



Meeting Minutes



Meeting Title:	Emergency Medical Services Advisory Council (EMSAC)	
Meeting Location:	Zoom Meeting	
Meeting Date:	July 15, 2022	
Time:	2:00 p.m.	
Attendees:	<p><u>Council Members (X = Present):</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Dr. Rick Carlton, Chair <input checked="" type="checkbox"/> Dr. W. Duncan Donald III <input checked="" type="checkbox"/> Dr. Jeremy Rogers <input checked="" type="checkbox"/> Dr. Jonathan Wilson <input type="checkbox"/> Mr. Andy Woodard <input type="checkbox"/> Dr. Mike Cole <input type="checkbox"/> Ms. Suzanne Joslin <input type="checkbox"/> Mr. Dennis Hebner <input checked="" type="checkbox"/> Mr. Jeffrey Welborn <input type="checkbox"/> Mr. Eric Valles <input checked="" type="checkbox"/> Mr. Mark Davis <input type="checkbox"/> Dr. Kendall McKenzie <input type="checkbox"/> Dr. Clyde Deschamp <input type="checkbox"/> Dr. Pete Avara <input checked="" type="checkbox"/> Dr. Hugh Gamble <input type="checkbox"/> Dr. Hans H. Tulip <input type="checkbox"/> Ms. Pam Wallace <input type="checkbox"/> Ms. Katherine Waddell <input type="checkbox"/> Dr. Ben Yarborough <input type="checkbox"/> Ms. Amber Kyle <input type="checkbox"/> Mr. Mark Galtelli <input type="checkbox"/> Mr. Tyler Blalock <input type="checkbox"/> Mr. Chris Howard <input type="checkbox"/> Mr. Benjamin Scrivener <input type="checkbox"/> Dr. Rodbey Frothingham <input type="checkbox"/> Dr. Claude Brunson <input type="checkbox"/> Ms. Amanda Fontaine <input checked="" type="checkbox"/> Mr. David Grayson <input checked="" type="checkbox"/> Dr. Jason Stacy 	<p><u>State EMS Medical Director</u> Dr. Bob Galli</p> <p><u>Meeting Facilitator:</u> Mr. David Hall - MSDH</p> <p><u>MSDH Staff Present:</u> Mr. David Hall - EMS/ACS Director Mr. Steven Jones – BEMS Mrs. Macy Bassett – BEMS/ACS Ms. Kay Chambers – BEMS Ms. Teresa Windham – ACS Ms. Chasity Meadows - ACS</p>

Minutes Submitted by: Steven Jones, Manager, EMS Operational and Professional Services



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	GUEST: Mrs. Dee Howard – Mississippi Healthcare Alliance; Chuck Carter – AAA Ambulance; Ms. Jamie Pafford-Gresham, – Pafford Ambulance Service/Mississippi Ambulance Association; Scott Stinson – AAA Ambulance; Greg Frost/Tracy Wald – Division of Medicaid;	



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	AGENDA TOPIC	NOTES
I	Call to Order	Dr. Carlton called the meeting to order at 2:00 p.m. with recognitions and announcements:
II	Roll Call	Mr. Hall called roll and welcomed members and guest. Mr. Hall advised that we had a quorum.
III	Old Business	<p>Review Minutes of Previous April 2022 Meeting</p> <ul style="list-style-type: none"> • Motion by Dr. Carlton to approve the minutes as written • Second by Mrs. Kyle • Passed without opposition <p>Bureau of EMS Report <u>MSDH/BEMS Administrative Report</u> Mr. Hall provided the report; Hall spoke to the council about the following points:</p> <ul style="list-style-type: none"> • Recognized and had a moment of silence in honor of Mr. Tony McCallum on his recent passing. Tony was a former EMSAC board member. • Also recognized new staff member Macy Bassett as the new data person for EMS and Acute Care System. • Recognized Billie Collier for her leadership in the EMSC program on her transfer to the COVID Unit. <p>Relevant Legislation Update (see attached slide presentation).</p> <ul style="list-style-type: none"> • <u>House Bill 1614 - MSDH Appropriation Bill</u>: Mr. Hall spoke about this bill and broke it down into the following, EMS \$1.8M, Trauma \$28M, Transfer Time from L III-IV: <130 minutes, Burn \$1M, Stroke/Stemi \$974,400 which is a \$100,000 increase from 2022. We provided the report on transfer times on July 14, 2022, to the Legislative Budget Office. We barely made the benchmark at 128.5 minutes average. We will need to pay attention to this benchmark and move these patients to definitive care in a timely manner. • <u>House Bill 821 – Non-Transport EMS Bill and Senate Bill 2739 – Non-Emergency Medical Transport Bill</u>: Both of these required updated regulations. Both also went through public comment where we received comments. All comments were taken into consideration. The rules were advanced to the BOH at their last meeting and were approved. The rules went to effect along with the statue on



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		<p>July 1, 2022.</p> <ul style="list-style-type: none"> <u>Senate Bill 2735 – Pilot Freestanding Emergency Rooms:</u> We talked about this bill at the last EMSAC and rules have been developed. Mr. Hall has shared the concerns from this council and MTAC would like to be involved to provide system of care development. It is our understanding that EMS can bypass these facilities and go straight to the correct system of care facility as we always have. Mr. Hall will keep this council up to date and no applications have been received. <p>As far as the EMS Education and Workforce – Study and Forum, Mr. Hall just reminded the council that this has been started with the educator meeting in April 2022. We are working on the meetings with the agencies and then bring both together before the end of the calendar year.</p> <p>Mr. Hall also talked about the proposed tiered response. The SHO extended this until the end of July 2022 and hope we can work through today to make it a more permanent solution. No reports of negative outcomes from 3 services that are using it. Mr. Hall asked Mr. Scott Stinson with AAA Ambulance to speak briefly on the tiered response and how it has helped AAA in Hattiesburg. Mr. Stinson has been working with this for about a year and is a process to develop. In the last quarter they were able to staff an ambulance for 129 shifts. This is staffing EMT level ambulances when normally they are a ALS system. They are using priority dispatch and dispatching the right level for the chief complaint. AAA made 208 emergent calls with a BLS unit and with that they made 178 patient encounters, AEMT accounted for 654 responses and about 600 encounters. Between the 2 they are accounting for 7% of all calls. All calls are reviewed. There is an ALS and a BLS unit dispatched and normally the BLS unit will cancel the ALS unit. Overall, it is working very well. On the BLS there were only 8 calls that were marked critical at beginning and end. Only 3 were transferred to a ALS unit within 8 minutes, 2 were transported and a ALS unit intercepted within 8 mins and the remaining 3 were transported to a emergency room by the BLS unit. We are doing 100% review and no bad outcomes to date. The longest length of a EMT staying on scene waiting on a ALS unit was 10 minutes. Dr.</p>



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		<p>Galli asked about why you are sending both units and do they use specialized dispatch. Mr. Stinson advised they use ProQA and it has a matrix that they go by and it will tell them what level to send. They still send the closest unit to the call. If the system or the call taker doesn't agree they may get an ALS unit to post close to the call. Dr. Carlton asked if we have any data on how many services have adopted this approach and how much extra coverage this has helped. Mr. Hall advised that we have 3 services, and they provide coverage to multiple counties. Dr. Carlton asked if the same QA was being done. Mr. Hall advised we reach out to the service and asked number of responses and bad outcomes. Dr. Galli asked another question about sending both units to calls and are they going to start sending just a BLS unit to calls. Mr. Carter stated that they were using the ProQA and the first questions on the cards or program tell the dispatcher what level they might need. They worked closely with medical director to come up with this process. Dr. Galli was use to a sprint unit going instead of a ALS unit. Mr. Carter stated that there is no way you can do this type of response without ProQA or some other type of dispatch system. Mrs. Pafford-Gresham with Pafford Ambulance Service was also thankful for giving the opportunity to use this service. They also use the same process as AAA Ambulance. Mr. Hall thanked MDTQA for being supportive of this.</p> <p>Mrs. Pafford-Gresham with Pafford Ambulance and interim president of the Mississippi Ambulance Association was asked to speak about the Medicaid UPL bill. We struggle with Medicaid payment and have for years. The MIA covers 80% of Mississippi and have been at the capitol lobbying for reimbursements. We feel like we are behind the 8 ball, and we do not get paid for the first 25 miles. We looked at other states not using state money and using UPL. It is meant to fill the gap between Medicaid and commercial insurance pays up to 6%. We get 70% of the approved amount prior to COVID. We filed legislation back in 2018 and there are similar programs in states around us. We are the last ones due to others getting theirs. This year we had to amend legislation that Medicaid moved forward with the upper payment limit for ambulance providers. MSDH has been a huge help to grab information and we are having weekly meetings with Medicaid to come up with measures to be utilized to show need for the money</p>



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		<p>and what we will do when we get it. One of the top measures is to make sure that all communities have access to EMS and not loose any. The state plan amendment has been given to CMS. We are not just waiting on approval. Dennis Hebner also a EMSAC and Mississippi Ambulance Service member advised that this program in voluntary and mandated for the ambulance services. It does not require a membership between the service and the Mississippi Ambulance Association.</p> <p>Mr. Hall talked about that we are going to go ahead and move forward with the EMS Registry Committee. He spoke on how this group can help improve data quality and improve data dictionary. This group could also look at a unified registry solution between EMS and trauma that would save money and could reduce cost of approximate \$195,000 over 5 years just using a common vendor. We are also going to use this committee to serve as a group to help with the measures for UPL and the RFP in the upcoming year. Will provide update at the next EMSAC meeting. We have noticed that there are some ambulance services that are not compliant with record submission.</p> <p><u>EMS Operational and Professional Services</u></p> <p>Mr. Steven Jones provided the report; Jones shared BEMS Operations update and talked about testing out paramedic students out due to end of year for programs. We are looking are hiring staff. We are still looking for the non-transport emergency lead and advisory committee chair for EMS-C. Mrs. Chambers talked about inspections and how we are trying to get caught up. No report from Mrs. Martin on certifications. Mrs Collier since her transfer is working with staff on EMSOF. POC of that program forthcoming but in the meantime reach out to Steven Jones.</p> <p><u>EMS-C</u></p> <p>No Report from Mrs. Coleman.</p> <p>Committee and Subcommittee Reports</p>



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		<p><u>MDTQA</u></p> <p>Dr. Galli, State EMS Medical Director, and Chair of MDTQA, started talking about the tiered response and with Macy coming on board we will be able to follow the information that is required more closely. The destination guidelines were not taken to a vote by MTAC earlier today. GCS has been cut down to just motor. There are now only 2 categories which are red and yellow. Dr. Galli deferred to Dr. Donald to talk about this. There are several programs dealing with Narcan distribution. Dr. Galli states that we as in doctors wrote prescriptions for narcotics in the past and now, they do not. There is a program with the Dept of Pharmacy and UMMC is working with first responder and a new grant at the dept of health. When first presented seemed like a lot of stuff to do for first responders. This would be a package prepared for by the Dept of Pharmacy that would include instructions and a intra nasal Narcan. The first responder would leave this with a family or patient. This would be captured in MEMIS by the first responder. The programs that we have talked to have been a positive thing and some want it mandated. Grant has been obtained and we are waiting on final Board of Pharmacy approval later this month.</p> <p><u>MTAC</u></p> <p>Dr. Donald provided the report; Donald states MTAC met this morning. Some of the issues discussed were as follows:</p> <ul style="list-style-type: none"> • MTAC did pass a motion to request the BOH to fund Stop the Bleed training for schools and not just fire and law. • Had a discussion on the field triage guidelines. Dr. Galli is correct that they did not come up with a vote. Dr. Donald was under the impression that since the trauma committee is a sub committee of the EMSAC he thought EMSAC would need to bring it for a vote. He was under the impression that they would bring it to the council for adoption. Mr. Hall reached out to ACC and asked how this document could be used. They advised it could be pasted as printed or changed to serve Mississippi. The group was comfortable with the red and yellow categories per Dr. Donald and leave the language as written. Dr. Carlton suggested that we change verbiage to highest level appropriate trauma center. Dr. Rogers was talking about the ground level fall for 65 or



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		<p>older. Dr. Galli states that under the yellow criteria and how this is the paramedics judgement. There use to be a special consideration for blood thinners and others complicated factors. Mr. Galtelli states that in the past we have had a combination of the EMS Functionality committee and Rules and Regulations to look at this and come up with a clean version. Dr. Carlton asked that we send this to the EMS Functionality committee and Rules and Regulations to look at it and get back to the group. Dr. Donald stated that the clinical effectiveness and MTAC this morning had a lot of discussion with no changes. Mr. Galtelli states that with this much openness with the language you will get a tone of variable interpretation. Mrs. Kyle asked if we were talking about EMS Functionality and Rules and Regulation committee or Trauma Functionality and Rules and Regs. Dr. Carlton asked if we need to incorporate this or send to committee. Mr. Hall states that he suggests a recommendation from MTAC. The members on this call are the same on the call this morning and if no one disagrees we could have a vote now. Dr. Deschamp made motion to approve as is. Dr. Donald and several other second. Motion passed with no opposition. EMSAC has adopted the guidelines as is. Mrs. Kyle asked what data we need to collect and how. Dr. Carlton advised we need to look at transport times on trauma calls. Dr. Deschamp states that he doesn't know a paramedic that will want to drive further than they must.</p> <ul style="list-style-type: none"> • Dr. Stacy brought up a suggestion to come up with guidelines on how many trucks a county need. There is no national standard. Dr, Deschamp and Dr. Stacy will work on this. • Also talked about a centralized dispatch center. <p><u>Rules and Regulations</u> Dr. Wilson provided the report. Wilson noted the committee worked on the changes to the tier response. Reenforced this language has been reviewed by EMS operators and endorsed by MDTQA. Dr. Wilson made a motion to accept as written and Mrs. Kyle second. Dr. McKenzie asked for consideration of the first</p>



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		<p>paragraph in the underscore section. This section says when EMS resources are otherwise limited. Should this come out. What we have heard is that this is safe, eases operations at the agency level and is a cost saving for the agency. Are we going to limit when only times resources are limited. Dr. Wilson accepted the amendment to take out EMS resources are otherwise limited from the regulations. Mr. Hall asked for clarification on the guidelines to the plan to Dr. Wilson to remove the appendix and have a new stand-alone document for the guidelines. Mr. Carter had a question about #2 instead of a sprint unit could you change to paramedic availability. Dr. Wilson suggested we change it to shall provide one paramedic unit for every 5 BLS units. Dr. Wilson takes this as a second friendly amendment. Dr. Carlton called for a votes and it carried with no opposition.</p> <p><u>MS EMS Educators</u></p> <p>Mr. Galtelli provided this report. The EMS Educators are working with the high schools to provide ems classes at the high school senior level. There are 3 pilot classes going on at present. Graduation for paramedics is coming up and have some increase in the paramedic in the workforce. EMT and Paramedic numbers for most programs in August are looking better. The AEMT numbers are about 1 advanced to 10-15 paramedic students.</p> <p><u>MHCA</u></p> <p>Ms. Howard states that the alliance was appropriated with \$100,000. They are still funding AHA CPR for Mississippi public and private schools with new AHA CPR in schools' kits. Originally funded in 2017 and a lot of the equipment was out of date. AHA has developed a new training program. The new training includes a first aid module and drug induced cardiac arrest module. They want to have this program out so all students will have cpr training when finishing school. The state fire academy will start this fall semester with instructors in their 8 designated regions and will deliver back to the alliance a roster with number trained and the equipment is being used. Recently just got the data from Q1 of 2022 for chest pain/mi registry and noticed that the state mortality is trending down as in previous quarters. Acute Stroke Life Support course is now a blended course. Where current AHA ACLS centers can apply to add this as a training discipline.</p>



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		<p>Hospitals are looking at transitioning from using activase (Alteplase) for acute ischemic stroke to tnkase (Tenecteplase). Several hospitals are getting push back to change. New commercials for dial don't drive will start in 2023. We may want to come up with a commercial for what not to call an ambulance for. This would be a slippery slope. The next statewide symposium is February 24, 2023, at the Hilton in Jackson, MS for free. The next quarterly statewide meeting will be August 4, 2022, at the St. Dominic Toulouse Building. There is a Webex meeting. This will be the last meeting that Mrs. Howard will be at due to retiring from the alliance.</p> <p><u>Critical Care Paramedic</u> Mr. Galtelli states that it has been about 8 years of teaching with a lot of changes. He thinks it is time for us to relook at other options and avenues to refresh this. His request is to bring back the CCP subcommittee with the approval of EMSAC and bring back the recommendations to the October meeting. Dr. Carlton asked Mr. Galtelli to chair the committee.</p>
IV	New Business	<ul style="list-style-type: none"> No New Business was brought forward
V	Open Discussion/ Announcements	<ul style="list-style-type: none"> No need for Executive Session Next Meeting: October 14, 2022, at 2pm. This will be a in person meeting with a ZOOM option.
VI	Adjournment	Dr. Carlton adjourned the meeting at 4:07p.m.



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ACTION ITEMS

#	Step	Responsible	Due Date
I			
II			