



MEDICAL ADVISORY COUNCIL

KS Board of Emergency Medical Services

05/13/2014

Meeting Date: May 13, 2014

Meeting Notes Prepared By: Joe House

1. Purpose of the Meeting

- The agenda focused on the state medical director project, continuing education requirements, letter of support for Just Culture, KEMSA staffing committee request, oxygenation position statement, naloxone issues statement, and the Kansas Model Protocol review.

2. Attendance at the Meeting

Members	Affiliation
Dr. Sabina Braithwaite	MAC – Chair Present
Dr. James Longabaugh	MAC – Vice-chair Absent
Dr. Dennis Allin	MAC member Absent
Dr. Ryan Jacobsen	MAC member Present
Dr. Michael Machen	MAC member Present
Dr. Denise Miller	MAC member Absent
Dr. Sean Herrington	MAC member Absent - Proxy given to Chair
Deb Kaufman	KBEMS Board member
Chad Pore	KBEMS Board member
Curt Shreckengaust	Kansas Board of EMS
James Reed	Kansas Board of EMS
Jon Friesen	Hutchinson Community College
Jeb Burress	Butler Community College
Jason White	Mid America Regional Council
Terry David	Rice County EMS / KEMSA
Dave Johnston	KEMSA

Other unannounced participants on teleconference, but did not address the MAC.

3. Meeting Notes, Decisions, Issues

- **March MAC Meeting notes**
 - No changes requested – Approved as provided.
- **State Medical Director**



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- Meeting/Conference Call held on Monday, May 12, 2014 between KDHE, KMS, Dr. Robert Moser, Dr. Kingfisher, Dr. Braithwaite, Dr. Hornung, Dr. Allin, and KEMSA. General consensus is that it is worth something to pursue to provide clinical guidance over EMS and some clinical authority for medical oversight over EMS rather than only advisory in nature.
 - Timing of this project to begin is right due to the ACEP report card recommendations and the Kansas Medical Society Resolution in 2013 stating a need for increased physician leadership within EMS.
 - Drs. Jacobsen and Machen requested involvement in the process for development of this position.
 - Location of the position, funding, and stakeholder involvement were identified as potential obstacles and items that needed to be addressed in the project. Some work has already begun on these items and will need to continue in order for the project to be successful.
 - Identified that this project would need to be addressed legislatively. Better to iron out the details prior to presenting legislatively in order to reduce dissention within legislature.
 - Dr. Braithwaite mentioned that it is very early in the process and being early in the process it is difficult to establish a good timeline.
 - Current model has no clinical authority or oversight, only advisory in nature.
 - **Continuing Education Requirements**
 - **Creation of curriculum to meet core competency**
 - This topic was brought forth primarily from the Type V discussion at the Planning and Operations committee meeting in April 2014 that required Type V services to have ACLS. Type V services had no opposition to this requirement remaining within regulation.
 - Since this topic focused on type V and was not being considered to the 911 service, the consensus was no reason to pursue any further unless this is broken.
 - Current ability exists to allow medical directors to develop their own resuscitation curriculum for Type I, II, and IIA services.
 - **Just Culture**
 - Dave Johnston presented a brief overview of Just Culture and grant opportunities for KEMSA and the Center for Patient Safety in Missouri for statewide roll-out in Kansas.
 - Initial estimate of \$400,000 over 3 years to roll out this plan statewide.
 - Looking for support from physicians on the MAC for a letter of support for an attempt at KEMSA to receive grant funding from the Kansas Health Foundation in Wichita.



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- Consensus was to have Dr. Braithwaite draft a letter of support for KEMSA for this project.
 - **KEMSA Staffing Committee**
 - KEMSA staffing committee brought forth a request to determine position of physicians, not necessarily to develop regulation, but to ensure that developed regulatory language is not opposed by EMS physicians.
 - What is the role of the RN on an ambulance? How are they adequately prepared? Etc.
 - RN brought in at BLS level or ALS level?
 - Concern expressed over insulting nurses if you brought them in at anything other than ALS. Most nurses have ACLS or advanced training.
 - Dave Johnston presented the new level of certification entitled “Prehospital healthcare professional” which would incorporate physicians, physician assistants, advanced practice registered nurses, and professional nurses into a new EMS level of certification. This new level is based upon an Illinois model (24 hour course/orientation) primarily designed for “Public call” setting.
 - MAC consensus was to develop some sort of transition to meet this and keeping things short and simple.
 - **Position Statement - Oxygenation**
 - Dr. Ryan Jacobsen stated that during the initial research and development of this position statement, he found that there is a considerable amount of conflicting information and that it is very dependent upon different patient presentations and conditions. It may be premature to complete this statement given the current status of research into this and the evidence found to date.
 - **Naloxone Issues Statement**
 - Dr. Braithwaite presented the DRAFT version of the issues surrounding Naloxone and the administration in out-of-hospital situations.
 - MAC voted to forward the issues statement and publish. No opposition.
 - **Kansas Model Protocol Review**
 - No concerns presented by the MAC for establishing these protocols as the Kansas Model.
 - Dr. Braithwaite stated that the National Guideline project is progressing forward as well and may give entities an additional resource for development of medical protocols.
 - **Kansas Continued Competency**
 - Dr. Jacobsen mentioned that he had received feedback from some of his county training chiefs in regards to this plan. Concern was expressed over whether this



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would conflict with current National Registry continuing education requirements and having two different standards – 1 for National Registry and 1 for State Certification.

- Curt Shreckengaust stated that the Board is trying to ensure that this plan does not conflict with the National Registry and that both mimic each other while meeting the needs/desire of the State.

4. Action Items

Action	Assigned to	Due Date	Status
Draft letter of support for KEMSA to pursue grant funding for Just Culture statewide roll-out.	Dr. Sabina Braithwaite	Update at July MAC Meeting	Pending
Finalize Naloxone issues statement and present to the Board.	Dr. Sabina Braithwaite	End of May	Pending
Publish Naloxone issues statement under MAC tab on website.	Board staff	Mid-June	Pending
Medical Advisory Council to advise Board of review and desire to have the protocols posted.	Board staff	June Board Meeting	Pending

5. Next Meeting

<i>Date:</i>	July 8, 2014	<i>Time:</i>	5:30pm	<i>Location:</i>	Teleconference
<i>Objectives:</i>	<ul style="list-style-type: none"> State Medical Director – Next steps?? Scope of practice / Authorized activities review Legislative changes / ideas 				

Remaining 2014 Meeting Dates:
July 8, 2014 Sept. 9, 2014 Nov. 11, 2014