

Minutes

Division of Emergency Medical Services Emergency Medical Services Board Ambulance Service Committee

January 12, 2010

Joe Phillips, Director of State Emergency Medical Services, opened the meeting at 10:15 a.m. The EMS Board appointed the committee to review and recommend changes to rules affecting ambulance services. Existing rules on Ambulance Service Categories date back to 1985. Mr. Phillips mentioned that while the rules served adequately for a time, there are many problems that demand the rules for ambulance services be revised for current needs. Developing definitions of the base of operations for ambulances and the qualifications of ambulance service directors and managers are charges to the committee from the board. Mr. Phillips recognized Jimmie Edwards as facilitator for the first part of the meeting.

Jimmie Edwards began by introducing himself as the Region 5 EMS Consultant. Other members of the committee were recognized and introduced themselves, including:

Committee Member

Eric Newman, Lauderdale County
Joyce Noles, Madison County
Doug McQuary, Wilson County
Brandon Ward, Crockett County
Anthony Roberts, Carter County
Randall Kirby, Macon County
Joseph Rike, Memphis Fire Department
Scott Storey, Lawrence County
Roy Griggs, Giles County

EMS Division

Jimmie Edwards, EMS Consultant
Judy Keown, Ambulance Licensure Section
Richard Land, Director of Ambulance Service Licensure
Teddy Myracle, EMS Consultant
Donna G. Tidwell, Director of EMS Personnel Licensure

Staff Presentations

Taking "A New Look at Ambulance Classification" with a power point presentation, Jimmie Edwards noted that of the ninety five counties in Tennessee, ninety were "A" category services. Only five counties had primary provider ambulance services with a "B" category. Mr. Edward's presentation raised several issues. What does the classification tell us? What is the level of service provided? What are the staffing patterns?

The level of care provided should be the related to patient care outcomes. Are we using best practice models? The new scope of practice language will affect how emergency medical services may be staffed. The identified levels of service include Advanced Life Support and Basic Life Support. Is it time to have separate standards for primary provider emergency ambulances services? An EMS Systems approach requires a review of E911 dispatch systems,

first responder programs, and the ambulance service. Non-emergency patient transfer calls are controlled by different factors.

The limited involvement of EMS Medical Directors was also cited as a problem with the current ambulance service standards. The regionalization of health care has also affected ambulance services.

Mr. Edwards shared the concept of accreditation-type standards. What if a service could perform a self-study report every other year as a means for license renewal? What if the process could be credentialed, so that the level of dispatcher training, pre-arrival instructions, medical first response, level of care and type of response, medical direction, public education, community programs, in-service training, and crew configuration could be evaluated?

Then, we must look at the level of transport that is provided. The management structure of the organization could be analyzed and evaluation. Several questions must be answered. What is their level of training and preparation in management: human resources, finance, budgeting, purchasing and other factors that influence success? What do we do to promote a superior concept of service? What kind of EMS response does the public expect? These are all questions that will influence the outcome of a patient in an emergency.

Should we change the system at all? Yes. Mr. Edwards advised. What changes can we advocate? Here are some of Mr. Edward's proposals on staffing ambulances:

- All ambulances must have a crew of two Advanced-EMTs.
- All ALS ambulances must have an Advanced EMT and Paramedic on board.
- Critical care ambulance must be staffed by a crew with at least an Advanced-EMT or Paramedic, and a Critical Care Paramedic

However, let's look at EMS system outcomes first. Then, credential the practices of the service.

Teddy Myracle then asked some questions about the new scope of practice. Donna Tidwell then clarified there will be five levels of licensure:

Emergency Medical Responder
Emergency Medical Technician
Advanced Emergency Medical Technician
Paramedic
Critical Care Paramedic

The entry level crew configuration for ambulance services would be the Advanced EMT. Richard Land commented that in previous committee efforts in 1998, training institutions were not always responsive to service needs. That situation appears to have improved.

Randall Kirby asked if in doing credentialing of services, would the committee be drafting standards for services? Mr. Edwards and Richard Land indicated that such standards would be used in creating the minimum requirements and rules and that those could mirror the accreditation standards. Donna Tidwell mentioned that, as in training institutions, national accreditation reviews might be deemed to meet some state requirements.

Teddy Myracle suggested there are different demands upon Emergency (911) services. Brandon Ward mentioned that for certain categories of patients, such as diabetics, a basic life support

ambulance could be appropriate, even for an emergency response. The current rules do not take tiered dispatch and response into account. Roy Griggs noted that the expanded role for emergency medical technicians (advanced EMT) would meet the needs for many emergency responses.

Anthony Roberts mentioned that the “level of care” system is also used for Medicare reimbursement.

After a short break, the meeting continued with a presentation by Richard Land. In *Considering the concepts and rules of other states and agencies*, he began the presentation with a quote from James O. Page from the book, The Magic of 3 am:

“As it becomes obvious that rules and regulations no longer command the respect of the government or meet the needs of those served, they will be replaced.”

He stressed that it was time to replace the existing ambulance service rules.

Some of the ways that other states had phrased their rules were reviewed. Some “classes of service” are really “levels of care”. Some of the specific issues that the EMS Board and the Office of General Counsel asked the committee to consider were a better definition of “base of operation” and “ambulance service director”.

From the federal level, there are several EMS guidelines that may serve as references. Other language in the Tennessee rules, such as references to “Special” ambulance services, conflict with definitions that are now used by Medicare. Recognizing “qualifying service officials” might be better than just looking at the service director. Such language is used in Pennsylvania’s regulations.

Dispatch procedures developed in California could be useful in evaluating EMS dispatch in Tennessee. In developing requirements for placement and locations of ambulances, we may also use language in the existing rules from Pennsylvania. Massachusetts has a functional rule for serious incident reporting, and injuries do occur to patients and EMS personnel which should be reported to authorities.

How hard should it be to get into the ambulance business? Licensing procedures for initial licensure should set high standards, and those should be reviewed in renewal of the license. Mr. Land concluded by recognizing that patients need ambulance transportation for many healthcare situations. Those circumstances should be considered in setting ambulance service standards.

Selection of Chairman

After lunch, the committee elected a Chairman. The committee chairman will maintain order at the meetings and certify the minutes to the Board. Upon the nomination of Brandon Ward by Joseph Rike, seconded by Randall Kirby, Mr. Ward was elected chairman by acclamation. Mr. Edwards was to continue to serve as the facilitator for the meetings.

Mr. Ward recommended that the rules for ambulance services be separated from other EMS rules. Mr. Land commented that the EMS staff also supported such a change. Mr. Phillips advised that an advisory attorney should be at the next meeting for advice in forming and compiling the amended rules.

Review of Existing Rules

Mr. Land distributed copies of the current rules that apply to ambulance service classification (Rule 1200-12-1-.14). Mr. Edwards suggested the committee start by reviewing the definitions in the rules. The new definitions for the National scope of practice should be entered into the rules. The committee must also look at Medicare standards in developing any new rules.

Richard Land advised where some of the existing language could be deleted. Eliminating “extended” life support was recommended by Richard Land, since it is not a nationally recognized level of care. For some of the definitions, Brandon Ward mentioned they would need to be expanded to include urgent transportation. While urged to follow the law (§68-140-509) to define advanced life support to include only paramedics, physicians and registered nurses, the reasons for using the existing wording were explained by Donna Tidwell.

Under the definition of an Emergency Run, it was modified to read:

“Emergency Run” means an immediate response to the perceived need for medical care in order to prevent loss of life or aggravation of illness or injury, to include, but not be limited to:

1. -----
2. -----
3. etc.

Jimmie Edwards and Randall Kirby discussed that “Emergency Run” does not always means red lights and sirens, and that is a change that needs to come from education and experience. “Perceived need” was also discussed extensively.

As used presently (e) “extended life support” will need to be deleted or revised. Other discussion of definitions was deferred. Subparagraph (2) (a) will need to be revised and it was decided, upon a motion by Doug McQuary, to delete items 1 through 6 for future development. To explain this section, Richard Land clarified that the issue is “How do we want to identify our ambulance services?”

Brandon Ward was concerned about categorizing ambulances differently if they were only responding to scheduled runs. EMS Division staff tried to explain this was an issue to be addressed in another aspect of the rules. As facilitator, Jimmie Edwards brought the discussion back to the main consideration of the levels of services, then the functional differences.

Richard Land indicated we were going to see *tiered response* for several reasons.

- We have a “gray-out” of experienced paramedics and personnel are not going to be replaced fast enough to supply consistent service
- Small services in many areas cannot compete with salary/benefits from larger ambulance service organizations

Brandon Ward suggested staff research what other states are doing and discuss this before the committee. Jimmie Edwards noted that both he and Richard Land had reviewed rules and laws from other states and some of the information will be introduced in future meetings. However, as Richard Land interacted, the problem is that the standards are changing nationally, and Tennessee is among the first to take those changes into consideration.

Many states have also limited their approach only to standards for advanced life support and basic life support. While there is no identified trend to use the emergency, urgent, or non-emergency, this was advocated by Doug McQuary as one means to categorize services.

Teddy Myracle inquired how services may receive their calls? Brandon Ward described problems in trying to impart standards on dispatch centers, since many county EMS agencies have no direct control of their 911 agency. Richard Land mentioned that most big cities have a public safety answering point with a hand off to designated dispatch centers with personnel dedicated to fire/EMS calls. Small counties may not have the capabilities for such a specialized dispatch center.

Richard Land proposed identifying services by kinds of operation, with terms like Primary Provider, ALS and BLS, scheduled transfer or transport, (whether private or hospital-based), and Volunteer. Jimmie Edwards mentioned this appeared to be the most practical concept for the nature of services.

Proposed Changes to rules

Upon a motion by Anthony Roberts, seconded by Randall Kirby, subparagraph (b) applied to Conditional services was changed to provide for a period “up to ninety (90) days” instead of one year.

Doug McQuary moved to delete subparagraph (c) since it was never used. With multiple seconds, the motion passed.

Under paragraph (3), Chief Rike led the consensus to change the language for the Medical Director in subparagraph (a) to read:

- (a) Medical Director – *All ambulance services shall* retain a medical director to maintain quality control of the care provided, whose function shall include the following:

Parts 1 and 2 were unchanged. Part 3. was reworded to use the word “shall” instead of “may” to read:

- 3. The Medical Director *shall* have disciplinary authority sufficient to oversee quality control as deemed appropriate by the Administrative Director of the Ambulance Service and retain other responsibilities as may be negotiated by agreement with the service.

Chief Rike said that he would discuss this section with Dr. Holley and get further recommendations.

Some other changes were discussed for (b) and (d); the existing (c) was dropped so the new parts (b) and (c) would read:

- (b) Advanced Life Support Service personnel - Each service providing advanced life support shall provide sufficient coverage with a crew comprised on an Advanced Emergency Medical Technician and Paramedic on ninety -five percent (95%) of all emergency runs, staffed to provide twenty-four hour service.
- (c) Basic Life Support Service Personnel - Each service providing basic life support shall provide sufficient coverage with a crew comprised of two Advanced

Emergency Medical Technicians on ninety-five percent (95%) of all emergency runs, staffed to provide twenty-four hour service.

Chief Rike proposed that each committee member, as well as staff, come back after some research and study to make some suggestions. Doug McQuary moved to suspend further discussion until the next meeting and review rule 1200-12-1-.15 at the next meeting. The motion passed.

Chairman Ward then asked the committee for a motion to adjourn and the meeting adjourned at 3:00 p.m.

Next Meeting

The committee set the next two meetings for 10:00 a.m. central time, Wednesday, February 10, 2010 and Tuesday March 9, 2010.

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