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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: October 24, 2017

A meeting of the State Advisory Council on Emergency Medical Services was held on October 24, 2017 at 12:35 pm at the Truman Building in Jefferson City, with Dr. Lynthia Andrews presiding. There was no quorum.

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

BOARD MEMBERS PRESENT: Dr. Lynthia Andrews Chair, Ben Chlapek, Joan Eberhardt by phone, Ruby Mehrer, Helen Sandkuhl.

ABSENT: Mark Alexander, Dave Herman, Eric Latimer, Wally Patrick, Sam Schneider, Dr. David Tan

GUESTS: Lori Beck, SLCH; John Clemens, Marion County EMS, Noreen Felich, Research Medical Center; Lori Freeman, Barnes Jewish Hosp and SCCA ; Dr. Brian Froelke, Wash. U; Dave Gibson, University MO Ambulance; Michael Grienberg, Ozark Central Dr. David Gustafson, EMS Med Director; Julia Hudler, Lake Regional Hospital; Leeann Johnson, University MO Columbia; Jerry Johnston, Cole Co EMS; Misty Jones, MU Ambulance; Linda Kerr, Mike Latta, KCMO FD; Debbie Leoni, Southeast Health; Teresa Lienhop, Truman Med. Center; Bud Mantle, Mercy SL; Art Maxwell, NTA Ambulance; Rande McCrary, NEMSMA, Sharon Monical, Barnes Jewish Hospital; Stephanie Reich, Belton Regional Med Center; Dana Spruell, Research Medical Center; Jason White, MARCER. **By Phone:** Bob Patterson

DHSS Staff: Terry Ellsworth BEMS; Nicole Gamm, DHSS; William Koebel, Deputy Director Licensing

The meeting was called to order at approximately 12:35 pm. Introductions were completed

Topic	Discussion/Conclusion	Recommendation/Actions	Follow-up
I. Review of Minutes			
A. Approval of Minutes	There was no quorum to approve the minutes. Tabled until the next meeting.	The minutes will be posted on the BEMS website following approval and signature by Dr. Andrews.	Approval of Sept 26, 2017 minutes will be on the November agenda

II. Subcommittee Reports			
A. Pediatrics Subcommittee Noreen Felich, Chair	<p>Noreen Felich reported Pediatric subcommittee did not meet today. A conference call is planned for later.</p> <p>Dr. Andrews said the pediatric information form being developed by the pediatric group is to be finished by the first of the year.</p>	<p>Noreen Felich to follow up on the pediatric information form.</p>	
B. Trauma Subcommittee Dr. Doug Schuerer, Chair	<ul style="list-style-type: none"> • Dr. Schuerer not in attendance. The Trauma Subcommittee did not meet today. William Koebel and Nicole Gamm announced DHSS has extracted adult triage and transport and pediatric and adult trauma regulations definitions from legal to gain some movement on these regulations. The legal department is bogged down with 22 pages of trauma regulations. It is tedious to review them for conflicts in other legislation. Mr. Koebel gave Dr. Andrews a paper copy of the regulations he referenced. He will forward an electronic copy as well. Mr. Koebel suggested we may have to adjust the wording of the regulations he provided, for example, we may need to scratch out references to the Level IV trauma centers at this point. He is attempting to move forward at least this part of the trauma regulations. Helen Sandkuhl said the regional committees will need to review and all the trauma regulations again. • Nicole Gamm reported DHSS has received 58 applications for STEMI reviews. till open for application. 24 have applied for Level I, 14 for Level II, 9 for Level III and 4 for Level 4. The goal is to be finished reviewing the sites by March or April of 2018. • In response to questions on alternate pathways for accreditation Mr. Koebel and Ms. Gamm indicated SB 50 allowed the alternation pathway. If accreditation is achieved through a national body that will meet requirements for the state survey. However, the state transport regulation is one that must be followed. Some hospitals are electing to seek both accreditations. If there is a problem and the national accreditation is suspended, then the state accreditation would still stand. Otherwise if the national accreditation was lost, then the hospital would be removed from being named as an accredited center. 		

	<ul style="list-style-type: none"> • Dr. Froelke asked who he could refer people to for a national accreditation. Mr. Koebel said that will be addressed after the comment period. • Leeann Johnson asked if the Level IV designation has a sunset or if it was being suspended temporarily. Nicole Gamm said the plan is to have Level IVs in the final transport regulation but in order for the transport regulation to move ahead, the Level IV designations may have to come out temporarily. • The electronic copy of the bill will be distributed. Questions can be routed to Nicole Gamm. 		
<p>C. Legislative Subcommittee Mark Alexander, Chair</p>	<ul style="list-style-type: none"> • Jason White said comments on data reporting revealed two areas of concern: time frame for reporting and transition hand-off report. No action. • Communicable disease new reg will be pushed out electronically. It is important the right person gets it. • First Net—radio band network going national. Time for MO to opt in or out • Regulation review project did not get discussed. DHSS ordered to review all regs. Proposed webinars and face to face meetings are being considered. Think group will get together to formulate a plan for the process. • National—extenders probably bundled. Other issues including CHIPS funding and the Puerto Rico hurricane are diverting attention from this issue; • A community paramedic class is starting at CJCFPD in Blue Springs. • Boot Camp for Patient Safety in KC area is being held November 13. • Blood draws for ETOH levels on law enforcement orders continues to be discussed. Dr. Froelke is getting protocols from other states including Pennsylvania and Ohio. It is important to have EMS consensus before approaching the Highway Patrol. • 911 topics—Survey went out to PSAPS. 60% return was not adequate. Trying to get the data from survey to meet requirements for a study ordered in SB 510. 		

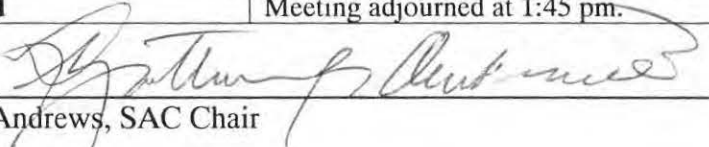
<p>D. Education Subcommittee Chuck Doss, Chair</p>	<p>Education Subcommittee meeting was held October 18th by conference call. The new NREMT NCCP recertification standard was discussed. After supporting the switch to NCCP at the end of September we found that instead of an optional NCCP status the NREMT placed Missouri as full NCCP. What this means is that those who are up for recertification with the NREMT in March 2018 will have to meet the new NCCP standards and will not have the option to recertify under the old traditional method. The NREMT said they are unable to change our status to optional NCCP but did offer a work around. Attached is a letter from the NREMT outlining the options or recertification. Terry Ellsworth has further information. The following is a copy of the letter from NREMT:</p> <p><i>Terry Ellsworth October 19, 2017</i> <i>Chief Bureau of Emergency Medical Services</i> <i>Missouri Department of Health and Senior Services</i> <i>920 Wildwood</i> <i>Jefferson City, MO 65109</i> <i>Re: Traditional Education with NCCP Recertification Application</i></p> <p><i>Terry,</i> <i>The National Continued Competency Program (NCCP) Model of Recertification was implemented in Missouri on September 28, 2017. All providers recertifying their NREMT certification will be required to use the NCCP 2012 or NCCP 2016 model requirements. Traditional education will be accepted for up to 2 years in Missouri. NREMT will accept the traditional education or Traditional State-Approved Refreshers. I understand in Missouri that education programs may instruct Traditional Refreshers in their entirety, while training agencies and other entities must complete the requirements as individual courses.</i> <i>When entering education in the NREMT application, courses may be entered as continuing education, certificate courses (standardized courses), NCCR Component, and Traditional Refreshers. There are 2 options to entering courses to complete a National Component where in Traditional education is still accepted.</i> <i>Option 1: If a provider completed individual courses, or education equal to a Traditional Refresher, it is best to enter the last day of the completed courses, as if bundling the courses, as a Traditional Refresher. The training agency may then issue one certificate if</i></p>	<p>Terry says to click state approved refresher instead of putting in hours and the hours will print out. They don't have a way to cross walk the two but is a work around</p>	
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	<p><i>the provider was randomly selected for an audit, stating that the Traditional Refresher education requirements were met, number of hours of education, and last day of completion, signed by the authorized agency training officer. Likewise, if a State-Approved Traditional Refresher was completed from the educational institution, the Traditional Refresher completion date on the certificate would be used and a traditional refresher should be selected. Both will auto-fill the National Component in the NCCP application on the 2012 and 2016 model.</i></p> <p><i>Option 2: An agency or provider may enter the individual courses taken. Depending on the specific courses and content taught, this may or may not meet all subtopic requirements of the National Component of the 2012 or 2016 NCCP Model. If there is a gap in education, such as needing 0.5 hours of VADs education, it would be up to the provider or agency to obtain that education and properly document that subtopic to satisfy National Component requirements prior to application submission.</i></p> <p><i>Please let me know you need any further clarification or assistance.</i></p> <p><i>Sincerely,</i> <i>Megan Hollern, M.A., RN, NRP</i> <i>Recertification Coordinator</i> <i>National Registry of EMTs</i></p> <p>Next meeting is a conference call scheduled for November 15.</p>		
• Topic	• Discussion/Conclusion	Recommendations/Actions	Follow-up
• SUBCOMMITTEE REPORTS (Continued)			
<ul style="list-style-type: none"> • E. Air Ambulance Committee • Ruby Mehrer, Chair 	<ul style="list-style-type: none"> • Ruby Mehrer reported laser strikes and drone activity was discussed. • Air to air communication averted a possible problem when two helicopters were called by two different agencies to a scene. Neither helicopter knew an additional helicopter would be landing. Pilots doing call-outs resulted in air to air communication. 		
F. Emergency Management Wally Patrick, Chair	Wally Patrick not in attendance. No report.		

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III. Regional Subcommittee Reports			
A. Northwest	Art Maxwell reported NW Region did not meet in Oct. Will meet Nov 8 at Cameron.		
B. Central	<ul style="list-style-type: none"> • John Clemmons reported the committee transitioned back to EMS from TCD. • Developing standards, documents. TCD developing air transfers parameters. • Lake Regional is hosting Bob Page's cardiac education. • MO ACE has new ITLS. • Next meeting Nov 2. 	F	
C. Southwest	Bob Patterson reported Southwest will meet Nov 17. Dr. Scott Duff speaking. Next meeting is on TCD initiatives		
D. Southeast	Debbie Leoni reported the region is working on protocols for heparin. Next meeting is Dec 1, St Francios.		
E. East Central	<ul style="list-style-type: none"> • Helen Sandkuhl reported East Central has been discussing communication and transparency. Regional Application process being reviewed. Some EMS partners say not following the application process. Terry Ellsworth says application goes to DHSS—to Terry or directly to DHSS—Terry will contact the region to see what is open. Director of DHSS will appoint members of 6 regional advisory committees. • Mr. Koebel asked if people are not getting response when rejected. People not sure. Terry Ellsworth said the policy is to notify those who have been appointed as well as those who have not. • Helen Sandkuhl encouraged applicants to follow whatever process is identified in writing, • Dr. Gustafson from Region A and John Clemens, Central, say they have gathered information and sent it as a packet of applicants to BEMS. 		
F. Region A	Dr. Gustafson reported Region A did not meet in September. Their next meeting is scheduled on November 6, 2017 at 2 pm at CJC.		
G. Regional EMS Medical Directors -Dr. Brian Froelke	Dr. Froelke reported the Regional EMS Medical Directors met this morning.		

	<ul style="list-style-type: none"> • Blood draws –survey and collection of data from national organizations indicate we are not alone in challenges. The medical directors are trying to bring back consensus for a united front. • TCD –role of reg med directors being evaluated. Appreciate work of smaller groups. The doctors rely on the work of the liaison groups. • Dr. Andrews discussed how to help with the regulations review. She suggested trying to divide up the work between the 6 regions and then meet as a group after the regions make initial recommendations. • In response to a question, Mr. Koebel said the goal for the regulation review was to have the cursory reviews done by the end of this calendar year. Then it would move to a public hearing process. Solicited comments on the rules will come after the first of the year. The time frame is tight. • Nicole Gamm said she has same directives and the same spread sheet to do updates etc. Nicole has rolling list of things to review. 		
IV. DHSS-BEMS Report			
Terry Ellsworth BEMS Chief	<ul style="list-style-type: none"> • Mr. Ellsworth said a survey is being sent to all service managers asking for the number of pediatric transfers each does. The data is being collected for EMSC grant. The email will go out by November 1st. The deadline for surveys to be completed is Dec 1st. • Mr. Ellsworth also sent out a request to regional chairs to ask for nominations to the EMSC Advisory Committee. 		
Topic	Discussion/Conclusion	Recommendation/Actions	Follow-up
Center for Patient Safety Lee Varner	Alex Christian, CEO of CPS announced a PSO Boot Camp is available in KC Nov 13 th . The boot camp covers more than just patient safety. More transparency may help with staff retention. . .	People encouraged to attend the Boot Camp. Contact Lee Varner for more information. lvarner@centerforpatientsafety.org	

New Business and Announcements			
Old Business	None		
New Business	<ul style="list-style-type: none"> • Dr. Joe Salomone, former Truman Medical Center ED physician and Reg A medical director, moved to St Croix a few years ago. After the hurricane, he is living in basement of his home and has generator that provides electricity for him and his wife. • Rande McCrary reported Dr Brosche died last month. He responded to ground zero in 2001. Developed cancer due to response. Will be recognized at national EMS memorial in May in Washington DC. 		
Next Meeting	Next meeting is scheduled for November 28, 2017 in Jefferson City.	An agenda will be sent prior to the next meeting.	
Adjourned	Meeting adjourned at 1:45 pm.		


 Dr. Lynthia Andrews, SAC Chair

Date Approved _____

Summary respectfully prepared by Ruby Mehrer