



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Bureau for Public Health
Office of Emergency Medical Services

Rahul Gupta, MD, MPH, MBA, FACP
Commissioner
State Health Officer

Bill J. Crouch
Cabinet Secretary

Minutes
EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL
March 13, 2018

Members Present

Brenden Brown
Edward Hicks
Dr. Lisa Hrutkay
Marsha Knight
Jim Kranz
David J. Weller
Glen Satterfield
Paul Seamann
Donna Steward
Connie Hall
Jeff Kady

Members Absent

Stephen McIntire
Gordon Merry
Nancy Cartmill
Trish Watson

Guests

Joe Spray II
Michael Thomas
Ben Tacy
Susie Norris
Ryan Barry
Chad Winebrenner
Brian LaRue
Elizabeth Hammons
Patrick Cornell
Clinton Burley
Janie Ward
Gary Tinder
Chris Eades
James V. Hill
Kevin Duckwall
Diana Mitchell
Tracy Corbin
James Taylor
Pathrusim Keaffaber
Kurt Gainer
Charles King Jr.
R. Craig Horn
Matthew Largent
Rita White
Dr. Mike Peterson
John Dearnell

OEMS Staff

Dr. Michael Mills
Melissa Raynes
Danny Anderson
Bob Dozier
John Thomas
Sherry Rockwell
Jimmy Sadler

I. Executive Session

Opened 1:00 PM – Closed 1:30 PM

II. Welcome, Introductions and Roll Call

Chairman Jamie Weller called the quarterly meeting of the Emergency Medical Services Advisory Council (EMSAC) to order on March 13, 2018 at 1:00 PM at the Medical Coordination Center in Flatwoods, WV. Chairman Weller welcomed members and guests. Roll call followed.

III. Approval of December 12, 2017 Minutes

Correction on page 3 – CAST should read as CAAS - Commission on Accreditation of Ambulance Services. Motion made to approve the minutes of the December 12, 2017 regular statutory meeting as corrected. Motion seconded. Motion carried.

IV. Chairman Report

Legislative Updates – Melissa Raynes

Melissa Raynes reported that this has been a very active legislative session. There were a few bills related to the Office of EMS. Senate Bill 168 was the emergency medical services act or legislative rule giving authority to the Office of Emergency Medical Services (OEMS) on operations. OEMS revised the vehicle markings to comply with CASS guidelines; OEMS proposed the removal of the section related to county commissions because DHHR simply does not have the authorization or the jurisdiction to dictate to the county commission what they do or do not do. That section was just taken out as a technicality because it is covered in code elsewhere for county commission to provide EMS to their communities.

There were some fee modifications based on the certification cycles going from two years to four years. That was bundled with other rules and included to become Senate Bill 165. It did pass and it has been signed by the Governor.

Senate Bill 392 related to the Emergency Medical Services Advisory Council (EMSAC) membership. That also did pass and is awaiting the signature of the Governor. Chairman Weller stated that this bill will add three additional members to the EMSAC which will make eighteen total board members.

Senate Bill 510 was related to stroke designations. There will be comprehensive, thrombectomy-capable, primary, and acute-ready. That bill also passed and is awaiting the signature of the Governor.

Senate Bill 514 was Recognition of EMS Personnel (REPLICA) and that did not pass. It was removed from the agenda the last week of the session.

Senate Bill 592 was originally related to municipalities with fire fighter civil service commission providing advanced life support ambulance service and licensed by the state health department to administer a special examination for the positions of fire fighter paramedic and advanced care technician. That bill was amended the last part of the session; the amended bill did not pass.

Senate Bill 625 is the Fire and Rescue Services Act of 2018. This bill contains numerous components. The highlights are as follows:

- Tax break for volunteers meeting certain requirements
- Allow OEMS to do one or more state contracts where EMS agencies can purchase with bulk pricing. This will have to be a topic of a future EMSAC committee meeting and an agenda item so that we can determine what contracts we need to go for and what items need to be included on those contracts. The Fire Marshall office will also do a similar contract for the fire departments for purchasing.
- Line of duty death benefit increase from \$50,000.00 to \$100,000.00. The recertification application will be revised to include a section for a beneficiary.
- There is an EMS equipment and training fund.

This bill will be posted to the OEMS website so it can be read in its entirety.

National Registry

Chairman Weller reports that he has been in constant contact with Nation Registry getting questions answered. A meeting was held on June 11, 2018 between chairman Weller and the OEMS staff to continue to work on policy and procedure as we move towards implementing National Registry.

We are looking at a January 1, 2019 Implementation date. This will allow time for training and testing of the program. Something of this magnitude will require regional rollouts. The office of EMS must be able to see and retrieve all required data they will need.

SIRN

Chairman Weller stated that he has had several questions on radio programming. Agencies are being told they cannot program police channels on their radios even though most already have police channels on their radios. Melissa Raynes will be meeting on June 13, 2018 with the authorities to ask these questions and receive clarification

NEMSIS

Chairman Weller reported that agencies are looking to upgrade or change their EPCR vendors and they are running into issues because of the NEMSIS. They are ready to go to NEMSIS 3 but the state is not yet ready. July is the anticipated target date but cannot be assured.

V. EMSAC Committee Reports

Special Interest – Paul Seamann

Community Paramedic

This program is moving forward and continues to expand. KCEAA, Jan Care and Putnam County EMS will be doing the pilot projects. KCEAA has the most experience at six months.

Pilot projects are receiving good results within the 30-day readmission.

CCT Update

Several CCT subcommittees have been formed i.e. Policy Manual subcommittee and Education Subcommittee. They are developing the OEMS Medication Reference Sheets which will be included in the Protocols. They also continue to work on the CCT curriculum and examination update.

C2IFT Update

C2IFT consist of one MCCP or MCCN and driver delivering advanced IFT care to a patient in either a CCT or ALS ambulance. Original Pilot Project participants are Princeton Rescue Squad and Webster Springs. This will be expanded to include KCEAA, Jan Care Ambulance and other EMS agencies per request with OEMS approval. Additional data to be collected prior to state wide roll out.

C3IFT Update

23 new or updated C3IFT Protocols were sent to EMSAC for discussion and possible approval.

TECC – Tactical EMS

Established primary number one goal of beginning implementation of “Stop the Bleed” program in WV.

EMSC

EMSC has asked to be added to the Special Interest subcommittee. Motion made to add EMSC to the Special Interest subcommittee. Motion seconded. Motion carried.

Administration

**West Virginia EMS Leadership Development Program – Chairman Weller
Pilot course report – Level I Supervisor**

The second class was offered at the escape conference. This class was well attended and received with a request for a second presentation in Mineral County on April 21 and 22.

Level II Administrator Program-Direction

Following the previous discussion on “Modules” the next step is to get the modules on line.

Provider Recognition Awards

Marsha Knight sent out the final copy of the award criteria and nomination form to the EMSAC members. No issues, complications or concerns voiced.

Red Light Permits

Chairman Weller reported there is some confusion as to where the responsibility will fall. There is a conference call scheduled tomorrow between the State Fire Marshall, Chairman Weller and Melissa Raynes to discuss this issue.

Safety – Connie Hall

The safety committee met with a representative of Traffic Incident Management (TIM). They offer free training that is nationally recognized. The classes are for 4 hours and would allow for safety training and cross training for EMS, police officers, fire departments, truck drivers etc. This will not be mandated but could be beneficial. There is also a train the trainer instructor program that will be for 8 hours. Information will be provided on the OEMS website.

Chairman Weller stated there was mention of a rescue core course. It came up in discussion because there were concerns about the education EMS is receiving as far as a new EMS provider going out into the field. Ben Tacy has put together an 8-hour entry level course that gives new EMS providers basic core rescue knowledge. This will be submitted to John Thomas for review and comment. Workers compensation and a return to work program was also discussed.

Policy/Procedure & Protocol – Chairman Weller

New Protocol Submissions

Paramedic Treatment Protocol 4302 – Bronchospasm

Protocol requesting to administer the second dose of Albuterol or Combi-Vent without Medical Command orders.

Motion to submit for thirty-day comment period. Motion seconded. Motion carried.

Paramedic Treatment Protocol 4214 – Return of Spontaneous Circulation (ROSC)

Additional information pertaining to hanging a drip added to protocol.

Motion to submit for thirty-day comment period. Motion seconded. Motion carried.

C3IFT Protocols

A series of C3IFT meetings were held to complete a revision of the current C3IFT protocols. These protocols were submitted to the EMSAC members via email on June 11, 2018. Chairman Weller made recommendation to put together a subcommittee of two or three EMSAC members to review these protocols, report back to EMSAC at which time EMSAC can vote to move them forward. The other alternative is to wait until the next scheduled EMSAC meeting on June 12, 2018. Following a brief discussion, a motion was made for all EMSAC members to review these protocols until March 23, 2018 at which point an email will be sent out requesting a vote to move forward with the 30-day comment period. Motion seconded. Motion carried.

EMVO Certification

This is a proposal to change the language on page 2, section L. from “WVOEMS approved Emergency Vehicle Operations Course (EVOC) course meeting the current approved education standards” to “complete an EVOC course meeting the National Highway Traffic Safety Administration standards or a WVOEMS approved EVOC course”.

Motion to submit for thirty-day comment period. Motion seconded. Motion carried.

Other Information – Discussion only

As we restructure and work policies into going to National Registry there is some confusion with protocol updates and 4-hour protocol refreshers. People do not understand that the update does not count as their 4-hour refresher. It is understood that we require 4 hours for recertification period, however, the protocol system as it is set up requires the new protocols to be effective January 1 each year. To clean up this confusion does it make sense to change the recertification requirement from 4 hours per recertification period to two hours annually (which is already required to learn the new protocols)? This still meets the 4-hour recertification requirement by doing both at the same time in a 2-hour block. To be addressed further once the new policy is developed.

A second issue that came forward in discussions is that of communication during the 30-day comment period. Melissa Raynes and Bob Dozier are addressing the situation and will report later.

Training

Jeff Kady reported a discussion in the subcommittee meeting regarding the recertification requirements for EMVO and if it serves our best interest across the state given the background check and the EVOC class are not part of the recertification process. Do we need to recertify EMVO every four years? Concerns were voiced regarding bureau and personal insurance requirements, tracking and accountability. The training committee will continue to examine this issue.

VI. Special Reports

Emergency Medical Services for Children (EMSC) – Sherry Rockwell

Sherry Rockwell reported that EMSC requested EMSAC to add the pediatric population to the Special Interest Subcommittee as a recurring agenda item. Ms. Rockwell supported this request with the following key elements:

- The WV pediatric population (18 years and younger) accounts for approximately 21% of the total population.
- EMS Trauma statistics indicate approximately 4% of all runs in 2016 were for the pediatric population.
- EMSC has been able to purchase equipment and provide training for WV prehospital pediatric treatment.
- The EMSC program has been around since about 1984. It is a federally funded mandate and has provided funding for all 50 states, four territories and Washington DC.

The overall goal of this program is to reduce pediatric death and disability caused by illness or injury. WV has received funding since 2009. We are currently awaiting notification of our award for the next five years. This grant is now using outcome based performance measures. There are nine new performance measures of which numbers two and three apply to EMS. They are as follows:

- The percent of EMS agencies in the state or territory that have a designated individual who coordinates pediatric emergency care. This is referred to as having a PECC.

- The percent of EMS agencies in the state or territory that have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment.

The goal is by the year 2020 30% of the EMS agencies in the state will have a designated PECC; by 2023 they want to see 60% of the agencies have a PECC and by 2026 90%.

OEMS – Melissa Raynes

Melissa Raynes reported the following OEMS information:

- One vacancy in the certification unit resulting from two new hires in December 2017 and one resignation.
- Renea Burnham has been hired the licensure unit to assist Jimmy Sadler.
- OEMS continues to have an average of 20 investigations per month with 75% of those being closed within the same month.
- We have approximately 6,000 total EMS providers in the state with approximately 4,000 active on runs at any time.
- The average age of the EMS provider is 43-years with the youngest age being 22-years and the oldest being 71-years across all certification levels.
- Year to date OEMS has made over 200,000 runs for fiscal year 2018 averaging between 35,000 and 45,000 per month. There were 534,893 runs for the fiscal years 2017.
- The largest age group remains between 50-years and 90-years indicating the curve goes up toward the end of the life span however, for children 0 to 18-years the curve indicates a U shape 0 to 1-year and 13-years to 18-years requiring the most transports.
- OEMS has 197 licensed agencies and 1,210 permitted vehicles.
- Naloxone administrations for 2017 were over 7,700 which was up from over 7,000 in 2016 and 4,700 in 2015.
- OEMS continues to work with various partners on several opioid prevention projects. We have worked with the Health Care Preparedness Program, the Center for Threat Preparedness and WV Hospital Association to name a few.
- The Neonatal Abstinence Syndrome training is now going on with the first session taking place in Huntington on Thursday March 15, 2018. These training sessions will be held regionally through the state during March and April.
- We have a new Director for the DHHR's Office of Drug Control Policy. He is Dr. Michael Brumage. He was the former Executive Director of the Kanawha-Charleston Health Department.
- OEMS state response time continues to average 2 hours.
- OEMS averages between 4,500 and 5,000 trauma runs each month with the most prevalent injury being falls.
- From a national perspective OEMS continues to work with the federal interagency partners and EMS stakeholders on the Nation Trauma Care System integrating military and civilian trauma systems to achieve zero preventable deaths. Model EMS clinical guidelines was posted to their website June 2017 and they are working on the EMS Agenda for the Future 2050. They have an EMS focused webinar series that is posted to their and is very informative.

Medical Command

No report at this time.

Air Medical

Health Net Aeromedical Services will be announcing a pending upgrade to the existing single engine aircraft located in Martinsburg to accommodate the mountain ranges. They are also developing a second training center in the Morgantown area. They are also developing various other programs working with WVU Medicine.

VII. Old Business
Nothing to report

VIII. New Business

New Meeting Schedule

Chairman Weller stated that EMSAC has been very successful in meeting the requirements of legislature. As we move forward and become more efficient we are recognizing that our committees are getting things accomplished. Today is a perfect example of our committees accomplishing their goals and not needing the hour that is allotted to them. Unfortunately, when you publish an agenda you must stick with those time frames. Chairman Weller proposed starting at 9:00 AM with the subcommittee meetings running concurrently and allotting 45 minutes for each subcommittee. EMSAC theoretically would start at 1:00 PM using this schedule.

Following a brief discussion, a motion was made to start the subcommittee meetings at 9:00 AM running concurrently with up to 40 minute sessions for each subcommittee and starting EMSAC at 1:00 PM. Motion seconded. Motion carried.

Regional Boards

A discussion was held regarding the future of regional board meetings and what can be accomplished to enhance their efficiency. Various concerns ranging from financial issues and quorums, legal and or mandated responsibilities and medical direction followed. Melissa Raynes states that OEMS has moved from a regional EMS system to a state-wide system. She does see utility for the regional boards by keeping the lines of communication open between OEMS and the agencies and vice versa. Ms. Raynes states that a training component could also be useful with the regional boards. Since OEMS no longer has TSN, OEMS can provide clerical and or office support by assigning one individual to each board to help facilitate the agenda and minutes in addition to helping with meeting arrangements. In depth conversation continued. Further discussion necessary as to what direction the boards want to follow.

Medical Director Update

Dr. Michael Mills reported that a new controlled substance policy will be forthcoming due to Federal rule.

IX. Good of the Order

Adjournment

Motion made to adjourn. Motion seconded. Motion carried.