



P.O. Box 570  
 Jefferson City, MO 65102-0570 • (573) 751-6356

**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES**

**State Advisory Council on Emergency Medical Services**

**MEETING SUMMARY  
 CONFIDENTIAL PEER REVIEW  
 TODAY'S DATE: February 23, 2016  
 MEETING DATE: January 26, 2016**

A meeting of the State Advisory Council on Emergency Medical Services was held on January 26, 2016 at 12:30pm, in Room 490-492, with Dr. Lindy Andrews presiding and a quorum was not was present.

**BOARD MEMBERS:** Mark Alexander, Dr. Lynthia Andrews, Ben Chlapek, Joan Eberhardt, Dave Herman, Eric Latimer, Ruby Mehrer, Wally Patrick, Helen Sandkuhl, Sam Schneider, Dr. David K. Tan.

**PRESENT:** Dr. Lynthia Andrews, Eric Latimer, Ruby Mehrer, Wally Patrick and Helen Sandkuhl.

**EXCUSED:** Mark Alexander, Ben Chlapek, Joan Eberhardt, Dave Herman and Sam Schneider.

**GUESTS:** See sign-in sheets.

Topic	Discussion/Conclusion	Recommendation/Actions	Follow-up
<b>I. Review of Minutes</b>			
<b>A. Approval of Minutes</b>	A quorum was not present so minutes. December and January minutes will up for approval in February.	Minutes pending approval will be brought to the February meeting.	N/A
<b>II. Subcommittee Reports</b>			
<b>A. Pediatrics Subcommittee</b>	They had over 100 people signed up for their event but only 50-60 showed up due to the weather. There was some discussion about moving the annual conference to the summer at the lake or find a different location. There might be another one in 6 months.	Will discuss at the next meeting.	A representative will update at the next meeting in February, 2016.

<b>B. Trauma Subcommittee</b>	Noone present to report.	A representative will report at the next meeting.	A representative will update at the next meeting in February, 2016.
<b>C. Legislative Subcommittee</b>	<p>Printed material was provided at the meeting. Les Jobe spoke about being able to support military medics wanting to transition to civilian medics jobs. Curriculum bridges have been investigated but there is a real challenge in this because training and experience varies greatly from branch to branch of the military and experience in the military also varies greatly. Les has drafted regulatory language to accelerate the transition of the military medic to civilian medic process. In his draft regulatory language Les proposes that the military medic be issued an EMT license that is watermarked clearly to indicate the military background. This license would allow the person to challenge the paramedic written exam. If the exam is passed, the medic would have to complete ½ the number of clinical hours required at that training agency. If the written test was failed, the weaknesses would be identified and a specific training program would be designed to address the gaps. Other details were addressed including when a refresher class would be required. Jason White asked if the training entities had been involved in the draft language and the requirements. Les indicated he had consulted with many different agencies including NREMT (National Registry Emergency Medical Technician) and CoAEMSP (<b>Committee on Accreditation</b> of Educational Programs for the <b>Emergency Medical Services Professions</b>) and others. Jason indicated that involvement and support from the training entities was critical and unless that step was taken, the EMS community would have difficulty embracing the regulations as written. The SAC recommended the draft language be held until the impact from CoAEMSP requirements can be addressed and more input can be sought. It was recognized that the GI bill could help defray costs for the military medics. If</p>	A representative will report at the next meeting.	A representative will update at the next meeting in February, 2016.

	Missouri adopts these draft regulations it will give opportunities for employers to participate in the state Show Me Heroes that acknowledges employers who hire veterans.		
<b>D. Education Subcommittee</b>	Most of the meeting last Wednesday covered discussion over the legislative topic above. The general sentiment was that it was too early to endorse the veterans testing. They would like to have a meeting with the primary entities. People embrace the concept but are concerned about the process.	A representative will report at the next meeting.	A representative will update at the next meeting in February, 2016.
<b>E. Air Ambulance Committee</b>	The subcommittee went to the capital this morning and visited legislators regarding the Line of Duty Death (LODD) bill. The bill would provide survivors of the LODD victim the same educational benefits now provided for police, fire, DOT workers and others. They discussed legislative topics. CPR bill-requires CPR training for high school graduation. Hospital helipad: efforts continue to remove fences around hospital helipads. They have produced a laminated informational packet for all fire and EMS crews. Air ambulance committee members have volunteered to be on the EMS memorial committee.	A representative will report at the next meeting.	A representative will update at the next meeting in February, 2016.
<b>F. Emergency Management</b>	Wally has asked for input from the SAC group on what topics they want emergency management to focus on. Send ideas to Wally or Helen.	A representative will report at the next meeting.	A representative will update at the next meeting in February, 2016.
<b>Topic</b>	<b>Discussion/Conclusion</b>	<b>Recommendation/Actions</b>	<b>Follow-up</b>
<b>III. Regional Subcommittee Reports</b>			
<b>A. Northwest</b>	The meeting was postponed until the third Wednesday in February.	A representative will report at the next meeting.	A representative will update at the next meeting in February, 2016.
<b>B. Central</b>	Their last meeting was on January 7 <sup>th</sup> at Columbia University. The next will be on February 4 <sup>th</sup> where they will talk about PHI for TCD groups.	A representative will report at the next meeting.	A representative will update at the next meeting in February, 2016.
<b>C. Southwest</b>	Noone present to report.	A representative will report at the next meeting.	A representative will update at the next meeting in February, 2016.
<b>D. Southeast</b>	Noone present to report.	A representative will report at the next meeting.	A representative will update at the next meeting in February, 2016.

<b>E. East Central</b>	Their last meeting was on January 8 <sup>th</sup> . A date was set for the Clinical Saves Banquet. May 13 <sup>th</sup> at Orlando Gardens. If anyone needs nomination forms, let Christine know. They need to be turned in by March 4 <sup>th</sup> . There was a mailing announcement for the TCD conference in the fall. They are looking at options for conference calls.	A representative will report at the next meeting.	A representative will update at the next meeting in February, 2016.
<b>A. Region A</b>	Their last meeting was on January 4 <sup>th</sup> . There was discussion about special needs patients. It is expected to continue on March 2 <sup>nd</sup> . There is a lot of discussion around trying to avoid legislation. There has been greater communication by specialty hospitals to local EMS agencies so they are aware of needs and how to treat the patient. They discussed with Dr. Froelke on how to accomplish it with regional medical directors with optional patient specific protocols on regional level and offered to med directors to follow. Rural areas are having issues.	A representative will report at the next meeting.	A representative will update at the next meeting in February, 2016.
<b>IV. Regional Medical Directors</b>			
<b>A. State EMS Medical Director – Dr. Froelke</b>	The national association of EMS physicians conference was in San Diego and was a great meeting. Some of the things we have already been discussing are being discussed across the country. One thing was in regards to the controlled substances act. A bill was filed and will require the EMS agency to file for an application for a DEA licensenot med director. They need to figure out how to rework that if it is under the med director. The regulations that will come out will outline what we are expected to do. Cares database-looking to recruit statewide support. It is about \$15,000 for state to be enrolled but it gives everyone access. They will see how many agencies are reporting into this and if it's enough, do we want to have all of MO participate. There was TCD discussion about rekindling stakeholder interests. Momentum on MHA side of things. As they play out, wants SAC to know process is happening on hospital side.	Dr. Froelke will update at the next meeting.	Dr. Froelke will update the council at the next meeting in February, 2016.
<b>B. EMS Bureau Report - Mr. Jobe</b>	You can nominate personnel for Fellow of Valor on the link to Show Me Heroes. The app is available on the website.	Mr. Jobe will update at the next meeting.	Mr. Jobe will update the council at the next meeting in February, 2016.

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<b>VI. Old Business</b>			
<b>A. CALS Supplies</b>	Nothing new to report.	Will discuss at next month's meeting.	Will discuss at the meeting in February.
<b>B. Patient Safety</b>	They would like to engage all stakeholders without boring them. A report was made to kick off the conversation. This lists the top 10 areas of risk and concern for EMS. This is from data and what is consistent. The landing page is called emsforward.org to find report. There will be webinars about each topic. Information will be announced soon.	Lee Varner will report at the next meeting.	Will add to the agenda.
<b>VII. New Business</b>			
<b>A. Advanced Stroke Life Support</b>	Nurses and paramedics have been in these classes. If anyone has any grant monies, they should look into this. Get in touch with David Tetrault or Shelleen King if interested. There has been a 68% increase in scores from pre-exam to post-exam.	Will be added to agenda for next month.	Will discuss at February's meeting.

*Introductions were completed.*

### **ADJOURNMENT**

There being no further business, the meeting was adjourned at 1400 hrs.

Respectfully submitted, Kristina Williams, MHA, RHIA

\_\_\_\_\_, Chairperson

Dr. Lynthia Andrews  
Chair