

Final Report of
Findings and Recommendations

By the
Nebraska Board of Health

on the
Application on
Rural Emergency Services
to the
Director of Health
and the
Nebraska Legislature

November 19, 1990

I. Recommendations of the 407 Subcommittee on the Proposal

The members of the 407 Subcommittee of the Board of Health at their November 13, 1990, meeting recommended approval of the rural emergency medical services proposal.

II. Discussion on the Proposal by the 407 Subcommittee

Ed Schlachter, R.P., chairperson of the technical review committee, presented the report of the technical committee to the members of the 407 subcommittee. Mr. Schlachter described the changes that the technical committee made in the proposal, and stated that the reason the committee removed the I.V. section from the proposal was the committee's concern that allowing EMT-As to restart and remove IVs might pose a potential source of harm. The committee members were concerned that EMT-As lacked sufficient assessment skills to know when such procedures as restarting and removing IVs are required.

Bob Olson, the representative of the applicant group on the technical committee, stated that he felt that restarting and removing IVs should be left in the proposal. He stated that restarting and removing IVs are procedures that are essential to emergency care in remote rural areas. He stated that keeping these two dimensions of IV management in the proposal would increase the survival rate of patients who need to be transported to hospitals.

Mr. Olson stated that medical directors would control the training and supervision of those EMT-As who would perform these IV procedures on patients. A medical director would not

allow an EMT-A under his supervision to perform these procedures unless he or she was confident that the EMT-A in question had the necessary skills to perform them safely and effectively. Mr. Olson felt that this system of supervision would minimize the potential risks of harm that the committee members were concerned about.

Carl Maltas expressed concern that medical director supervision and training would not be sufficient to compensate for the lack of assessment skills of EMT-As. Mr. Maltas was also concerned that EMT-As would use the IV procedures in question too infrequently to maintain an appropriate skill level.

Bob Olson responded to these concerns by stating that medical directors would establish symptom-based protocols of the procedures in question. Such protocols have been used in EMS for many years to provide emergency care that is reasonably safe and effective. Mr. Olson stated that the maintenance of an appropriate skill level might be a problem in some rural areas, but that this would not be a problem in all rural areas.

Ed Schlachter stated that the technical committee was concerned that there might not be enough medical directors in sparsely populated areas of rural Nebraska to provide the necessary supervision for the EMT-As in question. Bob Leopold, the director of the EMS Division of the Department of Health, stated that sparsely populated states such as Wyoming, Alaska, and Montana have implemented programs much like the one

embodied in the proposal, and that these programs have been very successful.

Carl Maltas stated that the proposal would increase the burdens on medical directors. Mr. Maltas then asked Bob Leopold how many EMS units would chose to implement the necessary training for EMT-As. Mr. Leopold responded by stating that perhaps as many as thirty units might adopt such training programs if the proposal were adopted.

Mr. Maltas then asked what additional liability for medical directors would be created by the proposal, if any. Mr. Leopold responded that medical directors are liable only if it can be demonstrated that a patient was harmed as a result of an inappropriate protocol. Medical directors are not liable for the inappropriate execution of a protocol.

Carl Maltas asked Bob Leopold whether or not concern about AIDS was having an adverse impact on EMS recruiting. Mr. Leopold responded that as far as he knew this was not a factor in getting people to volunteer. Mr. Leopold added that the main problem in recruiting and keeping EMS personnel pertains to current restrictions that prevent volunteers from doing all they can do to save lives. Mr. Leopold stated that some volunteers quit EMS because they find it hard to stand by and let someone die when they know how to save them.

Dr. Shapiro expressed agreement with the action of the technical committee in removing the IV administration provisions from the proposal. However, Dr. Shapiro

acknowledged that removal of this portion of the proposal prevents EMT-As from doing more to save lives, and that the applicant group should identify means by which EMT-As could be more effectively trained or supervised in the area of IV administration so that this portion of the proposal could be reconsidered at some future time.

III. Recommendations of the Full Board of Health on the Rural EMS Proposal

The members of the full Board of Health voted unanimously to endorse the recommendations of the technical committee which was to recommend approval of the proposal as amended by the technical committee.

IV. Deliberations of the Full Board of Health on the Proposal

Ed Schlachter, the chairperson of the Rural EMS technical committee, presented the report of the committee to the full board. Mr. Schlachter described the issues raised by the proposal, and stated that questions about EMT-As doing IV management and concerns about there being an adequate number of medical directors to supervise EMT-As in rural areas of Nebraska are likely to be raised again when the Legislature reviews the rural EMS issue.

Ed Schlachter then stated that the representative of the applicant group on the technical committee disagreed with the action taken to remove restarting and removing IVs from the proposal. This committee member felt that EMT-As who work in

rural areas should be able to serve the needs of patients by restarting, monitoring, and removing IVs, under appropriate supervision of a medical director.

Dr. Weaver asked for a clarification of the committee's actions in removing the RN component from the proposal. Ed Schlachter responded by stating that a majority of the committee members were convinced that RNs are already qualified to provide the services described in the proposal without being required to undergo additional training.

Dr. Wahl asked what RNs can do now in the provision of emergency medical services. Dr. Shapiro responded by stating that RNs are currently allowed to provide in the field whatever services their license permits them to provide in an institutional setting, assuming appropriate supervision by a physician. Ed Schlachter stated that the assessment skills of RNs are such that there should be no concern about the ability of RNs to provide the services described in the proposal safely and effectively.

The members of the Board of Health then formulated their recommendation on the proposal by taking action on the four criteria of the credentialing review statute that pertain to the proposal. It was moved and seconded that the proposal as amended by the technical committee satisfies the four criteria in question. Voting aye were Alligton, Blair, Gilmore, Jeffers, Lefler, Maltas, Marcum, McQuillan, Schlachter, Timperley, Wahl, and Weaver. Dr. Shapiro abstained from

voting. There were no nay votes. By this action the Board members endorsed the recommendation of the technical committee on the proposal as amended by the technical committee.

