
MIEMSS ALS Committee

Meeting Agenda

January 16, 2019

Call to Order

Order of Business:

Introductions

NR Exam Update

ALS Program Skills Practice

ALS Program Clinical Challenges

State/Local NCCP Requirements

Old Business

New Business

Announcements

Adjournment



MIEMSS ALS Committee

Meeting Minutes

January 16, 2019

Present: Terrel Buckson, Bryan Selvage


Go to Meeting: Dr. Jeff Fillmore, Danielle Joy, Doug Beitzel

Call to Order:

The regular meeting of the ALS Subcommittee was called to order at 10:00 A.M. on May 17, 2017 by the chairman Dr. Jeff Fillmore.

National Registry Exam Update:

Update from Terrell-


 Some procedural changes due to grading issues and error being made by evaluators:

- For the program hosting the exam. Once the National Registry Representative has set up their room to conduct and grade the exam. We need to ensure that there are no distractions, i.e. someone sitting in the room or people constantly coming in and out of the room. This can be very distracting to the National Registry Representative. We understand that the host of the exam wants updates. However, this can be distracting and can lead to errors in grading or erroneous results. The grade form goes through an extensive QA process at National Registry. If an evaluator makes an error that the National Registry Representative fails to identify and fix it. We may erroneously inform a candidate that they passed the exam. Then when the forms are QA'd by National Registry. It may be found that the candidate was actually unsuccessful on the exam. The representative will receive an email form National Registry regarding the error and then the candidate must be contacted to inform them of the mistake. The opposite has occurred as well. Where a candidate was informed they were not successful on the exam. However, after the National Registry QA'd the exam. The student was found to have passed. This why there is a need to avoid distractions.
- Due to errors by the evaluators in grading, testing may be longer. For example, Terrell received an Oral Exam grade form where the final score was a "24 points out 15." These errors require the form to be sent back to the



evaluator for correction, which takes time. Please focus on the math when counting up the points- it could be the difference between a candidate being properly notified of failing or passing the exam; if an error is not caught.

- National Registry policy states that once the grading of an exam begins, the Rep cannot leave the room to address issues. If the evaluator has a grading question or an issue with a station. The evaluator must close their station and come to the rep. We need to strictly follow this policy. The only exception, is if there are 2 Reps at an exam. One is able to leave the room to address the issue, while the other stay in the room.
- A runner is still allowed to go around and collect grading sheet and bring them back to the National Registry Rep. This helps expedite the process and is welcomed.
- If there are **over 25 candidates** for an exam. There will now be 2 National Registry Representative present at the exam (if possible). This is in an effort to eliminate the grading issues and to decrease the time to of the exam.

 In May, Bryan Selvage will be taking over the Lead National Registry Rep position.

ALS Program Skills Practice (from Montgomery County- not on call):

Discuss students performing invasive skills, i.e. starting IV on other students in the classroom setting.

Will be discussed at next committee meeting when a representative of Montgomery Co. is present.

ALS Program Clinical Challenges (from Montgomery County- not on call):

Physicians not allowing students to perform “ET” (Endotracheal Intubation) in the ER setting to the inability of physicians to bill for the procedure.

Discussion:

Doug: No issues with his program. His student must do their first 2 intubation in the OR. Then the student is able to intubate in the ER if the physician allows. Their physicians are supportive of the students intubating.



Dr. Fillmore: Even though the physician is not the one passing the tube through the cords. As long as the physician is “closely supervising,” it’s should not be a billing issue.

Will be discussed at next committee meeting when a representative of Montgomery Co. is present.

State/Local NCCP Requirements:

Per Pete- All programs are currently working from the list of State/Local content that was confirmed last March during the ALS Committee meeting- See *below*

NCCP Maryland/Local Topics CRT/I-99 & Paramedic

Topic/Objectives: After successful completion of the below topics -	Hours
Provider Updates	2
The provider will successfully complete the 2017 EMS Provider Update with a quiz score of 70% or greater (the 2016 ALS Protocol Update may also count for providers renewing in 2018)	
Documentation (Transition to eMeds Elite Platform/Update on new ePCR criteria) – or Local Option approved by MIEMSS	1
The provider will recognize the significance of the move to the NEMSIS v3 data collection platform.	
The provider will recall the items to be collected for ePCR submission involved in the move to NEMSIS v3.	
The provider will interpret the mandatory data elements to be collected for ePCR submission involved in the move to NEMSIS v3.	
The provider will interpret the mandatory data elements to be collected for ePCR submission that pertain to CARES.	
MOLST Form Review	1
The provider will recall the information required for a valid MOLST form.	
The provider will differentiate the levels of care and CPR instruction in section one (1) of the MOLST form.	
The provider will interpret the care options defined in sections 2-9 of the MOLST form.	
Medication Review	2
The provider will give example of indication, contraindications, and doses for calcium chloride.	
The provider will give example of indication, contraindications, and doses for haloperidol.	



The provider will give example of indication, contraindications, and doses for magnesium sulfate.	
The provider will give example of indication, contraindications, and doses for midazolam.	
The provider will give example of indication, contraindications, and doses for fentanyl.	
The provider will give example of indication, contraindications, and doses for ketamine.	
The provider will be able to compare/contrast morphine and fentanyl.	
Emerging Infectious Diseases	1
The provider will recall several emerging infectious diseases.	
The provider will identify infectious patients.	
The provider will differentiate various personal protection equipment based on the level of exposure and disease presented.	
The provider will describe the unique processes for patient transfer.	
Potentially Volatile Environments with Life Sustaining Intervention	1
The provider will list examples of potentially volatile environments.	
The provider will explain the indications of a potentially volatile environment.	
The provider will define the level of care to be conducted in the hot zone of a potentially volatile environment.	
The provider will define the level of care to be conducted in the warm zone of a potentially volatile environment.	
Life Span Development	1
The provider will identify age ranges, physiologic changes, physical characteristics, and psychosocial characteristics associated with the	
Total Hours	9

The following topics were proposed for development:

1. Technology (1.5 hours)

- a. Patient care related technology (LVAD, med pumps)
- b. Advances in assessment tools (ultrasound, ecmo, telemedicine)
- c. Various ortho and attached devices (TENS units, external fixators)

2. Mobile Integrated Health (MIH) (1 hour)

- a. Role of EMS in MIH (population health)



- b. Familiarization with the patient populations that can benefit from MIH
 - c. Overview of MIH project in Maryland (retrieved from legislative report)
- 3. SAFE (pediatric vs. adults) (1 hour)
 - a. Identify the patient presenting with assault
 - b. Sensitivity to the vulnerability of these patients
 - c. Review on patient assessment (see Carroll's SAFE report)
 - d. Appropriate destination determination
- 4. Management of the Transgender Patient (transition times) (0.5 hours)
 - a. Aware of both physical and hormonal changes during the transition period
 - b. Communication and sensitivity

Jurisdictions will develop content for a topic and work with Pete to post to the LMS. Please keep in mind that only 2/3 of the State/Local content may be completed as distance learning.

As far as content that is being developed for use by jurisdictions as an optional means to meet the state/local content, we have or are developing 10 of the 15 hours that will be available as distance learning on our Online Training Center. The remaining 5 hours are to be done in a classroom setting. Here is a breakdown:

- 1. Technology Changes (Ultrasound, Ecmo, Telemedicine, etc)
 - a. 1.5 hours of Local/State Content
 - b. Currently under construction by AA County without an estimated delivery date.
 - c. Contact: Cory Polidore
- 2. Mobile Integrated Health
 - a. 1 hour of Local/State Content
 - b. Currently under construction by Queen Anne's County
 - c. I am to meet with them and convert their completed content into online segment at earliest mutual convenience
 - d. Contact: Scott Wheatley
- 3. MOLST
 - a. 1 hour of Local/State content covering the front and back of form
 - b. Currently under construction by Montgomery County without an estimated delivery date
 - c. Contact: Rae Oliveira
- 4. SAFE
 - a. 1 hour of Local/State content



- b. Currently being developed by Baltimore City EMS and Sinai
 - c. Expect delivery early spring
 - d. Contact: Colleen Lull
5. Emerging Infectious Disease
 - a. 1 hour of Local/State content
 - b. Developed by UMBC and currently available on the Online Training Center
6. Potentially Volatile Environments
 - a. 1 hour of Local/State Content
 - b. Developed by Howard County and ready to go live on the Online Training Center in the coming days.
7. Annual EMS Updates (Protocol Updates)
 - a. 3 hours of Local/State Content
 - b. Posted every April for the upcoming year and three years' worth remain available.
 - i. Most recent two cover Local/State requirements
8. Remaining 5 hours are covered in classroom setting from the list determined in March 2018.

National Registry EMT-I Exam:

Please be mindful that the deadline to test for National Registry EMT-Intermediate is **Dec 31, 2019**. After this date, National Registry EMT-Intermediate exam will no longer be available- **This includes exam retest.**

ALL National Registry EMT-Intermediate exams/ attempts must be completed by December 31, 2019, no exceptions.

New Business:

No new business

Adjournment

There being no further business to come before the subcommittee, the meeting was adjourned at 10:30 AM.

Next meeting with be held March 20th @ 10 am

