



Emergency Medical Services Council

Date: January 19, 2017 - **Time:** 10:30 AM

Location: 250 N. 17th Avenue, Lab Auditorium (Igloo)

Conference Call: 1-888-205-5513 - **Code:** 486276#

iLinc URL: <https://azdhsems.ilinc.com/register/zvhkcx5>

You must register prior to the meeting to join the web conference session.

AGENDA

- I. Call to Order – Ben Bobrow, MD
- II. Roll Call – Tammy Gagnon (31 members, 16 required for quorum)
- III. Chairman’s Report – Ben Bobrow, MD
 - a. Attendance report (Attachment III.a.)
- IV. Bureau Report – Ithan Yanofsky
 - a. Trauma Rules Revisions – Noreen Adlin
 - b. EMS to Hospital Data Linkage – Anne Vossbrink
 - c. EMS Agencies 2015 Outcomes Data Linkage – Anne Vossbrink
 - d. Workgroups and Opioid Overdose Reduction efforts – Terry Mullins
- V. Discussion and Action Items
 - a. Discuss, amend, and approve EMS Council meeting minutes of September 15, 2016 (Attachment V.a.)
 - b. Discuss, amend, and approve Medical Director Recognition Program Manual & Application (Attachment V.b) – Gail Bradley, MD/Franco Castro-Marin, MD
- VI. Reports
 - a. Study on Suicide in the EMS Profession – Ben Bobrow, MD
 - b. Trauma and EMS Performance Improvement Standing Committee – Rebecca Haro
 - c. Education Standing Committee – Gail Bradley, MD
 - d. Protocols, Medications and Devices Standing Committee – Noreen Adlin
 - e. Regional Emergency Medical Services Councils
 - i. AEMS – Joe Gibson
 - ii. SAEMS – Sara Perotti
 - iii. NAEMS – Paul Coe
 - iv. WACEMS – Rod Reed
 - f. PACES – Tomi St. Mars
 - g. Treat & Refer Recognition Program – David James Harden J.D.
- VII. Agenda Items to be Considered for Next Meeting

VIII. Call to the Public: A public body may make an open call to the public during a public meeting, subject to reasonable time, place and manner restrictions, to allow individuals to address the public body on any issue within the jurisdiction of the public body. The Committee may ask staff to review a matter or may ask that a matter be put on a future agenda. Members of the public body shall not discuss or take legal action on matters raised during an open call to the public unless the matters are properly noticed for discussion and legal action. A.R.S. § 38-431.01(G)

IX. Summary of Current Events

- a. AEMS Annual Odyssey Conference, June 1-2, 2017, <http://aems.org/ems-odyssey>
- b. Traffic Incident Management for First Responders (Free 4-Hour Course) February 24, 2017, ADHS State Lab Auditorium, email: hardend@azdhs.gov for registration information

Visit the Bureau's News & Conferences page for upcoming events:

<http://www.azdhs.gov/preparedness/emergency-medical-services-trauma-system/index.php#news-conference-home>

Visit the Bureau's Training Programs page for upcoming CE opportunities:

<http://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/training/continuing-education.pdf>

X. Next Meeting: May 18, 2017 @ 10:30 AM in rooms 215A & B – 2nd Floor 150 Building

XI. Adjournment

Persons with disabilities may request reasonable accommodations such as a sign language interpreter, by Angie McNamara, Program Project Specialist II, 602-364-3156; State TDD Number 1-800-367-8939; or Voice Relay Number 711. Request should be made as early as possible to allow time to arrange accommodations.

“Health and Wellness for all Arizonans”

EMERGENCY MEDICAL SERVICES COUNCIL

September 15, 2016 - 10:30 A.M.

150 N. 18th Ave., Conference room 215A & B

Draft Meeting Minutes

Present

Ben Bobrow, MD
Bob Ramsey
Brian Smith
Dan Spaite, MD
Dan Millon
Gene Mc Daniel
Glenn Kasprzyk
Howard Reed
James Hayden
James Dearing, DO*
John Karolzak

Jon Maitem, DO
Joe Gibson
Laura Baker
Nathan Lewis, RN
Rebecca Haro
Rianne Page, MD
Robert Costello
Rodney Reed
Sara Perotti*
Michele Butler, MD
Patricia Coryea-Hafkey, RN*

Absent

Alberto Gutier
Chris Salvino, MD
Christopher Baker, RN
Dale Woodridge, MD
Todd Harms
Tyler Mathews, CEP

*Indicates teleconference

- I. Call to Order – Ben Bobrow, MD, Chair, 10:30AM
- II. Chairman’s Report – Ben Bobrow, MD
 - a. Attendance report
 - b. 2017 Meeting Schedule
- III. Bureau Report – Ithan Yanofsky
 - a. Trauma rules update – Noreen Adlin
- IV. Discussion and Action Items
 - a. Discuss, amend, approve EMS Council meeting minutes of May 19, 2016
Motion made by Bob Ramsey, seconded Rebecca Haro- **Motion Carries**
 - b. Discuss Medical Director Recognition Program – Gail Bradley, MD/Franco Castro-Marin, MD
- V. Reports
 - a. Trauma and EMS Performance Improvement Standing Committee – Rebecca Haro
 - b. Education Standing Committee – Gail Bradley, MD
 - c. Protocols, Medications and Devices Standing Committee – Noreen Adlin
 - d. Regional Emergency Medical Services Councils
 - i. AEMS - Joe Gibson
 - ii. SAEMS - Sara Perotti
 - iii. NAEMS - Paul Coe
 - iv. WACEMS – Rod Reed
 - e. Data and Quality Assurance – Terry Mullins
 - f. PACES – Tomi St. Mars
 - g. Treat & Refer Recognition Program – David James Harden J.D.
 - h. STAB Annual Report 2016 – Vatsal Chikani, MPH

- VI. Agenda Items to be Considered for Next Meeting
- VII. Call to the Public: A public body may make an open call to the public during a public meeting, subject to reasonable time, place and manner restrictions, to allow individuals to address the public body on any issue within the jurisdiction of the public body. The Committee may ask staff to review a matter or may ask that a matter be put on a future agenda. Members of the public body shall not discuss or take legal action on matters raised during an open call to the public unless the matters are properly noticed for discussion and legal action. A.R.S. § 38-431.01(G)
- VIII. Summary of Current Events
- a) September 26, 2016 – Extreme Medicine for EMS
<http://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/news-conferences/mihs-ems-conference-sept-26-2016.pdf>
 - b) October 13, 2016 – 10th Annual EMS Conference – Level 1 Trauma Center
<https://contact.dignityhealth.org/WLP2/#!/classes/info/EMS1016>
 - c) November 3 – 4, 2016 – Emergency Pediatric Interdisciplinary Care Conference
<http://www.epiccaz.org/>
 - d) November 10 – 11, 2016 – 8th Annual Southwest Trauma and Acute Care Symposium
<http://www.aztracc.org/symposium/>

Visit the Bureau's News & Conferences page for upcoming events:

<http://www.azdhs.gov/preparedness/emergency-medical-services-trauma-system/index.php#news-conference-home>

Visit the Bureau's Training Programs page for upcoming CE opportunities:

<http://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/training/continuing-education.pdf>

- IX. Next Meeting: January 19, 2017 @ 10:30 AM in rooms 215A & B – 2nd Floor 150 Building
- X. Adjournment: 11:28am September 15, 2016

Approved by:

Date:

VISITORS PLEASE SIGN IN

Emergency Medical Services (EMS) Council - September 15, 2016 @ 10:30 am

Name (PLEASE PRINT)	Organization & Position
1 David [Signature]	BAMM
2 Chris Bickel	Sum Lakes Fire EMS Coordinator
3 Neal Thomas	ABC Ambulance
4 Mark Lewis	TRD EMT
5 Renaco Martinez	Fire PHTC
6 RYAN HORROLD	MEGA FIRE
7 Charlie Smith	EMS Advisors.
8 Dave Bathke	Hellsgate Fire (Chief)
9 Gail Brady	Pen, Cuddegar, Sun City Fire + BMMC
10 Kevin Danner	Banner Desert Trauma Program Manager
11 Muelley Kowalski	BMMC/BOMC pre Hosp Coord.
12 CHRIS THURSON	YRMC
13 Paul [Signature]	Provia Fire Medical
14 Cindy Inskeep	Maricopa Fire
15 [Signature]	BOMC Trauma Coord.
16 Terri Gross	Phy Children's Base Hosp Med. Dir.
17 Lori Wenz	CRMC TPM

Randy Perkins
Gilbert Fire - EMS.

VISITORS PLEASE SIGN IN

Emergency Medical Services (EMS) Council - September 15, 2016 @ 10:30 am

Name (PLEASE PRINT)		Organization & Position
18	WARDEN, DAVID	AAEAS
19	John Valenzuela	BVFD
20	Kevin Lindley	BVFD
21	Tracey Schlosser	BONC
22	ROY L TRZALS	CONSULTANT
23	Jill McAdoo	AMR
24	Daniel Shites	HIT/AMR
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Bureau of EMS & Trauma System

Emergency Medical Services Medical Director Recognition Program Manual

[Draft 6: Jan. 4, 2017]



ARIZONA DEPARTMENT
OF HEALTH SERVICES

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DRAFT

INTRODUCTION

The Emergency Medical Services (EMS) Medical Director is an essential component of an EMS and trauma system. The Bureau of Emergency Medical Services and Trauma System (Bureau) Medical Director Recognition Program has been developed to recognize physicians who demonstrate the necessary commitment to their unique and essential role as EMS Medical Directors within Arizona's EMS and Trauma System. That commitment extends to:

- EMS system measurement,
- EMS system development at the state, regional and local levels,
- Continuing education, training and maintenance of core competencies,
- Knowledge of and compliance with regulatory requirements,
- Bureau verification of medical director commitment to meet or exceed program criteria.

Role and Duties of the EMS Medical Director

The roles of EMS medical directors can best be defined by the degree of engagement and consistency of actions they take for the systems they oversee. EMS system successes can be commensurate with the level of intensive EMS medical director involvement.¹ Physicians who serve EMS agencies or base hospitals in this capacity provide essential clinical guidance, leadership, and oversight for all aspects of prehospital care. From a patient care perspective, an emergency medical care technician (EMCT) serves as an extension of the EMS medical director. Fundamentally, the most important duties of an EMS medical director are to formulate system performance specifications, monitor compliance with those specifications, and initiate action for compliance as needed. The EMS medical director MUST be engaged with the design and execution of retrospective, concurrent, and prospective quality improvement (QI) initiatives for an EMS agency or base hospital to optimize clinical outcomes. These QI initiatives should have clearly defined processes and outcomes, along with assignment of roles for the individuals involved (e.g., QI/QA team, educator, supervisor). It is specifically recognized that concurrent quality improvement can be a very efficient and cost-effective way to create and maintain culture, change behavior, and identify important information about patient care activities. This relies on direct oversight of EMS personnel at the time of service delivery. The Bureau strongly recommended that EMS medical directors actively participate in prehospital care by providing on-site medical direction through "ride along" and scene response activities. This should be considered fundamental to the job of EMS medical direction.¹ The EMS agency or base hospital should provide the necessary resources, time and personnel to achieve desired results from all QI initiatives.

The above recommendations are based on evolving national standards and core competencies of EMS medicine. See [Attachment-1](#) for two publications providing specifics to these recommendations.

PROGRAM BACKGROUND

The EMS physician is a vital, but not yet fully integrated or supported component of the Arizona EMS and Trauma System. The Bureau established standards for EMS medical directors in rule under Arizona Administrative Code (A.A.C.) §§ R9-25-201 and R9-256-202, facilitating qualification benchmarks. In May 2016, the Bureau solicited volunteers from the medical direction community to develop initial training standards, continuing medical education (CME) standards and performance expectations for an EMS Medical Director Recognition Program. This EMS Medical Director Recognition Program Manual and Application is the result of the Medical Director Recognition Workgroup's collective efforts. Precedence for this program includes the Premier EMS Agency Program, the Treat and Refer Recognition Program, Excellence in Prehospital Injury Care (EPIC), and SHARE.

PROGRAM BENEFITS

The EMS Medical Director Recognition Program is intended to be a natural extension of the American Board of Emergency Medicine's 2010 approval of EMS medicine as a unique subspecialty discipline as well as the subsequent creation of the Fellow of the Academy of Emergency Medical Services (FAEMS) designation by the National Association of EMS Physicians. The Medical Director Recognition Program will facilitate the following benefits:

- Increase individual and collective awareness of the EMS medical director's contribution to high quality prehospital care, improved patient safety and outcomes, and integration of prehospital care into the overall healthcare continuum,

- Promote consistency in training, qualifications, activities, and performance of physicians serving as EMS medical directors across the state,
- Establish a mechanism for the Bureau to identify EMS medical directors through a single database in order to enhance communication and collaboration, and
- Encourage EMS medical directors to become personally involved in EMS Regional Council meetings, and Bureau statutory and standing committees (i.e., EMS Council, STAB, MDC, Education, TEPI, and PMD).

The EMS Medical Director Recognition Program will be reviewed annually by the Bureau to ensure that it continues to facilitate and promote EMS-related physician commitments and the roles of EMS medical directors. The program will be continuously evaluated to maintain high levels of integrity, relevance, and quality.

[RECOGNITION APPLICATION STANDARDS](#)

I. The application for recognition includes the following requirements from Arizona Revised Statutes (A.R.S.) and Arizona Administrative Code (A.C.C.) – [See Attachment-2](#)

- The physician must be licensed pursuant to A.R.S. Title 32, Chapter 13 or 17 and provide direction within the Arizona EMS and Trauma System.
- The physician must meet the Administrative Medical Director (AMD) requirements of A.A.C. § R9-25-201.
- The AMD must ensure online medical direction is consistent with A.A.C. § R9-25-202.

II. [Criteria for Recognition](#)

- Meet the physician requirements delineated in A.A.C. § R9-25-201,
 - EMS Board Certification or completion of an EMS Medicine Fellowship (optional),
 - Complete at least five hours of EMS continuing medical education (CME) each year, with a total of 20 EMS CME hours during the four-year EMS Medical Director Recognition Period,
 - Maintain core competencies during the four-year EMS Medical Director Recognition Period,
 - Demonstrate ongoing commitment to evidence-based medicine,
 - Engage in direct oversight of EMS providers through scene response or ride-along time.
 - Personal involvement in regional EMS councils, and Bureau of EMS statutory or standing committees,
 - Completion of an EMS Medical Director’s Course, e.g., [NAEMSP](#), [ACEP](#) (course offered during annual meeting),
- See [Attachment-3](#) for the Performance Improvement Plan.

III. [Criteria for Renewal](#)

Recognition is valid for four years from the initial recognition date. EMS medical directors must re-apply and meet all recognition criteria, including A.A.C. § R9-25-201 requirements, on or before the current expiration date to retain recognition.

IV. [Medical Direction Agreement Template \(Optional\)](#)

Example medical direction agreement templates: [FEMA USFA Medical Directors Handbook](#)

V. [Continuous Quality Improvement Forms](#)

- [Data & Quality Assurance Section](#)
- [Burns](#)
- [Cardiac Arrest](#)
- [Major Trauma](#)
- [ST-Segment Elevation Myocardial Infarction](#)
- [Stroke](#)

VI. Useful Website Links

- Arizona Prehospital Information & EMS Registry System ([AZ-PIERS](#))
- [Statutory and Regulatory Resources](#)
- [Time Sensitive Emergencies Resources](#)
- [Bureau of EMS & Trauma System Online Services](#)
- [Statutory and Standing Committees](#)
- [Drug Profiles \(Bureau Website\)](#)
- [EMS Regional Councils](#)
- [Community Paramedicine](#)
- [Arizona Treat & Refer Recognition Program](#)
- [National Association of EMS Physicians \(NAEMSP\)](#)
- [National Association of State EMS Officials \(NASEMSO\)](#)
- [National EMS Information System \(NEMSIS\) Technical Assistance Center](#)
- [EMS Compass Initiative](#)

VII. Citations

See Attachment-2 Arizona Revised Statutes and Arizona Administrative Code Citation Language.

VIII. Application Form (See [Attachment-4](#))

[ATTACHMENT-1](#)

SAMPLE QUALIFICATIONS AND JOB DESCRIPTION FOR EMS MEDICAL DIRECTOR

“Medical Direction of Emergency Medical Systems.” Medical Oversight of EMS. Pepe, P, Ed. RR Bass, et al. Doboque: Kendall/Hunt Publishing Company, 2009. 51;

“Legal Issues.” Medical Oversight of EMS. Maggiore, WA., Ed. RR Bass, et al. Doboque: Kendall/Hunt Publishing Company, 2009. 90).

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ATTACHMENT-2

ARIZONA REVISED STATUTES AND ARIZONA ADMINISTRATIVE CODE CITATION LANGUAGE

A.R.S. Title 36 – Public Health & SAFETY, Chapter 21.1 Emergency Medical Services

§ 36-2201. Definitions

1. **“Administrative medical direction”** means supervision of emergency medical care technicians by a base hospital medical director, administrative medical director or basic life support medical director. For the purposes of this paragraph, “administrative medical director” means a physician who is licensed pursuant to title 32, chapter 13 or 17 and who provides direction within the emergency medical services and trauma system.

§ 36-2204. Medical Control

5. Medical standards for certification and recertification of certified emergency receiving facilities and advanced life support base hospitals and approval of physicians providing medical control or medical direction for any classification of emergency medical care technicians who are required to be under medical control or medical direction.

6. Standards and mechanisms for monitoring and ongoing evaluation of performance levels of all classifications of emergency medical care technicians, emergency receiving facilities and advanced life support base hospitals and approval of physicians providing medical control or medical direction for any classification of emergency medical care technicians who are required to be under medical control or medical direction.

7. Objective criteria and mechanisms for decertification of all classifications of emergency medical care technicians, emergency receiving facilities and advanced life support base hospitals and for disapproval of physicians providing medical control or medical direction for any classification of emergency care technicians who are required to be under medical control or medical direction.

A.A.C., Article 2. Medical Direction; ALS Base Hospital Certification

§ R9-25-201. Administrative Medical Direction

A. An emergency medical services provider or ambulance service shall:

1. Except as specified in subsection (B) or (C), designate a physician as administrative medical director who meets one of the following:

a. Has emergency medicine certification issued by a member board of the American Board of Medical Specialties;

b. Has emergency medical services certification issued by the American Board of Emergency Medicine;

c. Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association; or

d. Is an emergency medicine physician in an emergency department located in Arizona and has current certification in:

i. Advanced emergency cardiac life support that includes didactic instruction and a practical skills test, consistent with training recognized by the American Heart Association, in:

(1) Airway management during respiratory arrest;

(2) Recognition of tachycardia, bradycardia, pulseless ventricular tachycardia, ventricular fibrillation, pulseless electrical activity, and asystole;

(3) Pharmacologic, mechanical, and electrical arrhythmia interventions; and

(4) Immediate post-cardiac arrest care;

ii. Advanced trauma life support recognized by the American College of Surgeons; and

iii. Pediatric advanced life support that includes didactic instruction and a practical skills test, consistent with training recognized by the American Heart Association, in:

(1) Pediatric rhythm interpretation;

(2) Oral, tracheal, and nasal airway management;

(3) Peripheral and central intravenous lines;

(4) Intraosseous infusion;

- (5) Needle thoracostomy; and
- (6) Pharmacologic, mechanical, and electrical arrhythmia interventions;

§ R9-25-202. On-line Medical Direction

A. An emergency medical services provider or ambulance service shall:

1. Ensure that a physician provides on-line medical direction to EMCTs on behalf of the emergency medical services provider or ambulance service only if the physician meets one of the following:
 - a. Has emergency medicine certification issued by a member board of the American Board of Medical Specialties;
 - b. Has emergency medical services certification issued by the American Board of Emergency Medicine;
 - c. Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association; or
 - d. Is an emergency medicine physician in an emergency department located in Arizona and has current certification that meets the requirements in R9-25-201(A)(1)(d)(i) through (iii)

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ATTACHMENT-3

PERFORMANCE IMPROVEMENT PLAN

Personal involvement in and documentation of a performance improvement plan (PIP), including data collection and evidence of implementation, for the following disease processes:

Acute Stroke:

- Patient's last well known time
- Stroke assessment and results
- Contact date/time hospital was contacted
- Blood glucose
- Transport to a Stroke Center (if available)

STEMI:

- ECG acquisition
- Notification of the receiving hospital on the ECG (results/transmit)
- Aspirin administration (unless contraindicated)
- Transport to a Cardiac Center (if available)

Out-of-Hospital Cardiac Arrest:

- Bystander CPR documentation
- Whether cardiac arrest was witnessed
- Initial cardiac rhythm
- Whether return of spontaneous circulation
- Termination of resuscitation time
- CPR quality measures
- Time to defibrillation
- Transport to a Cardiac Center (if available)

Major Trauma:


- Minimize on scene time
- Trauma triage criteria met
- Vital Sign measurement
- Document any transfers of patients
- Intubations attempts and successes
- TBI treatment guidelines followed
- Transport to a designated Trauma Center (if available)

Rapid Sequence Intubation (RSI)

- EMS agencies performance rapid sequence intubation (RSI) requires 100% CQI of RSI patients ePCRs.

ATTACHMENT-4

EMS MEDICAL DIRECTOR RECOGNITION PROGRAM APPLICATION

 ARIZONA DEPARTMENT OF HEALTH SERVICES PREPAREDNESS	BUREAU OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM EMS MEDICAL DIRECTOR RECOGNITION PROGRAM APPLICATION
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SECTION I. APPLICANT PHYSICIAN INFORMATION

1	Physician Name (Last, First, MI)	
2	Medical License Number	
3	Primary Business Address	
4	Office Phone Number	
5	Cell Phone Number	

6 Register on the Bureau's [Medical Practitioner Website](#), completing all data fields and attaching a headshot photograph.

SECTION II. PRACTICE LOCATIONS (Copy & Paste Additional Rows with text fields if needed)

Agency/Entity Name	Role/Title	Entity/Agency Type

SECTION III. COMMITTEES & COUNCILS INVOLVEMENT

Which EMS Regional Councils and Statutory/Standing Committees you are personally involved with and your capacity?

EMS Regional Councils		ADHS Statutory Committees		ADHS Standing Committees	
Name	Capacity	Name	Capacity	Name	Capacity

SECTION IV. BOARD CERTIFICATIONS

Please indicate your board certification or eligibility for the two boards

American Board of Emergency Medicine		American Osteopathic Board of Emergency Medicine		EMS Board Certification		Other/Hospital ED Medical Director
Certified <input type="checkbox"/>	Eligible <input type="checkbox"/>	Certified <input type="checkbox"/>	Eligible <input type="checkbox"/>	Certified <input type="checkbox"/>	Eligible <input type="checkbox"/>	

SECTION V. ATTESTATIONS		CHECK BOX
Your initials for each statement signifies your attestation		
1	Personal involvement in regional councils, ADHS statutory and/or standing committees listed in Section IV.	<input type="checkbox"/>
2	Board certification or eligibility in the American Board of Emergency Medicine and the American Osteopathic Board of Emergency Medicine	<input type="checkbox"/>
3	Complete at least 5 hours of EMS continuing medical education (CME) each year, totaling 20 EMS CME hours during the 4-year Recognition Period.	<input type="checkbox"/>
4	Commitment to evidence-based medicine.	<input type="checkbox"/>
5	Maintain core competencies during 4-year recognition period	<input type="checkbox"/>
6	Personal involvement in and documentation of a performance improvement plan, with data collection and evidence of implementation for Acute Stroke, STEMI, OHCA, Major Trauma, and RSI (please confirm compliance for each criterion listed below).	<input type="checkbox"/>
SECTION VI. RESERVED FOR RECOGNITION RENEWAL ONLY		
Please Attach in Section VI.A. Below Documentation Consistent with Section IV Attestation Statements		
ATTACHMENTS FOR SECTION VII.B. RECOGNITION RENEWAL		
By signing below, I attest that I am committed to supporting the tenets and requirements of the EMS Medical Director Recognition Program, and will notify the Bureau of EMS and Trauma System if information in this application changes.		
Physician Printed Name		Date:
Physician Signature		Date:

REFERENCES

1. Pepe, P et al. "Medical Direction of Emergency Medical Services Systems." Medical Oversight of EMS. Ed. RR Bass, et al. Doboque: Kendall/Hunt Publishing Company, 2009.

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