

EMS MEDICAL DIRECTORS' ASSOCIATION OF CALIFORNIA, INC.

EMDAC

AGENDA FOR June 20, 2017

Courtyard by Marriott
1782 Tribute Road
Sacramento, CA 95815

Scope of Practice Committee Meeting

I. LOCAL OPTIONAL SCOPE RENEWAL REQUESTS

- A. *Coastal Valleys EMS Agency*
Nitroglycerin and Heparin Drips, Oxytocin, Verapamil
- B. *Orange County EMS Agency*
Nitroglycerin and Heparin drips
- C. *Inland Counties EMS Agency*
Nasotracheal Intubation and Hydroxocobalamin
- D. *Napa County EMS Agency*
Hydroxocobalamin

II. TRIAL STUDIES

- A. Yolo County EMS Agency
On May 12, 2017, the EMS Authority received a trial study request to approve the administration of tranexamic acid by paramedics in Yolo County.
- B. Mountain Valley EMS Agency
On May 31, 2017, the EMS Authority received a trial study request to approve the administration of ketamine for analgesia by paramedics in the Mountain Valley EMS Region.

III. DISCUSSION

- A. Supra-Glottic Airway Metrics
- B. Helicopter Emergency Medical Services

EMDAC General Meeting

- I. EMSA Update:
 - a. Patrice Rogers, DMV researcher on impaired driving will discuss DUI statistics pertinent to our prior disciplinary discussions:
 - i. Fire is difficult to track due to protections.
 - ii. Marijuana: DOJ study from 1980s. Compared ETOH .08 vs marijuana and both. ETOH was more impairing than marijuana. ETOH and Marijuana were most impairing. Impaired different driving tasks. Marijuana caused subjects to take increased risks.
 - iii. ETOH
 - 1. Historical discussion regarding decrease in BAC limits from 0.1 to 0.08 as well as administrative license suspension.

2. Deterrent impact must have swift application, certain (unavoidable), and severe (punitive)
3. Increasing seeing drug impaired drivers.
- iv. Ambulance driver certificate actions by DMV
 1. Usually in collaboration with the employer, usually include hearing and review committee.
 2. 59/110 investigations resulted in action by DMV
- b. California Hospital Association BJ Bartleson
 - i. Initiative to define what emergency services should look like in California. Gather data and research to determine barriers and develop a plan to improve care in CA. Requesting letters of support from stakeholders. CalACEP has signed on. Possible implementation of a Washington State type model with EDIE.
- c. STEMI – Issue with CV surgeon is a requirement and potential conflict with public health regulations – Howard Backer
 - i. Licensing states CV surgery is NOT required on site. Must have transfer agreements.
- d. Tom McGinnis: CEMISIS and NEMISIS stand, including the revision to version 3.5. Modified pick lists (e.g., primary impression)
 - i. Receiving data. Still a large amount not being submitted. 9 LEMSAs not submitting yet
 - ii. AB1129 EMS service providers shall use EHR and submit to LEMSA. EPCR is when documentation is done later while EHR is done at bedside. Does not make distinction/definition of what a provider is. >\$1000000 obtained to fund devices for agencies. ~498 devices.
 1. Still unclear which first responder providers must submit data and how. Consideration of a standardized report/form to be given to EMS to be inputted in the EHR. If first responders are treating and releasing then may need to complete EHR.
 - iii. NEMISIS 3.5
 1. Disposition and outcomes data is limited in 3.4
 2. Primary impression being opened by DOT.
 3. **NEMISIS revision online submission for change request. Until 7/31**
 - a. **Please CC Tom what is being submitted for revision.**
 4. Implementation 1/2019
 - iv. APOT
 1. Spreadsheet sent to administrators. Collecting first quarter data now. Handful of LEMSAs have reported.
 2. Data will be posted online on EMSA website by hospital.

II. Reports

- a. Presidents Report: Marianne Gausche-Hill
 - i. Looking for 15-30 minute clinical presentations. Review of data and controversy. Email Marianne with topics.
- b. Treasurer's Report: Karl Sporer
 - i. All LEMSA medical directors except 1 have paid. Finances are stable. More attendees but also more costs.
 - ii. Looking for someone to take over website.
 - iii. Graduating Fellows can renew on their own after graduation.
- c. Committee Reports:
 - i. EMS Commission (Rudnick)
 1. Task force to revise Core Measures. 27 LEMSAs report core measure data. Integrate EMS Compass measures? QI efforts relating to measures.

2. Triage subcommittee from non trauma to trauma centers.
3. EMS Plan Appeals still in process
4. Regulations: increase hours with TCCC.
 - a. College level Anatomy and physiology lab and psychology as prerequisite
5. Stroke regs to commission. Needs to be in line with national standards.
- ii. Scope of Practice NO QUORUM
 1. Local optional scope items all recommended for approval.
 2. TXA pilot study for Yolo recommended for approval.
 3. Ketamine trial study approval.
 4. SAD airway metrics amended and moved forward. Per Howard LEMSAs can submit application for local optional scope with indications, contraindications, complications, education and data tracking to include the airway metrics developed by the committee.
 - a. Mark Luoto, Kevin Mackey, Kim Freeman, Kris Lyon, AJ to work on a standard template
 5. Still working on HEMS Flight paramedic
- iii. Legislative (Lyon)
 1. AB 263: Watch
 2. AB 387: Oppose
 3. AB 583: Support
 4. AB 909: Watch
 5. AB 12350 Oppose
 6. AB 1650 Watch
 7. SB 185: Oppose
 8. SB 443: Amendments have been added except will not allow RNs to fill. Except RNs in SNF Watch
 9. AB 566: Watch
- iv. MAC (Sporer)
 1. LVAD position paper, Airway definition, Airway metrics, evidence based reviews, primary impressions,
 2. Pediatric and adult respiratory distress in process.
 3. Ideas for future papers
 - a. APOT would be a good topic for new paper
 - b. Deep dive on core measures
 4. Discuss further in San Diego about future plans.
 5. NAEMSP blog
- v. EMS for Children (Gausche-Hill)
 1. EMS for Children Conference November 9, 2017, Double Tree, Sacramento, CA
 - a. Please forward information to provider agencies. Hands on skills sessions.
 2. EMS for Children Regulations
 - a. Working group working on statement of reasons
 3. Pediatric Intubation
 - a. Recommendation to remove from basic/optional scope will distribute to group
- vi. CAL/ACEP (Rose) –

1. Alternative destination met with leadership and would like to have more interaction with group to discuss. Would like to partner on projects possible a statewide CPR project
- vii. Community Paramedicine (Sporer)
 1. Will ask for additional year in November. 2 2 year bills currently being considered. OSHPD has indicated that they may be willing to expand the pilots. Howard working on ensuring continued support from Healthcare Foundation. Letter of interest will be sent if pilot expansion approved. Will require IRB approval. Successful programs have saved money for other groups such as the insurance groups/hospitals and need to work on long term funding.
 2. MedStar has established a billable title in Texas. Community Health Worker
 3. Standard core curriculum plus local curriculum.
- viii. State Trauma (Goldman)
 1. State trauma plan and ACS recommendations posted. Will likely require legislative advocacy to move forward. EMSA interviewing for RN to run trauma program after Bonny Sims retires.
 2. State Trauma Performance Improvement and Patient Safety
 3. Trauma Regulations: Working group to implement ACS recommendations. Likely to write to accept current version of ACS recommendations. Level I and II will require ACS verification and possibly Level III.
- ix. Tactical (Ronay)
 1. 40 hour tactical operator curriculum going to EMS commission tomorrow. Local tactical operations need to integrate with the local trauma plan/system. Open to each LEMSA on how to enact/implement.
- x. Aeromedical (Duncan)
 1. Update on establishing state wide scope for aeromedical services (See document distributed by Marianne).
 2. Pediatric intubation removal will impact significantly.
 3. Sunset of the HEMS funding legislation.
- xi. POST Training (Uner) None
- xii. Stroke Registry Update (Reza)
 1. Data/forms being reviewed. However moving slowly. Use LEMSAs to engage local stroke programs. Will work with whichever industry registry the hospitals are using. No benchmarking. Will be linked with QI.
 2. JC still working on thrombectomy capable centers. EMSA stroke regulation inserted clause to allow LEMSAs to establish centers now without strict definitions. LA has included that hospital must be certified, must be 24/7 and must provide data. Race, LA motor, Cincinnati. MOU with ambulance companies?
- xiii. Website updates (Sporer) – Need someone to take over
- III. Color coding and Standardizing Pediatric Formulary for the state- Marianne Gausche-Hill
 - a. Implemented in LA. Developing an application
 - b. Formulation will have to stay the same even with shortages.
- IV. Heart Rescue/Resuscitation Academy – Kris Lyon
 - a. Heart Rescue: 5 sponsored slots for Resuscitation Academy in Seattle 10/9-10/11.
 - b. RA in Bakersfield 10/26-10/27
 - c. 2018 3 RAs in California Need input on where and hosting.
 - d. CARES optimistic to implement statewide by end of the year.
 - i. San Diego and Santa Barbara are reviewing TCPR via CARES.

- V. Emergency Care Systems Initiative - Karl Sporer
- VI. Automated Dispensing Systems – Clayton Kazan
 - a. 25 Pyxis machines.
- VII. Round Table (All)
 - a. San Diego: EMS Grant. Using HIE/prehospital data. ECMO: 3-4 hospitals interested in developing a system. Large Hepatitis A outbreak. EDs doing vaccination program for HAV.
 - b. Drug Shortages: Foreign sources of medications such as bicarb from Australia. Use of expired drugs possibly approved by FDA.
 - c. Alameda and LA formal resuscitation centers. Most LEMSAs have made their STEMI centers resuscitation centers

NEXT MEETING: September 12, 2017
Holiday Inn Bayside
4875 North Harbor Drive
San Diego, CA 92106