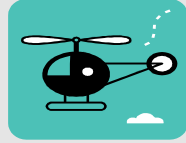


# Aero Medical Transport Task Force



## Group II Minutes October 17, 2007

### Attendance:

Graham Pierce (**Co-Lead**); Lisa Abeloe; Kara Davis; Rachel Hanks-Saphore (phone); Kevin O'Loughlin; Ray Ramirez; Eric Rudnick; Joe Barger; Lisa Epps (phone); Robert Hesse; David Magnino; Tony Pallitto; John Telmos; Jackie Stocking; Berend Meelker; Myron Smith; Perry Esquer; Bill Payne; Steve Giles; Bruce Lee (phone); Jennifer Shay for Tom Ronay (phone); Vince Clancy; Colleen Kuhn; Tom Hornsby; Greg Donnelly

### EMSA Staff:

Bonnie Sinz

### Listing of Assigned Subjects (from Task Force)

- Medical Control to address accreditation, cross-jurisdiction medicine (includes out-of-state/country); Role of Provider/LEMSA Medical Directors
- Professional Roles to address Scope of Practice for Flight Nurse, EMT- Paramedic, EMT I; Board of Registered Nursing issues
- Quality Improvement
- Education

**Introductions:** All present were introduced.

**Membership:** New members present will be added to the mailing list and the Main Task Force list (if not already there). It was discussed that new members are welcome but that the November 7<sup>th</sup> meeting should be the final date for additional members to provide consistency to the project.

**Approval of the September 12, 2007 Minutes:** The minutes were approved as written with the following revisions:

#### Conclusions:

The ~~majority of the group believe~~ *discussed* the CAMTS standards ~~should be accepted statewide~~ with further discussion needed for the following points:

#### Action items:

Invite CAMTS representative to next ~~group~~ *Task Force* meeting for Q&A – **Graham**



### **Cross-Jurisdictional Medicine:**

- Cross-jurisdictional accreditation needs to ensure good medical direction with appropriate standards with QI and oversight
- Need to address RN/Flight Nurse role with BRN participation
- If temporary re-assignment of personnel outside of home base, “temporary” needs to be defined
- Group I of Task Force addressing a permanent process for provider agency to function across multiple jurisdictions
  - ✓ Ray Ramirez was given an assignment from Group I:
    - 1) draft policy within current regulations
    - 2) draft revised regulations to allow providers to cross jurisdictions
- Group II of Task Force addressing the temporary assignment of personnel across multiple jurisdictions
- 1) Scope of Practice
  - ✓ Paramedic Accreditation to be held from LEMSA where unit is based and allow practice under that accreditation in other jurisdictions; e.g. CHP staff can function throughout State on a temporary basis
  - ✓ Should there be a State Scope of Practice; would this be an expanded Scope of Practice
  - ✓ Medical Directors need to approve “home county” concept (if proposed)
- 2) Operational Policies
  - ✓ Operational policies (e.g. destination) of the receiving LEMSA should be followed
  - ✓ Medical crew should know operational policies of receiving LEMSA or obtain direction from Base Hospital

### **Action Items:**

**Present to EMSAAC and EMDAC for discussion (details to be worked out if concept is approved by EMSA):**

- 1) Propose that personnel maintain home base accreditation and Scope of Practice**
- 2) Cross-jurisdiction medicine be allowed for 90 day temporary assignment (with option for extension with home base LEMSA approval)**
- 3) Home base LEMSA and receiving LEMSA be notified prior to assignment change**
- 4) Personnel to follow receiving LEMSA’s destination policies**
- 5) Standard form to be developed for personnel cross-jurisdictional request (to be approved by base LEMSA)**
- 6) Personnel who are temporarily assigned to be paired with permanent personnel:**
  - mandatory for air ambulance
  - preferable for air rescue



**Role of the Medical Director discussion:**

- Provider Medical Director develop treatment protocols ⇔ LEMSAs Medical Director (at base of operations) approves them

Vs.

- System-wide protocols for a given provider agency (within their regular service area) with option for research flexibility

**Action Item: Take concept options to EMSAAC and EMDAC for discussion**

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- Receiving LEMSAs should have written agreements with provider agency who provides regular service within its jurisdiction (does not affect mutual aid)
- Need for standardized structure to QI process for multi-jurisdictional patient care



**Quality Improvement discussion:**

- Develop baseline and region-specific air transport quality indicators (Base of operations LEMSAs and Provider agency to develop together)
- Indicators should address medical care and operations
- There should be timely feedback on cases
- Provider agency’s QI report (baseline indicators) goes to all LEMSAs they service; region-specific report to base LEMSAs
- Provider agency shall participate in base LEMSAs’s QI activities; other LEMSAs QI participation to be case-specific upon invitation
- Base and receiving LEMSAs should communicate QI activities:  
 Hospital ⇔ LEMSAs ⇔ Provider Agency  
 ← data sharing →
- Develop a minimum data dictionary for air transport providers (within CEMSIS standards)
- Need to standardize a mechanism for a “unique identifier” for patient record matching with other provider agencies within same incident

**Action Items:**

- 1) Bonnie S. to put CEMSIS draft data dictionary and NEMSIS link on Air Transport section of EMSAs website
- 2) Graham P. to provide CalAMS data dictionary to members



### Professional Roles:

- RN – Health and Safety Code has definition of “authorized registered nurse”

*1797.56. "Authorized registered nurse," "mobile intensive care nurse," or "MICN" means a registered nurse who is functioning pursuant to Section 2725 of the Business and Professions Code (see attachment) and who has been authorized by the medical director of the local EMS agency as qualified to provide prehospital advanced life support or to issue instructions to prehospital emergency medical care personnel within an EMS system according to standardized procedures developed by the local EMS agency consistent with statewide guidelines established by the authority. Nothing in this section shall be deemed to abridge or restrict the duties or functions of a registered nurse or mobile intensive care nurse as otherwise provided by law.*

### Action Items:

- 1) **Bonnie S. to discuss use of H&S Code’s “authorized RN” definition with Dr. Aristeiguieta**
- 2) **Bonnie S. to discuss with BRN and invite to next meeting to discuss**
- 3) **Tabled – “Certified Flight Paramedic” (CFP) and expanded Scope of Practice**



### Education:

- Need to review Education section of CAMTS standards
- CFRN = National Board of Certified Emergency Nurses certifies flight nurses
- CFP = Board for Critical Care Transport certifies flight paramedics
- Education component to be developed when professional role details are completed



### Next Meetings:

**November 7, 2007** (10:00am – 3:00pm)

Rancho Cucamonga Central Park

**Goldy M. Lewis Community Center**

11200 Base Line Road

Rancho Cucamonga

Main Meeting with time for group meetings

**January 7, 2008** (10:00am – 3:00pm) in LAX or Ontario area (Bonnie S. to confirm location)

Group II Meeting

**January 16, 2007** (10:00am – 3:00pm) in Sacramento

Main Meeting with time for group meetings