

Maine EMS Education Committee Minutes
 August 13, 2008

Present: Dan Batsie – Chair, Daryl Boucher, Eric Wellman, Kaily Roy (SMCC student), Erin Squibb (SMCC student), Tiffany Stebbins, Carol Pillsbury, Brian Langerman, Tony Attardo, Joanne LeBrun, Donnie Carroll, Bill Zito, Paul Salway, Mike Senecal, Kevin Gurney, Jan Brinkman

TOPIC	DISCUSSION/ACTIONS TAKEN	FUTURE ACTION
1. Meeting called to order at 0930 by Dan Batsie	Introductions	n/a
2. Acceptance of Minutes	Motion to accept minutes from July meeting. (Gurney, Wellman)- unanimous	n/a
3. Unfinished Business	<p>Training Center Approval Process: Last month the subcommittee met to work on the self-assessment/site visit piece of the document. To assure consistency in terminology and for ease of use, it was decided to merge this piece with the Training Standards Manual document to create the Training Center Approval Process.</p> <p>This new version of the original document includes the appendices: Training Center Course Requirements, Maine EMS Clinical Behavioral Objectives, Training Center Equipment Lists, Sample Forms, Fees and Honoraria, and References.</p> <p>The site visit portion of the document has three options: Technical Assistance Site Visit, Program Review Visit, and Audit. The audit piece is not new – this has always been part of the course approval process.</p>	<p>Appendices A & B are not new. Appendix A is the old “Licensure Course Approval” document – it has been renamed and had the references to Regional Offices removed from it. Appendix B is the Maine EMS CBO document. The CBO’s need to be revised and updated to current curriculum.</p> <p>Appendix C – this is the first viewing of this list and this is still up for discussion. Group should review the list and bring suggestions/comments to next meeting.</p>

	<p>Daryl explained the other two pieces. The Technical Assistance Site Visit is an option at the beginning of the process (available if the Training Center requests it) or may be used if any deficiencies are found, complaints lodged, etc.</p> <p>The Program Review Visit: The initial self-assessment may or may not initiate a site visit depending on Maine EMS Board approval/request. Training Centers that have received accreditation through a national healthcare accreditation organization (e.g. CAAHEP) shall receive an initial approval. All sites will have a 5-year renewal site visit.</p> <p>The intent of reviews is to look at programs' strengths and weaknesses and to use this information to improve programs/EMS education.</p> <p>Review/Evaluation Team: Maine EMS staff approves the team members and then advises the applicant of such. The applicant has the right to review/refuse any of the team members based on perceived/possible conflict of interest.</p> <p>There was a discussion about why the change – what is wrong with the current approval process? Group was reminded of EMSSTAR report that suggested licensure programs should be state regulated and not regionally regulated. This design would</p>	<p>Discussion/question came up about “A program review visit will be scheduled at the discretion of the Board, following receipt of an applicant’s self-assessment documents”. The concern is does this have the potential to create the perception of favoritism?</p> <p>Discussion/question about whether we should have job descriptions and minimum qualifications for the review team members. Do we possibly use “outside” (of Maine EMS) evaluators to avoid any perceived conflict of interest?</p> <p>Discussion/question about not all current entities that offer courses will want to/be able to become Training Centers. So will we see fewer courses being offered and, thus, see a decrease in the number of EMS providers in the state?</p>
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	<p>move us closer to a process that would preclude the requirement for individual course approval. Also the outcomes assessment piece of the process would help us to find strengths and weaknesses in programs and give us the opportunity to improve educational courses if needed.</p> <p>Implementation schedule and cost concerns: Several group members addressed concerns regarding the implementation timeline and associated costs once the Training Center Approval Process is approved by the Board.</p> <p>Concern of storage space/filing: Question arose from the Regional offices on how much paperwork will they have to keep. Daryl explained that they will have to keep a summary of the clinical package that was approved. Appendix D has sample forms that may be used. The intent of the summary is to collect outcomes assessment and see areas that may need improvement as well as areas where improvements have been made.</p> <p>Checklist concern: It was requested that a specific format/checklist be designed for the applicant's to use to assure they have met all the requirements to apply for Training</p>	<p>The above mentioned questions will be revisited for further discussion at the next meeting.</p> <p>This discussion will be taken to OPS team.</p> <p>Subcommittee will work on a checklist.</p>
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	<p>Center approval. Also suggested that a “definitions” section be added to this document.</p> <p>Concern regarding the “communities of interest” listed in the document. It was noticed that in the “communities of interest” served by the Training Center’s educational programs the list did not include EMS services but did mention police and fire services.</p>	<p>EMS services will be added to the listing in the document.</p>
<p>4. New Business</p>	<p>PCA pumps and PIFT transports: Over the past couple of months there has been some concern about PCA pumps and whether or not a patient with a PCA pump with a combination of a continuously running infusion and a supplemental bolus controlled by the patient warrants a PIFT transport. The confusion was in how these pumps were being described when we were getting the calls asking how they could be transported.</p> <p>Rick Petrie did some research and discussed the issue with Dr. Diaz. From that discussion came the following note back from Rick: “Steve’s position is that PCA pumps have a continuously infusing base solution that is supplemented by the patient as necessary. (i.e. a continuously infusing base solution delivering 2 mg of Morphine per hour that the patient can</p>	<p>It was asked that those attending would share this information with their services. Jan will pass this information on to the Regional Coordinators to have them disseminate this to their services/providers.</p>

<p>5. Additions to Agenda</p>	<p>supplement by pushing a button that delivers an additional dose of Morphine at predetermined time intervals). Therefore, this is a patient-centric device that should be treated as any other similar device and does not require a PIFT paramedic to accomplish the transfer.”</p> <p>National Registry certification: Should we look at using NR certification renewal for Maine EMS license renewal (not just initial license)? Do we want to look at going to a 2-year licensing cycle like the NR versus our current 3-year cycle? Also should we consider the use of “virtual” licensing – license is on computer file only, no paper license is issued?</p> <p>Brian asked if we need to review Maine EMS Refresher programs – do they need to be competency based vs. just attendance?</p>	<p>Dan will do literary research on this and report back to the committee.</p> <p>Discussion tabled for future meeting.</p> <p>Meeting adjourned at 1146 hrs.</p>
<p>6.. Next meeting</p>	<p>Wednesday, September 10, 2008 at 0930 hrs.</p>	