Minnesota EMS Medical Directors Course

2018

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Course Objectives

At the end of this learning activity, participants will be able to describe:

1. Which member of an EMS service helps ensure long term service survival?

2. What are the two things an EMS Medical Director must do to support their service?

3. What is the most important operational concern for the EMS Medical Director?

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Rural EMS Survival

Q. WHAT is the KEY FACTOR TO SURVIVAL of small EMS Services in Rural Minnesota:

A. Sense of Duty to Community
B. The **Medical Director**
C. Want to drive with Lights & Siren
D. Desire to know more about your neighbors personal lives

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EMSRB Rural Assessment Study 2004

Guiding Statutes and Rules for EMS Medical Directors

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EMSRB Website:
https://mn.gov/boards/emsrb/

Minnesota Statute 144E
https://www.revisor.mn.gov/?id=144E.265
Details the responsibilities and duties of the medical director

Minnesota Rule 4690
https://www.revisor.mn.gov/?id=4690
Describes medication variances, primary service area rules and equipment standards among other things

Tools for EMS Medical Directors

- http://mnemsmd.org/
- http://www.naemsp.org/Pages/default.aspx
- https://mn.gov/boards/emsrb/
- http://www.naemt.org/

Physician Resources

- **National Association of EMS Physicians**
  www.naemsp.org
  NAEMSP EMS Medical Directors Course
  Prehospital Emergency Care
  PEC Monthly Pod Casts
- EMSRB Medical Director Course
- EMSRB Physicians.
- **FEMA** Handbook for EMS Medical Directors

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Announcement - New eLicense Portal

EMSRB eLicense Portal

To access the eLicense Portal site, please click the link below.

The EMSRB is no longer accepting paper applications for Certification or Registration of EMS Personnel.

- EMS Personnel Application
- NCCP Renewal Information
- EMT Renewal Options
- AEMT Renewal Options

- Ambulance Licensing
- Ambulance Inspection
- Ambulance Service Forms
- Medical Director Information
- MNSTAR Login

- Education Program Approval
- Education Program Forms
- Courses Offered
- Psychomotor Examination

- Meetings and Notices
- Staff and Board Members
- Disciplinary Actions
- News and Announcements
- **Children's**

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Ambulance Services

- Ambulance Service Forms
- Cooper Sams Volunteer Ambulance Award Program
- EMS Education Reimbursement
- License Application Public Reviews
- MNSTAR

Ambulance Service Forms

- Ambulance Service Inspection Information
- Medical Director Paperwork
- Medical Director Change Information Form
- "Ambulance Vehicle Replacement Form"
- PSA Summary Approval Application
- Variance Applications
- Ambulance Service License Application
- Trauma Triage and Transport Guidelines
- BLS Patient Care Guidelines - Samples
  - BLS Patient Care Guidelines Template
  - BLS Patient Care Guidelines Instructions
  - Sample BLS Narcan Administration and Education Guidelines
  - Sample ALS Pediatric Guidelines
  - Sample BLS Pediatric Guidelines
  - Special Events and Mass Gathering Matrix
- EMT/Paramedic/Community Paramedic Renewal Information

Medical Director Requirements

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- Licensed Minnesota Physician
- Knowledge of emergency care of ill or injured patients
- Familiar with design and operation of Local, Regional, and State EMS Systems.
- ***Willingness to Dedicate your time to your community and your EMS team .***

Medical Director Statutory Responsibilities (Minn. Statute 144E)

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- Education and orientation of personnel;
- Standards for equipment and supplies;
- Standing orders for pre-hospital care;
- Triage, treatment, and transportation guidelines for adult and pediatric patients;
- Quality improvement programs including, but not limited to, case review and resolution of patient complaints;
- Procedures for the administration of drugs;
- Maintaining quality of care (encompasses all of the above).

EMS Medical Director's ARE:

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- Educators
- Evaluators
- Innovators
- Collaborators
- Motivators

EMS Personnel

Minnesota Providers:

- Emergency Medical Responder (EMR)
- Emergency Medical Technician (EMT)
- Advanced EMT (AEMT)
- Paramedic
- Community Paramedic

Providers Certification:

- Registered or Certified, not licensed
- Renew every 2 years

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Responders in Minnesota

- Police/Sheriff/State Patrol
- Fire Department/Rescue Squad
- Medical Response Unit (MRU)
- Basic Life Support Ambulance (BLS)
- Advanced Life Support Ambulance (ALS)
  - Part-time Advanced Life Support Ambulance
- Community Paramedicine
- Specialized Life Support Ambulance
  - Helicopter
  - Fixed Wing Plane

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Annual Assessment

- Practical Skills assessment of all EMS personnel yearly (Statutory Requirement)
- Designated personnel may do assessment
- Records become part of EMS personnel permanent file
- Signed off with Medical Director's **original** signature.

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Patient Care

- Establish Standard Operating guidelines for Pre-hospital care

- **Triage, treatment, & transportation protocols**
  - Sample Standardized BLS protocols available on the EMSRB website. https://mn.gov/boards/emsrb/ambulanceservices/ambulanceserviceforms.
  - **EMSC BLS & ACLS pediatric guidelines**
  - Stroke, STEMI, and Trauma System protocols
  - Special situation protocols

Communication Protocols

- Define method and timing of communications with on-line medical control
- Who , What to say, and When to call
- Alternate Plan in communication failure:
  - Phone
  - Text
  - Radio (Ham)

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Transfers of Patients

Transferring Physician responsible for the legal process: (EMTALA)

- Prescribing life support equipment
- Medical treatment
- Possible change in patient condition

Medical Director is responsible :

- Qualified Personnel are required to transport
  - EMT – RN – Paramedic
  - Proper Medical Equipment
- Staff handoff at departure & arrival

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Transport Protocols

- Address patient transport situations
  - Air transport – Trauma – STEMI – Stroke
  - Psychiatric/Detox – Special Needs
- Based On
  - Trauma/Stroke/STEMI protocols
  - Patient Needs
  - Facility location and designation
  - Staffing and vehicles
  - Patient condition and stability
  - Weather

Nearest appropriate facility if unstable.

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Be Proactive

- Define what types of patients your service can care for:
  - Transfer/ Intra-facility
  - BLS
  - ALS
  - 911
  - Air Transport
- Work with local ER manager to determine when outside resources will be needed

Community Paramedic (CP)

- Experienced 911 Paramedic
  - Minimum 2 years work experience
  - Curriculum= 14 credits with 114 didactic hours and 196 clinical hours.
- Practice with a EMS Medical Director and Primary Care Provider
- Working as CP or combination CP/EMS duties include:
  - Health assessments
  - Chronic disease monitoring and education
  - Medication compliance
  - Immunizations and vaccinations
  - Laboratory specimen collection
  - Hospital discharge follow-up care
  - Minor medical procedures approved by the Ambulance Medical Director
- CP Activity shown to
  - Improve quality of care
  - Reduce costs
  - Improve job satisfaction
- Medical Assistance covers services provided certified CPs

Minnesota Statute 256B.0625, Subdivision 60 & 144E.28, Subdivision 9

Disaster Medicine/Mass casualty

- **EMS Surge Operation and Crisis Care** 2016
  - EMS & MDH joint document
  - Key point is ***put plans together in advance***
  - Describes operations in various Scenarios
    - Conventional
    - Crisis
    - Contingency
- *The more severe the crisis, the greater the risk*
- Plan in Advance with Local, Regional, and State resources.

Event Medicine

- EMSRB Website

VARIABLE	POINTS 2	1	0
Weather (outdoor events)	>90° F (heat index) <0° F (wind chill) No climate controlled shelter	80-90° F (heat index) 0-40° F (wind chill) Minimal climate controlled shelter	Climate-controlled environment
Peak Attendance	>15,000	1,00-15,000	<1,000
Ethanol Consumption	Significant	Limited	None
Crowd Age	Older	Mixed	Younger
Crowd Intent	Animated/Rowdy	Intermediate	Calm
Transport Time to Hospital	>30 minutes	20-29 minutes	<20 minutes

- **Higher Risk**: total score >=5, or scores of 2 in two different categories.
  - ALS onsite medical aid station, ALS onsite ambulance and roaming teams are recommended. An onsite physician should be considered,
- **Intermediate event**: Total score 3 or 4, or a score of 2 in any category
  - BLS onsite medical aid station and onsite ALS ambulance recommended. Staffing levels, number of aid stations and consideration of mobile teams should be based on event characteristics
- **Lower risk event**: Total score <3 and no single category with a score of 2.
  - BLS onsite care with consideration of onsite BLS ambulance based on event characteristics.

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Minnesota EMS Regulatory Board

- State regulatory agency for:
  - Ambulance Services
  - EMS Education Programs
  - EMS Personnel
- EMSRB does the following:

  EMR Registration

  EMS personnel certification

  Education Program Certification

  EMS Service Licensing
- Does NOT make laws, but proposes changes in law

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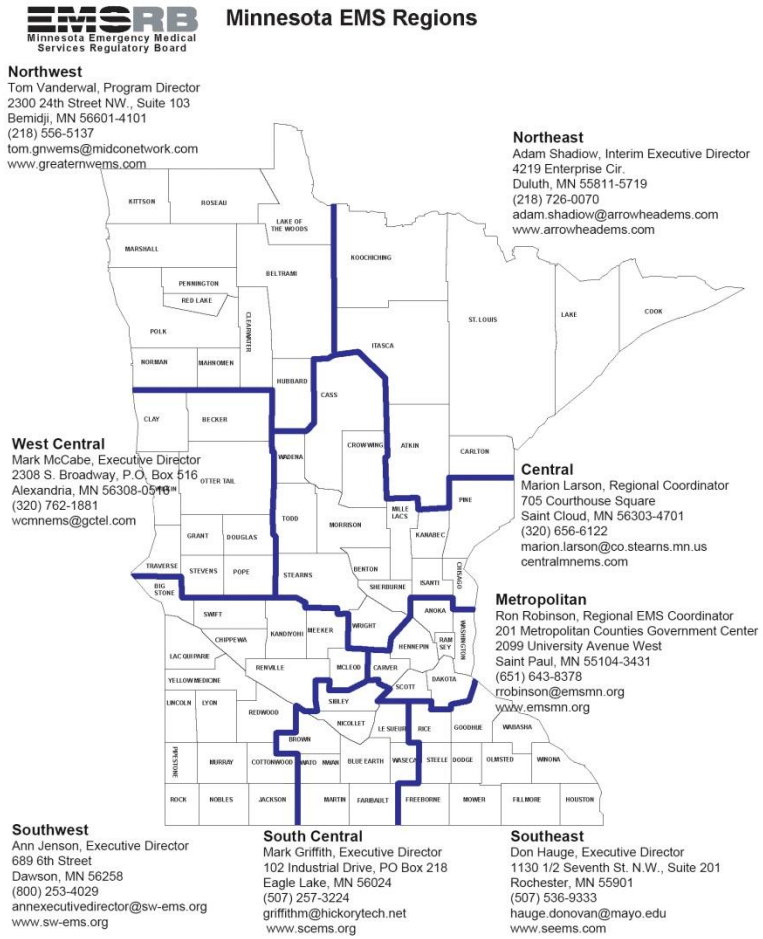
EMSRB Operations

- Licensing and Inspection of Ambulance Services to ensure compliance
- Investigations of Licensed/Registered/Certified EMS Providers
  - May result in restrictions on ambulance service licenses, education programs or credentials of EMS personnel.
  - Structure of process is changing.
- Credentialing of EMS Personnel
- Grants Management
- Emergency Management collaboration with State, Regional, and Local partners.
- MNSTAR – Minnesota Ambulance Patient Care Reporting System

Regional Programs



- 8 Regional Programs
- Provide education and other resources for EMS in region.
- http://mn.gov/health-licensing-boards/emsrb/grantprojects/regional-programs/

EMT –Paramedic NREMT Certification

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- **National Registry of Emergency Medical Technicians**

  EMT 144 hour class plus ride along and Testing

  Paramedic : roughly 2 years of training .

  Community PM 16 hours more college level training
- EMS providers required to be NREMT's
- National Core Competency Program for recertification
  - 60 hours required every 2 years
    - National 30 hr
    - Local 15 hr
    - Individual 15 hr

    No psychomotor testing
- Active MN certified EMT will be allowed in MN till 2030.

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BLS Variance Medications

- Medical Director for BLS Service may request variance to allow administration of certain medications:
  - Sublingual nitroglycerin
  - Epinephrine pen injector
  - Beta agonist (nebs and metered dose inhalation)
  - Glucagon
- No variance required for non prescription medicines, (aspirin, Benadryl) but Medical Director gives order.
- Naloxone: does not require a variance, but does require Medical Director approval/education/protocol
- Medical Director is responsible for annual education
  - This can be delegated to staff and ideally should be done collaboratively
  - It is a high yield time to connect with staff

BLS Specific Procedures

Medical Director may also allow th appropriate education to:

- Initiate/maintain IV infusion
- Use Supraglottic Airway
- CPAP
- Other reasonable interventions

EMSC: Emergency Medical Services for Children

- EMSC Minnesota:
  - Federal & State collaborative initiative
  - Federal Grants help improve care
  - EMSRB & Children's Minnesota collaborative
- Programs
  - Research in medical and trauma care
  - Grants
  - Hands on Training
- See EMSRB Website

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State EMS Medical Director

- Reviews & approves requests for ambulance service variances.
- Resource regarding medical protocols:
  - EMSRB staff
  - Ambulance services
  - Medical directors
- Cooperative position including all physicians on the EMSRB

Medical Direction Standing Advisory Committee (MDSAC)

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- Proposes changes in rules/statutes to the Board regarding medical practice on ambulances
- Provides model medical protocols for Medical Directors

  https://mngov/boards/emsrb/ambulanceservices/ambulanceserviceforms
- Resource to the Board and Ambulance Services regarding care issues.
- We are always interested in your point of view
- **Qualifications to be on this committee?**

Any EMS Medical Director who is willing to participate.

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Quality Assurance

- **Most important Medical Director job.**
- It's not enough to know it when you see it.
- Formal process must be established with Medical Director involvement under the Peer Review statute 145.64.
- The QA loop must be complete!

Medical Director QA

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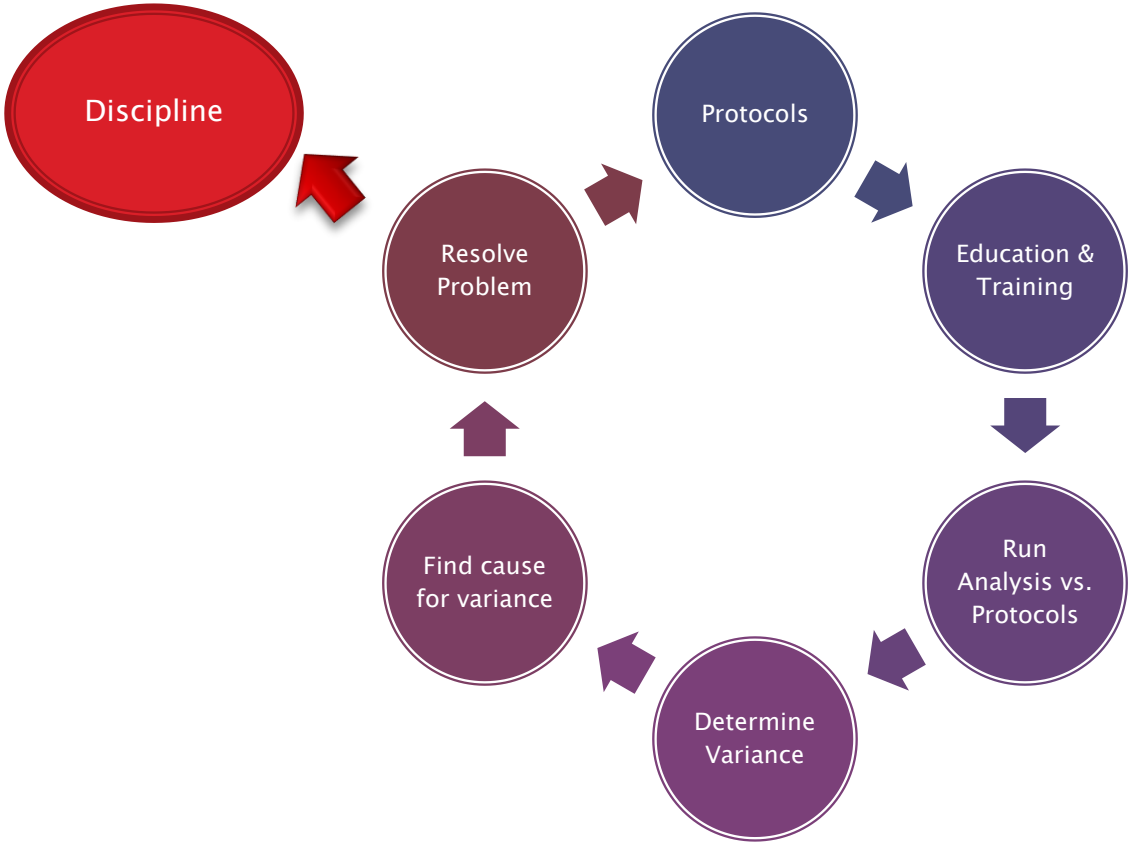

https://www.colorado.gov/pacific/sites/default/files/EMTS_Medical-Directors-Continuous-Quality-Improvement-Program-including-protocols.pdf

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Medical Director Challenges

Special Situations for the Service:

May need review through the QA Process

- Refusal of care
- Terminally ill patients
- Non-transports
- Pediatric patients
- Physicians on scene
- Incompetent patients

YOUR Trauma Hospital is DECERTIFIED!

EMSRB not responsible!

We are ready to give you help & guidance

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Practical Pointers for MD's

- Team up with your Ambulance Service Manager and Education Program Coordinator.
- Know what the service/program needs are.
- Understand the economics of providing quality ambulance service and education.
- Use **Adult** education methods.
  - https://generalassemb.ly/blog/principles-teaching-adults/
- **Give run reviews priority**.
- Take a long-term view of service/education development and changes.

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More Practical Pointers

- Develop "structure" to support the service's "function."
- Pay attention to "group dynamics" and help out when needed.
- Respect and nurture EMT's - especially volunteers.
- Be careful of YOUR time & energy input: avoid personal burnout.
- **ALWAYS SIGN THE EMSRB / NREMT PAPERWORK QUICKLY (plan ahead for deadlines- end of march)**

EMSRB Equipment Requirements 144E.103

https://www.revisor.mn.gov/statutes/?id=144E.103

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- 144E.103 EQUIPMENT.
- Subdivision 1.**General requirements.**
- Every ambulance in service for patient care shall carry, at a minimum:
- (1) oxygen;
- (2) airway maintenance equipment in various sizes to accommodate all age groups;
- (3) splinting equipment in various sizes to accommodate all age groups;
- (4) dressings, bandages, commercially manufactured tourniquets, and bandaging equipment;
- (5) an emergency obstetric kit;
- (6) equipment to determine vital signs in various sizes to accommodate all age groups;
- (7) a stretcher;
- (8) a defibrillator; and
- (9) a fire extinguisher.

Other Subdivision requirements

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- Subd. 2.**Advanced life-support requirements.**

  ALS ambulance must carry drugs, drug administration equipment ,and supplies as approved by the licensee's medical director
- Subd. 2a.**Maintenance, sanitation, and testing of equipment, supplies, and drugs.**
- Subd. 3.**Storage**
- Subd. 4.**Safety restraints**
- Subd. 5.**Communication equipment.**

800mhz (Armer Radio)
Active 911
VHF Pager

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High Visibility Protective Gear

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Special Safety Equipment

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Low Tech Equipment

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High Tech Electronics

Safety First ! DRIVE CAREFULLY !

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This sign has one meaning ,no matter how you are looking at it !

Crew Fatigue

- Long Shifts
- Working at night
- Working other jobs
- Drug abuse ?
- PTSD
- FATIGUE IN EMS . Sponsored by Nat. Assoc. of State EMS Officials

1. Reliable Fatigue and sleepiness assessment used to evaluate fatigue
2. Shifts shorter than 24 hrs.
3. Access to caffeine
4 Opportunity to Nap at work to mitigate fatigue.
5. Fatigue risk and mitigation training

Course Objectives

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- Name the position in a EMS squad, who helps ensure long term squad survival.

Dedicated Medical Director

- If you are short on time; name two things you must do for the squad?

QA Run Review Activity
Sign the EMSRB/NREMT paperwork

- What is your most important operational concern?

SAFTEY!

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If you ever have questions

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Thank You

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