



**NASEMSO Medical Directors Council  
Hyatt Regency Coconut Point Resort  
Bonita Springs, Florida  
January 9, 2013, 8:30 am – 4:00 pm**

Meeting Record

**Members Attending** - Joe Nelson, Chair, Carol Cunningham(OH), Douglas Kupas (PA), George Lindbeck (VA), Julia Martin (KY), Ross Megargel (DE), Sarah Nafziger (AL), Paul Satterlee (MN), Matt Sholl (ME), Harry Sibold (MT), Murry Sturkie (ID), Peter Taillac (UT), Daniel Wolfson (VT) and Mary Hedges (NASEMSO Program Manager)

**Guests:** Sabina Braithwaite (ACEP), Isabelle Brea (EMS fellow), Jim DeTienne (NASEMSO President), Paul Hinchey (NAEMT), Susan McHenry (NHTSA), Danita Koehler (AK)

**Call to Order** - Joe Nelson, Chair, called the meeting to order and asked for introductions. New state medical directors, Julia Martin (KY) and Dan Wolfson (VT) were introduced.

**2013 Work Plan** – Joe Nelson reviewed the updated work plan for 2013 which was recently revised and presented at the December NASEMSO Board meeting. He will ask the regional representatives to contact the state directors in the 7 states and territories without a medical director. In addition, the non-participating medical directors will be contacted and encouraged to get involved. Carol Cunningham said the Culture of Safety Project draft was recently released. Two concerns are the definition of EMS (that this council completed) was omitted and there was insufficient mention of state EMS offices. Doug Kupas indicated that he felt it was not critical that the definition of EMS be included in the Culture of Safety white paper. Murry Sturkie explained his rationale for defining EMS, describing the example of the ski patrol in Montana which is not regulated because it claims it is not EMS. Peter Taillac asked about publishing the definition of EMS as an alternative to including it in the Culture of Safety document.

**Model EMS Guidelines Project Update** – Carol Cunningham reported that the Model EMS Guidelines project is funded through a grant from NHTSA and HRSA (EMSC). She and Rich Kamin (CT) are CO-principal investigators, and the project grew out of work Rich initiated in the Medical Directors Council. The first work group meeting is on Saturday and Sunday in nearby Fort Myers. Joe Nelson said he understood that the National Disaster Medical Service (NDMS) program is developing medical guidelines. This is important information to bring to the attention of FICEMS. Some said that the NDMS guidelines will be different than EMS guidelines. Murry asked who will update these guidelines once they are published. Members discussed how important it is to regularly update model guidelines for them to be beneficial.

**EBG Implementation Grant Update** – Matthew Sholl and Peter Taillac described the new competitive evidence-based guideline project that is kicking off with a webinar on Friday. This project is using one of the evidence-based guidelines developed by the earlier NHTSA project. The goal is to determine the best practices for implementing evidence-based guidelines at the statewide level. The first step is to adopt a format for guidelines. (They like the format New Hampshire uses.) This is a three-year grant project. Participating states (Arizona, Kansas, Idaho, Tennessee, Wyoming) were chosen because they had

different approaches to EMS guidelines. Members asked if the guideline they are using could be posted on the website. NHTSA does not want it posted until it has been published, which will be soon.

**NASEMSO President's Report** – James DeTienne said it has been a pleasure to watch NASEMSO grow and mature, and now is an especially interesting time. Other organizations look to NASEMSO. The NASEMSO Board Retreat was held in December where further work was done in addressing future directions. Much time was spent on addressing NASEMSO's role in Advocates for EMS and concerns with the present lobbying firm, Holland and Knight. Jim said he would like to create a committee on Community Paramedicine. Jim said he continues to push NASEMSO in deciding in what capacity we want to focus on as an association. He acknowledged Harry Sibbold's role in the ski patrol meetings. The ski patrol wants to be recognized in their EMS role but not regulated. Jim said that he is pleased to be able to participate in the Council's meeting today as he usually does not have the opportunity. Peter asked if Jim will bring the definition of EMS to the attention of the Board and request that it be published. Jim agreed he would. Dr. Nelson expressed the Council's appreciation of Jim's attendance today.

**ACEP Hand-off of Care Policy Statement** - Doug Kupas was involved with the ACEP EMS Committee which originally drafted the policy statement. They sent it to other organizations for feedback. The NASEMSO Board referred it to the Medical Directors Council for a recommendation. Doug previously presented it to the Council at the September meeting in Boise. The Council did not finalize the wording, as it did not reach consensus on the phrase *transfer of care vs. hand off of care*. Another wording option is *transition of care*. Doug said he has been sharing the policy statement with other organizations getting feedback. Discussion ensued as to opposition from some EMS providers who indicate they do not have time to complete information at the time of transfer of care.

## **State Reports**

Idaho - Murry Sturkie said Idaho is just beginning its 3 month legislative session. There are no major activities, but they are currently running their revised scope of practice through the state rulemaking process, which has to be done yearly.

Delaware – Ross Megargel reported that Delaware had a long battle with the state fire marshal over standing protocols. They will be ending their present state data collection system and will be moving to the Image Trend product. The new data collection system will utilize an IPAD for field providers. A judge ruled that their MOLST forms were illegal. Several nursing homes were requiring residents to sign the MOLST form.

Utah – Peter Taillac said their Trauma System Advisory Committee is trying to determine how to do statewide performance improvement for trauma. They have just completed their state EMS protocols which are to be rolled out as optional protocols this spring. They have been working on an electronic POLST form which will be stored by the Bureau of Vital Records. EMS providers will be allowed access to the read-only version of completed POLST forms. He believes there are only 3 states with electronic POLSTS. New York and Idaho are the others. They have also been working in EMT-I transitions.

Pennsylvania- Doug Kupas said they are revising their rules defining scope of practice for EMS providers and are sticking closely with the national standards. First Responders/EMRs are actually losing some skills as they transition to the national scope of practice. Pennsylvania is also a Heart Rescue state, a project with which he has been very involved. Two years ago they had two optional protocols for CPR—hands only and traditional. Now they are going to one protocol - compression only.

Virginia – George said his state recently completed a revision of its rules. Virginia has had a DNR form in place for some time and they are now accepting POLST and MOLST forms as well. Virginia was one of the states heavily invested in the Intermediate-99. With the changes in the national scope of practice, many of the physicians voted not to continue with the Intermediate level, but that quickly became a political issue.

Alaska – Danita Koehler (attending in place of Ken Zafren) said they are currently developing a map depicting deaths on highways with the purpose of demonstrating the problem with shortage of EMS volunteers. Alaska has used the EIRRA tool and would like a version that could be used by local providers.

Vermont – Dan Wolfson said Vermont is transitioning to a National Registry state. They are adopting state response time standards. They are working with the other New England states in adopting regional protocols.

Alabama – Sara Nafziger said Alabama is looking at vendors for learning management systems. Three more hospitals recently closed. Some individuals are trying to create an EMS Board to replace the state EMS office.

Minnesota – Paul Satterlee said the state EMS Board is requesting funding for a state EMS medical director, which was eliminated with recent budget cuts. He is a member of the EMS Board, rather than an employee or contracted medical director. As they move to the new scope of practice, the BLS services do not want to give up their variances to administer glucagon and epinephrine so they will retain that skill.

Kentucky - Julia Martin said in addition to a new state EMS medical director, Kentucky has a new state EMS director. The new EMS training regulations were recently enacted. They are looking to allow EMTs to connect a 12 lead and transmit (not interpret) because they are a state with a high incidence of cardiac arrest.

Maine – Matt Sholl described Maine’s new community paramedic program. CHF and COPD patients will be followed up by a community paramedic in an effort to keep the patient from requiring hospitalization. They are going to a 3-year cycle for updating protocols from a 2-year cycle. They are one of the states with mandatory state protocols. They have a new EMS educator who will be doing podcasts. Booth Bay Harbor Hospital has transitioned from a hospital to a clinic but there is a community concern about time before a patient reaches a physician. They are examining a way to connect the patient virtually to physician specialists before they reach the hospital.

Montana – Harry Sibold said Montana’s biggest news is that their new EMS rules were just accepted by the Board last month. The new EMS levels will be compliant with the new national scope of practice. The current I-99’s will remain but the level was gradually fade away as no new ones are licensed.

Ohio – Carol Cunningham said Ohio has developed a pediatric assessment for hospitals. The specialty care committee is working on developing a certification for tactical EMS providers. The Ohio EMS Board approved developing a certification for EMS medical director. She hopes that it will bring in new blood as there is a need for EMS medical directors. The state grants committee is requiring that grant applications be signed by the entity’s medical director. Melvin House is Ohio’s new state EMS director.

Florida – Joe Nelson said the state now mandates EMD certification for dispatchers who provide pre-arrival instructions. There are now 24,000 certified dispatchers. Many of the EMS systems are changing

their protocols which require transport to a stroke center so that they are differentiating between primary vs. comprehensive stroke centers. The State Fire Marshall made an unsuccessful attempt to take over the state EMS department last year, and they are watching to see if that arises again this year. The rules for designating trauma centers have been thrown out by the courts.

**Federal Update** – Susan McHenry, NHTSA Office of EMS, reported that as with all other federal agencies, their existing budget was extended through March as a result of the compromise resulting from the fiscal cliff negotiations in Congress. Because they do not know what their budget will be after March, it is difficult to commit to any projects. They are in the midst of trying to plan for 2013 projects. She has been working with Dia Gainor. She said she is looking forward to the Model EMS Guidelines Project meeting this weekend. The NIH has established a new Office of Emergency Care Research. Although it is not new funding, it is an attempt to coordinate research efforts in EMS. They want to establish an early dialog with the office.

### **Project and Committee Reports**

Community Paramedicine Consensus Conference (Oct 1-2, 2012) – Doug Kupas participated in the meeting in Atlanta funded by AHRQ. They assembled 120 individuals from across the country who broke into five panels to examine different aspects of community paramedicine. They realized they did not have enough payers (health plans) at the meeting. There were successful urban and rural programs utilizing EMS providers in a non traditional role. One clear consensus was there are gaps in health care that some level of provider (paramedic, EMT or even a trained citizen) could address. These gaps will be filled so it seems EMS should step up to the plate. Doug said there would be little change in scope of practice for paramedics while it may require different approaches. Jim DeTienne said that one of the first questions is what do the nurses think? He believes though that the other important question is what the medical directors think as it will require a different mindset and approach to medical direction.

National EMS Advisory Council (NEMSAC) – Carol Cunningham, who was appointed to NEMSAC in 2012, said that NEMSAC will meet the last week of January. The new transportation authorization bill strengthened NEMSAC, making it a mandatory committee which advises the Secretary of USDOT and the Federal Inter-Agency on EMS (FICEMS).

Committee on Accreditation of EMS Programs (CoAEMSP) – Peter Taillac, who serves on the CoAEMSP Board on behalf of NASEMSO, reported that the deadline for paramedic programs to be accredited is now upon us (January 2013). The deadline refers to the NREMT requirement that paramedic candidates sitting for the NREMT exam must have graduated from an accredited paramedic program. The deadline has put pressure on the accrediting body which has been incredibly busy this past two years. The NREMT requirement resulted from the EMS Education Agenda for the Future and the EMS Scope of Practice Model which envisions paramedic programs being accredited.

SCA in Youth Task Force – Sarah Nafziger said this is an initiative of the Citizen CPR Foundations. They have had one conference call so far and there were 35 participants, which made it difficult for meaningful participation. The conversation immediately progressed to a strong arm approach (mandatory AEDs at school sporting events) before it settled won to a more reasonable approach. By the end of the call, she was not sure what the action items were but they have another teleconference next week.

Coping Strategies for Emergency Care Drug Shortages (ASTHO) – Carol Cunningham reported on this meeting which was funded by the Association of state and Territorial health Officers (ASTHO). They issued a draft white paper which she forwarded to the members of the MD Council. There are links at

the end of the document which indicate what different states are doing. Carol was asked to resend the document to the listserv.

### **Liaison Reports**

NAEMT – Dr. Paul Hinchey said the 8th edition of *Prehospital Trauma Life Support* will be published in September, 2014. The EMS Safety course is proving to be popular and they are working on a second edition. They are working on a new geriatric course for EMS. EMS Day on the Hill is coming up March 6. They are examining ways to determine what EMS jobs exist. The EVENT tool for voluntary EMS near miss reporting is on the website. NAEMT has been collaborating with the American Council of Exercise in the development of suggested physical fitness guidelines for EMS practitioners.

ACEP - Dr. Sabina Braithwaite said that Melissa Costello from Alabama is the new EMS Committee Chair for ACEP. The new subspecialty board exam should be available in June. They will be collaborating with other groups to work with the FDA to address drug shortages. They also want to work with the DEA to address different interpretations of EMS administration of narcotics. Susan McHenry said they have met with officials from DEA on this issue and are making progress. She said there are some legitimate reasons for the problems including different laws and interpretations in the states. They plan to distribute information as it is approved by DEA. They are working on a disaster Medical Leadership initiative. (It was noted that NASEMSO has not been notified about participating in this effort.) The Culture of Safety draft has been issued; while the public comment period has ended, they welcome feedback from NASEMSO which she understands is forthcoming. Joe Nelson and Carol Cunningham expressed their concern that the definition of EMS was omitted from the document. Sabina said there were several organizations that protested the inclusion of the definition of EMS. Some opposed it because EMS has been and will continue to evolve. The concern is the definition may limit the document's use which is expected to be around for years ahead. Doug Kupas and Peter Taillac stated they did not feel that it was necessary to include the definition in the Culture of Safety document. Sabina said she felt the definition may have more weight and value as a stand-alone definition.

**Adjournment** – The meeting was adjourned at 4:10. Agenda items, including further discussion of DEA issues will be placed on the agenda of the next teleconference meeting in March.