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).  
      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.