



MEDICAL ADVISORY COUNCIL

KS Board of Emergency Medical Services

11/12/2013

Meeting Date: November 12, 2013

Meeting Notes Prepared By: Joe Moreland

1. Purpose of the Meeting

- The agenda focused on continued competency as an approach to continuing education, the spinal motion restriction position statement, the AEMT medication list, and peer review protection.

2. Attendance at the Meeting

<i>Members</i>	<i>Affiliation</i>
Dr. Sabina Braithwaite	MAC – Chair Present
Dr. James Longabaugh	MAC – Vice-chair Present
Dr. Dennis Allin	MAC member Present
Dr. Ryan Jacobsen	MAC member Present
Dr. Michael Machen	MAC member Absent
Dr. David Kingfisher	MAC member Absent
Dr. Sean Herrington	MAC member Absent
Deb Kaufman	KBEMS Board member
Dr. Denise Miller	KBEMS Board member
Joe Moreland	KBEMS Staff
Joe House	KBEMS Staff
Darlene Whitlock	Kansas Medical Society
Terry David	Rice County EMS / KEMSA
Gabe Shults	Butler County EMS
Janelle Bowers	Cheyenne County EMS
Mike Paz-Torres	Finney County EMS
Curtis Shreckengast	Lenexa FD / EDTF Chair
Jon Friesen	Hutchinson Community College
Scott Craig	Johnson County Community College
Jason White	Mid America Regional Council / KEMSA
Kevin Leis	Butler County EMS
Darrel Kohls	Sedgwick County EMSS



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3. Meeting Notes, Decisions, Issues

- **September MAC Meeting notes**
 - Approved as provided. **Allin/Jacobsen**. No opposition.
- **Continued Competency as an approach to continuing education**
 - Curtis Shreckengaust, EDTF chair, provided a brief overview of an approach being considered in the revision of how continuing education is viewed and performed within the state. EDTF is currently looking at the National Registry's Continued Competency Program as the framework for a revised state process.
 - 50% of CE hours would have a national focus
 - 25% of CE hours would have a state/local focus
 - 25% of CE hours would have an individual focus
 - Biennial CE requirements
 - Paramedic – 60 hours (same as current)
 - AEMT – 50 hours (increase of 14 hours)
 - EMT – 40 hours (increase of 12 hours)
 - EMR – 16 hours (same as current)
 - This process is being looked at due to the potential of attendants receiving all or a majority of their continuing education hours in one topic area (examples used were receiving all hours as a patient at a test site or only taking CPR).
 - **Action:** Curtis Shreckengaust and the EDTF will keep the MAC apprised of this topic. The MAC is not in favor of the way Kansas currently does continuing education (consensus of membership on call – no opposition – no formal vote necessary).
- **Spinal Motion Restriction Position Statement**
 - Recommendation for the following changes to the position statement by Dr. Haan and Dr. Harrison (Wichita area trauma center medical directors).
 - Last sub-bullet in the first bullet point to be changed to “Patients with penetrating trauma do not require any spinal motion restriction as part of appropriate patient management.” (removal of “below the clavicles and no neurologic deficit”)
 - Removal of “neurologic” from the “indications for spinal motion restriction are:”
 - From “High risk patients:”, removal of “rollover MVC” and the last two bullets relating to penetrating trauma.
 - Discussion related to the changes occurred with the consensus feeling as though all of these changes are supported within literature and also by the trauma community within the state.
 - **Action:** Approve the position statement with the recommended changes. **Allin/Longabaugh**. No opposition.



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- Sedgwick County Medical Society, Via Christi, and Wesley jointly developed a letter to accompany the position statement signed by Dr. Hahn and Dr. Harrison in support of the position statement.
 - **Action:** A copy of the letter will be provided to the membership (done via email 11-26-13).

 - **AEMT Medication List**
 - Discussion occurred regarding having an optional vs. required medication/skill set. Required would have state education and addressed in the curricula and the optional would be allowed if the local level approved and taught the curricula. The consensus of the group was to have a ceiling established by the curricula and to allow the local medical directors the ability to “dial down” to their individual comfort level.
 - **Action:** The MAC is supportive of the board enhancing/revising the curricula to ensure that all approved skills/medications are appropriately covered.
 - An idea was proposed by Terry David (KEMSA) to consider the inclusion of a survey for protocols and meds being currently used by ambulance services for the AEMT as a reference for the MAC – the MAC is supportive of this idea. Consensus agreement with no opposition – no formal vote necessary.

 - **Peer review protection**
 - Jason White and Dr. Ryan Jacobsen discussed an emerging issue pertaining to a lack of ability to include multiple agencies in a comprehensive QA review while still maintaining legal protection. Current Kansas law does not extend peer review protection to area hospitals or other healthcare providers outside that legal entity of the ambulance service.
 - Discussion led to the inclusion of 911 call centers and to ensure that any legislation be clear that this does not pertain to only those entities permitted by the Board of EMS.
 - **Action:** Consensus of the group is the support of legislative changes that allows a larger umbrella for peer review protection.
 - Jason White (MARCER) and Terry David (KEMSA) offered to move this legislative change forward and to keep the MAC apprised of the status.

 - **Ambulance equipment standards**
 - Dr. Jacobsen brought up the BEMS regulation regarding mandatory equipment to be found on an ambulance (K.A.R. 109-2-8). Specifically, the inclusion of a KED board or Kansas short board being required.
 - **Action:** A recommendation should be forwarded to the planning and operations committee of the board to review and eventually revise K.A.R. 109-2-8 to ensure that all required equipment is appropriate. Consensus agreement – no formal vote necessary.



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4. Action Items

<i>Action</i>	<i>Assigned to</i>	<i>Due Date</i>	<i>Status</i>
Continued competency proposal update	EDTF/Board Staff	Next MAC meeting	Pending
Spinal motion restriction position statement – Revise to support recommendations and present to board for approval	Revision – MAC Chair Approval – Board	December meeting	Pending
Joint letter of support of position statement – Sent to MAC membership	MAC Chair	N/A	Completed
MAC supports survey of local service’s AEMT protocols and allowed meds	Board staff	February 2014	Pending
Peer review protection legislation	KEMSA/MARCER	Update at January MAC meeting	Pending
Recommendation of review of K.A.R. 109-2-8 – Ambulance Equipment Standards	Board staff	February 2014	Pending

5. Next Meeting

<i>Date:</i>	January 2014 <i>(Exact date TBD)</i>	<i>Time:</i>	5:30pm	<i>Location:</i>	Teleconference
<i>Objectives:</i>	<ul style="list-style-type: none"> Update on revision of state continuing education process/revision Update on legislation pertaining to peer review protection Statewide trends (what clinical issues/ideas would MAC recommend to be tracked) 				