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## [November 2017](#)

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# [The 4-1-1, Your Update on NASEMSO Projects and Activities](#)

- [Fatigue in EMS](#) — The team is heading down the home stretch with final evidence tables, guidelines, and performance measures expected online by the end of the year. Next up: experimental study on the effect of a fatigue management program on an EMS agency AND a free scheduling tool based on a biomathematical model of fatigue for EMS personnel!
- [National EMS Scope of Practice Model Revision](#) — The Expert Panel continues to meet on a monthly basis to discuss revisions to the Model. The Panel is currently reviewing comments collected from a National Engagement on the first draft and gearing up for a second public comment period starting in December to refine the descriptions of personnel levels.
- **Naloxone Evidence Based Guideline (EBG)** — Kenneth Williams, MD will lead an expert panel to develop an evidence-based guideline on the administration of naloxone by all levels of EMS practitioners. Jeffrey Goodloe, MD and John Lyng, MD will serve as co-investigators. The guideline is expected in 2018.
- [REPLICA](#) — 12 member states were present for the inaugural Commission meeting held in October 2017. Joseph Schmider (TX) has been elected Commission Chair and Jeanne Marie Bakehouse (CO) has been elected Vice Chair. Several states are currently considering legislation to implement the EMS Licensure Compact.
- [Safe Transport of Children](#) — Dr. Marilyn Bull (Riley Hospital for Children, Indiana University), Brandon Kelly (Wyoming Office of EMS), Stephanie Busch (NEDARC), and James Green (NASEMSO Engineering

Consultant) were present for a project update during EMS Expo last month in Las Vegas. The ad-hoc committee continues to meet to refine interim guidelines launched earlier this year and to develop resources for educating EMS providers on safely transporting children in ground ambulances based on the recommended criteria or standards.

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## [NASEMSO NEWS](#)

### **1. NASEMSO Congratulates TN State Director Donna Tidwell**

NASEMSO Board Member and State EMS Director Donna Tidwell was recently honored by the State of Tennessee for her leadership and service to the citizens of the Volunteer State and the Nation. Donna's career and military experience, as well as her handling of multiple major events that struck TN in recent years were recognized in a ceremony in Nashville. Governor Bill Haslam noted, "Donna's outstanding leadership helps provide Tennessee the capacity to respond effectively and efficiently during disasters to ensure public health and welfare." NASEMSO is proud to claim Donna as "one of our own" and echoes the sentiments expressed by Gov. Haslam. Congratulations for this well-deserved recognition, Donna!

### **2. REPLICA Commission Holds Inaugural Meeting**

In conjunction with NASEMSO's recent Fall Meeting in Oklahoma City, the 12 member states of the Recognition of Emergency Medical Services (EMS) Personnel Licensure Interstate Compact (REPLICA) assembled as the Interstate Commission for EMS Personnel Practice for the first time in the history of the nation's EMS system. REPLICA's model legislation creates a formal pathway for the licensed individual to provide pre-hospital care across state lines under authorized circumstances. Representatives from member states Alabama, Colorado, Delaware, Georgia, Idaho, Kansas, Mississippi, Tennessee, Texas, Utah, Virginia and Wyoming were in attendance. The Interstate Commission met to elect officers, adopt bylaws and conduct its first public hearing on rulemaking. The slate of officers and one member-at-large were elected as follows: Chairman Joe Schmider (Texas), Vice Chairman Jeanne-Marie Bakehouse (Colorado), Treasurer Stephen Wilson (Alabama), Secretary Andy Gienapp (Wyoming), and Member-at-Large Donna G. Tidwell (Tennessee). The next Commission meeting is slated for February 2018. For more information, contact REPLICA Advocate [Sue Prentiss](#).

### **3. NASEMSO Awarded Contract to Develop Naloxone Model Guideline**

NASEMSO will collaborate with the American College of Emergency Physicians (ACEP) and the National Association of EMS Physicians (NAEMSP) to improve emergency medical care in the U.S. by developing an evidence-based guideline for naloxone use by EMS personnel. A Technical Panel, comprised of experts in evidence based guideline development, EMS medical directors, addiction medicine, toxicology, and pain management will be

recruited to develop the guideline under a contract recently awarded to NASEMSO by the National Highway Traffic Safety Administration. Researchers will review available evidence to publish recommendations on the administration of opioid antagonists that are not addressed in existing reports. The guideline and supporting educational materials are anticipated in 2018.

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## [FOR THE STATES](#)

### **4. AHA Offers Resources on High Need, High Cost Patients**

Recent work by the National Academy of Medicine highlights the diverse medical, behavioral and social needs of high-need, high-cost patients. A variety of team-based approaches are needed to engage these patients across the continuum of care and address underlying behavioral and social risk factors. The Health Research & Educational Trust (HRET), an American Hospital Association (AHA) affiliate, is working to develop and identify a portfolio of promising strategies that benefit the high-need, high-cost population. For example, HRET's high-need, high-cost resource library consists of case studies, toolkits, guides and best practices gathered from hospital and health system leaders across the U.S. These resources address the top 10 clinical categories among high-need, high-cost patients, from behavioral health to cardiology to diabetes. [Read more.](#)

### **5. FDA Seeking Public Comments on Strategy to Combat Opioids**

The Food and Drug Administration (FDA) has established a public docket to the federal register soliciting suggestions, recommendations, and comments on the agency's newly established Opioid Policy Steering Committee (OSPC). OSPC will chart forward the agency's policy and strategic direction to combat the opioid epidemic. The FDA will accept comments at the docket through **December 28**. [Read more.](#)

### **6. Concierge Care Provides Quicker Access to Primary Care**

According to Modern Healthcare, a growing number of hospitals are offering concierge primary care to patients who can afford the services. For patients with busy schedules or chronic conditions, an annual retainer ranging from \$2,500 to \$6,000 at hospital-owned practices may offer the ability to schedule a same-day appointment, or text a doctor day or night if a health issue arises. The annual fee typically is charged on top of any office appointments, which are billed to the patient's insurance company. [Read more.](#)

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## [COMMUNITY PARAMEDICINE](#)

### **7. REMSA Offers New White Paper on Community Health Programs**

In 2012, the Regional EMS Authority (REMSA) in Reno, NV launched a system of community health programs to improve access to the appropriate level of healthcare throughout Washoe County, Nevada. Funded through a \$9.1 million Health Care Innovation Award from the Center for Medicare & Medicaid Innovation, part of the U.S. Department of Health and Human Services, the program consisted of three interventions:

- Nurse Health Line: a non-emergency phone number that provides 24/7 access to nurse navigators who could assess, triage and refer Northern Nevada residents to health care and community services.
- Alternative Destination Transports: paramedics conduct advanced assessments of 911 patients with low-acuity medical conditions and provide alternative pathways of care other than transport to a hospital-based emergency department, including transport to urgent care centers and clinics, a detoxification center, or mental health hospitals.
- Community Paramedicine: specially trained community paramedics perform in-home delegated tasks and point-of-care lab tests to improve the transition from hospital to home and improve care plan adherence.

A new white paper describing the outcomes of this effort is now available [here](#).

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## [DATA](#)

### **8. AHRQ 2.0: Strategies for Creating Value in the Digital Age**

In a new Agency for Healthcare Research and Quality (AHRQ) Views blog post, AHRQ Director Gopal Khanna provides additional information about his vision for AHRQ. This four-part vision, which centers on increasing use of data, includes developing a platform to create data-informed insights, catalyzing the evolution of learning health systems, engaging health care operation leaders in health services research, and empowering 360° person-centered care. Read the blog post [here](#).

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## [EMS EDUCATION](#)

## 9. USUHS Awards First Undergraduate Degree

Congress granted approval in the 2017 National Defense Authorization Act for the Uniformed Services University of the Health Sciences (USUHS) to grant undergraduate degrees. As a result, the College of Allied Health Sciences (CAHS) was established to meet the needs of military students and the Services by awarding transferable college credits that can lead to undergraduate degrees for corpsmen, medics and technicians completing military medical training programs at the Medical Education and Training Campus (METC) in San Antonio, TX. The degree program not only makes students more marketable and competitive for promotion, it offers significant cost savings to the Department of Defense. Currently, USUHS faculty assess academic portfolios for students in five METC programs – surgical technologist, medical laboratory technologist, nuclear medicine technician, physical therapy technician, and neuro-diagnostic technician, and for instructors in 49 METC programs. However, other military organizations have also expressed interest in working with the CAHS. Students' qualifications, other college credits, as well as the training received at METC, is documented and transferred to recognized, transcribed college credits with the opportunity to complete a degree awarded from USUHS. For more information on the USU College of Allied Health Sciences, visit [www.usuhs.edu/cahs](http://www.usuhs.edu/cahs).

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## [HEALTH AND MEDICAL PREPAREDNESS](#)

### 10. CMS Emergency Preparedness Rule Resource Updates and Reminders

CMS has developed the new Emergency Preparedness Training Online Course which is available 24/7. This course is required for all State Survey Agency and Regional Office surveyors and reviewers who conduct or review health and safety or Life Safety Code surveys for emergency preparedness requirements. Non-survey professionals involved in and responsible for ensuring compliance with regulations are also encouraged to take the course.

Accessing the course is simple. Navigate to the [Integrated Surveyor Training Website](#) and click on "I am a Provider." Next, click on the course catalog and search for the "Emergency Preparedness" course. You do not need a username and password to access the course through the provider link. If you need technical assistance, please contact the CMS ISTW Help Desk at 1-855-791-8900 or [cmstraininghelp@hendall.com](mailto:cmstraininghelp@hendall.com). Surveying for the emergency preparedness requirements begins November 15. Additional resources can be found on the [ASPR TRACIE CMS EP Rule](#) page and in the recently updated [ASPR TRACIE CMS and Disasters: Resources at Your Fingertips](#) document.

Don't forget about the [Advanced Copy of CMS Interpretive Guidance](#) and [CMS' Surveyor Tool](#), which illustrates whether and how each of the 17 provider types is affected by specific Code of Federal Regulations citations.

### 11. Refreshed NIMS Guidance Now Available

The Federal Emergency Management Agency (FEMA) recently released the refreshed National Incident

Management System (NIMS) to ensure that this important guidance continues to reflect the collective expertise of the whole community. NIMS applies to all incidents, regardless of cause, size, location, or complexity. Through an iterative process of engagement with stakeholders from across the nation, FEMA reviewed more than 3,000 comments to update NIMS guidance and incorporate the collective expertise and experience of the whole community. The refreshed NIMS:

- Retains key concepts and principles of the 2004 and 2008 versions of NIMS;
- Reflects and incorporates policy updates from lessons learned from exercises and real-world incidents and disasters;
- Clarifies the processes and terminology for qualifying, certifying, and credentialing incident personnel, building a foundation for the development of a national qualification system;
- Clarifies that NIMS is more than just the Incident Command System (ICS), and that it applies to all incident personnel, from the incident command post to the National Response Coordination Center;
- Describes common functions and terminology for staff in Emergency Operations Centers (EOC), while remaining flexible to allow for differing missions, authorities, and resources of EOCs across the nation; and
- Explains the relationship among ICS, EOCs, and senior leaders/policy groups.

FEMA will host a series of 60-minute webinars to discuss the updates in the refreshed NIMS and answer questions related to NIMS. The webinars will be open to the whole community. [Click here](#) to review the refreshed NIMS document and for additional webinar information.

## 12. FEMA Seeking Applicants to Join Hurricane Recovery Team

With 85 percent of the Federal Emergency Management Agency (FEMA) workforce in the field supporting 22 disasters nationwide, the agency continues to grow its workforce to bolster recovery activities underway in the states and U.S. territories affected by Hurricanes Harvey, Irma, Maria, and Nate.

FEMA is hiring dedicated people to join our recovery team, comprised of locally-hired workers. Through its hiring of temporary local employees and Cadre of On-Call Response/Recovery Employees (CORE), FEMA diversifies its workforce while affording opportunities for survivors to help fellow survivors. FEMA hires local residents, who are often disaster survivors themselves, to help their fellow citizens in the recovery process. Local hiring allows disaster survivors to get back to work while adding to the long-term recovery of the local community and bringing a special understanding of the problems faced by fellow disaster survivors. Most temporary local hires are employed following a streamlined, rather than a competitive, process.

A local hire's term of employment is 120 days, though it may be extended in 120-day increments up to one year. Temporary local hires do not earn career tenure or competitive status in the federal government. This means that they must compete with the public for future federal jobs rather than receive preference. FEMA also hires CORE employees to work for a specific, limited period, between two to four years. These positions may be renewed if there is ongoing disaster work and funding is available.

All CORE positions are hired under the Robert T. Stafford Act and are excluded from the provisions of Title 5 of the United States Code, which governs jobs in the competitive service. These CORE positions are eligible for the same benefits as permanent full-time (PFT) positions, but do not gain competitive status nor career tenure during their term. FEMA hires candidates into CORE positions under a streamlined, rather than competitive, process. [Read more.](#)

## 13. ASPR TRACIE Offers New FAQ on Opioids

A new fact sheet from the U.S. Department of Health and Human Services Assistant Secretary for Preparedness and Response (ASPR) was developed to provide answers to some of the most frequently asked questions that affect an ASPR audience e.g., regional ASPR staff, healthcare coalitions, healthcare entities, healthcare providers, emergency managers, and public health practitioners). It does not represent official agency policy, nor is it meant to be all-encompassing, but rather it serves as a snapshot of the challenges facing the healthcare emergency field at this time. The document reflects the ongoing discussion on the use of N95 and P100 masks during an emergency response when powder is present on a patient. [Read the FAQ.](#)

## 14. TRAIN Offers Course on Mass Dispensing and the SNS

A web-based training course now available from the Public Health Foundation's TrainingFinder Real-time Affiliate Integrated Network (TRAIN) will introduce learners to the terminology and concepts of mass dispensing at the community level. "Mass dispensing" refers to the delivery of medications or vaccines to the public to address a public health threat; other terms used to describe this activity include "MCM dispensing" and "mass prophylaxis". Public health threats could include a bioterrorism event such as a release of anthrax into a community or a naturally occurring event such as a novel disease outbreak. This course provides a brief introduction to the steps that occur before medical countermeasures arrive in local jurisdictions and describes basic dispensing methods. [Read more.](#)

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## [MEDICAL DIRECTION](#)

## 15. FDA Approves 1st Percutaneous Pump for RVF

Abiomed, Inc. has announced it has received U.S. Food and Drug Administration (FDA) pre-market approval (PMA) for the Impella RP<sup>®</sup> heart pump. Culminating from five years of research, this approval follows the prior FDA Humanitarian Device Exemption (HDE) received in January 2015 and adds the Impella RP heart pump to Abiomed's platform of PMA approved devices. The Impella RP System is indicated for providing temporary right ventricular support for up to 14 days in patients with a body surface area  $1.5 \text{ m}^2$ , who develop acute right heart failure or decompensation following left ventricular assist device implantation, myocardial infarction, heart transplant, or open-heart surgery. [Read more.](#)

## 16. Electronic Access to POLST Forms Starting to Rise

Officials at the Oregon Health and Science University (OHSU) have partnered with a California technology firm, Vynca, to allow health care providers to find electronically any of the 172,000 active forms in Oregon's Physician

Orders for Life-Sustaining Treatment (POLST) registry with a single click, no matter where they were filed. In California, prompted by a state law that took effect this year, a coalition of emergency and social service providers are working to create an electronic registry for POLST forms so they will be available to first responders and medical providers when they are needed. The group is starting with a three-year pilot project in San Diego and Contra Costa counties that could serve as a model for a single, statewide registry. Paper-based POLST forms are used across the nation, but electronic registries exist only in a few states, including Oregon, New York and West Virginia. [Read more.](#)

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## [PEDIATRIC EMERGENCY CARE](#)

### **17. DOJ Updates Figures on Commercial Exploitation of Children**

The annual number of persons prosecuted for commercial sexual exploitation of children (CSEC) cases filed in U.S. district court nearly doubled between 2004 and 2013, increasing from 1,405 to 2,776 cases, the Department of Justice (DOJ) Bureau of Justice Statistics (BJS) recently announced. During the period, a CSEC crime was the most serious offense or lead charge for 37,105 suspects referred to U.S. attorneys for investigation. Suspects referred for the possession of child pornography (72 percent) accounted most of the CSEC suspects, followed by those suspected of child sex trafficking (18 percent) and child pornography production (10 percent). The report, Federal Prosecution of Commercial Sexual Exploitation of Children Cases, 2004-2013(NCJ 250746), was written by William Adams and Abigail Flynn of the Urban Institute for BJS. The report, related documents and additional information about BJS's statistical publications and programs can be found on the [BJS website](#). In related news, EMS personnel can be instrumental in the identification and reporting of child victims. [Read more.](#)

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## [TRAUMA](#)

### **18. New Study Evaluates Private Vehicle Transport of Penetrating Trauma**

In a new cohort study just published by JAMA Surgery, researchers found that of 103,029 patients included in the National Trauma Data Bank, individuals transported by private vehicle were significantly less likely to die than similarly injured patients transported by ground emergency medical services, even when controlling for injury severity. Authors conclude that:

Ground emergency medical services transport is not associated with improved survival compared with private vehicle transport among patients with penetrating injuries in urban trauma systems, suggesting prehospital trauma care may have a limited role in this subset of patients.

Read the abstract [here](#).

Wandling MW, Nathens AB, Shapiro MB, Haut ER. Association of Prehospital Mode of Transport With Mortality in Penetrating Trauma A Trauma System–Level Assessment of Private Vehicle Transportation vs Ground Emergency Medical Services. *JAMA Surg*. Published online September 20, 2017. doi:10.1001/jamasurg.2017.3601

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## [FEDERAL PARTNERS](#)

### **19. FDA Warns of Hurricane Related Drug Shortages**

Since Hurricanes Irma and Maria devastated the island of Puerto Rico, the Food and Drug Administration (FDA) has been working closely with Baxter and other companies to reduce the risk of shortages of critically important drugs and to minimize impact on any existing shortages. In particular, Baxter and the FDA have closely monitored and identified ways to prevent a significant shortfall of production of Baxter’s sodium chloride 0.9% injection bags from its Puerto Rico facility. Also known as mini bags, this product is used to provide fluids and medicines to patients across the U.S. While these products have been in shortage industry wide since 2014 and other manufacturers exist, the agency and Baxter recognized that further shortage of this product could potentially put U.S healthcare at risk. The FDA has worked closely with Baxter to find solutions to prevent additional shortages. [Read more](#).

### **20. FDA Approves Implantable Device for Sleep Apnea**

The U.S. Food and Drug Administration (FDA) recently approved a new treatment option for patients who have been diagnosed with moderate to severe central sleep apnea. The Remede System is an implantable device that stimulates a nerve located in the chest that is responsible for sending signals to the diaphragm to stimulate breathing. The Remede System is comprised of a battery pack surgically placed under the skin in the upper chest area and small, thin wires that are inserted into the blood vessels in the chest near the nerve (phrenic) that stimulates breathing. The system monitors the patient’s respiratory signals during sleep and stimulates the nerve to move the diaphragm and restore normal breathing. The FDA evaluated data from 141 patients to assess the effectiveness of the Remede System in reducing apnea hypopnea index (AHI), a measure of the frequency and severity of apnea episodes. After six months, AHI was reduced by 50 percent or more in 51 percent of patients with an active Remede System implanted. AHI was reduced by 11 percent in patients without an active Remede System implanted. [Read more](#).

### **21. FDA Improves FAERS for Access to Adverse Report**

## Information

The U.S. Food and Drug Administration recently launched a new user-friendly search tool that improves access to data on adverse events associated with drug and biologic products through the FDA's [Adverse Event Reporting System \(FAERS\)](#). The tool is designed to make it easier for consumers, providers, and researchers to access this information. The new dashboard enables users to search for and organize data by criteria such as drug/biological product, age of the patient, type of adverse event, year the adverse event occurred, or within a specific timeframe. In addition to making it easier for consumers to search for adverse events reported with drug or biologic products, the FDA hopes the increased transparency will spur the submission of more detailed and complete reports from consumers, health care professionals and others, by making it easier for people to see other reports that the FDA receives, and search the database for similar observations.

## 22. CDC's One & Only Campaign Advocates Safe Injection Practices

Recent investigations undertaken by state and local health departments and the Centers for Disease Control and Prevention (CDC) have identified improper use of syringes, needles, and medication vials during routine healthcare procedures, such as administering injections. These practices have resulted in one or more of the following:

- Transmission of bloodborne viruses, including hepatitis C virus to patients
- Notification of thousands of patients of possible exposure to bloodborne pathogens and recommendation that they be tested for HCV, HBV, and HIV
- Referral of providers to licensing boards for disciplinary action
- Malpractice suits filed by patients

These unfortunate events serve as a reminder of the serious consequences of failure to maintain strict adherence to safe injection practices during patient care. Injection safety and other basic infection control practices are central to patient safety. All healthcare providers are urged to carefully review their infection control practices and the practices of all staff under their supervision.

The One & Only Campaign is a public health campaign, led by the Centers for Disease Control and Prevention (CDC) and the Safe Injection Practices Coalition (SIPC), to raise awareness among patients and healthcare providers about safe injection practices. The Campaign aims to eliminate infections resulting from unsafe injection practices. The One & Only Campaign offers evidence-based toolkits that focus on important aspects of injection safety. Access these toolkits for free [here](#).

## 23. GAO Study Highlights Safe Storage of Firearms

According to data from CDC, among children under age 18, in 2015 there were over 6,900 nonfatal firearm injuries seen in U.S. emergency departments and nearly 1,500 firearm-related deaths. CDC data also indicate that, across all ages, suicide accounted for about 61 percent of all firearm-related deaths in 2015.

While safe firearm storage practices—such as securing guns with a cable lock, or in a gun safe—reduce the risk of firearm injuries, estimates indicate that over one-quarter of household firearms are stored loaded and half of these are not kept locked. GAO was asked to identify programs related to gun access and provide information on the

effect of such programs.

This report addresses (1) what is known about public and nonprofit programs that promote the safe storage of personal firearms at the national and local levels, and (2) the extent to which safe storage programs have been studied and the results of the research.

Read "Personal Firearms: Programs that Promote Safe Storage and Research on Their Effectiveness" GAO-17-665 [here](#).

## 24. AHRQ Stats: Trends in Emergency Department Visits

Emergency department (ED) visits increased 15 percent from 2006 to 2014. During that time, ED visits for injuries decreased by 13 percent while ED visits for mental health/substance abuse increased by 44 percent. (Source: AHRQ, Healthcare Cost and Utilization Project Statistical Brief #227: [Trends in Emergency Department Visits, 2006-2014](#).)

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## [INDUSTRY NEWS](#)

## 25. New UKY Report Informs Trends in Ambulance Usage

Improved understanding of how Medicare beneficiaries, most of whom are elderly, use ambulance services provides vital information for policymakers who set rules and regulations about access to ambulance services. Using data provided by the Centers for Medicare and Medicaid Services, our work took a state-level look at usage across the United States. Not all Medicare beneficiaries used ambulance services equally across the states. For instance, two largely rural states, Kentucky and Utah, used ambulance services very differently. We believe policymakers and researchers need to consider differences across the regions of the U.S. when evaluating reimbursement and rules about usage. When looking at changes in the supply of ambulance services in an area, policymakers need to consider the current rate of usage of those services.

### Key Findings:

- Ambulance usage for Medicare beneficiaries differed by state by the following measures: percent of Medicare beneficiaries using services, number of miles transported per year and per day, and number of days of services used in a year.
- The highest percentage of Medicare beneficiaries using ground ambulance was in New England whereas the least was in the Mountain states.
- Medicare beneficiaries in the South who used ground ambulance services traveled the most miles in a year and the ones in the West traveled the fewest miles.
- Alabama, Kentucky, South Carolina, Tennessee, and West Virginia were the top five states in ambulance usage by all measures for 2012-2014.
- Alaska, Arizona, Colorado, Hawaii, Nevada, and Utah were the bottom six states in ambulance usage by all

measures for 2012-2014.

- Air transportation was most prevalent in the West. However, a small fraction of Medicare beneficiaries used air ambulance service compared to ground transportation.

[Read more.](#)

## 26. View Randolph Mantooth's Keynote Address

### Happy 45th Anniversary: Remembering Why

Check out Randolph's inspirational keynote that includes some firsthand observations of EMS professionals over the years, delivered with equal parts humor and genuine admiration for the profession he helped introduce when EMERGENCY! first aired on Saturday nights on NBC 45 years ago. View the stirring Keynote Tribute by Randolph Mantooth at EMS Expo 2017 from Las Vegas, NV [here](#).

## 27. NEMSSC Offers Guide for EMS Agency Safety

The National EMS Safety Council (NEMSSC), a coalition of national EMS organizations, recently compiled several recommendations to encourage EMS safety practices at the agency level. The new primer, "Guide for Developing an EMS Agency Safety Program", is intended to serve as a roadmap for EMS agencies to develop and implement a comprehensive safety program. Recognizing that EMS agencies have differing levels of resources available for safety programs, the guide contains sample policies EMS agencies can adopt or readily customize to their particular agency type, size and needs. Topics addressed include roles and responsibilities of the safety officer, facility safety and security, vehicle operator safety, scene safety, infection control, personal health and safety, and patient safety. Read more and download the free guide [here](#).

## 28. Anthem BC/BS To Compensate EMS Care Without Transport

The quest of American EMS providers for more sensible reimbursement will reach a key threshold on January 1, 2018, when Anthem BlueCross BlueShield begins paying for treatment without transport for patients in states where it offers commercial coverage. The major insurer's new policy marks a vital step toward the goal of sustaining community paramedicine and mobile integrated healthcare programs that have sometimes struggled to find ongoing financial footing. The reimbursement will be offered for HCPCS A0998-coded 9-1-1 responses in California, Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Missouri, Nevada, New Hampshire, New York, Ohio, Virginia and Wisconsin. The company hopes to include its Medicare and Medicaid plans as well, though there are varying state requirements to navigate first. Due to those differences, not all 14 states will begin January 1, though most will. [Read more.](#)

## 29. AASM Releases Position Statement on HSAT

A new position statement published by the American Academy of Sleep Medicine (AASM) describes the appropriate clinical use of a home sleep apnea test (HSAT). An HSAT is a medical assessment that can be ordered by a

physician for the diagnosis of obstructive sleep apnea (OSA) in select adults. In the position statement the term “physician” refers to a medical provider who is licensed to practice medicine. The statement, which is published in the Oct. 15 issue of the Journal of Clinical Sleep Medicine, comprises the following positions:

- Only a physician can diagnose medical conditions such as OSA and primary snoring.
- The need for, and appropriateness of, an HSAT must be based on the patient’s medical history and a face-to-face examination by a physician, either in person or via telemedicine.
- An HSAT is a medical assessment that must be ordered by a physician to diagnose OSA or evaluate treatment efficacy.
- An HSAT should not be used for general screening of asymptomatic populations.
- Diagnosis, assessment of treatment efficacy, and treatment decisions must not be based solely on automatically scored HSAT data, which could lead to sub-optimal care that jeopardizes patient health and safety.
- The raw data from the HSAT device must be reviewed and interpreted by a physician who is either board-certified in sleep medicine or overseen by a board-certified sleep medicine physician.

Common symptoms of OSA include loud snoring, choking or gasping during sleep, and daytime sleepiness. According to a clinical practice guideline published earlier in the year by the AASM, polysomnography is the standard diagnostic test for the diagnosis of OSA in adult patients in whom there is a concern for OSA based on a comprehensive sleep evaluation. However, a home sleep apnea test with a technically adequate device can be used for the diagnosis of OSA in uncomplicated adult patients presenting with signs and symptoms that indicate an increased risk of moderate to severe OSA. [Read more.](#)

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## [INTERESTING ABSTRACTS](#)

### **30. Electronic Triage Tool Improves Care of ED Patients**

To help differentiate patient triage levels in the emergency department, Levin et al at the Johns Hopkins University developed an electronic triage tool (e-triage) based on machine learning that predicts likelihood of acute outcomes enabling improved patient differentiation. In a recently published paper in the *Annals of Emergency Medicine*, the e-triage tool showed equal or improved identification of patient outcomes compared to ESI based on a multi-site retrospective study of nearly 173,000 emergency department visits. The study showed significant differences in patient priority levels using e-triage and ESI. Levin, Scott et al. Machine-Learning-Based Electronic Triage More Accurately Differentiates Patients With Respect to Clinical Outcomes Compared With the Emergency Severity Index. [Read more.](#)

### **31. Admissions Decline but Observation/ED Visits on the Rise**

Trends showing fewer hospital admissions and more treat-and-release observation stays or emergency department (ED) visits have occurred among patients across all insurance categories, according to a recent AHRQ-funded

study. “The Shifting Landscape in Utilization of Inpatient, Observation, and Emergency Department Services Across Payers,” published in the *Journal of Hospital Medicine*, showed hospital admissions decreased while observation and ED visits increased from 2009 to 2013 among patients who were uninsured or covered by Medicare, Medicaid or private insurance. Among Medicare patients, for example, admissions fell by 17 percent while observation stays increased by 33 percent. The study analyzed data from AHRQ's Healthcare Cost and Utilization Project for 10 common conditions in four states. [Read more.](#)

## 32. Researchers Study Relationship Between Gun Shows and Firearm Injuries

Matthay and colleagues examined the association between gun shows occurring separately in California and Nevada and short-term changes in the rates of fatal and nonfatal firearm injuries in California regions exposed to those shows. The full text is available without a subscription [here](#).

Matthay EC, Galin J, Rudolph KE, Farkas K, Wintemute GJ, Ahern J. In-State and Interstate Associations Between Gun Shows and Firearm Deaths and Injuries: A Quasi-experimental Study. *Ann Intern Med.* [Epub ahead of print 24 October 2017] doi: 10.7326/M17-1792

## 33. Ideal Cricoid Pressure Is Biomechanically Impossible During Laryngoscopy

Researchers in New South Wales, Australia are reporting the results of a prospective, randomized controlled trial of Rapid Sequence Intubation (RSI) with Cricoid Pressure (CP) within the Emergency Department (ED). The primary aim of the study was to examine the link between ideal CP and the incidence of aspiration. Authors conclude:

Laryngoscopy provides a counter force to CP which is negated to facilitate tracheal intubation. The concept that a static 3.060 kg- 4.075kg CP could be maintained during laryngoscopy and intubation was rejected by our study. Whether a lower CP range could prevent aspiration during RSI was not explored by this study.

[Read more.](#)

Trethewy, C. E., Doherty, S. R., Burrows, J. M. and Clausen, D. (), Ideal Cricoid Pressure Is Biomechanically Impossible During Laryngoscopy. *Acad Emerg Med.* Accepted Author Manuscript. doi:10.1111/acem.13326.

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- [NAEMSE Instructor Course Level 2](#)
- [CAAHEP Accreditation Update & Evaluating Student Competency Workshops](#)
- [NAEMSE/NREMT Regional Scenario Development Workshops](#)

## Statewide EMS Conferences

- [VA Statewide Conference](#), November 8-12, 2017, Norfolk, VA
- [NJ Statewide Conference](#), November 9-11, 2017, Atlantic City, NJ
- [TX Statewide Conference](#), November 19-22, 2017, Fort Worth, TX

## National Conferences and Special Meetings

### [International Association of Emergency Managers Annual Conference](#)

November 10-16, 2017 in Long Beach, CA

### [NAEMSP Annual Meeting](#)

January 11-13, 2018 in San Diego, CA

### [EMS Today 2018](#)

February 21-23, 2018 in Charlotte, NC

### [International Association of Fire Chief's Annual Fire-Rescue Med Conference](#)

June 4-6, 2018 in Henderson, NV

### [EMS World Expo 2018](#)

October 29 - November 2, 2018 in Nashville, TN

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**Kathy Robinson, RN, EMT-P, QAS**

National Association of State EMS Officials  
201 Park Washington Court  
Falls Church, VA 22046  
Email: [robinson@nasemso.org](mailto:robinson@nasemso.org)  
Phone: 703.538.1799 Ext. 1894

## CONTACT NASEMSO STAFF

**Elizabeth Armstrong, CAE, MAM /**  
Executive VP  
(703) 538-1799 ext. 8  
[armstrong@nasemso.org](mailto:armstrong@nasemso.org)

**Dia Gainor /** Executive Director  
(703) 538-1799 ext. 7  
[dia@nasemso.org](mailto:dia@nasemso.org)

**Sharon Kelly /** Executive Assistant  
(703) 538-1799 ext. 2  
[kelly@nasemso.org](mailto:kelly@nasemso.org)

**Kathy Robinson /** Program Manager  
(703) 538-1799 ext. 1894  
[robinson@nasemso.org](mailto:robinson@nasemso.org)

**Kevin McGinnis /** Program Manager  
(571) 749-7217  
[mcginnis@nasemso.org](mailto:mcginnis@nasemso.org)

**Leslee Stein-Spencer /** Program  
Manager  
[stein-spencer@nasemso.org](mailto:stein-spencer@nasemso.org)

**Mary Hedges /** Program Manager  
[hedges@nasemso.org](mailto:hedges@nasemso.org)

**Rachael Alter /** Program Manager  
[alter@nasemso.org](mailto:alter@nasemso.org)

**Sue Prentiss /** Program Manager  
[prentiss@emsreplica.org](mailto:prentiss@emsreplica.org)

**Joe Ferrell /** Program Manager  
[joe@nasemso.org](mailto:joe@nasemso.org)

**Karen Thompson /** Website Manager  
[thompson@nasemso.org](mailto:thompson@nasemso.org)

**Zoe Renfro /** Project Coordinator  
[zoe@nasemso.org](mailto:zoe@nasemso.org)

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