

EMS ADVISORY COMMITTEE MINUTES

April 23, 2013
11 am – 12:30 pm

CALL TO ORDER: 11:40 AM by Dr. Nerina Stepanovsky

MEMBERS PRESENT: Dr. Joe Nelson, DO-EMS Program Medical Director & Chairperson
Dr. Nerina J. Stepanovsky, EMS Program Director
Dave Holler, Pin. Park Fire Rescue
Craig Hare, Pinellas County EMS
Mark Maddalena, South Pasadena Fire Dept.
Dr. Donna Dooley, D.O., Assoc. Med. Director, Pinellas County

GUESTS PRESENT: Dr. Phil Nicotera, Provost-HEC
Ted Rogers, Lead EMT Instr.
Marty VanBourgondien, Lead Paramedic Instr.
Ralph Sibbio, EMS Support Coord.
Greg Taylor, EMR Instr., Pin. Pk. HS
Dr. Jeff Lindsey, SPC EMS Instr.
Dr. Laurie Romig, MD
Krista Fusari, SPC Academic/Student Affairs

WELCOME:

Nerina welcomed everyone and asked that everyone introduce themselves. She also introduced new members: Donna Dooley, D.O. of the Pinellas County Med. Directors Office and Jerome Ruffing, SPC EMS Instructor and Lt. for Manatee EMS. Also noted is member Chris Henderson who was promoted to Lt. at St. Pete Fire Rescue.

She also requested a motion to approve the **Minutes of September 7, 2012**. Minutes were **approved**.

Community Paramedic Report-Dr. Jeff Lindsey

Nerina asked Jeff to share some information on the Community Paramedic project. He has served as the Chair for the Community Paramedic Committee for International Association of Fire Chiefs/EMS Section. First, globally the community Paramedic initiative is gaining a lot of notice in the EMS industry, particularly in Australia and Canada. In the US, Colorado is also showing interest and leadership in developing this program. The educational material for this program is not fully developed nationally but, a proposal of curriculum development for a Bachelor of Science (1 -2 year timeline) in EMS here at SPC is being worked on with Dr. Rebecca Ludwig, Dean of Health Science and Nerina, EMS Program Director. Other states are also working on developing educational tools for this program such as Minnesota (Mayo Clinic) and U. of Pittsburgh. The main concern is to be sure that curriculum is developed that is specific to a “different” kind of approach in dealing with patients. That is, a community paramedic can be a follow-up healthcare provider for patients who are recently discharged from an ER and perhaps have no one to assist in the home setting for aftercare. The joint assistance of home visiting nurses/aids, social workers, etc., are helpful to a point. But a “community paramedic” can be extremely beneficial to the recovery of any discharged patient from a health facility. Putting all these healthcare workers together can really help in streamlining care given to a patient. The recently approved healthcare bill is going to significantly change the way healthcare will be administered in this country, not only at healthcare facilities but in home aftercare.

Dr. Nelson recently returned from a meeting with the Deputy Director of Medicaid where the Community Paramedic initiative was discussed. They are very interested in it and though they can't fund it

they are willing to help with putting EMS agencies in contact with contract holders. Use of Community Paramedics in follow up care can help reduce re-admission to hospital for congestive heart failure, diabetes and other medical issues.

Question arose of who hires community Paramedics.....county, private companies, sometimes hospitals, HMO's, county health departments or EMS agencies. Answer, all of these.

State Bureau of EMS Updates

The Bureau is now known as Bureau of Medical Oversight. Reorganization brought about the following programs: EMS, Spinal Cord Injury, Injury Prevention, and Trauma. One data unit is serving all four programs and allows data to be more easily shared between them. As a result it will be likely that support of Community Paramedic efforts will be more effective.

Drug shortages continue at a national level, varying from month to month. The Government Accounting Office has been to look into the problem. A survey was done which points to the impact of drug shortages to medics on the street. A share of the problem is related to the FDA rules and regulations. Dr. Romig stated that she serves on the Drug Shortage Taskforce and research has shown that a very short-term fix includes a provision to use certain meds under specific criteria that allow use beyond the manufacturer recommended expiration date for a controlled period of time. This isn't extending the expiration date. Part of the problem is speculators buying and hoarding drugs however, there are many factors such as availability of raw material supplies, good business practices, regulations, etc.

CDC Field Triage Criteria may replace FL Trauma Score Methodology. This is being pushed by the American College of Surgeons as well as NHTSA.

Faculty & Staff Updates

Phil Borum resigned his fulltime faculty position at the end of the last Fall term. We are currently interviewing to fill the position by Fall of this year. Marty VanBourgondien is the new Lead Paramedic Instructor effective January 6, 2013.

Due to the Affordable Care Act, SPC is waiting on word from the DHHS re: how many hours adjunct faculty can work before benefits must be provided; current direction from college administration is to plan for each adjunct instructor to teach no more than 6 credits hours each session until further clarification is received. This will begin in the Fall 2013 session.

Adjunct faculty member Shawn Tatham was selected as the Pinellas Paramedic of the year for 2013.

Dr. Lindsey has been serving as Chair for the Community Paramedic Committee for the International Assoc. of Fire Chiefs/EMS Section.

Dr. Stepanovsky submitted a proposal to NAEMSE on differences in success between day and evening EMT students and it was selected for presentation at the NAEMSE Conference to be held this August in Washington, D.C.

Overall Program Report

Nerina thanked agencies for continuing to provide preceptors for our program and stated the need for more field preceptor, particularly from Sunstar due to the rule regarding team leads for medic students and 5 transports for EMT students.

Pinellas Park High School's second EMR class as part of the school's Public Safety Magnet Program began in January of this year. Greg Taylor shared information regarding the last class results and how the current class is doing. Greg is teaching EMT lab class for our evening program this term. There is no Dual Enrollment EMR class during the summer.

State approval application for our EMS program is due November of this year, and CoAEMSP is due in 2015.

Dr. Nelson announced that the State bill "Danny's Law" which allows a student to wait 2 years to take their state exam, rather than one year, passed. The only problem with this extension is that the longer a student waits to sit for the test the less likely they will pass. Refresher courses are available and recommended for those who wait.

A copy of the summer class offerings are attached to these minutes. Ralph Sibbio is teaching an EMR

class this summer on site. It is not required to get into EMT Program, but preferential selection is given to those who do attend. We have a Medic III class graduating this summer. This class has chosen not to have a program graduation ceremony.

Lead Paramedic Instructor & Paramedic Pass Rate Report-Marty

Marty discussed the pass rates for state exams as of April 1, 2013 we had a 100% pass rate for first attempt. We have 2 students from previous sessions who needed to retest. One passed and the other is still waiting to schedule. This gives us a 95% average overall.

Every Paramedic II class prepares patient case studies that are presented to a panel of judges consisting physicians in different concentrations. These presentations are very educational for the students and as one judge commented “they make the students think at a higher level”. Dr. Nelson also commented that the cases presented were wonderful and helps students learn what they should be looking for in patient assessment and requires research and helps develop confidence to speak before a large group of people. The information gained by doing the research for the case study can be in used in field.

We continue to have intubation availabilities for medic I students to get the required minimum of 6 successful intubations. This has been a difficult process to complete before moving to Medic II. There are 22 Medic I students going out for clinicals this summer and because of current difficulties getting shifts at Bayfront we end up having to schedule the majority at Northside. It is difficult to schedule six live intubations for 22 students in 9 weeks at one hospital when they are also used by other health programs. Marty suggests dropping the required amount in the OR from 6 to 4 and completing the balance anywhere else over the rest of the paramedic program. This would fulfill the total requirement without pushing back the clinical time. A **motion** was made to drop the medic I OR intubation requirement from 6 to 4 with the last two being completed where available throughout the balance of the medic training program. **Motion passed**. Marty also stated that CoAEMSP allows the use of high fidelity simulation to use toward the intubation goals. The program owns 2 of these types of mannequins.

FISDAP is the skills tracking system for our program. We have a goal set that follows national EMS education standards as well as by what is consistent within our county. This system has changed its format which has affected the patient input area for medic III students. As a result a goal set was not met and data had to be researched and re-entered. Discussion ensued regarding goal sets for OB and CoAEMSP requirements as well as issues for clinical students at Bayfront. Nerina stated that students are now given the choice to do clinical shifts at Blake Medical Center in Bradenton for their Trauma rotation. They are treated well and students are benefitting from the care and assistance given.

Lead EMT Instructor & Pass Rate Report – Ted Rogers

Ted shared recent pass rates for EMT students and these are attached to the minutes. There is a change in the face to face content for theory and lab.

EMT Pass Rates:

| EMT Pass Rates for Bay Area Programs April 1 2012 to April 1 2013 | | | | | | | | |
|---|-------------------|----------------|---------------|----------------|----------------|----------------|--|--|
| Program | First Time Pass % | Total Students | Retake Pass % | Total Students | Overall Pass % | Total Students | | |
| FMTI Hillsborough | 69.49 | 59 | 31.57 | 60 | 50.42 | 119 | | |
| HCC | 77.78 | 171 | 49.43 | 43 | 68.22 | 258 | | |
| Kaiser NPR | 71.43 | 14 | 28.57 | 7 | 57.14 | 21 | | |
| Leary | 77.36 | 53 | 29.63 | 27 | 61.25 | 80 | | |
| Manatee Tech | 67.39 | 46 | 46.76 | 59 | 55.24 | 105 | | |
| Pasco Hernando CC | 69.05 | 42 | 47.37 | 19 | 62.3 | 61 | | |
| Sarasota Tech | 72.73 | 55 | 44.44 | 9 | 68.75 | 64 | | |
| Southeastern College St. Pete | 76.19 | 21 | 18.18 | 11 | 56.25 | 32 | | |
| Southeastern College Tampa | 92.31 | 13 | 33.33 | 3 | 81.25 | 16 | | |
| SPC | 85.71 | 70 | 47.06 | 14 | 78.16 | 87 | | |
| Previous (1/1 to 8/26 2012) | 86.05 | 43 | 50 | 14 | 77.19 | 57 | | |
| Previous (7/1/11 to 5/3/12) | 83.33 | 60 | 53.85 | 26 | 74.42 | 86 | | |
| State Average | 77.42 | 3328 | 40.22 | 1616 | 65.04 | 4854 | | |
| NREMT National Average | 70 | | | | | | | |

The evening EMT program is now covered over 16 weeks as opposed to the previous 24 weeks. Evening has a staggered start date. Summer Evening EMT begins on the normal summer start date of May 19 but they complete the field internship during fall term (end of Sept.). Fall Evening EMT will begin on September 30 and will cover Lecture, Lab and Hospital Clinical. Students will return in spring (Jan. 13) and complete Field Internship for 6 weeks, completing on February 19, 2014.

Old Business

The 2008 EMS Education Standards bill is still awaiting a final vote during this legislative session. We began teaching the new Education Standards in August for EMT and transitioned to the new books in Fall of 2012. We began new standards for Paramedic in January of this year. We are still waiting direction for transition courses for EMT and paramedic refreshers.

Regarding out of county field internship sites, Ralph Sibbio, our Support Coordinator is working on keeping contracts up to date. Currently we have a contract approved with TransCare Medical Transportation Services in Tampa. They can only be used for EMT field internship. Blake Medical Center in Manatee has received final approval as a Level II Trauma Center and our contract with them is finalized. We have paramedic students using their facility as of the previous week.

We welcome Capt. Jerome Ruffing, Manatee County EMS Training Manager as a new member of our committee. We are still in the process of completing a request for contract with them and setting up an agreement for field internship between our school and this agency.

New Business

We recently received four VitaSim controllers for our MegaCode Kelly mannequins. They look like an "I-Pad" and we anticipate more flexibility in using these wireless controllers when working with the mannequins. They should also decrease the problems of repairs we had with the former controllers.

Please take the time to complete the online Advisory Committee Surveys.

Next meeting date –

The next Advisory Committee Meeting will take place on September 12, 2013 at the SPC EPI Center. The meeting will be at 4 PM followed by dinner at 6 PM. Details will be emailed to committee members.

Nerina extended thanks to all for their continued support and the meeting was adjourned 1:25 PM.