEMS guidelines have resulted in more appropriate use of helicopters in Maryland.

Model EMS Clinical Guidelines Project – Drs. Kamin and Cunningham reported on the status of the project they are co-leading. For purposes of the new members, they reviewed the background of this 24-month project to develop model clinical guidelines, which is being funded by NHTSA’s Office of EMS and HRSA’s EMSC program. The initial step was to create a list of the guidelines to be developed and the core components of each. These two deliverables were distributed to the EMS community for feedback. Now the work group is in the process of developing and reviewing the draft guidelines. Once the guidelines are in final draft, the technical writer (Kevin McGinnis) will revise them into a uniform style and format.

Implementation of Statewide Prehospital EBG Project – Drs. Taillac and Sholl, Co-PI’s, said NASEMSO was awarded this competitive grant in October of 2012, just after last year’s annual meeting. The goal is for five selected states to implement NHTSA’s evidence-based-guideline on pediatric pain management. Rachael Alter, NASEMSO Program Manager, wrote the grant proposal and is the staff person working with Drs Taillac and Sholl. Arizona, Idaho, Kansas, Tennessee and Wyoming are the states participating in the project. More information on the project is included on the flash drive distributed with meeting registration.

ACEP EMS Transfer of Patient Care Policy Statement (Final) – Dr. Doug Kupas referred members to the ACEP EMS Transfer of Care Policy Statement which has been reviewed, edited and endorsed by numerous national EMS organizations. He noted that it has been reviewed by this group in the past on more than one occasion, with the MDC requesting that the work “transfer” be used in place of “hand-off.” ACEP is now asking for NASEMSO’s endorsement. Dr. Cady moved, seconded by Dr. Cunningham, that it be recommendation of the MDC to the NASEMSO Board that NASEMSO endorse the statement. The motion passed. ACTION: Dr. Nelson will recommend to the NASEMSO Board that the policy statement be endorsed. If endorsed by the Board, Mary Hedges will draft a letter for President DeTienne’s signature.

State Reports (continued)

- Dr. Sarah Nafziger (AL) –Alabama has a statewide trauma system in place and is currently pilot testing a statewide stroke system in one EMS region. Alabama finished revisions to statewide mandatory EMS protocols and expects them to be rolled out by the end of the year.
- Dr. Carol Cunningham (OH) – Dr. Cunningham reported that a NHTSA EMS assessment was performed in Ohio last year which resulted in very positive change for the EMS office in Ohio. Ambulance, helicopter, and ambulette oversight was moved from a separate board/state agency and combined into the Ohio EMS Office with a newly structured EMS board appointed by the Governor. They are developing statewide time-sensitive diagnosis systems, crisis of care standards and a variety of initiatives.
- Dr. Selwyn Mahon (VI) - About a year ago, the Governor of the U.S. Virgin Islands mandated that EMS move from the Health Department into the Fire Department. It has been a major cultural change and the existing infrastructure was left behind. This has resulted in him making the decision to leave the position as medical director. He is enrolling in the disaster medicine program at Harvard (a year-long program) but hopes to return to the Virgin Islands.
- Dr. David Lehrfeld (OR) was recently (3 weeks ago) appointed state medical director for Oregon and has been learning what the role entails. He is a former EMT and paramedic. Oregon has regionalized trauma care, but he understands people do not like the idea of regionalized stroke or STEMI systems of care.
- Dr. Richard Kamin (CT) – Dr. Kamin reported they have 109 PSAPs in the state and many towns with multiple fire departments. Ray Barishansky has been the state EMS director for just over a year and is

making good progress. They recently underwent a NHTSA EMS Assessment. Connecticut is the only New England state without statewide EMS guidelines, but he is hoping to see that change in the future. They continue to struggle with EMS scope of practice. He said they recently rejected a policy for EMTs to administer naloxone in drug overdoses. They are struggling with their data system, and are exploring mobile integrated healthcare.

- Dr. Douglas Kupas (PA) – Their new EMS Act passed about a week ago which incorporates the new EMS provider levels, addresses community paramedicine, and more. He has been heavily involved in the Heart Rescue Project during the last year, which he will be presenting briefly Thursday during the general session. They are using the CARES data in concert with the Heart Rescue Project.
- Dr. Art Kanowitz (CO) – He just finished his 5th year as a consultant when Colorado decided to make the EMS medical director an employee. He is pleased that he will be employed in the position. Colorado does not have statewide protocols, but they have 11 regions with EMS medical directors who are trying to regionalize protocols. Colorado recently developed legislation defining critical care paramedic. Legislation also passed with will initiate planning for a stroke and STEMI system. They are also moving forward with statewide EMS data and see an increased emphasis on quality improvement.
- Dr. George Lindbeck (VA) - A legislator who is a former paramedic initiated a bill addressing several EMS issues, including a requirement that a provider whose license is being restricted by the medical director is informed of the appeal process. He asked how other states address this issue.
- Dr. Harry Sibold (MT) – Montana has recently completed the drafting of new EMS regulations that are consistent with the EMS scope of practice. They are working on revising statewide protocols that are non mandatory. The state has a trauma system, but with its sparse population has only two level 2 trauma centers. In his state, the state EMS medical director works for the State Medical Board and paramedic licensure also falls under the Medical Board.
- Dr. Ken Williams (RI) – Dr. Williams said Rhode Island is a tiny state with approximately 500 ambulances and 100 ambulance services. They have statewide protocols. The current Health Department Director was an EMT while in college and wants to review all new protocols. He is pushing for community paramedicine. They are working with the New England regional protocol project. This requires a regular cycle for reviewing and updating protocols which will be good. They strongly encouraged QI and developed a QI/QA toolkit last year. Adopting the new provider levels in the scope of practice has become very controversial, because changing to the advanced EMT would result in a loss of pay for fire fighters. The state has contracted with ImageTrend for data collection. They purchased the state bridge and negotiated a good deal for the field bridge. Providers are not required to use ImageTrend but will not be able to upload to the state.
- Dr. Rick Alcorta (MD) – Maryland's latest news is that Dr. Bob Bass will be retiring January 1, 2014 as state EMS director. Dr. Alcorta said he will remain in his position and does not feel qualified to fill Bob's shoes. He commented that Dr. Bass has dedicated his life to EMS and will be missed. They will be conducting a search to fill the position, which does not have to be filled by a physician. Mobile integrated healthcare is an interest in Maryland. "Purple band" is the coding system being used in Maryland hospitals. He recently learned that some hospitals were not using the purple band properly because they have three levels of DNR. Hospital systems that are buying up other hospitals are all changing their name to put the alliance at the beginning of the hospital name. This will impact data bases and protocols.

Recess – The Medical Directors Council recessed at 4:49 p.m. to reconvene at 8:30 a.m. Tuesday.

Reconvene – Dr. Joe Nelson reconvened the meeting at 8:30 a.m., Tuesday, September 17, 2013

High Performance CPR / Termination of Resuscitation in the Field –

Drs. Richard Alcorta and Peter Taillac provided an overview of high performance CPR and termination of resuscitation in the field. There is an increased emphasis on not pausing during chest compressions. The EMT at the scene is taught to take ownership of their patient; their role is to get ROSC before the ALS provider arrives.

Intubation is the bottom of the pyramid; compressions are at the top. Dr. Alcorta said in Maryland, EMTs can now pronounce death in the field; however, they are somewhat hesitant to use this authority. In several states, this practice is not unusual. Members and guests engaged in much discussion.

Federal Partner Update

- Susan McHenry for Drew Dawson (NHTSA/OEMS) – Susan McHenry explained NHTSA’s Office of EMS priorities and the work of FICEMS (Federal Interagency Committee on EMS). Accomplishments in recent years include the National EMS Assessment, Response to NTSB Recommendations (Highway Mass Casualty Project), Implementation of MUCC, and National EMS Culture of Safety Project, and establishment of NEMSIS. Projects underway include the EMS Education Agenda for the Future, National EMS Workforce Data Definitions, continued advancement of NEMSIS, the Model EMS Guidelines Project and Statewide Implementation of an EBG. The National EMS Advisory Council (NEMSAC) was recently strengthened when it was authorized in the new DOT federal statute, known as MAP 21. The development of evidence-based guidelines (EBGs) has been a fairly recent emphasis of NHTSA. New EBGs are due to be published at the first of the year. Topics of current white papers include: EMS as essential service and as a public goods from an economic model; successful strategies for research in prehospital care; literature synthesis of external hemorrhage control; and emerging digital technologies for EMS and 911. Susan thanked the Medical Directors Council for their good work on the two large projects currently underway, the Model EMS Clinical Guidelines Project and Statewide Implementation of an EBG Project.
- Elizabeth Edgerton (HRSA/EMSC) – Dr. Edgerton reported that nearly 95% of their budget is distributed in the form of grants. They fund state EMSC programs through state EMS offices and educational institutions. There are currently five Targeted Issues grants funded. Dr. Brooke Lerner is the PI for the EMS research node, known as CHAMP.
- William Seifarth (DHS) – Bill Seifarth, Office of Health Affairs, Department of Homeland Security, said DHS is an amalgamation of 22 agencies. His focus is on domestic preparedness for EMS. Just this week a contract was signed with NASEMSO to work on EMS domestic preparedness. The Blue Campaign is DHS’s focus on EMS recognition of human trafficking victims.

Election of North Central Regional Representative – Dr. Charles Cady (WI) was elected the North Central Regional Representative for the Medical Directors Council, replacing Dr. Paul Satterlee (MN).

Update from Mark Kirk, MD, Office of Health Affairs, DHS (by phone) – Dr. Kirk, a medical toxicologist, is the Director of Chemical Defense Program from the Office of Health Affairs, Department of Homeland Security. He joined the meeting by telephone to address the Council about the recent letters that were issued regarding Meridian Medical’s DuoDote[®], an auto-injector used for nerve agent or pesticide exposure. A small number of the auto-injectors were out of specification which led to failure to activate or failure to administer the full dose. Because replacement products are not yet available, the FDA has issued a 12-month extension on the expiration date when used for nerve agent exposure. He instructed that existing supplies should not be discarded; rather, if the needle does not deploy, the user should discard the injector and get another one. Even at the lower dose, the medicine should still be effective. The FDA and Meridian Medical are developing a replacement program, but it is unknown when the new products will be available.

Joint Presentation with Data Managers Council: Cardiac Arrest Registry to Enhance Survival (CARES)

Bryan McNally, MD, MPH, Executive Director of CARES, presented the successes and challenges with this model data collection system and how it has helped EMS and the community improve survival from cardiac arrest. In summary, CARES provides agencies with a confidential, web-based program to gather quickly and easily local information such as 9-1-1 response times and locations. The purpose is to help EMS providers evaluate their performance in order to improve outcomes for persons who have out of hospital cardiac arrest. The software creates graphs, charts, and maps for EMS providers to compare their performance with other participating communities in the United States. CARES began in 2005 in the Atlanta area and has since expanded to multiple sites around the country. Dr. McNally’s presentation is included in the flash drive distributed to meeting registrants.

Committee/Project Updates

- National Ski Patrol – Dr. Harry Sibold said the Ski Patrol’s Executive Director has left and they are not filling the position. They will continue the dialog once they have someone in charge of the organization.
- EMS Education Agenda Implementation – Dr. Cunningham reported that the I-Team met on Sunday; it appears the majority of states plan to get on board with the new paramedic level, but some states are not planning on adopting the Advanced EMT level. Dr. Brian Moore reported the Pediatric Workgroup has been active in recent months. Their goal has been to address pediatric needs as identified in the gap analysis.
- National EMS Advisory Council (NEMSAC) – Dr. Carol Cunningham fills the EMS medical director seat on NEMSAC. She noted that Susan McHenry’s report included the majority of NEMSAC’s recent activities. In addition, the Council has learned a great deal about the difficulty that military medics face transitioning to civilian EMS jobs. The next meeting is December 4-6 in the Washington area; it is open to the public.
- CoAEMSP – Dr. Peter Taillac serves as NASEMSO’s representative on the CoAEMSP Board. The biggest challenge currently is the requirement that paramedic training programs be accredited by CoAEMSP in order for their graduates to be able to take the NREMT exam.

State Reports (continued)

- Dr. Charles Cady (WI) - One group of EMRs want to expand their scope while others want less training. Tactical EMS is another issue currently as police officers want to utilize more invasive procedures (to stick a needle in their partner’s chest). Narcan in layperson’s hands is also an issue that has surfaced in Wisconsin.
- Dr. Matt Sholl (ME) – Maine just completed their state protocols revision. Community paramedicine is a major interest in his state with much emphasis on reducing hospital re-admission rate.
- Dr. Brian Moore (NM) – Their 3 year cycle for scope of practice is due. Dr. Moore said after reviewing the evidence, they will likely remove pediatric intubations from the scope of practice for prehospital providers.

Joint Presentation with PECC:

Integrating EBG Pediatric Prehospital Protocols into Practice

Manish I. Shah, MD, Baylor College of Medicine, presented the successes and challenges encountered in developing and implementing an evidence-based pediatric respiratory distress protocol using the National Prehospital Evidence-Based Guideline Model Process in three Texas urban areas and measuring patient-centered outcomes from EMS and hospital databases. Dr. Shah was initially involved in developing the prehospital pediatric seizure evidence-based guideline which began in 2009 under NHTSA’s OEMS with support from HRSA’s EMSC program. He selected the pediatric respiratory distress EBG for this project as there was already a pediatric seizure project underway. Houston, Austin and Dallas were the 3 sites selected for his project to implement the guideline.

Adjourn – The Medical Directors Council adjourned at 3 p.m. Members were encouraged to make arrangements to arrive one day early for the NAEMSP meeting in Tucson in order to attend the Medical Directors Council meeting on January 15, 2014.