Air Summit
March 19, 2007

Group 1 & 3 Medical Control/Authority & Professional Roles

These groups' items of discussion were combined because there was significant overlap.

Facilitators:
1. Angelo Salvucci; Medical Control & Medical Quality
2. Bonnie Sinz; Professional Roles

Items of Interest/Concern from Groups:

I. Medical Control, Professional Roles & Quality

A. Guidelines/Regulations

1. Need of: Statewide guidelines for EMS nurse responsibilities (e.g., per statute, about MICN'S).
2. Need of: FN standardized procedures with competencies.
3. Need of more specific- standards for:
    a. EMT-P
    b. Flight EMT-P
    c. Advanced practice
    d. Standing orders of base ops.
    e. Training stds.
4. Should EMT-P scope of practice be increased?
5. Air ambulance state-wide guidelines.
6. Standardized protocols Vs local protocols: if evidence based they should be the same.
7. Need to develop plans for medical control in disaster.
8. Need BRN opinion (written eventually) on EMSA guidelines/rules for RN's in EMS.
9. EMT-P Vs FN education.
10. Use CCT-P model to develop flight-paramedic national standards.
11. Annual LEMSA MD review and written approval of standard procedures and protocols for air ambulances.
12. EMT-P accreditation at home base Vs multiple LEMSA's. What about Statewide certification for air EMT-P, expanded scope? These functions would include: LE push, access to IV lines, RSI multi tasking (to be preceded by mutual training).
13. IFT – regulations, staffing.

B. Information

1. NEMSIS –like data base.
2. Need statewide database with outcomes.
3. QA at LEMSA; could LEMSA acquire and analyze provider QI data.
4. Need (we don't have now) pooled, standardized data.
5. Collect data on nurse Vs EMT-P functions then develop quality indicators that are evidence based. Should therefore be same for provider and LEMSA.
6. CAMIS

7. RSI: need info on scene/time issues & time/ benefit analysis.

C. Medical Control
   1. Central Clearing House – a body of qualified representatives that could serve as a review or advise body for statewide collaboration & agreement of standards (see Joe Bargers ideas on this).
   2. Air medical directors – members of EMDAC.
   3. FN air base station Vs home base protocols & SOP, working under whom?
   4. Triage of pts for air. FN Vs EMT-P (on the ground). Should we have a standardized procedure for the EMT-P?
   5. Can EMT-P be directed by FN to exceed scope?
   6. Who is in control? Does this need to be further defined by guidelines?
   7. LEMSA & Provider MD directors should agree on flight medical care within FN & EMT-P SOP.

D. Education is an underlying aspect of many of these ideas.
   1. Specifically EMT-P education was discussed in regard to RSI. Dr Salvucci reviewed a study showing EMT-P's trained to intubate on live subjects had very good outcomes. CA does not require or allow the level of training that would prepare EMT-P's to intubate very successfully. This would imply a change in EMT-P curriculum.
   2. Training of EMT-P & FN together.
   3. Training of FN under some EMS standard.
   4. Training of provider and LEMSA medical directors together so consensus could be reached about standards or authority.