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

MEETING SUMMARY
CONFIDENTIAL PEER REVIEW
MEETING DATE: July 24, 2018

A meeting of the State Advisory Council on Emergency Medical Services was held on July 24, 2018 at 4:30 pm at the Branson Convention Center, with Dr. Lynthia Andrews presiding. A quorum was 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: Dr. Lynthia Andrews Chair, Mark Alexander, Ruby Mehrer, Wally Patrick, Helen Sandkuhl, Dr. David Tan

ABSENT: Ben Chlapek, Dave Herman, Eric Latimer, Sam Schneider,

GUESTS: Jami Blackwell, Cox Health; Dixie Blatt, Mercy St. Louis; Gene Bradley, Atchison Hold Amb District; Aaron Bradshaw, Air Evac; Dr. Sabina Braithwaite, Wash U; Jill Clary, Cox Health; Richard Cotter, South Howell Co EMS; Susan Crum, Cox Air Care; Brian Dixon, CMH-KC; Christy Dressler, CMH-KC; Justin Duncan, Washington Co AD; Shelly Elsey, Cox Air Care; Tom Emery, Cox Health; Dr. Brian Froelke, Wash U; Shirley Gastler, Cardinal Glennon; Nicole Grover, Mercy; Heather Heil, BJC; Jenna Hicks, Citizen's Memorial; Pam Jackson, St. Luke's KC; Dustin Jones, Air Evac; Misty Jones, MU Ambulance; Matt Laing, Midwest AeroCare; Dot Lake, Marion Co Ambulance; Eric Luehr, Mercy; Bud Mantle, Mercy-SL; Lana Martin, CMH-KC; Rande McCrary, NEMSMA; Gina Pellerito, BJC; Kat Probst, Adair County AD; Travis Richards, Air Evac; Sabine Sagner, BJC; Keith Schaefer, Mercy-Spfld; Sharon Smith, Mosaic-St. Joseph; Debbie Stark, SLH-KC; Dr. Joshua Stilley, MUHC; Mark Terry, National Registry; Luke Walker, Mercy-Spfld; Jason White, MARCER; Tina York, HCA Midwest


DHSS Staff: Dr. Randell Williams, Director; Terry Ellsworth, Chief BEMS

The meeting was called to order at approximately 4:40pm. Introductions were completed.

Topic	Discussion/Conclusion	Recommendation/Actions	Follow-up
I. Review of Minutes			
A. Approval of Minutes June 26, 2018	<i>Wally Patrick moved to approve the June 26, 2018 minutes. Dr. David Tan seconded. Motion passed.</i>	The approved minutes and the will be posted on the BEMS website following signature.	
II. Subcommittee Reports			
A. Pediatrics Subcommittee Angie Cunningham, Chair Patricia Casey, Vice Chair	Report skipped to allow Dr. Williams time to speak.	Angie Cunningham and Trish Casey will lead the efforts to accomplish the bullet points to the left.	
B. Trauma Subcommittee Dr. David Gustafson, Chair	Report skipped to allow Dr. Williams time to speak.		
C. Legislative Subcommittee Mark Alexander, Chair	Report skipped to allow Dr. Williams time to speak. in progress.	For legislative questions or updates, contact Jason White or Mark Alexander.	
D. Education Subcommittee Chuck Doss, Chair	<p>Chuck Doss sent a written report for the minutes regarding the Education Subcommittee conf call on July 18, 2018 was productive. We got close to finishing the review of 331 but still have about three pages to go through. Attached are the current recommended changes. a few questions came upon yesterday that I wanted to seek the input of the larger group.</p> <p>1. EMT clinical/patient contacts. Currently the minimum in the regulation is 5 patient contacts, the National EMS Education standard says, "The student must participate in and document patient contacts in a field experience approved by the medical director and program director." Do we want to take out the line about 5 patient contacts as a minimum and rely on the EMS Education Standards or level it in as a minimum?</p> <p>2. Currently the bureau is supposed to review FIRST attempt pass rates annually. CoAEMSP only is worried about pass rates after the 6th/final attempt. Would we like to see the state mirror the CoAEMSP standard? If a program falls below the national average regulation outlines what they must do, do we need to update/modify any of this?</p> <p>A. First year—provide the EMS Bureau with a report analyzing</p>	Chuck Doss will continue to send pertinent information to the committee. Next meeting 3 rd Wed. of August.	

	<p>all aspects of the education program and identifying areas contributing to the unacceptable pass rate and a plan of action to resolve low pass rates;</p> <p>B. Second consecutive year—the program manager shall be required to appear before and present to the EMS Bureau an analysis of measures taken the first year, problems identified, and plan of correction; and</p> <p>C. The training entity must appear before the EMS Bureau to provide the information outlined in (3)(F)3. B. until they have two (2) consecutive years of pass rates on the first attempt at the national pass rate.</p> <p>3. Does this line allow an individual with a lower licensure level (EMT) to teach at a higher licensure level (Paramedic)?</p> <p>(F) EMS training entities that provide continuing education may assign continuing education units for instruction of EMS programs according to the formula of fifty (50) minutes training time equals one (1) continuing education unit for programs taught at the provider's level of licensure <u>or higher</u>.</p>		
• Topic	• Discussion/Conclusion	Recommendations/Actions	Follow-up
• SUBCOMMITTEE REPORTS (Continued)			
• E. Air Ambulance Committee • Ruby Mehrer, Chair	No report in order to allow Dr. Williams time to speak.		
F. Emergency Management Wally Patrick, Chair	No report in order to allow Dr. Williams time to speak.		
Topic	Discussion/Conclusion	Recommendation/Actions	Follow-up
III. Regional Subcommittee Reports			
A. Northwest	No Regional Reports this meeting.		
B. Central			
C. Southwest			

D. Southeast			
E. East Central			
F. Region A			
G. Regional EMS Medical Directors -Dr. Brian Froelke	Regional Medical Directors met immediately before this meeting. Dr. Froelke reported discussion included the EMS State Medical Director position. He reminded everyone that Regional Medical Directors will assist EMS agencies if needed.		
IV. DHSS-BEMS Rep			
Terry Ellsworth BEMS Chief	No report requested		
Topic	Discussion/Conclusion	Recommendation/Actions	Follow-up
Center for Patient Safety Lee Varner	No report.		
Old Business			
New Business			
Next Meeting	No meeting in August. Next meeting is scheduled for September 25, 2018 at the Truman Building in Jeff City	An agenda will be sent prior to the next meeting.	
Adjourned	Meeting adjourned approximately		



 Dr. Lynthia Andrews, Presiding for SAC Chair
 Summary respectfully prepared by Ruby Mehrer

Date Approved 9/25/2018

The following is a summary of Dr. Randall Williams remarks as he addressed the SAC on EMS July 24, 2018 at the Branson Convention Center, Short Creek 1&2. The meeting started approximately 4:40pm and concluded approximately 5:35pm. The attendance is recorded on the SAC minutes template for July 24th.

Self-Introductions by all in the room.

Synopsis of Dr. Williams remarks:

Dr. Williams said he has been practicing medicine for 47 years. Highest burn out is emergency medicine—across the board things in emergency medicine area good measure—what is wrong with health care starts in emergency care

Yesterday St. Louis—after a patient was treated with Narcan, the person drove off with needle in arm. It is frustrating that this type of behavior is not unusual. 1/3 of beds are full of involuntary commitments in South Caroline. Health care has been dismantled.

Dr. Williams says he understands how important TCD is and how Missouri is ahead of other states. Not all states have all three, Stroke, STEMI and Trauma. Most have trauma. Problem in Missouri is funding, not the system. There is room for more hospitals to participate.

Some hospitals have closed. In MO, a free-standing ER is not allowed a 3-bed hospital is. Working on fixing that in Kennett MO where hospital closed with a 3-week notice.

EMTALA requires an evaluation before sending the patient to acute care. ER bed in SL is \$500 an hr. \$45 billion spent in MO each year on health care.

Dr. Williams said his earlier using of the term 'ambulance drivers' was a colloquialism—That was a common term when he first began to practice medicine.

TCD patients in Missouri are getting to the right hospitals. Missouri is 12th in nation for car wrecks.

Want to build out the TCD system with sustainable funding.

MO is 50th in nation for deficit for health care.

Dr. Williams expressed wanting Missouri Hospitals and AHA to help fund the TCD system. MHA not embracing the idea. Dr. Williams said Level I and II centers would pay \$1000 to \$1500 to for the site review (on top of what they already pay). Dr. Williams said it takes \$24,000 to \$30,000 to get accredited by JACO.

Dr. Williams is meeting with MHA of Fri and AHA later and certain stakeholders Aug 1. He expressed wanting to get TCD out of the state funding and into something sustainable. Dr. Williams wants it funded without having to fight for it in the state budget process each year.

Dr. Williams said the state is on schedule to do site reviews. If you have your paperwork completed and an application in, your designation will not be interrupted even if the designation expiration date falls before the review takes place. Hospitals and EMS should continue to provide care as usual and not vary because a designation has expired.

Dr Andrews wants EMS at the table. Dr. Williams agreed that is important.

Dr. Williams provided his cell # 919-413-7791. He is available except he sleeps from 9pm to 3:41 am.

Dr. Williams is considering pushing the designations out to be 5 years. Now strokes and STEMI not that long. Self-report responsibilities would fall on the hospitals. Hospitals must call DHSS if deficiency.

STEMI care givers cite rules and regs that are out of date because medical treatments change quickly. Can't keep regulations in sync with changing treatments.

Pam Jackson – trauma regs ACOS—Pam said regulations are read differently by different reviewers. Interpretations read into regs. Dr. Williams asked people to email him if they have examples.
Randall.williams@health.mo.gov

Dr Andrews made two points: 1. She asked Dr. Williams if the trauma regs review could get finished. 2. Dr. Andrews says there is a strong need for a state EMS medical director

Dr. Williams said he learned long ago that his success would depend on his Availability, Affability and Ability. He did not answer the two questions.

Dr. Andrews said there was a third point—we need data.

Jason White said regions have community plans. He is looking for ideas on how we can build into the regions a more robust system with data collections etc.

Dr. Williams said we need work force and infrastructure. Need to build up our economy so we can do health care better. There are 20,000 docs in MO and 12,000 practice in 3 counties

Jami Blackwell asked, 'When will you talk to trauma people?' Dr. Williams said 'Anytime. Call me.'

Dr. Braithwaite said remote monitoring could be valuable. Dr. Williams said he thinks technology will be the answer.

Dr. Andrews said community paramedics needs funding. Can decrease need for ED.

Pam Jackson wants the system to work as it was. Dr. Williams says TCD will continue just as it is. His hope that financially and programmatically will come out the be better.

Dr. Andrews thanked Dr. Williams for spending time with us. Dr. Williams departed at 5:30 pm.

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Dr. Andrews asked Dr. Froelke for a Regional Medical Director's report. His report recorded in his section of the minutes attached.

No old business. Dr. Andrews thanked Gene Bradley/MAA for paying for the phone connection today.

Next SAC meeting is Sept 25 at 12:30pm in Jeff City. Agenda will be provided later.

Dr. Andrews thanked Jason White for getting the discussion organized.

The meeting was adjourned approximately 5:35pm

Summary recorded by Ruby Mehrer, SAC member.