# MAINE EMS EDUCATION COMMITTEE MINUTES

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| Date: | Wednesday, January 10, 2007 |
| Member Present: | Batsie (Chair), Russell, Boucher, Palladino. Diaz, Petrie, Chase, Delano, and Langerman. |
| Absent: | B. Zito, M. Barter, D. Cornelio, B. Davis, D. Robishaw, S. Stewart-Dore, J. Wellman, P. Farrington, R. Overlock, S. Latullipe; |
| Guests: | Alan Leo (MEMS staff); K. Bachi |
| Timekeeper/Scribe: | S. Smith |

Meeting Opened at: 0936 by Batsie.

| TOPIC | DISCUSSION/ACTIONS TAKEN | FUTURE ACTION |
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| 1. Introductions | 1. No new attendees so omitted. | 1. No action items necessary. |
| 2. Ratification of Minutes | 2. Deferred until Feb meeting as still having computer issues to recover the December minutes. | 2. Will review all minutes needing approval at the Feb meeting. |
| 3. Old Business | 1. 12 Lead Program<br><br>HART Committee approved the objectives as presented as baseline standard for training in Maine.<br><br><u>3 Phases of 12 Lead Program Rollout</u><br><br>1. Original intent is 12 lead objectives are standard to approve or disapprove other programs as equivalent to MEMS objectives.<br><br>2. 12 lead becomes standard of care for Maine paramedics in near future. Some sort of assessment test is needed to assess the competency of medics wishing to challenge the program.<br><br>3. Future direction- TBA<br><br>Discussion on who would instruct 12 lead programs. HART Committee has suggested the following: ED/CCU/ICU RN with I/C qualifications; EMS medical directors; cardiologists; 12 lead subject matter experts (SME) in conjunction with MEMS I/C when approved by the Regional Medical Director. Discussion continued on the need for I/C presence for course consistency in coordination as this is primary education in 12 leads for | 1. Batsie to clean up objectives and recirculate to committee for review. |

many medics. Boucher asked about the need for a TTT type model as compared to the Advanced Airway Module. Chase supports using the I/C for coordination to reinforce program quality. Petrie reminded the group that this was not the same as PIFT and that he was in favor of not needing an I/C but the right person to teach the material. Diaz questioned what method was in place to vette the SME. Batsie explained that use of the I/C with SME had been the method to date. Boucher questioned if this was to be a standardized program, it was best to have the I/C to "know the ropes" in handling MEMS details, etc. Diaz verbalized that he is ok with Regional Medical Directors approving SME and reminded that 12 lead will be a mandatory skill in ME next year. Palladino reminded the group that some services may have educators who are not I/Cs but can get a SME and do the appropriate paperwork. Concerns about tracking issues were also raised- again this most likely will fall to Maine EMS with service based competencies in the future. Discussion about the fact that 12 leads being done across the state without a QI loop to get misses or catches from. After additional discussion, the following requirements for 12 lead instructors are suggested by the Education Committee:

- ED/ICU/CCU provider (RN, PA, NP, MD/DO) with 12 lead expertise
- Subject Matter Expert (SME) approved by the service level medical director or Regional Medical Director or State Medical Director
- Cardiologists
- MEMS licensed I/C with 12 lead expertise

Boucher to draft requirements for program approval and circulate to the committee via email.

Langerman raised issues about differences in uniformity without a standardized curriculum. Batsie reminded that the key is meeting the basic requirements as outlined in the objectives.

Diaz/Boucher to develop and circulate a piece on competency.

Discussion about competency testing and QA occurred. Delano voiced concerns about low volume providers, retention, and continued competency. Diaz reiterated that current national standards for high risk, low frequency skills in medicine is lab retraining every 6 months.

Work with QI committees at all levels to see what is needed.

2. CPAP Project Update

2. N/A

Batsie reported that 3 more services have been added with 2 additional coming on soon. CPAP is anticipated to be an optional protocol in 2008.

Data presented to MDPB to date shows small volume with some holes in data but shows no significant harm to patients. Some limits from small data set.

3. Advanced Airway Update

Scott reported that working on entering rosters into a database at Maine EMS but appears only about 40% trained to date. Petrie requests lists for targeted marketing of program in regions. Drop dead date discussed- will need Rules change. Delano asked how initial info was distributed on the program as many of those who have not completed may not be affiliated with a service.

3. Scott will provide Regions with lists of providers who have completed Airway Update when available.

**Break from 1032 to 1045**

4. NAAK Kits

Bachi reported that he is feeling stalled in the objectives and is looking to the committee for guidance, especially in terms of language and audience for the program. Discussion ensued.

4. Bachi/Langerman to continue work on project for final presentation at March meeting.

Discussion about the proposed distribution plan for the kits also occurred. Current intent was 6 kits per vehicle (3 per provider x 2 providers per vehicle). Audience is EMS/fire personnel performing self-aid or buddy aid only- not for treating patients. Diaz clarified that the clock is ticking as the kits have an expiration date. Bachi stated that they will rework the changes but will not have ready for February meeting.

Diaz allowed the additional of 5 mg Versed IM as a standing order for fasiculations if an ALS provider is on scene and the patient has been removed from the area, decontaminated, and is being prepared for transport.

Versed option to be added per Dr. Diaz guidance.

Diaz had concerns on the first and last slides, wishes that additional emphasis on “force protection” and fact that anyone treated is now a “victim” until cleared by physician to return to duty.

Changes made to presentation at this time.

Diaz responded to a question from the group that services can purchase additional kits beyond what MEMS will distribute if they wish. Diaz reinforced again that the purpose is “force protection”, with the priority

Clarification to be added that treatment sequence is self first, then buddy aid.

being self-aid then buddy aid. Discussion ensued on signs and symptoms of nerve agent exposure and open vs. closed environments. Diaz reiterated that seeing symptoms in the partner, you will have symptoms in 60 seconds so this is why self aid is priority.

Discussion on instructors ensued. Bachi/Langerman recommended I/C or hazmat technician. A discussion on need of Train-the-Trainer program (TTT) ensued. Petrie reminded the group that there was a role for subject matter experts as most I/C's will have little experience with NAAK training to a depth they could answer students questions. General consensus was that program needs a TTT component to follow PIFT and other programs. FAQ's sheet can be added to answer questions on nuances of the program.

Committee to review complete program in February and vote on approval then forward to Ops and Board.

5. TTT Necessity Test- Batsie

Group reviewed document Batsie had drafted. Discussion on subject matter experts (SME) vs. core faculty ensued. General consensus was that this would good document for committee use in the future.

TTT Necessity Test to be part of process when Education Committee considers training needs for new programs.

6. Accreditation

Boucher inquired on policy for program development and approval and direction group wanted to move on this, as the accreditation discussion had stalled. General consensus in group was entity approval would negate the need for individual course approval.

Boucher/Russell will work on policy for next meeting.

7. Inclusion of MEMSRR Training in Education Programs- Smith

Scott suggested that we should consider including reference to electronic documentation training in licensure programs. It is already mentioned in the texts. Group felt that this was not the direction to move in and that MEMSRR training lives at the service level, not as part of the curriculum.

MEMSRR training to stay at service level.

8. Dan Palladino announced that this would be his last meeting with the group as he has accepted a position in Florida. The group thanked Dan for his many contributions to EMS in Maine and the education committee over the last 20 years and wished him good luck in his new endeavors.

**Meeting adjourned at 1211**  **Next Meeting: March 14, 2007, 0930 at MEMS**