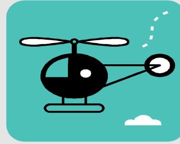
Air Medical Transport Task Force



Group II Minutes

March 10, 2008

Attendance:

Graham Pierce **(Co-Lead)**; Tony Pallitto; Eric Goetz; John Telmos; Jackie Stocking; David Magnino; Kara Davis; Kay Weinkam; Tom Ronay; Greg Donnelly; Lisa Epps; Lisa Abeloe; Ray Ramirez; Michael Antonucci; Berend Meelker; Mitch Dattilo; Joe Barger; Gary McCalla; Gary Tamkin; Rachel Hanks-Saphore

EMSA Staff:

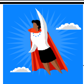
Bonnie Sinz; Johnathan Jones; Tonya Hines, Donna Nicolaus

EMSAAC/EMDAC Updates

Representatives from the two work groups will update EMSAAC and EMDAC on March 25, 2008 on the progress of the Task Force and generate discussion on select topics

Proposed Regulations

Continued discussion on the possible need for regulatory revision. While Air Transport regulations exist, revisions will be explored upon recommendation by the Task Force.

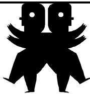
Role of the Flight Nurse

- Independent and dependent practice defined
- Use of standardized procedures allowed when nurses are credentialed appropriately
- Question: If a flight nurse is provided standardized procedures by the air provider's medical director, does the LEMSA medical director have further authority over that nurse's practice (per Health and Safety Code definition of "authorized nurse")?
  - ✓ The nurse scope of practice does not provide language that restricts where the nurse functions, i.e. hospital vs. field
  - ✓ The LEMSA has the authority to approve the air provider's standardized procedures used by the flight nurse AND has the authority to approve the nurse to function on an air provider
  - ✓ Most LEMSAs don't "authorize" flight nurses; is there a need to standardize "authorization" of flight nurses?
  - ✓ Health and Safety Code is not in conflict with the Nurse Practice Act

Review of 90-day temporary accreditation process

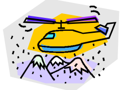
"Emergency Temporary (90-day) Authorization – NorCal EMS Agency policy review *(attached)*

- Can be adapted for flight medic
- #2 – the referenced "permanently authorized/accredited" means the clinical person
  - ✓ Question – what if there is no other clinical person?
- Need to add option for extension (upon review by LEMSA Medical Director)

**Conflict of Interest Statement for Medical Director**

The first draft was provided to members by Tom Ronay *(attached)*

- EMDAC and NAEMSP have conflict of interest statements
- Document could be used for any level of administration for EMS
- Disclosure of multiple roles in EMS
- Disclose and/or recruse when decisions are being made that relate to multiple roles of the Medical Director
- Use of disclosure form (#700) may or may not be used by the LEMSA; decision of local governing body
- Suggested use of "Conflict of Interest Statement" - for any person that has decision making authority for air transport issues (provider agency/LEMSA); document could be used for all EMS issues (operational/medical oversight)
- Need to decide the placement of this document in the State Air Transport Guidelines being developed
- Conflict of Interest may not result in recrusing from decision making

 Revised Multi-County Service Provider document

Attachment C (4b)

Document needs to explain how the LEMSA maintains a level of responsibility in a multi-jurisdictional provider situation – Rachel will draft an introduction summary

- Key principle…<u>Primary EMS agency</u> (defined in 4(a) will have final approval for protocols
- Edits: third bullet – delete MICN
- Discussion regarding additional requirements for Medical Director, i.e. board certified/eligible – no revision

Attachment A (also Attachment C)

- Health and Safety Code §1797.218 provides statutory authority
- Each LEMSA still needs to have their own access to data and participate in QI process
- Will it only work if all LEMSAs agree with concept?

- Document or regulations need to reflect the “Multi-Jurisdiction Air Service Provider” concept
- Delete 4.34 in Attachment A?
- Won’t work for an entire air provider agency if they cover large geographic area; works for a “region”
- Should we consider intermittent use of air services from outside a given county as “mutual aid” rather than dealing with a multi-jurisdictional concept?
- Where do Air Exclusive Operating Areas fit into this concept?
- Choices for change include Statute, Regulations, minimum standard, or guideline
- Regulations can provide generic statement allowing the development of standards

Action: Combine Attachment A and C (and Joe Barger’s Medical Direction paper) based on discussion; brief discussion with EMDAC and EMSAAC in March

Ray, Rachel, Eric, Jackie, Dave, Bonnie to be subgroup for document; plan for review by EMSAAC on May 29th

Air Provider Data Set

Air Transport Provider Standardized Data Set Discussion

- State data needs may not meet local needs
- What would a LEMSA need for QI process that may not be needed by State
- Document provides list of:
  - ✓ Data points that are not applicable to air service
  - ✓ Additional data points needed for air that are in NEMSIS
  - ✓ Additional data points needed that are not in CEMSIS or NEMSIS
- Review of industry QI indicators to determine data needs
- PCRs should be available in electronic format for review of narrative if needed
- How do we handle new data elements that are not in CEMSIS or NEMSIS?

Action: EMSA staff will review document and provide comments at next Group II meeting

Software

- System should have the capability to provide a web-based program for data submission from air provider to LEMSA
- State will only receive data from LEMSA
- LEMSA and provider will have access to data from the State if participating in CEMSIS
- State needs to certify vendors who are compliant with CEMSIS standards

Air Provider Quality Indicators

- Contra Costa EMS polled LEMSAs to see what QI was being done specific to air transport; the data set was checked to see if the data met the needs of the local QI process; the suggested NEMSIS and new elements found in the data document are a result of that poll.
- Most QI indicators were operational and not medical care based
- In most cases general medical care QI fits for ground and air transport; RSI indicators were not found in those LEMSAs who responded to the poll
- Need to check with air providers for their QI indicators (structure not reports)
- Private providers to send indicators to Joe Barger

Flight Medic

- Is there a mechanism currently in statute/regulations that allow for an advanced scope of practice for an air transport medic?
- Yes…through EMDAC approval
- Each LEMSA would need to request approval through EMDAC
- EMDAC looking at national scope of practice allowing for approval of many of California's optional scope
- Optional scope would include requests that are not in the core national education curriculum, i.e. RSI medications

Action: Joe Barger will discuss at EMDAC and get feedback on concept

SB 1141 Discussion (found at http://www.leginfo.ca.gov/pub/07-08/bill/sen/sb_1101-1150/sb_1141_bill_20080204_introduced.pdf)

- Need for bill based on historical needs; not necessarily from the work on this Task Force
- Concern that regulations may be developed to limit public air provider utilization, i.e. CAMTS
- State is currently analyzing the bill
- Need to protect public resources
- Concern over bill language that creates the perception that public providers don't want to be regulated
- The current language will probably change; introduced as a place holder for further development
- Bill language does not reference the need for EMS system participation

Next Meetings:

April 10, 2008 (10:00am – 3:00pm) in Sacramento

Main Task Force Meeting with time for group meetings

A representative from CAMTS will be present to provide information to the group on CAMTS accreditation process. There will be an open discussion on the use of CAMTS standards in California.

Group II Breakout Session Agenda Items:

Standardized Trauma Triage Criteria for air transport

Standardized Trauma Care Protocols

May 15, 2008 (10:30am – 3:00pm) in Ontario (location to be determined)

Group II Meeting