

MINUTES
of the First Meeting of the
EMS Technical Review Committee

December 12, 2018
1:00 p.m. to 4:00 p.m.
Lower Level Conference Room "A"
The Nebraska State Office Building, Lincoln, NE

Members Present

Travis Teetor, MD (Chair)
Jeff Baldwin, PharmD, RP
Susan Meyerle, PhD, LIMHP
Donald Naiberk, Hospital Administrator
James Temme, RT
Marcy Wyrens, RRT

Members Absent

Lisa Pfeil

Staff Present

Matt Gelvin
Ron Briel
Marla Scheer

I. Call to Order, Roll Call, Approval of the Agenda

Dr. Teetor called the meeting to order at 1:05 p.m. The roll was called; a quorum was present. Dr. Teetor welcomed all attendees and asked the committee members to introduce themselves. The agenda and Open Meetings Law were posted and the meeting was advertised online at <http://dhhs.ne.gov/licensure/Pages/credentialing-review.aspx> . The committee members unanimously approved the agenda for the first meeting.

II. Scheduling an Additional Meetings

The committee members unanimously agreed to defer the selection of additional meeting dates and times so that all members of the committee could participate in the selection process.

III. Orientation of the Committee Members to the Credentialing Review Program

Dr. Teetor introduced program staff for the purpose of orienting the committee members to the Credentialing Review Program. Mr. Briel and Mr. Gelvin conducted the orientation. A copy of this presentation was made available to the committee members at the beginning of the meeting.

IV. Discussion on the Proposal

- ***Presentation of the proposal by applicant group representatives.***

Mike Miller with the Board of EMS came forward to provide an overview of the proposal for the benefit of the TRC members. He informed the committee members that the EMS Board held listening sessions to get input from the public and other members of the profession regarding what changes are needed in EMS credentialing. These sessions led to the creation of an EMS legislative proposal reviewed during the previous legislative session. Mr. Miller went on to state that because of opposition from some members of the nursing community key aspects of the bill were amended out by State Senators, including several critical care provisions and several community health and emergency transport provisions. Mr. Miller informed the TRC members that

EMS leaders were advised that their ideas for change need to undergo credentialing review before the legislature can take any further action on their legislative proposal, and that this is why we are all here today beginning the process of conducting a credentialing review of ideas for making changes in EMS credentialing.

Mr. Miller went on to state that there is potential for harm to the public inherent in the current situation of EMS services in Nebraska. EMS providers are often put in situations wherein they are asked to perform procedures for which they have no formal training and very little practical experience because of new and more demanding standards for the transport of those who need emergent care. Advanced training is essential for these EMS providers to provide their services safely and effectively. Mr. Miller went on to state that the current shortfall in available nursing services has a great deal to do with these problems, especially in rural areas of our state. Ever-fewer nurses means that someone needs to take up the slack when it comes to nursing services, and, often, the only professionals who are available to do that are EMS providers, many of whom lack the necessary skills and knowledge to fill this service gap, safely and effectively.

- ***Questions by the TRC Members.***

James Temme asked the applicants what Iowa does vis-à-vis the issues they identified. Mr. Miller responded that Iowa has a critical care endorsement process in place that includes an educational program that allows those EMS professionals who qualify to take advanced training and if they pass the training to receive a special permit to perform certain advanced procedures.

Dr. Teetor asked the applicants if their proposal is designed to include the delivery of in-hospital care by EMS providers. Mr. Miller responded in the affirmative that this continues to be a component of their goals for Nebraska's EMS professionals. He added that EMS providers have proven that they are able to work in hospitals and clinics.

Dr. Baldwin asked the applicants about the purpose of the proposal. Is it to expand the scope to satisfy new transport standards? Mr. Miller responded in the affirmative. Dr. Baldwin asked if the proposed scope overlap with nursing scope. Mr. Miller replied that the applicants do not seek to infringe on nursing scope or otherwise compete with nurses for service opportunities, rather, the applicants seek to work with nurses in the field and "synergize" with them to fill the gaps in service that are becoming such a problem because of the on-going nursing shortage in Nebraska. He added that EMS providers would continue to emphasize ground rescue operations while nurses would emphasize in-hospital and in-clinic care.

Marcy Wyrens asked the applicants about the reimbursement implications for the ideas being proposed. Mr. Miller responded that reimbursement is going to be a serious concern.

Dr. Teetor asked the applicants to define current education and training so that the committee members can better compare and contrast what the education is now vis-à-vis what the proposed educational standard would be if the proposal passes. Mr. Miller briefly summarized the current training for the following categories:

- a) EMT Responders: 50-60 hours of education, no transport, just work setting.
EMTs: 150 to 170 hours of education, some meds, transport, foundational.
- b) Advanced EMTs: 350-400 hours of education, IVs, meds, airway, limited diagnosis, transport.
- c) Paramedics: 1200-1400 hours of education for basic, 12-18 months for additional education, medical director approves medications they carry, surgical airway procedures, blood transfusions, chest tubes, national examination.
- d) Critical Care Paramedics: 6 credit hour course at Creighton, e.g., plus 120 additional clock hours over 15 weeks followed by an examination, transportation of high risk patients, automatic transport ventilator, central lines.

Susan Meyerle asked the applicants if issues and problems in EMS discussed by the members of the Board of EMS stem from the shortcomings of the current training situation of EMS providers. Mr. Miller responded in the affirmative.

Mr. Naiberk asked the applicants what role medical directors play in the delivery of emergency care. Mr. Miller replied that they play an oversight role and provide guidance vis-à-vis written protocols that must be followed during all EMS procedures, although there are instances when protocols can be eased to deal with atypical situations, for example.

Dr. Teetor asked the applicants about rural-urban differences as regard the provision of EMS services. Mr. Miller responded that in most small towns and rural areas most EMS services are at the basic life-support level, and there are very few persons with Paramedic-level education or training. Some rural communities see the need to do something to upgrade the level of education and training of their EMS personnel so that they are more prepared to provide transport services.

V. Next Steps

The next step in the review process on this proposal is to continue examining the proposal utilizing the six statutory criteria for scope of practice proposals.

VI. Other Business and Adjournment

There being no further business, the committee members unanimously agreed to adjourn the meeting at 3:00 p.m.