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

**MEETING SUMMARY**  
**CONFIDENTIAL PEER REVIEW**  
**MEETING DATE: August 25, 2020**

A meeting of the State Advisory Council on Emergency Medical Services was held on August 25, 2020 by <https://global.gotomeeting.com/join/897177493> or One-touch: <tel:+18722403212,,897177493> or 1 (872) 240-3212  
Access Code: 897-177-493 with Dr. David Tan presiding. A quorum was not 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:** Mark Alexander, Ruby Mehrer; Helen Sandkuhl, Dr. David Tan

**ABSENT:** Dr. Lynthia Andrews, Chair; Ben Chlapek, Dave Herman, Eric Latimer, Wally Patrick; Sam Schneider.

**ATTENDEES:** Jamie Blackwell, Cox Health; Gene Bradley, AHAD; Dr. Sabina Braithwaite, Wash U & MO State EMS Medical Director; Dr. Christie Brock, Centerpoint (HCA) Independence; Marc Carr Boone Hospital EMS; Carrie Chismarich, SSM DePaul; John Clemens, Marion Co EMS; Josh Creamer, MU EMS; Susan Crum, Cox Health; Chuck Doss, Boone Co Fire; Lori Freeman, SCCAD & NAEMT; Angela Giegerich, HCA Centerpoint; Dr. Dee Hodge, SLCH/Wash U; Pam Jackson, SLH-KC; Laura Kemerling, CMH-KC; Dr. Melissa Kroll, Wash U; Mike Latta, KCMO FD; Debbie Leoni, SE Health; Bud Mantle, Mercy-SL; Chris Mattes, Mercy Spfld; Art Maxwell, NTA Amb; Tracy McDonald, HCA Midwest; Dean Meenach, Mercy-SL; Tom Modin, St. Luke's KC; Darin Pfeifer, HCA-KC; Travis Richards, Air Evac; Patty Richey, WMMC; Kelly Riedel, SSM Health; David Seastrom, CMH-KC; Heather Scruton, CMH-KC; Dr. Jeffery Siegler, Wash U; Dr. Josh Stilley, MUHC; Jason White, MARCER-KC.

*Note: If you attended but are not reflected on the attendees list, please email [ruby@lifeflighteagle.org](mailto:ruby@lifeflighteagle.org) for correction.*

**DHSS Staff:** Nicole Gamm, Chris Herring; George Miller

The meeting was called to order at approximately 12:40 pm.

Topic	Discussion/Conclusion	Recommendation/Actions	Follow-up
<b>I. Review of Minutes</b>			
<b>A. Approval of Minutes June 23, 2020</b>	Dr. Tan presiding in absence of Dr. Andrews. No quorum. June 23, 2020 minutes tabled.	Will be an agenda item next meeting.	
<b>II. Subcommittee Reports</b>			
<b>Pediatrics Subcommittee Patricia Casey, Chair</b>	Dr. Dee Hodge reported Pediatric Subcommittee did not meet this morning.		
<b>B. Trauma Subcommittee Dr. Christie Brock, Chair</b>	Dr. Brock reported the trauma committee met and discussed trauma education the difficulty of getting recertified. Most classes are virtual. The committee is exploring other opportunities. It was announced that Jami Blackwell is being promoted within her organization so the trauma committee will be losing her as a resource.		
<b>C. Legislative Subcommittee Mark Alexander</b>	<p>Jason White reported the language in the AED (Automatic External Defibrillator) law was changed so it is easier for businesses, schools, etc. to have AEDs on site. The changes include not having to have a medical director. Senator Onder removed language that required the location of the AED to be reported to the local PSAP (Public Safety Answering Point). Intention was always to have that loaded into CAD (Computer-aided Dispatch) so if an AED is available the PSAP could relay the location to the 911 caller requesting help. It has been recognized the omission needs to be corrected. A task force has been created and will have recommendations in 6-8 weeks. Mark Alexander suggested considering a survey of PSAPs to explore how many provide the service now.</p> <p>EMD (Emergency Medical Dispatch)—PSAPs are required by law. About 50% handle medical calls. Many think all PSAPS handling medical calls should have EMD training. A survey might provide more accurate data. EMD education needs to be addressed for PSAPs to be sure citizens are receiving the help they need in a medical emergency before the first responders arrive.</p>	AED, PSAPs, and DNR status/ progress will be reported next meeting. Resolutions / endorsements will be considered if needed, at the September meeting.	

DNR (Do Not Resuscitate)—formal resolution requested. An adjustment in the DNR law to provide liability protection to Missouri medics was signed into law. Now other forms can be accepted. Previously, only the Missouri purple form gave that protection. There is concern that DHSS will want regulations written regarding this. Many think regulations are not needed. Palliative Care docs support recognizing other forms including the TPOPP forms. Research show nearly every other state bordering or near Missouri meet the requirements of Missouri's liability protection. It is recognized that pediatric and pregnant patients are excluded, and further conversation is needed for them. SAC was asked to provide a resolution supporting immediate implementation of the law. *Discussion indicated all members of SAC present had no objection but since there was not a quorum a formal resolution could not be passed.*

EMD for PSAPs—SAC endorsement requested. AHA (American Heart Association) emphasized need for dispatchers to have the ability to do telephone CPR etc. if they dispatch medical calls. The 911 Board is considering this issue. Jason White requested an endorsement from SAC supporting EMD education for those PSAPs. Such an endorsement would help the 911 Board address the issue. He also indicated some of the dispatch information ties back into CARES (Cardiac Arrest Registry to Enhance Survival) data. PSAPs would collect data when they help with CPR or provide AED location prior to first responders arriving. Gene Bradley says lots of educ need for County Commissioners of ambulance districts before they will support dispatches providing medically related info for medical emergencies. They view it as a huge liability for the dispatchers and the ambulance district. Of the approximately 185 PSAPs, 50-60 are under an ambulance district. The remainder are run by cities or by county governments. *Discussion indicated SAC members present had no*

	<i>objection to endorsing EMD education for PSAPs that dispatch medical calls but there was no quorum so a formal endorsement could not be passed.</i>		
<b>D. Education Subcommittee</b> <b>Chuck Doss, Chair</b>	Chuck Doss reported the Education Subcommittee met last Wednesday by conference call and discussed the waiver of paramedic student's clinical time requirements due to the difficulty of getting clinical hours in hospital settings etc. The waiver applied only to the classes nearly ready to graduate when things were shut down due to the COVID virus. Hours versus proficiency are also being discussed.	For info contact Chuck Doss <a href="mailto:cdoss@bcfdmo.com">cdoss@bcfdmo.com</a> Educ. Subcommittee meets 3 <sup>rd</sup> Wednesdays at noon by conf call. Agendas and call info posted on <a href="https://health.mo.gov/safety/ems/">https://health.mo.gov/safety/ems/</a>	
<b>E. Air Ambulance Subcommittee</b> <b>Ruby Mehrer, Chair</b>	Air Ambulance Subcommittee met this morning. The group spent time reconnecting and discussed much of what is in these minutes elsewhere. Additionally, Kansas requested data submission to a NEMSIS website. Christy Dressler, CMH-KC, provided info to the group and email it to Dr. Sabina Braithwaite as well. The purpose of the data collection is to determine the amount of PPE needed if there is another COVID spike or similar incident. Discussion concluded Missouri is not collecting similar data.		
<b>F. Emergency Management</b> <b>Wally Patrick, Chair</b>	Wally Patrick absent. Helen Sandkuhl reporting. MHA has good material as does DHSS and CDC for COVID training. Helen provided websites for more info: <a href="https://www.healthit.gov/topic/health-it-health">https://www.healthit.gov/topic/health-it-health</a>  <a href="https://www.cdc.gov/coronavirus/2019-ncov/">https://www.cdc.gov/coronavirus/2019-ncov/</a>  Helen also said influenza vaccine should be available in Sept. or Oct. All EMS personnel should strongly consider getting the vaccine as soon as possible. She also said that we should be considering how to get the COVID vaccine to the First Responders, schools, etc. A plan should be developed now so we are ready to implement it asap when the vaccine is available.		

<b>G. TCD Helen Sandkuhl</b>	See old business below.		
<b>H. MIH Community Paramedics Dr. Melissa Kroll</b>	<p>This committee usually meets by phone on the 2<sup>nd</sup> Mondays.</p> <p>Dr. Kroll said there was no meeting this month but there has been conversation regarding Community Paramedics as part of the COVID response. Community Paramedics and telehealth medicine is also being discussed. Dr. Kroll will send out something to review what each program is doing, changes made and what will be permanent.</p> <p>Dr. Kroll said Dr. Josh Stilley sent out an Advanced Paramedic Practitioner document. Very little negative input at this point. The document will be sent to Ruby to distribute to the SAC email list.</p> <p>Dr. Kroll wants to reach out to rural agencies to see what they need to develop MIH in their area. Most MIH/Community Paramedics are affiliated with bigger urban centers.</p>	<p>Contact Dr. Kroll at <a href="mailto:mkroll@wustl.edu">mkroll@wustl.edu</a> with questions or comments.</p> <p><i>(Late entry: Ruby Mehrer has not received the document yet)</i></p>	
<b>III. Regional Subcommittee Reports</b>			
<b>A. Northwest</b>	Art Maxwell said NW did not have a meeting in August.	Next meeting scheduled for September 3 <sup>rd</sup> Wednesday, in Cameron.	
<b>B. Central</b>	<p>John Clemens reporting. Vaccination guidelines are being developed to assist local health dept. at their request. He is looking at what other states do.</p> <p>Results of a stroke survey on screen tools will be presented to EMS in the Central Region.</p> <p>Stroke survey on stroke screening tools. Will present to EMS to select on.</p>	Next meeting is Oct 1, general meeting at noon.	

	<p>Liz Kendrick discussed EMSC activities. Contact her for any education needs.</p> <p>COVID decontamination measures for EMS and hospitals were reviewed.</p> <p>CARES program was discussed.</p> <p>MU planning a webinar series for EMS</p> <p>Central STEMI group efforts underway to get going again.</p>		
<b>C. Southwest</b>	Jami Blackwell—said there was no report for SW.	Next meeting	
<b>D. Southeast</b>	Debbie Leoni said SE has not met since COVID hit. The TCD conference usually held in the SE Region was cancelled.		
<b>E. East Central</b>	<p>Helen Sandkuhl met Aug 14 virtually. It has been decided not to have a Life Saving Awards banquet but will do a number of smaller ceremonies.</p> <p>Legislative issues, COVID and Drug shortages were also discussed.</p>	Next meeting Oct. 9	
<b>F. Region A/West Central</b>	No report	Next meeting is Sept. 14,	
<b>G. Regional EMS Medical Directors</b> <b>Dr. Sabina Braithwaite</b>	<p>Dr. Braithwaite reported the subcommittee met this morning. Her verbal report follows. Her Notes on her meeting are copied and pasted below.</p> <p>Dr. Braithwaite is working with Chuck Doss, Education Subcommittee, on requirement for paramedic hours.</p> <p>Dr. Braithwaite also stated that there are no statutory requirements to get the record to hospitals. Only a requirement to make them available. Mark Alexander told Dr. Braithwaite about the MEMSA website having updated proposed changes to many of the regulations. Included was one addressing EMS documentation. DHSS will have to move the regulations forward if changes are to be made. Dr. Braithwaite will review the proposed updates.</p> <p>Chris McCarthy noted it is not just EMS but a cooperative effort with hospitals to make the systems work together. Just realize both EMS and hospitals have responsibilities to each other.</p> <p>Dr. Tan says hospitals need records. It is best if we can</p>		

work together to achieve that.

The following is Dr. Braithwaite's Notes from her meeting today:

**Regional Medical Director's Committee Meeting**  
Notes

Meeting Date: Aug 25, 2020 at 1000hrs

Meeting Location: Zoom meeting ONLY

Committee Members Attending: Sabina Braithwaite MD, Matt Brandt MD, Erica Carney MD  
Guests: Ruby Mehrer (SAC), Chris Mattes (Mercy Springfield), Laura Kemerling (Childrens Mercy), Nicole Gamm (Mo BEMS), Jeff Siegler MD (WUEMS / RTAD / Mehlville)

I. Old business

a. COVID issues:

- i. PPE shortages on hospital side in KC area
- ii. KC area planning flu immunization starting in October
- iii. Note capability on Kansas side to monitor PPE on a weekly basis through NEMSIS – not possible on MO side due to lack of full EMS reporting requirement and significant time lag in reporting requirement. EM Resource has optional module to report PPE

but MO hospitals on KC side not wanting to participate – MHA controls EM Resource and will not share info.

b. Legislative updates

i. DNR legislation signed into law. Jason working with stakeholders to get DNR paperwork from surrounding states to BEMS for approval under this law.

1. On agenda for SAC for approval of some today. KY and IA forms do not meet MO standards, others do.

II. New business

a. CARES Missouri update

i. 911 Board and dispatch CPR: discussing opportunities here, considering survey of all PSAPs incl who is using dispatch CPR, how we could support increasing use of this, among other things. CARES has a dispatch module, looking at potential for a grant that might be able to fund implementation of this.

ii. AED registration issue:



ordinance in Kansas City requires medical direction – they are trying to get rid of this since it creates obstacles for businesses to get AEDs. Work in progress with multiple stakeholders – possible “one stop shop” on 911 board website to register new AEDs, to engage with business leadership at state level and possibly info sheet from interested stakeholders providing information to businesses on importance of voluntarily linking to their local PSAP.

- iii. Looking for funding for CARES subscription starting January 1, 2021 as well as funding for coordinator starting July 2021. Dr Carney will talk to her agencies who were CARES members previously about considering contributing those funds toward some intermediary to help pay for subscription fee.

b. Education committee

- i. Waiver passed after discussion with education to take care ONLY of current students who had already completed didactic

and competencies but not met the hours required in regulation (from the antiquated Natl Std Curriculum). **Agreed to work with Education Committee on how to deal with hours vs. competencies going forward.**



Waiver Bureau of  
EMS EMT-Paramedic

- c. Fall flu / COVID prep interventions: No specific needs identified.
- d. Trauma triage protocols from East Region (below) – need to go through Nicole Gamm / TCD for approval then to this group, sent today to expedite approval and movement to SAC once approved by state.
  - i. Discussion that Peds is 0-14, adult 15+, consistent with ACS COT, updated from 2015, added EtCO<sub>2</sub>, addressed issue of EMS driving to L2 when L1 was marginally different in time, causing secondary transfers, also addressed issue of replantation availability. Jeff Siegler is contact for questions.



East Central Region East Central Region  
EMS Committee – AcEMS Committee – Pe

e. EMS record availability –for research and concurrently for patient care. There is no statutory or regulatory requirement (see below) to submit charts to receiving healthcare facility. Ever. Nor is there requirement to submit data to state except on life-threatening calls, and that is only quarterly. **Need to discuss with Mark and Jason regarding how to address this – Biospatial when approved will have minimal efficacy with the limited requirement to submit data to state. Ruby says some draft updated language to regulation addresses this – may need to push for implementation.**

***Statute: 190.175. Records to be maintained by licensee. —***

1. Each ambulance service licensee or emergency medical response agency licensee shall maintain accurate records, which contain information concerning the care and, if applicable, the transportation of each patient.
2. Records will be retained by the ambulance service licensees and emergency medical response agency licensees for five years, readily available for inspection by the department, notwithstanding transfer, sale or discontinuance of the ambulance services or business.
3. A patient care report, approved by the department, shall be completed for each ambulance run on which are entered pertinent remarks by the emergency medical technician, registered nurse or physician and such other items as specified by rules promulgated by the department.
4. A written or electronic patient care documents shall be completed and given to the ambulance service personnel by the health care facility when a patient is transferred between health care facilities. Such patient

care record shall contain such information pertinent to the continued care of the patient as well as the health and safety of the ambulance service personnel during the transport. Nothing in this section shall be construed as to limit the reporting requirements established in federal law relating to the transfer of patients between health care facilities.

5. Such records shall be available for inspection by the department at any reasonable time during business hours.

(L. 1973 S.B. 57 § 16, A.L. 1998 S.B. 743, A.L. 2002 S.B. 1107)

**190.176. Data collection system.** — 1. The department shall develop and administer a uniform data collection system on all ambulance runs and injured patients, pursuant to rules promulgated by the department for the purpose of injury etiology, patient care outcome, injury and disease prevention and research purposes. The department shall not require disclosure by hospitals of data elements pursuant to this section unless those data elements are required by a federal agency or were submitted to the department as of January 1, 1998, pursuant to:

- (1) Departmental regulation of trauma centers; or
- (2) The Missouri brain and spinal cord injury registry established by sections 192.735 to 192.745; or
- (3) Abstracts of inpatient hospital data; or
- (4) If such data elements are requested by a lawful subpoena or subpoena duces tecum.

2. All information and documents in any civil action, otherwise discoverable, may be obtained from any person or entity providing information pursuant to the provisions of sections 190.001 to 190.245.

**Regulations 19 CSR 30-40.375 Uniform Data Collection System and Ambulance Reporting Requirements for Ambulance Services**

(1) An ambulance report or an electronic ambulance reporting system shall be used by an ambulance service to record information on each ambulance run and shall be subject to approval by the department.

(2) A copy of all emergency life threatening runs as described in section (4) shall be sent to the department at least quarterly no later than thirty (30) days after the end of each quarter.

(3) Each ambulance service shall report to the department the total number of emergency life threatening runs, emergency urgent runs, emergency dry runs, non-emergency life threatening runs, non-emergency urgent, and non-emergency dry runs no later than thirty (30) days after the end of each calendar year.

(4) Each ambulance report shall include, but not be limited to, the following information: run report number; date of run; ambulance service number, vehicle identification number; state of pickup; county of pickup; type of run to scene; type of run from scene; times dispatched, enroute, arrive scene, depart scene, and arrive destination; place of incident; patient destination; personnel license numbers; systolic blood pressure; respiratory rate; Glasgow coma score; protective equipment used; factors affecting emergency medical services (EMS); treatment authorization; trauma assessments; cause of injury; illness assessment; destination determination; patient name, address, date of birth, race, and sex; and treatment administered. The ambulance service shall keep a copy of this information for at least five (5) years.

### III. Reports from Regional Medical Directors, Bureau Chief

- a. Bureau Chief – Nicole Gamm standing in for Sam Vance: License Management System up and running, financed by DHSS so no current move to have providers pay. As of Sept 1, all new and renewals will be online. Agencies should be verifying their accounts so they are ready.
- b. Erica Carney (Region A) KC prepping for flu / COVID, immunizations etc. They have noted and verified increase in OOHCA and penetrating trauma

since COVID, suspect increased suicide.

c. Matt Brandt (Southwest)

- i. Dr Coughenour appointed to Board of Health for state – Congratulations!

IV. Resources

- a. Oregon Crisis Care Guidance – COVID. Helpful info from NASEMSO / Oregon / David Lehrfeld MD



2008 Oregon Crisis Care Guidance EMS.

V. On hold / parking lot (will not address this meeting)

- a. HEMS utilization – NAEMSP / ACEP / AMPA position statement nearing completion

VI. Adjournment

- a. Next meeting Sept 22, 2020 at 1000.

<b>BEMS</b> Sam Vance, Chief	Nichole Gamm LMS New renewal and first-time license guidelines are available. Licenses can be put in the system now or a person can wait until renewal. Medics should be able to track progress on the new licensing system. As of Sept 1, BEMS will no longer take paper requests for license.		
		<b>Recommendation/Actions</b>	
<b>Center for Patient Safety</b> Shelby Cox	No report.		
<b>Old Business</b>	<p>Mark Alexander said there has been no in-person meeting of the state TCD committee since COVID hit. He said Dean Linneman resigned. Dean was part of DHSS and chaired the TCD committee. No one has been named to replace him as far as we know. TCD remains in a holding pattern now.</p> <p>Dean Linneman resigned No one replace him yet In holding pattern now</p> <p>Helen Reg TCD: Governor waivers pertaining to rules for Stroke and STEMI centers extend to end of year. Quiet otherwise.</p>		
<b>New Business &amp; Announcements</b>	None.		
<b>Next Meeting</b>	Next meeting is scheduled for Sept 22, 2020.	An agenda will be sent prior to the next meeting.	
<b>Adjourned</b>	Meeting adjourned approximately 1:30 pm		

*Dr. David Tan*

Date Approved: **September 22, 2020**

Dr. Lynthia Andrews, SAC Chair, absent, **Dr. David Tan Presiding**

