

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
State Advisory Council on Emergency Medical Services

MEETING SUMMARY
CONFIDENTIAL PEER REVIEW
MEETING DATE: October 23, 2018

A meeting of the State Advisory Council on Emergency Medical Services was held on October 23, 2018 at 1230 pm at Jefferson City, Truman Building, Room 493-494 with Dr. Lynthia Andrews presiding. A quorum was present.

APPOINTED BOARD MEMBERS: Mark Alexander, Dr. Lynthia Andrews, Ben Chlapek, Dave Herman, Eric Latimer, Ruby Mehrer, Wally Patrick, Helen Sandkuhl, Sam Schneider, Dr. David K. Tan.

BOARD MEMBERS PRESENT: Dr. Lynthia Andrews Chair; Mark Alexander; Ruby Mehrer; Wally Patrick; Helen Sandkuhl; Dr. David Tan (by phone)

ABSENT: Ben Chlapek, Dave Herman, Eric Latimer, Sam Schneider

GUESTS: Lori Beck, SLCH; Dr. Sabina Braithwaite, Wash U; Trish Casey, Cardinal Glennon; Joshua Dugal, Cardinal Glennon; Jim Fingerhut, SCCAD (by phone); Dr. Brian Froelke, Wash U; Dr. David Gustafson, Reg A Chair and multiple EMS agencies; Jeff Hawkins, Taney Co Amb District (by phone); Dr. Dee Hodge, SLCH/Wash U; Pam Jackson, St. Luke's KC; Mike Latta, KCFD; Debbie Leoni, Southeast Health (by phone); Bud Mantle, Mercy SL; Art Maxwell, NTA Ambulance; Rande McCrary, NEMSMA; Gina Pellerito, BJC; Lee Varner, CPS; Debbie Stark, SLH-KC (by phone); Dr. Jeffrey Siegler, Wash U (by phone); Valerie Waddell, CMH (by phone); Mike Wallace, Med-Trans; Jason White, MARC

DHSS Staff: David Lanigan, DHSS; Terry Ellsworth, Chief BEMS

The meeting was called to order at approximately 12:30 pm. Introductions were completed.

Topic	Discussion/Conclusion	Recommendation/Actions	Follow-up
I. Review of Minutes			
A. Approval of Minutes Sept 25, 2018	<i>Mark Alexander moved to approve the Sept 25, 2018 minutes. Wally Patrick seconded. Motion passed.</i>	The approved minutes will be posted on the BEMS website following signature.	

II. Subcommittee Reports

A. Pediatrics Subcommittee Patricia Casey, Vice Chair	<p>Trish Casey reporting: EMSC and Ped SAC meeting together. Misty Jones unable to attend today.</p> <p>MO is behind national standards in transporting pediatric patients safely in ambulances. A recent pediatric survey of Missouri medics revealed most are uncomfortable with taking care of sick kids. More education is desirable to increase comfort level.</p> <p>The pediatric committee is exploring ways to link to a state website to share education and messages.</p> <p>Statewide special medical needs form being reviewed. Some action items need to be assigned.</p> <p>Dr. Andrews recalled having a system where ambulances were inspected for readiness for pediatric patients—helped identify needs and then equipment added, protocols reviewed etc. to show pediatric readiness. Window decals were awarded for display after compliance established. There was a question regarding resale of items like child restraints systems. While there is no state law, many don't resell because of liability. Most have expiration dates on seats. Big box stores will take car seats back twice a year and give discounts on new car seats</p>	. Trish Casey will continue to steer the committee to include the statewide Special Medical Needs Form.	
B. Trauma Subcommittee Dr. David Gustafson, Chair	<p>Dr. Gustafson reporting: Trauma subcommittee met Oct 9 in Columbia. Discussion included CME requirements, especially regarding the neuro surgeons educ. Suggested a one hr. lecture quarterly to meet education requirements of trauma system.</p> <p>TCD analysis: Outcome dependent on outcome of task force. Arkansas got the legislators support first and kept the relationship to support their trauma system.</p> <p>Problem: State has no-diversion time in its site review--ACS wants 5% or less diversion time. When inspectors come, they have been applying ACS standards but not consistent from hospital to hospital.</p> <p>Next meeting is Dec 5th in KC.</p>		

<p>C. Legislative Subcommittee Mark Alexander</p>	<p>Mark Alexander reporting: Rewrite of regulations committee met Oct 16 in Columbia. Focus on .342 licensure of personnel also .331 training entities. Removed duplication and combined language. Discussion includes what needs to be done if exceeding the scope of practice for EMT or Paramedic. Exploring the options for oversight. Whether medical director has control or if check and balance system is better. Want input from Reg Med Director's meeting later today. Today final language agreed to for Scope of Practice. Authorized medical directors to change the scope of practice for paramedics and also EMT. Proposed: If the medical director wants to authorize medics to work above the national scope of practice the physician must be:</p> <ol style="list-style-type: none"> 1. Board Certified eligible or 2. Board Certified in EMS or 3. Board certified in other specialty or 4. A community hospital physician who works emergency department or 5. A doc practicing in community without emergency department experience, is required to have memo of understanding with a board-certified doc and the board-certified doc has to review the practice, protocols etc. if medics are going to practice beyond the national scope. <p>As we finish the regulations, Terry Ellsworth sends them through the system including the governor.</p> <p>TCD Legislative state committee: Trying to take shackles off and take medical treatment out of regulations in order to make changes easier. Trying to make all hospitals in state to be part of TCD. Looking at barriers to remove so smaller hospitals can participate.</p>		
<p>D. Education Subcommittee Chuck Doss, Chair</p>	<p>October meeting was cancelled.</p>	<p>Chuck Doss will continue to send pertinent information to the committee. Next meeting 3rd Wed. of Nov.</p>	

• Topic	• Discussion/Conclusion	Recommendations/Actions	Follow-up
• SUBCOMMITTEE REPORTS (Continued)			
<ul style="list-style-type: none"> • E. Air Ambulance Committee • Ruby Mehrer, Chair 	<p>Air Evac Sedalia experienced two separate bird strikes the same evening.</p> <p>West Plains Air Evac I experienced full intrusion of bird during strike. No people injuries either incident.</p> <p>KU had helicopter land on closed helipad. Debris blew in all directions.</p> <p>Appropriate destinations for pediatric neuro trauma discussed. Only centers are in SL and KC.</p>		
<ul style="list-style-type: none"> F. Emergency Management Wally Patrick, Chair 	<p>Wally Patrick reporting:</p> <p>Florida had MO EMS response to hurricane destruction.</p> <p>Ebola walk thru exercise recently.</p> <p>Cyber security conference was attended.</p>		
Topic	Discussion/Conclusion	Recommendation/Actions	Follow-up
III. Regional Subcommittee Reports			
A. Northwest	<p>Ruby Mehrer reporting: Oct 17 meeting.</p> <p>Discussion included the response to nearly 300 heat related incidents at the Air Show in August.</p> <p>RHSOC grant money still available.</p> <p>Next meeting Nov 21.</p>		
B. Central	No report		
C. Southwest	<p>Mark Alexander reported: Met earlier this month. TCD in am then education on childbirth and distress. Next meeting is November 16.</p>		
D. Southeast	<p>Debbie Leoni reported:</p> <p>Next meeting is Dec 7.</p>		
E. East Central	<p>Helen Sandkuhl said the next meeting is Nov 11. Elections will take place.</p> <p>There may be as much as \$7500 or so to donate to EMS,</p>		
F. Region A	<p>Dr. Gustafson reported that the next meeting is Nov 5. Chip Portz will do presentation on community paramedics and how to gather stats without a formal community paramedics program.</p>		

<p>G. Regional EMS Medical Directors -Dr. Sabina Braithwaite</p>	<p>Dr. Braithwaite reported the Regional EMS Medical Directors met after SAC last meeting</p> <p>1st meeting: reframing and define how to support EMS</p> <p>Short term goal—data on regional and state levels.</p> <p>Advocating for that as data comes in—trying to be data based. Also get away from operational standards. More important that staff knows what they are doing; looking at clinical things that are good for patient care. Need bench line indicators identified. TCD may give opportunities to explore.</p> <p>Medical Directors want to serve as a resource. They support a Just Culture approach.</p> <p>Focus areas to discuss: Best practice statements or advisory statements. Red lights sirens, destinations</p> <p>2nd meeting (held before SAC today)</p> <p>A motion was passed saying Reg medical directors will support NAEMSO guidelines when updating protocols.</p> <p>The medical directors also support regional medical group involvement in the discussion on National Scope of practice being the foundation and how the parameters can be exceeded. Certain things could be extracted from EMS records for outcome data.</p> <p>Special needs issues –Gap in comfort in giving home medications not in protocols.</p> <p>MO supports the Arizona data points for NIEMIS system</p> <p>Regions may want to collect more— If so, data points should be submitted to Terry Ellsworth for consideration. He will submit minimum data sets. It will be okay if we want more, just not less.</p> <p>Dr. Braithwaite says Regional Community plans are regulation friendly not medicine friendly so looking ways for medical review process without touching the regulatory part.</p>	<p>Dr. Braithwaite will continue to report committee activity at SAC meetings.</p>	
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IV. DHSS-BEMS Rep

<p>Terry Ellsworth BEMS Chief</p>	<p>Funding for EMS services to train 40 people across the regions for child restraint systems. The service needs to sign an MOU to say they will do inspections. First come first served. Terry says to contact him if you have people to train and he will refer on to injury control. Only for EMS agencies, not hospitals.</p>		
<p>Topic</p>	<p>Discussion/Conclusion</p>	<p>Recommendation/Actions</p>	<p>Follow-up</p>
<p>Center for Patient Safety Lee Varner</p>	<p>Lee Varner reported the PSO continuing to grow in MO and other states. Data seeing 14 deaths reported. Airway and Medication related. Also, process failures or breakdowns. Dec will have a webinar to address the process and organizational issues. EMS Expo in Nashville -- Doing Precon EMS Boot Camp on Patient Safety. EMS Assessment and Safety Culture. Had three of 12 areas scoring lowest: Info exchange Staffing work pressure and fast paced Communications and Speaking up Highest Scoring was: Organizational response Teamwork Communication during response</p>		
<p>Old Business</p>	<p>MHA bids for electronic tracking system in Dec -- will be doing hands on process. DHSS works thru hospital preparedness---contracts to do patient tracking. Vendor planning is a 2-year process. One phase is fact finding with EMS.</p>		

New Business	Jim Fingerhut gave short presentation by phone. He wants EMS in Missouri to be proactive with the DEA, BNDD as policy is developed to comply with the national law passed earlier this year. He presented an overview of the ACT. He suggested putting a small group together to sit down with BNDD and find out where gaps are between them and DEA. MO needs to be ready with input when the Feds are ready. It will be easier to be in sync then. David Lanigan said BNDD will mirror the DEA and won't work on MO part until DEA does their part. Jim Fingerhut provided the names of 5 people from the legislative committee that are interested in working on the project (Art Maxwell, Kat Probst, Gene Bradley, John Clemens, Ruby Mehrer). BNDD personnel not available today—at conference in Columbia. Dr. Andrews will follow up.	Dr. Andrews will explore option for committee.	
Next Meeting	Next meeting is scheduled for Nov 27, 2018 at the Truman Building in Jeff City	An agenda will be sent prior to the next meeting.	
Adjourned	Meeting adjourned approximately 1:45 pm		



Dr. Lynthia Andrews, Presiding for SAC Chair
 Summary respectfully prepared by Ruby Mehrer

Date Approved 11-29-18