



JOHN ELLAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY
MAINE EMERGENCY MEDICAL SERVICES
152 STATE HOUSE STATION
AUGUSTA, MAINE
04333



ANNE H. JORDAN
COMMISSIONER

JAY BRADSHAW
DIRECTOR

EMD Committee Meeting
May 15, 2008 9:30 a.m.
De Champlain Conference Room, Maine EMS, Augusta
Minutes

Members Present: Stephanie Gibbs – Chair, Peter Bragdon, Linda Dunno, Brian Gregoire, Fran Hudson, Kathy Blagdon, Jim Ryan

Staff: Drexell White, Steve Bunker,

Guests: Laura Downing, Randi Lemieux, Owen Smith, Tracey Erickson, , Tracy Weed, Rick Petrie,

1. Call To Order - The meeting was called to order at 9:47 a.m.

The Committee members and guests introduced themselves. Jim Ryan, Director of the Penobscot Regional Communications Center was introduced as the new Maine EMS Board representative to the Committee, replacing Tim Beals. Jim was recently appointed to the EMS Board as the EMD representative.

- A. Additions/Deletions to the Agenda - None
- B. Review/Accept April 17. 2008 minutes

The committee reviewed the April 17, 2008, minutes.

Motion: To accept the April 17, 2008 meeting minutes (Bragdon; second by Gregoire – motion carries – unanimous)

2. Old Business

A. Staff Report

Drexell White reported that he continues to perform site visits to the EMD Centers. License renewal requirements remain on the top of the list of subjects discussed during site visits.

ESCB Report – Steve Bunker

Steve Bunker reported about upcoming EMD training for Priority Dispatch and PowerPhone at the Maine Criminal Justice Academy.

Recent legislation has lowered the 9-1-1 surcharge from \$.50 per line/month to \$.30 per line/month. The legislation for the decrease came in response to the recent sweep of 9-1-1 funds by the Legislature.

Bob Gasper continues working on cell phone redirects

B. RFP Update

Drexell White has been working with Robin Dayton from the ESCB to revise the EMD RFP, which is being redrafted as a document separate from the ESCB's basic dispatcher training RFP.

C. Continuing Education Categories and Requirements

The Committee entered into a facilitated discussion regarding current continuing education requirements for Emergency Medical Dispatchers (EMDs) and the process used for approving and tracking Continuing Education Hours (CEH). Information provided to the committee included:

- Maine EMS Rules – Chapter 5-A – *Emergency Medical Dispatcher Certification*
- Maine EMS Rules – Chapter 13 – *Waiver of Rules*
- Maine EMS Comparison Document, which included CEH information from:
 - American Society of Testing and Materials (ASTM) Standard Practice for Emergency Medical Dispatch Management – ASTM F1560-00 (2006)
 - Maine EMS Rules – Chapter 5-A
 - National Emergency Communications Institute (NECI)
 - PowerPhone
 - Priority Dispatch Inc.

The committee brainstormed issues/concerns about the current CEH system/process. Following the brainstorming session the committee multi-voted to establish priority issues

Issues identified in order of priority:

- 1st – Process - Obtaining CEH (Approval)
 - 2nd - CEH tracking is difficult
 - 2nd - CEH hours are “lopsided” - Adjust CEH categories
 - 3rd - Cost of Continuing Education to Dispatch Centers (EMD is new requirement)
 - 3rd - Lack of Variety in Continuing education - Same number of CEH is required for both initial course and renewal.
 - 4th - State vs. Vendor Requirements - Different expiration dates
 - 4th - No skills requirements
 - 4th - EMS/PCO Licensing and Requirements (License Unification)
 - 5th - EMD is a component of overall dispatch training requirement
 - 6th - Questions about future PSAP consolidation
 - 7th - Availability of In-House CEH
 - 7th - CEH Categories are confusing
 - 8th - Cost – Regional EMS Offices - Fees Charged for CEH approval
 - 8th - CEH requirements are pushing out part-timers
- CPR certification/Recertification
 Individual licensees are not taking responsibility for their own licensing
 Credit for Practice
 Elective CEH

The issue that gave rise to the discussion about the current CEH categories was that category 2 – Basic Life Support (BLS) topics required too many medically related CEH (8 hours in a 2 year period) –

specifically, 8 hours in 2 years for medical topics was too many considering that EMD uses scripted protocols. An argument in favor of maintaining the 8 hour requirement was that the BLS topics CEH

provide the EMD with a better understanding of patient presentation. It was noted that EMTs are required to complete 8 hours in a 3 year period for their license (with which they practice direct patient care).

Discussion continued about the various ways that category 2 CEH can be obtained, including quality assurance case review. **Following discussion, the consensus was to maintain CEH hour requirements “as is” and to have staff provide updated guidelines about what activities can be used towards earning category 2 CEH credit.**

In response to discussion about the regional EMS councils charging EMD Centers an assessment fee for approving CEH and other services, Rick Petrie, regional coordinator for the Kennebec Valley and Northeastern Maine EMS Councils explained the services provided by the regions as well as the fees (generally) charged for such services.

The Committee then identified processes and options for CEH approval and tracking. Included in the discussion was information about how the Maine Criminal Justice Academy administers their continuing education requirements for law enforcement, to wit:

MCJA Process

- 2 year period
- Part of required CEH is delegated by Maine Criminal Justice Academy (MCJA) Board.
- Includes elective category

Discussion continued with a comparison of the MCJA model vs. the CEH category and process that was introduced as part of Maine EMS' rulemaking for emergency medical dispatch. The current process for EMD mirrors that of EMS. EMS vs. EMD system differences were identified, including:

- The EMS continuing education model has centered on pre-approval of continuing education programs through regional EMS offices or Maine EMS. Given the varied infrastructures of EMS services statewide, approval and administration of a CEH program needed to emanate from a stable administrative unit (i.e., regional EMS offices; Maine EMS). In contrast, Maine's EMD centers are *all* full time paid (i.e., not volunteer) entities with established administrative systems
- The EMD Centers routinely deal with personnel training and regulatory requirements as they relate to general dispatcher training as well as specialty courses and certifications (e.g., NCIC; Metro).
- EMD Centers have maintained training records and certification with the (proprietary) emergency medical dispatch protocol and training entities. Center directors are familiar with training requirements and are accustomed to ensuring that dispatchers maintain training certifications.

Recognizing that EMD Centers have organized administrative infrastructures that historically have managed training and certification requirements, Committee **consensus was to have staff and committee members develop a model for in-house oversight of EMD training in accordance with standards based upon current national models and those developed by Maine EMS.**

In reviewing the various models for continuing education categories, the Committee found that current national standards and industry practice provide more flexibility in scheduling and awarding continuing education credit. In addition to traditional continuing education programs, participation in EMD related meetings, planning and public outreach are also eligible for meeting continuing education requirements.

The Committee directed staff to develop continuing education requirements based upon ASTM standards and industry best practices.

3. New Business

4. Next Meeting

Due to scheduling conflicts with the third Thursday, the next EMD Committee meeting will be from 9:30 a.m. to 11:30 p.m. on Thursday June 26, 2008 at Maine EMS in Augusta.

5. Adjournment – The meeting was adjourned at 2:50 p.m.

Respectfully submitted,

Drexell White