



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

EDUCATION COMMITTEE

October 12, 2018 – 9:00 A.M.

MEMBERS PRESENT

Chief Troy Tuke, CCFD (Alt.)
Larry Johnson, CA
Chris Racine, LVFR
Carl Bottorf, AirMed Response

Steve Johnson, MWA
Ignacio Gomez, NAR
Steven Carter, AMR

MEMBERS ABSENT

Frank Simone, Chairman, NLVFD
Shane Race, Mercy Air
Daniel Rollins, MD, BCFD
Chief Shawn Tobler, MFR
Samuel Scheller, GE

Braiden Green, CSN
Chief Kim Moore, HFD
Don Abshier, CCFD
Chief Jim Kindel, BCFD

SNHD STAFF PRESENT

Laura Palmer, OEMSTS Supervisor
Judy Tabat, Recording Secretary

Scott Wagner, EMS Field Rep.
Gerald Julian, EMS Field Rep.

PUBLIC ATTENDANCE

Melanie Robison
Michelle Zahn

Tiffany Pinkerton
Alyssa Ball

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Education Committee convened in the Red Rock Conference Room at the Southern Nevada Health District on Friday, October 12, 2018. Acting Chairman Gerald Julian called the meeting to order at 9:05 a.m. The Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Mr. Julian noted that a quorum was present.

I. PUBLIC COMMENT

Public comment is a period devoted to comments by the general public on items listed on the Agenda. All comments are limited to five (5) minutes. Mr. Julian asked if anyone wished to address the Committee pertaining to items listed on the Agenda. Seeing no one, he closed the Public Comment portion of the meeting.

II. CONSENT AGENDA

Mr. Julian stated the Consent Agenda consisted of matters to be considered by the Education Committee that can be enacted by one motion. Any item may be discussed separately per Committee member request. Any exceptions to the Consent Agenda must be stated prior to approval.

Minutes: Education Committee Meeting, September 5, 2018

Mr. Julian asked for a motion to approve the minutes of the September 5, 2018 Education Committee meeting. A motion was made by Mr. Racine, seconded by Mr. Tuke and carried unanimously to approve the minutes as written.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Review/Discuss the Clark County Paramedic Internship Hours Requirements

Chief Tuke gave a summary of the discussion that took place at the previous meeting related to shifting some of the paramedic internship clinical hours to provide more meaningful training opportunities for the students. The intent is to provide more field rides and simulation labs. Clark County Fire Department (CCFD), along with Community Ambulance, would like to run a pilot program with their new students to see if shifting hours provides a better learning opportunity and results in a more seasoned paramedic.

Chief Tuke noted that the intent is to utilize seasoned Advanced EMTs (AEMTs) in the pilot program; individuals who have run hundreds, if not thousands, of calls and try to give them more practical experience. Ms. Palmer asked if they have established a minimum for time as an AEMT. Mr. Tuke said there have only been discussions at this point. Ms. Palmer noted that when the pilot program was presented to the OEMSTS there were concerns with the field rides. Although assessment time is a necessity for the education, how are they going to keep them from functioning as a paramedic when they're not licensed as one? Chief Tuke replied the AEMTs currently ride along with a preceptor without functioning as a paramedic. Mr. Racine stated that Las Vegas Fire & Rescue (LVFR) does the same. He added that they are not permitted to perform any skills above their level of licensure. Mr. Carter stated that AMR does the same. Ms. Palmer asked if they have experienced any difficulties. All stated that they have not.

Chief Tuke stated that there are many more educational tools today than there were 10-12 years ago in the valley. There are multiple simulation labs and medical schools. One of the issues they have is the Labor & Delivery (L&D) rotations for the students. When a paramedic student goes go for their 12-hour shift they learn something for maybe an hour out of that shift. The simulation labs and scenarios allow for the student to deliver difficult deliveries such as breech, or cord or limb presentations. He feels it is far more valuable as an adjunct than just sitting in an L&D area hoping to see one live birth where you just get to observe. He stated they do not want to decrease the total number of clinical hours to allow for the simulation labs and scenarios; they want additional hours for the students to have more hands-on training with an L&D resident there to walk them through that procedure. Ms. Palmer asked how many of the total clinical hours they want to delineate for simulation labs. Chief Tuke stated the proposal includes an additional 12 hours of L&D clinical time in a simulation lab. They don't want the students to lose out on hospital clinicals where they gain the experience of interacting with doctors, nurses and patients. They would also add more hours for cardiac arrests and have their peers watch them perform and have constructive input from the medical residents and agency medical directors as to how they did and what they can do to improve. Ms. Palmer clarified that they are not looking to replace clinical hours, but rather to add more class time for simulation labs. Chief Troy responded in the affirmative.

Mr. Julian stated the EMS Regulations don't currently allow for paramedic students to function as such in the field. He feels it's important for the paramedic student to gain experience by utilizing their skills in the field earlier rather than at the end of the training program. Mr. Racine agreed and stated that perhaps another type of provisional license can be given to allow that experience to happen while they're still in school. Instead of riding along with their preceptor and performing their newly learned skills they are relegated to the role of just observation. They are more likely to pay more attention and be more task-oriented if allowed to perform the skill themselves. Chief Tuke noted that many paramedic students fail out because they're in school for a year, they do some clinical time with very little hands-on training, and then in 30 shifts they're supposed to assimilate everything and become a minimally competent paramedic. He related that when he attended Grady, in Atlanta, he was able to perform all the skills for three months prior to being licensed as a paramedic. The next step would be to make the necessary NRS changes that once a paramedic student passes a standardized test, along with ACLS and PALS, they should be able to obtain a provisional license under the guidance of a preceptor to perform those skills in the field, so they have more time to get proficient, rather than 30 shifts or you're out.

Chief Tuke explained there are IV Teams in several of the hospitals that students can get assigned. In his experience, getting an IV is 90% confidence, 10% skill. The more IVs they get under their belt, the more confident they're going to be. They would like to get in as much live training as possible. Larry Johnson stated his students in Texas rotate to the oncology floor with the IV Teams and were encountered with some very difficult IVs. It was very good experience for them.

Chief Tuke noted they have an agreement with the Coroner's Office where each of the students in the class will be able to do an 8-hour shift and see an actual post. Mr. Racine agreed that it is invaluable. LVFR just attended the EZ-IO class in the cadaver labs where the students learned a lot of IO techniques. Ms. Palmer asked whether the hours would be adjusted for classes that are less than 12 hours. Chief Tuke assured her they will make the adjustments to ensure everyone completes the required hours. Mr. Julian asked if they used a program from another training institution as a template. Chief Tuke replied they looked at nationally accredited schools such as Daniel Freeman. Their clinicals required only 180 hours of lab time; CCFD is doing twice that. He is hopeful they will be able to adjust the hours for the pilot program to see what works best.

Ms. Palmer stated that before the discussion is referred to MAB, the proposed hours will need to be more clearly defined, i.e. minimum experience (see attached). The program's layout also needs to be more detailed before it can be presented. If they make a motion to approve the concept, it is with the understanding that they have all the components in place to be presented to the MAB.

Mr. Bottorf stated that AirMed Response recently received a full three-year accreditation. The accreditors require all their EMS providers and nurses to complete 120 clinical hours per year. His experience has been that even for the skilled provider, they are just checking a box that they completed the training, but what did they really learn? The whole industry appears to be moving towards simulation training. He realizes he is old school and needs to move in the direction of working with scripts, actors and videotaping scenarios. Larry Johnson stated Community Ambulance is also making adjustments to increase the EMS Providers' experience to where it is most valuable. Mr. Bottorf noted he is a believer in the concept and feels they are on the right track.

Ms. Palmer stated that what she doesn't want to see is 290 hours of clinical time moved to a simulation lab and end up with paramedics that can't talk to people, which is a big problem in our system. There are young EMS providers with no experience out there who need that component in their training. Chief Tuke stated that if he increases the on-scene hours to 120, which is 15 to 20 shifts with a preceptor, they will be working in the environment they're going to be working in. They will learn to talk to and assess patients as required by the preceptor. Both can be performed without performing a skill, and they can learn a great deal from a cardiac arrest patient. Mr. Racine noted that they wouldn't need a provisional license for that.

A motion was made by Mr. Racine to approve the proposed clinical rotations for the Las Vegas Paramedic Program for a pilot program, with the following provisions:

- 1) It includes an explanation of the problem they are trying to fix by changing the hours from the current curriculum.*
- 2) It spells out the entrance requirements, level of certification, and minimum experience required.*
- 3) It details the clinical hours, i.e. live versus simulation training.*
- 4) It outlines the process for both paid EMS providers and volunteers.*

The motion was seconded by Mr. Carter to bring a revised, detailed proposal to the next MAB meeting for approval. The motion carried unanimously.

Mr. Palmer noted that although the pilot program is approved by the MAB, the OEMSTS will make the final decision.

B. Review/Discuss Addition of a Portfolio Requirement to the Health District Procedure for Master EMS Instructor

Mr. Julian stated the current procedure to become a Master EMS Instructor requires either a bachelor's degree in education or proof of passing the NEMSEC (National Association of EMS Educators) examination. He related that at the last meeting Frank Simone proposed the addition of a portfolio requirement that includes documentation that the applicant has both developed and taught a course in a live classroom.

Ms. Palmer stated there is difficulty in getting additional instructors because we can't put on enough classes. Mr. Racine related that the discussion also included that the portfolio should include the requirement for Master EMS Instructors to put on train-the-trainer courses for the local agencies.

Mr. Julian stated he recently learned the State of Nevada requires the instructors to include a minimum requirement of teaching hours during each recertification period or they lose their endorsement. He stated that we currently have ten Master EMS Instructors, but only two are actively teaching train-the-trainer courses. He asked

whether the educators want to move in that direction, so we can get some of the inactive instructors more involved.

There was discussion about how many Master EMS Instructors are necessary, and whether they need to set a limit. Ms. Palmer stated that she doesn't want to limit the number because the experienced educators in the system will eventually be retiring or moving on to other jobs, leaving us in the same position we are today. She doesn't anticipate they will be inundated with applicants because most people who are not educators will not have the time to put in 100 hours of teaching. They can always revisit the issue of limiting the number of Master EMS Instructors.

Ms. Palmer asked for their thoughts on the proposed 100 hours of teaching a course the instructor applicant both developed and taught. Chief Tuke noted there's a difference between teaching a subject and teaching people how to teach. Mr. Julian proposed a requirement that they develop and teach an instructor course.

After much discussion, the Committee decided on the following breakdown for the 100-hour portfolio requirement:

- 1) Resume/Curriculum Vitae
- 2) Documentation of classes or courses that they have taught in the past
- 3) Supporting documentation, i.e. course objectives, lesson plans and PowerPoint presentations
- 4) Instruction needs to be in one of three categories (Medical/Trauma/Operations) (84 hours total)
- 5) Develop and teach an EMS Instructor I course (16 hours)

The Committee discussed the need to include courses that were approved by the OEMSTS. The SNHD course approval numbers should be included. Any courses taught outside our system will require adequate documentation prior to approval. Mr. Gomez stated that most of the instructors at North American Rescue are military; their careers are primarily in military medicine and education. He asked whether their CME (continuing medical education) will be accepted. Mr. Carter stated the technical aspect of it is operations in and of itself. Ms. Palmer noted that operations is a gray area where a variety of CMEs can be applied.

A motion was made by Steve Johnson to accept the portfolio requirement to the District Procedure for Master EMS Instructor endorsement to include the following:

- 1) *Resume or CV*
- 2) *100 hours of original content to include 84 hours in medical, trauma or operations*
- 3) *Courses developed that includes course objectives, lesson plans, course evaluations, rosters, and any other documentation that shows the instructor developed and taught the course*
- 4) *Develop and teach a 16-hour Instructor I course as the capstone project to be evaluated and signed off by a Master EMS Instructor*

Mr. Carter seconded the motion. Mr. Julian asked if there was any discussion.

Mr. Racine asked for input from anyone in the audience. Alyssa Ball stated that her questions had already been addressed. Melanie Robison stated the biggest difference between and Instructor II and a Master EMS Instructor is the ability to train-the-trainer. She agrees with the portfolio and the capstone requirement. However, she does not agree with the 100-hour requirement. Ms. Palmer stated that the current standard for Master EMS Instructor is a degree in education or to track down a NEMSEC exam that's offered once or twice a year, which impedes the process. She asked Ms. Robison for suggestions on an alternative. Ms. Robison noted there are a few Master EMS Instructors in the system who were endorsed without having a bachelor's degree in education or the NEMSEC exam. She asked what criteria was used to endorse them. Ms. Palmer stated that the portfolio provides an additional pathway for applicants other than the requirement of having a bachelor's degree in education or the NEMSEC exam. Ms. Robison asked for clarification that if you don't have either that you need to present 100 hours of original content. Chief Tuke replied in the affirmative. Ms. Palmer clarified that all applicants will need to develop and teach a 16-hour Instructor I course as the capstone project to be evaluated and signed off by a Master EMS Instructor. Chief Tuke noted there are many people who are very well educated, but they can't teach. A bachelor's degree in education doesn't assure the ability to teach.

The motion carried unanimously.

C. Review/Discuss Addition of 80% Critical Call Requirement Using CMS Guidelines to the Health District Mentorship/Internship Program

Steve Johnson stated that the Paramedic Mentorship/Internship Program took many years to develop, and it's working well. Unfortunately, MedicWest recently had two paramedic students who did not run a single critical call. What they found was there was no legal way to hold them back from passing their internship because the student can still pass with enough lower level calls. It was suggested at the last meeting to have an additional requirement that they need to successfully complete 80% of the critical calls, including scenarios. They agreed on a minimum of five critical calls in both the mentorship phase and the evaluation phase, whether live or simulated. He was asked to come back with a list of criticalities, the number of critical calls, and a definition for 80% successful completion.

Steve Johnson referred the Committee to the CMS Manual System (Centers for Medicare & Medicaid Services) which defines ALS2 calls as:

“Advanced life support, level 2 (ALS2) is the transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including 1) at least three separate medications of one or more medications by IV push/bolus or by continuous infusion (excluding crystalloid fluids) or 2) ground ambulance transport, medically necessary supplies and services, and the provision of at least one of the ALS2 procedures listed below:

- a. Manual defibrillation/cardioversion;
- b. Endotracheal intubation;
- c. Central venous line;
- d. Cardiac pacing;
- e. Chest decompression;
- f. Surgical airway; or
- g. Intraosseous line.”

Mr. Johnson noted that reciprocity applicants who do a 120-hour internship go straight to the evaluation phase, so they would also need to do the five critical calls. Chief Tuke expressed concern that the simulations will be adequate to match the intensity of an actual ALS2 call. Mr. Johnson stated that Braiden Green is working on benchmarks. Ms. Palmer cautioned them to keep ALS agencies such as Guardian Medical Elite in mind who has little exposure to the 911 system, but they do internships; there needs to be a sound system in place.

Chief Tuke suggested they assemble a collection of scenarios. The Committee agreed to each have each agency submit one scenario each for cardiac arrest, medical, and trauma so they will have a total of 15 scenarios. Chief Tuke suggested they update the scenarios every year or two. The scenarios will be only for individuals who don't meet the minimum requirement of five critical live calls during their internship. If they had only two critical calls they will need to complete three scenarios.

Steve Johnson made a motion that each agency develop one ALS2 level scenario each for cardiac arrest, medical, and trauma to be brought to the next Education Committee meeting for review and approval by the OEMSTS. The scenarios will be utilized for individuals who did not meet the minimum requirement of five critical calls during their paramedic internship. The motion was seconded by Chief Tuke and was carried unanimously.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

Mr. Julian asked if anyone had any informational items they wished to discuss. Seeing no one, he closed the Informational portion of the meeting.

V. PUBLIC COMMENT

Public comment is a period devoted to comments by the general public, if any, and discussions of those comments, about matters relevant to the Committee's jurisdiction will be held. No action may be taken upon a matter raised under this item of this Agenda until the matter itself has been specifically included on an agenda as an item upon which may be taken pursuant to NRS 241.020. All comments are limited to five (5) minutes. Mr. Julian asked if anyone wished to address the Committee. Seeing no one, he closed the Public Comment portion of the meeting.

VI. ADJOURNMENT

There being no further business to come before the Committee, Mr. Julian called for a motion to adjourn. *A motion was made by Chief Tuke, seconded by Steve Johnson and carried unanimously by the Committee to adjourn the meeting at 9:57 a.m.*