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

MEETING SUMMARY
CONFIDENTIAL PEER REVIEW
MEETING DATE: November 24, 2020

<https://global.gotomeeting.com/join/897177493>

One-touch: <tel:+18722403212..897177493>

1 (872) 240-3212 Access Code: 897-177-493

Many thanks to Cox Health and Mark Alexander for arranging our virtual meeting today

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, Sam Schneider, Dr. David K. Tan.

BOARD MEMBERS PRESENT: Dr. Lynthia Andrews, Chair; Ben Chlapek, Ruby Mehrer; Wally Patrick; Dr. David Tan

ABSENT: Mark Alexander, Dave Herman, Eric Latimer, Helen Sandkuhl, Sam Schneider.

ATTENDEES: Lori Beck, SLCH; Jami Blackwell, Cox Health, Spfld; Dr. Sabina Braithwaite, Wash U & MO State EMS Medical Director; Dr. Matt Brandt, Cox Health, Springfield; Patricia Casey, Cardinal Glennon; Carrie Chismarich, SSM DePaul; Susan Crum, Cox Air Care; Mike Dawson; Chuck Doss, Boone Co Fire;; Joshua Dugal, Cardinal Glennon; Katie Elam, WMMC; Angela Fera, St. Mary's Blue Spring; Lori Freeman, SCCAD & NAEMT; Dr. David Gustafson, Multiple EMS Med. Director; Jeffery Hankins; Jeff Hawkins, TCAD; Pam Jackson, SLH-KC; Kristen Jones, CARES-Wash U; Dr. Melissa Kroll, Wash U; Mike Latta, KCFD; Bud Mantle, Mercy-SL; Chris Mattes, Mercy-Spfld; Art Maxwell, NTA Ambulance; Paula McBride, Cass Regional; Tom Modin, St. Luke's KC; April Ostendorf-Morris; Bob Patterson, Mercy-Spfld; Kat Probst, Adair Co AD; Kelly Riedel, SSM Health; Nicholas Salzman, SSM Health; Dr. Doug Schuerer, BJC & Wash U; Heather Scruton, CMH-KC; David Seastrom, CMH-KC; Dr. Kathryn Spectorisky, Wash U; Dr. Jeffery Siegler, Wash U; Dr. Joshua Stilley, MUHC; Jason White, MARC; Jim Usry, Pattonville FPD;

Note: If you attended but are not reflected on the attendees list, please email ruby@lifeflighteagle.org for correction.

DHSS Staff: Sam Vance, BEMS Chief, Sam Bollin; Theresa Bates; George Miller; Craig Schneiders

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

Steve Bollin introduced himself and entertained questions. There is a daily call 9-1030 for a COVID report on the status and on what is available in the system. Hospital capacity across state on Sunday was 80 to 85%. There is no shortage of vents at this time. Waivers will be in place until March 31st. Current statute does not always cover all situations, we need to continue to provide care, including EMS and long-term care centers etc. The COVID crisis extends to every aspect of health care.

Dr. Tan was asked to discuss Altered Standard of Care. Dr. Tan said Altered Standards of Care suggests substandard care. He said Crisis of Care or Continuum of Care would be better terms to describe the use of resources available in a disaster.

Topic	Discussion/Conclusion	Recommendation/Actions	Follow-up
I. Review of Minutes			
A. Approval of Minutes October 27, 2020	<i>Dr. David Tan moved to approve the October 27, 2020 meeting minutes with those corrections. Second by Wally Patrick. Motion carried.</i>	Approved minutes will be posted on the BEMS website.	
II. Subcommittee Reports			
Pediatrics Subcommittee Patricia Casey, Chair	Patricia Casey said the pediatric subcommittee met this morning. EMSC surveys are coming out in January. It is important to fill it out so grant requirements are met. Canvas survey sent to decide educational needs. Topics will be interactive. COVID is a large concern. While only 0.14% deaths are pediatric patients, 10-11.8% of kids test positive. That suggests we should treat all kids as though all are positive and can spread the virus. Pediatric patients with positive COVID tests are without symptoms. The Multisystem Inflammatory disease seen in pediatric patients have had other risk factors. There has been a major increase in psych cases and gun violence since COVID isolation started.		

	Peds DNR discussion continues.		
B. Trauma Subcommittee Dr. Christie Brock, Chair	Pam Jackson speaking in absence of Dr. Brock. Discussion included TCD updates and trauma regulations. MHA will be reviewing Level IV regulations. Trauma education available. Dr. Josh Stilley reported the first state wide free virtual trauma conference had an attendance of 280 people,		
C. Legislative Subcommittee Mark Alexander	Mark Alexander unable to attend. No report.		
D. Education Subcommittee Chuck Doss, Chair	Chuck Doss reported the Education Subcommittee is working MHA and Jason White to get paramedic students back into hospital clinical sites to complete their requirements. Chuck is waiting on Dr. Braithwaite's input on the draft regulation for 19 CSR 30-40.331—training entities. Next meeting is Dec 16 th .	For info contact Chuck Doss cdoss@bcfdmo.com Educ. Subcommittee meets 3 rd Wednesdays at noon by conf call. Agendas and call info posted on https://health.mo.gov/safety/em/s/	
E. Air Ambulance Subcommittee Ruby Mehrer, Chair	Ruby Mehrer reported the Air Ambulance Subcommittee met this morning. Bird strikes continue to be a problem. Long distance transports and oxygen supply discussed. Air Methods announced a new base in partnership with Lincoln County.		
F. Emergency Management Helen Sandkuhl, Chair	Helen Sandkuhl unable to attend today. No report.		

G. TCD Helen Sandkuhl	As above.		
H. MIH Community Paramedics Dr. Melissa Kroll	<p>Dr. Kroll reporting: The Regional Medical Direction Committee is supporting the concept of implementing augmented paramedic roles in partnership with hospitals to help manage additional demands on the healthcare system during the pandemic.</p> <p>Dr. Kroll recognizes that there has been a lot of innovations during the COVID response. She is interested in all of them and requests people contact her to share ideas. Her email address is provided.</p> <p>Dr. Andrews commented Community Paramedics is a valuable service during this COVID pandemic. See Regional Medical Directors report for further info.</p>	Contact Dr. Kroll at mkroll@wustl.edu with questions or comments.	
III. Regional Subcommittee Reports			
A. Northwest	<p>Art Maxwell reported NW met the 3rd Wednesday in Nov. John Barclay stepped down as chair. Eric Reeter elected to take his place.</p> <p>Discussion included legislation topics and GEMT.</p> <p>Kari Barclay discussed COVID vaccine distribution plans</p>	Decision about meeting in December will be addressed later.	
B. Central	<p>John Clemens reported there was no meeting in November. Next meeting is Dec 3 at noon.</p> <p>Dr. Andrews asked if the Central Region had problems with diversion. Dr. Stilley, MU Health, said they do not have diversions but region wide there is further travel. Having enough staff is the problem, not the lack of beds.</p>	Next meeting Dec 3.	
C. Southwest	<p>Bob Patterson said SW Region met Nov 20.</p> <p>George Miller gave BEMS report.</p>	Next meeting not scheduled yet but will be after the first of the	

	<p>Jami Blackwell gave a TCD report. Safe practices for providers were reviewed. Kristen Jones, CARES Project reviewed. Some diversion challenges, ICU beds at saturation Patterns monitored. Trends indicate transports taken away from region, go to Arkansas, Oklahoma and St. Louis.</p>	year.	
D. Southeast	<p>Debbie Leoni reporting. Will be discussing best practices. The COVID floor at Debbie’s hospital is full. Transports from her hospital go to several different destinations.</p>	Next meeting is Dec 11	
E. East Central	<p>Mark Flauter is now chair of East Central.</p>		
F. Region A/West Central	<p>Dr. David Gustafson reporting: Met earlier this month. Discussion included CARES needs.</p> <p>There was discussion about formation of a TCD subcommittee for the West Central Region. Dr. Gustafson asked for more clarification before that is considered. Dr. Andrews said there have been two lines of thoughts on the state level: Spin TCD off separately or keep as part of SAC.</p> <p>Also discussed was a possible pediatric subcommittee for the region. No action was taken. More information on the specific needs for this subcommittee was requested.</p> <p>593 medics responded to a survey on paramedic shortages. Data is being reviewed now.</p> <p>It was noted there is a disparity on the EMResource website. It lists the number of beds but not the staffed beds. More accurate information is needed.</p>		

	<p>Steve Bollin said there are efforts underway to count only beds that are staffed so more accurate information is reflected.</p>	<p>Next meeting is Jan 4.</p>	
<p>G. Regional EMS Medical Directors Dr. Sabina Braithwaite</p>	<p><u>Regional Medical Director’s Committee Meeting</u> <u>Notes provided by Dr. Sabina Braithwaite</u></p> <p>Meeting Date: Nov 24, 2020 at 1000hrs Attendees: Committee members: Matt Brandt MD, Lindy Bowman MD, Brian Froelke MD, Erica Carney MD Other attendees: Sam Vance, Kat Probst, Mark Alexander, Christy Dressler, Ruby Mehrer, Nick Salzman, Jeff Siegler MD, Melissa Kroll MD, John Clemens, Julie White</p> <p>I. Old business</p> <p> a. COVID-related:</p> <p> i. BiPAP ground transports – issue is (a) provider safety and preventing exposure and (b) having adequate oxygen to sustain patient for long distance transports:</p> <p> 1. ADAC – note increased requests, 1.5+ hour transports.</p> <p> 2. NW –Crit care</p>	<p>Jan agenda Stars / CMH</p>	

	<p>transport team doing these, most ventilated.</p> <ol style="list-style-type: none"> 3. Cox – mobile O2 cascade potential with scheduled stop to recharge 4. What would availability of M+ tanks be – oxygen suppliers, mobile cascades, “refueling” stations [EMTALA issues]? 5. Dr Bowman to send query to regions on strategies being used. <p>b. TCD – Steve Bollin is taking over for Dean Linneman, meetings are resuming, stay tuned.</p> <p>c. Diversion motions from last month – shared with regions by SAC, data being collected by Dr Bowman to understand scope of the problem.</p> <p>II. Reports: deferred due to time</p> <p>III. New business</p> <ol style="list-style-type: none"> a. COVID Augmented paramedic roles: Kroll: reporting on this morning’s meeting of MIH committee. MHA 		
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	<p>requesting help from EMS to offload hospitals, basically “nontraditional” EMS incl payment for treat and nontransport under existing payment codes during pandemic response. Part 2 is care coordination for in home eval, monitoring, etc.</p> <ul style="list-style-type: none">i. Need: Community paramedic exemption to allow EMS agencies to provide these services, medical director involvement, how will QA/QI be done for these expanded protocols and services, \$152/hr units of service for billing purposes – consider adding 10% fee for medical direction due to higher liability and more intensive time need from medical direction to provide these services. Discussion w Todd Richardson (MO Medicaid) this afternoon- are there recs / concerns from this group?ii. Ask from MHA? Mark Alexander - Prior presentations on community paramedicine may have created an “open”.		
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	<p>Paramedics giving nontraditional meds with physician oversight as allowed under current regs, allow early discharge etc? MHA agreed to support payment once proposed to MO Medicaid</p> <p>iii. Cox is using for home health, discharge to EMS / home care for NON-covid patients to make room for COVID in the hospital. This is an opportunity to partner in a positive way with MHA that historically has not been possible due to “vestigial” role in the past. Concern that we need to specifically advocate to support the expanded physician role. Also need to partner waiver for community paramedic done due to resource limitations with the concept that this is appropriate medical practice. Need statement recognizing that treat / nontransport or treat in place and coordination of care are very high level of care, advocate for high</p>		
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	<p>standard of patient care. Urban vs rural issues – most CP progs in urban centers, hope to expand capacity (and reimbursement) in rural areas and provide resources there as well as bring care to the rural areas otherwise disenfranchised. Support optimal standard of care that is the goal rather than just “settling” for pandemic level of care.</p> <p>iv. Proposed updated protocol from this morning’s meeting for discussion / awareness only, attached. <u>MIH Provider</u> (vs comm paramedic).</p> <p>b. MOTION: The Regional Medical Direction Committee supports the concept of implementing augmented paramedic roles in partnership with hospitals to help manage additional demands on the healthcare system during the pandemic. As these roles mature, the system should look to building future collaborative roles with hospitals utilizing EMS resources (including mobile integrated health and community paramedicine) based on needs identified locally and regionally.</p>		
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	<p>Implementation should include a sustainable funding mechanism for these services to support both the additional EMS and medical direction efforts needed to safely and effectively conduct the range of those activities, including additional provider education, medical protocol development, quality assurance and improvement, care coordination, medical oversight, liability protection and related activities.</p> <p>i. This will be structured as a “pilot” program, not requiring permission from regions or state, but promoting coordination/monitoring at the regional committee level and then reporting up to state level. This will allow a collaborative exchange of best practices, and lessons learned at regional level, provide info at state level if regs need to be refined, or to share as templates for new systems / agencies starting similar programs. Froelke -- consider including EOCs (funding, equipment etc). Kroll – consider putting in place specific metrics now so there is an ability to do apples to</p>		
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	<p>apples comparisons of results.</p> <ul style="list-style-type: none">a. Education agenda:<ul style="list-style-type: none">i. Proposal to move to National Education Standards with minimum hours for EMT and AEMT – rec by Stilley and Svancarekii. Circulate for review and approval at next meetingb. STARS – Nick Salzman<ul style="list-style-type: none">i. Requesting approval from medical directors at a regional level rather than individual agency medical director to limit delays in implementation of plans. Supportive of agency medical director being primary, regional medical director as backup (includes liability protection)ii. MOTION: That regional medical directors be a backup approval mechanism for STARS patient protocols if agency medical directors are not timely available. [Brandt / Bowman]		
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	<p>iii. Request that state provide list of current agency medical directors for regions.</p> <p>IV.</p> <p>V. Parking lot (will not address this meeting)</p> <p>i. HEMS utilization – NAEMSP / ACEP / AMPA position statement nearing completion</p> <p>VI. Adjournment</p> <p>a. Next meetings??</p> <p><i>Dr. David Tan moved to accept the Regional Medical Directors motions. Wally Patrick second. No opposition voiced. Motion passed.</i></p> <p>Heather Scruton wants more information about the STARS motion.</p> <p>Dr. Kroll asked for information on how patients on bipap are being transported. Text or other contact is fine.</p> <p>Next meeting January 26, 2021 at 1000 -Zoom meeting ONLY</p> <p>https://wustlhipaa.zoom.us/j/96145050684?pwd=bHRKbIRkdGNrOCs4aEdmZFNJb2p2Zz09</p> <p>Meeting ID: 961 4505 0684</p>		
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	<p>Passcode: 0526 One tap mobile: 13017158592,,96145050684# US (Germantown) 13126266799,,96145050684# US (Chicago)</p>		
<p>BEMS Sam Vance, Chief BEMS</p>	<p>Gov Parson’s state of emergency extends to March 31, 2021. All waivers will be active until then. The waivers are on BEMS website.</p> <p>If an EMS is to triage calls and do more urgent ones first, it needs to be in the agency’s protocols and signed off by the administrator and the medical director.</p> <p>NEMSIS: Image trends will inactivate Image Trends version 2 on Dec 31. Only Elite after that. Still have 27 agencies to bring onboard.</p> <p>Elite checker will be tested on Dec 3 and then after that, will be ready to export our data to NEMSIS. Missouri will be able to benchmark against other states after the transition.</p> <p>Biospatial is still in Office of General Counsel. 600+ elements are being checked for compliance with privacy laws in MO.</p> <p>Renewal licenses—inspections are virtual—getting documents on line. Using PPE and social distancing and COVID Testing to do abbreviated inspectors visit.</p> <p>Mercy SL have overflow of unclaimed backboards etc. Contact Bud Mantle to claim. Equipment not claimed will be made available at no charge.</p>		

		Recommendation/Actions	
Center for Patient Safety Shelby Cox	No report		
Old Business	Interstate Compact meetings are taking place. Discussion regarding data and data protection. Sam Vance is Missouri's representative at the Interstate Compact meetings.		
New Business & Announcements	Dr. Andrews encouraged discussion on any subject. She asked everyone to forwards things to put on the agenda. Dr. Tan said DEA comment period is until Dec 4 th on controlled substances. NAEMSP has a couple of concerns on p. 62647 about every instance paramedic uses controlled substance in back of ambulance, the medical director has to initial. NAEMSP meeting is Jan 10-15, preconf, 100% virtual.		
Next Meeting	Next meeting will be virtual and is scheduled for Jan. 26, 2021. No meeting in December.	An agenda will be sent prior to the next meeting.	
Adjourned	Meeting adjourned approximately 1:50 pm		

Dr. Lynthia Andrews Bowman DO, MHA, FACEP

Date Approved: January 26, 2021

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