

MINUTES OF THE MEETING
of the NEBRASKA
BOARD OF Emergency
Medical Services
July 10, 2020

CALL TO ORDER

The meeting of the Nebraska Board of Emergency Medical Services was called to order by Dr. James Smith, Board Chairperson, at 9:05 am, July 10, 2020, at the Health and Human Services Building, 5220 South 16th Street, Lincoln NE 68512. Copies of the agenda were emailed in advance to the Board members, emailed to interested parties, posted outside the Licensure Unit within the Nebraska State Office Building, and posted on the Department of Health and Human Services website. Smith announced the location of an available copy of the Open Meetings Act within the room.

ROLL CALL

The following board members were present to answer roll call:

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|---------------------|----------------------|
| • Randy Boldt | • Linda Jensen |
| • Karen Bowlin | • Dr. Michael Miller |
| • Joel Cerny | • Dion Neumiller |
| • Dr. Thomas Deegan | • Carolyn Petersen |
| • Ann Fiala | • Carl Rennerfeldt |
| • Todd Hovey | • Dr. James Smith |

The following Board members were absent: Dr. John Bonta, Michael Bailey, Michael Sheridan and Scott Wiebe.

The following staff members from the Department and the Attorney General's Office were also present during all or part of the meeting:

- Tim Wilson
- Wendy Snodgrass
- Laura Huggins
- Elizabeth Coker
- Lisa Anderson, *Assistant Attorney General*

A quorum was present, and the meeting convened.

ADOPTION OF THE AGENDA

MOTION: Rennerfeldt made the motion, seconded by Miller, to adopt the agenda for the July 10, 2020, Board of Emergency Medical Services meeting.

Voting Yes: Bowlin, Cerny, Deegan, Fiala, Hovey, Jensen, Miller, Neumiller, Petersen, Rennerfeldt, Smith. Voting No: None. Abstain: None. Absent: Bailey, Bonta, Sheridan, Wiebe. Motion carried.

APPROVAL OF THE MINUTES

MOTION: Miller made the motion, seconded by Bowlin, to approve the minutes of the May 8, 2020 meeting.

Voting Yes: Bowlin, Cerny, Deegan, Fiala, Hovey, Miller, Neumiller, Rennerfeldt, Smith. Voting No: None. Abstain: Jensen, Petersen. Absent: Bailey, Bonta, Sheridan, Wiebe. Motion carried.

CLOSED SESSION

MOTION: Boldt made the motion, seconded by Fiala, for the Board to go into closed session for the purpose of reviewing and discussing investigative reports, licensure applications, and other confidential information, and for the prevention of needless injury to the reputation of the individuals.

Voting Yes: Bowlin, Cerny, Deegan, Fiala, Hovey, Jensen, Miller, Neumiller, Petersen, Rennerfeldt, Smith. Voting No: None. Abstain: None. Absent: Bailey, Bonta, Sheridan, Wiebe. Motion carried.

9:07 am *Meeting went into Closed session.*
10:05 am *Michael Sheridan arrived to the meeting*
10:27 am *Meeting returned to Open Session.*

OPEN SESSION

MOTION: Bowlin made the motion, seconded by Miller, for the Board to go into open session.

Voting Yes: Bowlin, Cerny, Deegan, Fiala, Hovey, Jensen, Miller, Neumiller, Petersen, Rennerfeldt, Sheridan, Smith. Voting No: None. Abstain: None. Absent: Bailey, Bonta, Wiebe. Motion carried.

LICENSURE RECOMMENDATIONS

ZACHARY KOZA– EMT APPLICATION

MOTION: Miller made the motion, seconded by Rennerfeldt, a probationary EMT license be offered to Zachary Koza, based upon diagnosis of Alcohol Use Disorder Severe in Sustained Remission and DUI conviction. Probation is to last for a term of three years and is to include standard chemical dependency conditions.

Voting Yes: Bowlin, Cerny, Deegan, Fiala, Hovey, Jensen, Miller, Neumiller, Petersen, Rennerfeldt, Sheridan, Smith. Voting No: None. Abstain: None. Absent: Bailey, Bonta, Wiebe. Motion carried.

The Board took a short break at 10:30 am, resumed at 10:42 am.

AGENDA ITEM: Office of Emergency Health Systems

a) Tim Wilson gave an update on licensing. The Department is seeing more applications starting to come in and get processed. Annual audit of EMT's for licensing: 157 individuals, 20 expired due to no response or education; nine temporary reinstatements and 109 temp provisional licenses. These consist of mostly EMT licenses. Executive Order 20-27 expires December 31, 2020. We also did a process improvement plan on the application. We have also started on the licensing renewal process.

Additional information was compiled from the Office of Emergency Health Systems and provided to the Board prior to the meeting. See Attachment A to the minutes for complete briefing.

Wendy Snodgrass gave the Education and Training Agency Compliance update. The education program was awarded approximately \$30,000 in PHHS federal grand funds for continuing education, leadership training and instructor training. The NREMT Board approved the revised certification pathways for all

provider levels. This information has been sent out via social media and will be included in the next MailChimp.

Sharon Steele gave an update on data via PowerPoint on ALS versus BLS runs per licensure level and response care of the unit, as well on pre-hospital medical and trauma records. A data committee would be beneficial. The Board will revisit the committee structure and can have them working with Sharon going forward.

Tim gave an update on website changes. The licensing site shows numbers of individuals per each license. Dr. Smith suggested adding in a “total” column. The training agency pass rates posted are 2019 numbers via National Registry of EMTs.

AGENDA ITEM: Statewide Physician Medical Director Update

Dr. Ernest gave update on protocols. There is a new EMS faculty who started in July. Working on the STEMI program and meeting with stakeholders to readdress. Dr. Ernest was appointed as rural medical director at the national level. Wilson thanked Dr. Smith and Dr. Ernest for their assistance with our EMS office during COVID.

AGENDA ITEM: Scope of Practice Committee Update

Fiala gave an update: a request to add START triage protocol for EMS providers, to practice what is in your scope. There was discussion on 12 lead ECG protocol and changing some of the terms. Discussion on non-medicated, crystalloid fluids being used at the BLS level. It was recommended to leave as is until rules and regulations are approved by the Governor. Discussion on utilization of IV infusion equipment by EMT's and above, to administer non-medicated, crystalloid fluids. It was recommended to leave this as well until rules and regulations are approved. Seeing turnover in our cardiology groups. We need to get a recommitment from the groups on proper protocols.

Rennerfeldt made the motion, seconded by Bowlin to add an asterisk note for SALT triage protocol to not act out of scope of practice. Voting Yes: Bowlin, Cerny, Deegan, Fiala, Hovey, Jensen, Miller, Neumiller, Petersen, Rennerfeldt, Sheridan, Smith. Voting No: None. Abstain: None. Absent: Bailey, Bonta, Wiebe. Motion carried.

Rennerfeldt made the motion, seconded by Bowlin to change language from 12 lead ECG to diagnostic ECG. Voting Yes: Bowlin, Cerny, Deegan, Fiala, Hovey, Jensen, Miller, Neumiller, Petersen, Rennerfeldt, Sheridan, Smith. Voting No: None. Abstain: None. Absent: Bailey, Bonta, Wiebe. Motion carried.

Miller made the motion, seconded by Boldt upon passage of new regulations, it is the Board's position that non-medicated, crystalloid fluids can be used at the BLS level. Voting Yes: Bowlin, Cerny, Deegan, Fiala, Hovey, Jensen, Miller, Neumiller, Petersen, Rennerfeldt, Sheridan, Smith. Voting No: None. Abstain: None. Absent: Bailey, Bonta, Wiebe. Motion carried.

Fiala made the motion, seconded by Hovey upon passage of new regulations, allow utilization of IV infusion equipment by EMTs and above, to administer non-medicated, crystalloid fluids. Voting Yes: Bowlin, Cerny, Deegan, Fiala, Hovey, Jensen, Miller, Neumiller, Petersen, Rennerfeldt, Sheridan, Smith. Voting No: None. Abstain: None. Absent: Bailey, Bonta, Wiebe. Motion carried.

Board took a break from 11:42 am to 12:00 pm.

AGENDA ITEM: NSVFA Recruitment and Retention Classes

Cerny gave update on NSVFA Strive Tuition Reimbursement. 30 applications were approved from the fall 2019 semester. 29 were declined. 28 applications were approved from the spring 2020 semester. Also,

it was agreed by the SAFER Grant Committee to approve the 29 who were declined from the previous fall semester. We have had some applications not approved due to the LB886 requirement. Applications approved and paid to date: 30 for \$91,925. Applications approved and in process: approximately 50 for \$173,000. Deadline for the next STRIVE Tuition Reimbursement applications is September 1, 2020.

Recruitment and retention workshops, McCook Sept 19 and 20, Broken Bow November 7 and 8. To apply for the grant, go to website, www.nsvfa.org

AGENDA ITEM: Rules and Regulation Update

Wilson reported final revisions of Chapters 11-13 went to public hearing. These are at the Governor's Office for his approval. We should have his signature by the end of July. Once signed, the Governor will assign an effective date and Tim will inform the board. Applications for providers and instructors will need to be updated after these are approved. Ambulance standards are changing, KKK standards will no longer be in effect. Need current copy of those standards for the new board members. Legislative session starts again July 20 and anticipate the EMS bill will move forward. The Board will then need to start working on new rules and regulations for community paramedicine and critical care paramedic.

Cerny made the motion, seconded by Rennerfeldt to authorize Dr. Smith to write and sign on the Boards' behalf a thank you letter to Senator Bostleman for his assistance with Board work. Voting Yes: Bowlin, Cerny, Deegan, Fiala, Hovey, Jensen, Miller, Neumiller, Petersen, Rennerfeldt, Sheridan, Smith. Voting No: None. Abstain: None. Absent: Bailey, Bonta, Wiebe. Motion carried.

Staff is going through the rules and regulations to be able to send out to providers and set up training on the changes. Chapter 9 is Businesses and Chapter 10 is EMS Providers and Instructors.

AGENDA ITEM: Strategic Planning Rescheduled

Previous strategic planning was in 2015. Due to COVID and now budget issues, the 2020 planning session has been postponed. The grant we were using for this session has been reallocated elsewhere. This may be tabled until 2021.

AGENDA ITEM: PPE Update

Wilson had reached out for information on PPE as our distributions have been changing. The online form is still valid. The state is still planning on assisting as long as we can, at least through December and then we will need to reassess long term planning with COVID. Supply delivery is transitioning from National Guard to a separate vendor. Unsure what the plan is when a vaccine is available and how it will be distributed. We do not know at this point and will likely follow precedence of other states.

AGENDA ITEM: Revisit date of September Meeting

With the change of the EMS conference being moved to September, recommended to keep September 11 available for the next Board meeting and have meeting during the conference. Per Smith, hold this date.

AGENDA ITEM: Vote on Board Consultant

MOTION: Boldt made the motion, seconded by Jensen, to recommend Dr. Miller as the board consultant.

Voting Yes: Bowlin, Cerny, Deegan, Fiala, Hovey, Jensen, Neumiller, Petersen, Rennerfeldt, Sheridan, Smith. Voting No: None. Abstain: Miller. Absent: Bailey, Bonta, Wiebe. Motion carried.

AGENDA ITEM: Review Position Statement

Jensen reported they have been working with board of nursing on a combined position statement from this Board and nursing board working collaboratively to strengthen the position for nurses. Jensen shared an email of proposed changes. Further discussion by Miller. Recommendation on adding out-of-hospital, rapid field assessment.

Boldt left meeting at 1:14 pm.

CONCLUSION AND ADJOURNMENT

There being no further business, the meeting adjourned at 1:17 pm.

Respectfully submitted,

Elizabeth Coker
Administrative Assistant

Attachment A

**EMS Board Meeting, July 10, 2020
Office of Emergency Health Systems Reports**

a) Licensing (Wilson / Huggins)

- For new licenses: time frame June 1 to July 8, had 49 new licenses, 2 were services, 2 denied applications based upon the board
- 16 applications with deficiencies
- 81 phone contacts and 133 emails

b) EMS Program (Jorgensen)

- The number of EMS individual contacts the EMS Specialists have had thus far in 2020 is 3,766.
- The periodic inspections have still been suspended due to COVID-19 but the EMS Program is discussing how to start the process back up.
- The EMS Program has been conducting interviews for the Central Region EMS Specialist position.
- One new service was inspected and approved to be a licensed BLS non-transport service. It is the Mid-American Council Emergency Medical Service.
- The Emergency Health Systems newsletter layout has been reorganized and the different email groups within the system have been updated to try and include more EMS providers, PMDs and hospital staff.
- The EMS Program has been reviewing the proposed Rules & Regulations to become familiar with them and have been updating the inspection document to reflect the new changes when and if they are approved by the Governor.

c) Education and Training Agency Compliance (Snodgrass)

- Review Executive Order 20-27 with regards to field time waiver for EMR and EMT students
- NREMT update
 - i. Remote proctoring for EMT and AEMT students is going well
 - ii. Course eligibility and examination validity deadlines for all candidates with a course completion date between March 1, 2018 and August 31, 2020 will be set at 30 months
- BLS and ALS psychomotor test dates are being scheduled across the state
- BLS psychomotor project team will start meeting shortly to write scenarios
- Leadership training will not be held this year due to COVID logistics. We have dates for all four levels scheduled for next year, provided we have the funding

d) Emergency Medical Services for Children (Deegan / Kuhn)

- EMSC is proud to announce there are currently four "Peds Ready" approved ambulance services though the Recognition Program: Norfolk Ambulance, Cass County EMA, South Sioux City Fire Department and Plattsmouth Rescue.
- An art contest was held for EMS week. The theme was "Ready Today - Preparing for Tomorrow." Only seven schools participated. It was difficult to choose the top 12 winners. From those 12 winners, we will be making a calendar to send to all ambulance services for 2021.
- Save the date: Heartland EMS for Children is hosting the first virtual symposium the evenings of September 17 and 18.

- The 4th Edition of the PEPP is out. Some of the PEPP instructors have already completed the refresher for the course. Books and instructor tool kits have been purchased. 3rd Edition can be taught until December 31.
 - i. AAP leadership encourages social distancing and are currently working on pandemic safety guidelines.
 - ii. Use distant learning platforms for lectures and videos
 - iii. Schedule skills stations and final exams at a later date per AAP safety guidelines
 - iv. Hands-on skills stations and final exams **must** be completed in a training center
 - v. Hybrid access codes (online modules) NOT AVAILABLE – projected roll-out is late August “possibly later”
- EMSC Advisory Committee has two new members. Devin Wanke from Norfolk Ambulance Service and Reba Graf from Plattsmouth as an EMS instructor.
- The committee will begin determining the criteria to recognize hospitals who are Peds Ready and prepare for National Peds Readiness Assessment. This will be a voluntary recognition program and is EMSC performance measured. There are two nurses who have expressed interest in working on this project. Stay tuned.

e) Critical Incident Stress Management (Kuhn)

- Tim and Debbie have been addressing attorney questions on rules and regulations for the program. They have been rewritten and sent back for approval. We have also been working on statute changes.
- Basic CISM will be held in Norfolk August 7 and 8; Scottsbluff on August 15 and 16; Bennington on October 2 and 3. Please help spread the information
- Requests have been received for 48 interventions this year. Two of those were for the riot situation.
- We just received our first grant for the CISM program. The grant will assist with training, a notification system and update of the database that has broken links.

f) Trauma System (Bailey / Wren)

- The Trauma Program has 51 hospitals designated. Recently the program has had several hospitals either express interest in applying for designation or are scheduled for a consultation visits later this year. This includes: CHI St. Elizabeth’s (general), Nebraska Medicine, Bellevue (general), Butler County Health Center in David City and Twelve Clans Unity Hospital in Winnebago. After a period of inactivity for trauma center re-designation due to COVID-19, designation visits resume July 15, 2020.
- The third public hearing will be scheduled for the proposed Trauma System Regulations. A date has not been set at this time. Most changes are minor but significant enough to require a third public hearing. This includes potentially controversial topics: (1) the addition of the option of an electronic on-site designation visit and (2) the CME requirements at the Advanced and General levels for emergency medicine physicians who are board certified by the American Board of Emergency Medicine or American Osteopathic Board of Emergency Medicine.
- The program was recently awarded a \$30,646 Public Health Block Grant funding. These funds will be used for a data evaluation of the Nebraska trauma system. Data analysis will be performed using the Nebraska Trauma Registry and the National American College of Surgeons Trauma Quality Improvement Program. This analysis will give the Nebraska Trauma System the ability to determine how to improve responses to disasters and mass casualties when state data is compared to national data over time. This analysis will also provide insight as to the gaps in trauma system related education needed at hospitals for trauma nurse managers, trauma registry staff and EMS services. This analysis will help reduce injury deaths utilizing proper trauma system of care training and documentation. One of the main emphasis of this evaluation is to educate

and empower pre-hospital providers in trauma care aimed to reduce the consequences of injuries including death and long-term disability.

- The new Region 2 Trauma Medical Director is Dr. Rick Fermelia, CHI Health St. Elizabeth. The new interim chair of the state trauma board is Dr. Shahab Abdessalam, Children's Hospital and Medical Center. Ben Tysor is the new EMS Provider (Urban) on the statewide board. The committee on trauma non-voting member is currently vacant on the state board. Elizabeth Coker is the new trauma advisory board coordinator, so please contact her for more information on current and future board vacancies and meeting dates.
- The State Trauma Board Strategic Planning meeting is scheduled from 9:00 am to 4:00 pm at CHI Good Samaritan, Kearney on July 31.
- The Trauma Nurse Coordinator Education Day is scheduled from 9:00 am to 4:00 pm at the Younnes Center in Kearney on September 15.

g) Stroke/STEMI System (Neumiller / Wilson)

STROKE:

- Resumed online M:L training
- Gathering data for EMS Stroke recognition awards to be awarded in September
- Criteria:
 - i. Identification of Suspected Strokes with pre-arrival stroke alerts
 - Percentage of stroke patients transported to hospital by EMS and identified as suspected strokes.
 - a. Why is the measure needed? Low accuracy of stroke identification by EMS providers
 - ii. Documentation of time "Last Known Well" LKW
 - Percentage of stroke patients transported to hospital by EMS and for whom a time "Last Known Well" (LKW)
 - a. Why is the measure needed? Two terms are often inappropriately used interchangeably
 - b. "Time of Last Known Well" refers to the time the patient or witness can confirm the patient was at their baseline
 - c. "Time of Symptom Discovery" refers to the time at which the symptoms were first noticed
 - iii. Stroke Screen Performed and Reported
 - Percentage of stroke patients transported to hospital by EMS and for whom a regional or national stroke screen tool was used with documentation of the outcome
 - a. Why is the measure needed? Improve accuracy of triage of suspected stroke patients
 - iv. Evaluation of Blood Glucose
 - Percentage of stroke patients transported to hospital by EMS and for whom blood glucose was evaluated by EMS
 - a. Why is the measure needed? Hypoglycemia symptoms often mimic stroke
 - v. Different levels:
 - Level 1 less than 750 calls per year; meet measures at 75% or greater
 - Level 2 greater than 750 calls per year; meet measures at 85% or greater
 - Bronze, 1 quarter; bronze can be repeated
 - Silver, 1 year
 - Gold, 2 years
 - vi. Purpose:

- Available to all agencies
- Identify areas of education
- Educate on-time management
- Education on-time windows
- Will start CAH Stroke recognition awards soon, criteria will be pulled from AHA GWTG stroke and Hospital Hub will be quarterly.
- In process with the stroke triage and transport survey. So far 36 hospitals have reported. GWTG stroke registry participation is up from 7 out of 64 CAH hospitals last year to 16 out of 36 who have responded so far.

STEMI:

- Working with Dr. Smith and Dr. Ernest to bring all the cardiology groups back to the table to reaffirm STEMI best practices
- Looking into how and what STEMI data CAH can collect
- STEMI taskforce beginning the stages to create a statewide STEMI database/registry

CARES:

- Columbus will be added later this week
- Have found location for possible Regionalization of CARES and in the process of trying to bring the parties to the table
- Fremont EMS is interested, trying to onboard Fremont Hospital
- Attached is the Nebraska and National CARES special report from Emory University created for OHCA COVID response. Reviewing state and national level records from January to May of 2020, we observed trend changes over time and wanted to present these to you visually via PowerPoint. This presentation includes trend lines for each of the following variables:
 - i. Shockable presenting rhythms
 - ii. Public location of arrest
 - iii. Bystander AED in public location
 - iv. Bystander CPR
 - v. Field termination of resuscitation
 - vi. Bystander CPR in public locations
 - vii. Bystander CPR in home/residence
- In addition to the state level data, attached is the national level slide deck for reference. To be clear, these numbers highlight preliminary data, not all of the EMS records or hospital records have been entered and much of the data is unaudited.

h) EHS Data Systems (Wilson)

- Total 2019 Runs = 297,478
- 2019 ALS versus BLS runs per service licensure level: ALS = 274,914, BLS = 22,564
- 2019 ALS versus BLS runs per response level of care of this unit (eResponse.15): ALS = 244,148, BLS = 53,264, not recorded = 66
- 2019 ALS versus BLS runs per ALS medication and/or ALS procedures performed: ALS = 38,962, BLS = 258,516
- 2019 Pre-hospital trauma records: Pediatric trauma = 308, adult trauma = 991 (analyzed by determination if the pre-hospital provider actually had a patient per incident/patient disposition data element (eDisposition.12) and trauma codes)
- 2019 Pre-hospital medical records: Pediatric medical = 11,281, adult medical = 161,996
- 2019 Pre-hospital trauma records: Pediatric trauma = 355, adult trauma = 1,049 (analyzed by determination if the pre-hospital provider actually had a patient per incident/patient disposition

data element (eDisposition.12) and trauma codes) plus due to trauma activation (eDisposition.24) documentation added assist agency, assist unit, patient refused evaluation/care (without transport) and patient evaluated, no treatment/transport required

- 2019 Pre-hospital medical records: Pediatric medical = 16,554, adult medical = 217,686
- 2019 Chute time in minutes (unit notified by dispatch until unit enroute): average paid chute time in minutes = 32, average volunteer chute time in minutes = 98 (mixed services is not included in these numbers)
- 2019 Air medical services = 16