



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

EDUCATION COMMITTEE

February 7, 2007—10:00 A.M.

MEMBERS PRESENT

Dale Carrison, D.O., Chairman
Jennifer Hall, EMT-P, American Medical Response
Bruce Evans, EMT-P, North Las Vegas Fire
Chief David Petersen, Mesquite Fire & Rescue
Syd Selitzky, EMT-P, Henderson Fire Dept

Troy Tuke, EMT-P, Clark County Fire
Larry Johnson, EMT-P, MedicWest Ambulance
Rod Hackwith, EMT-P, CCSN
Sandy Young, R.N., Las Vegas Fire & Rescue
Julie Siemers, R.N., Mercy Air

MEMBERS ABSENT

Jon Kingma, EMT-P, Boulder City Fire
Mary Levy, R.N., University Medical Center
Aaron Harvey, EMT-P, Henderson Fire
Jason Meilleur, EMT-P, MedicWest Ambulance

Marie Lemmon, R.N., Mercy Air
Bob Reed, EMS Training Center
Richard Main, EMT-P, AMR

CCHD STAFF PRESENT

Rory Chetelat, EMS Manager
Mary Ellen Britt, R.N., Regional Trauma Coordinator
Judy Tabat, Recording Secretary

Trish Beckwith, Field Representative
Moana Hanawahine, Administrative Assistant

PUBLIC ATTENDANCE

David Slattery, MD, Las Vegas Fire & Rescue
John Higley, EMT-P, Mesquite Fire & Rescue
JoEllen Hannom, RN, Clark County Fire Dept
John Higley, EMT-P, Mesquite Fire & Rescue
Tyler Stacy, CCSN Student
Kevin Mayorga, CCSN Student
Chad Isaacson, CCSN Student
Wendy Boone, CCSN Student

Russ Cameron, EMT-P, Clark County Fire Dept
Derek Cox, EMT-P, Las Vegas Fire & Rescue
Ron Tucker, EMT-P, MedicWest Ambulance
Alex Malone, MD, North Las Vegas Fire
Ian Bradley, CCSN Student
Joe Chacon, CCSN Student
Gene Palmer, CCSN Student

I. CONSENT AGENDA

The Education Committee convened in the Clemens Conference Room at the Ravenholt Public Health Center on Wednesday, February 7, 2007. Dr. Carrison called the meeting to order at 10:01 a.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Dr. Carrison noted that a quorum was present.

Minutes Education Committee Meeting February 1, 2006

Dr. Carrison asked for approval of the minutes of the February 1, 2006 meeting. A motion was made, seconded and passed to approve the minutes as written.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Revising Recertification Categories to Emulate National Registry

Dr. Carrison started the discussion by stating that the goal of this community is National Registry as the standard and that a plan is needed to determine hours of education needed for recertification. Ms. Beckwith explained that National Registry requires 72 hours of continuing education which they break down under categories with specific topics that need to be discussed. The first 48 hours is called refresher hours which include 24 mandatory core hours and 24 flexible core hours and out of those 48 hours 10 of those can be distributive. The other 24 hours they call continuing education and out of those 24 continuing education hours, 12 of those can be distributive. She added that with the handout she outlined the topics to show how the hours can be applied.

Mr. Cameron stated that CCFD has put a lot of time and effort into an online training program and voiced concern that using National Registry's refresher will prevent them from being able to use it. Ms. Beckwith explained that National Registry allows you to have a total of 22 hours of online education and 10 of which are in the core content and this would be only for people that are interested in keeping their certification with National Registry. She added that if you updated your PALS, ACLS, PHTLS or ITLS that would equal 24 hours of that 48 hours and add the additional 10 hours of that you can do online you're basically left with only 8 hours of classroom time.

Mr. Chetelat explained that National Registry is going to be our testing process for entry into the system and the Health District is not going to require that as an ongoing recertification process.

Mr. Johnson stated that the big issue at MedicWest is having two different guidelines because it's hard to keep track of everybody's hours.

Mr. Chetelat felt that the National Registry 48 hour core content is fully embedded in the Health Districts 60 recertification hours but the only problem is they are not named the same.

Mr. Evans stated that the direction he is taking at North Las Vegas Fire is to move everybody to National Registry and to follow Registry's recertification process so he would like to see it meshed. He felt National Registry makes more sense especially in a catastrophic event. If Las Vegas was to import paramedics from other jurisdictions during a catastrophic event what mechanism would be available to credential these people immediately other than a National Registry certification? He added that the nice thing about the National Registry content and format is that a lot of the ABC classes (ACLS, PALS, PEPP) all plug in very nicely into the core hour requirement. Mr. Johnson agreed and stated just by keeping your cards current you have met most of these core hours.

Mr. Hackwith asked if National Registry re-certification hours would transfer over 100% into the Health Districts' requirement. Mr. Chetelat and Ms. Beckwith both agreed that it would.

Ms. Selitzky stated that when Henderson Fire does EMT refresher classes it includes paramedics and EMT's and voiced concern of having too many hours in one section and not enough in another, which doesn't fit into a perfect picture. Ms. Beckwith added that it does fit into the continuing education hours that is required. Dr. Carrison agreed and stated that you have a core group of hours that need to be done and going above and beyond allows them credit for that.

Mr. Chetelat suggested that a workgroup be formed to sit down and come up with recommendations. Dr. Carrison agreed and asked that Ms. Beckwith take the lead on this to develop one form that meets everybody's standards.

B. Discussion of Short Term Solutions to the Practical Testing

Mr. Chetelat explained that the Health District has recognized that while we switch to the National Registry testing, we do not have enough practical testing solutions in place. He added that he believes National Registry is the way to go but there are some delays in the process and is looking for short term solutions without making it a financial or time burden to the agencies.

Ms. Hannom expressed concern that people who completed a course of training more than five years ago are being denied certification by National Registry. Mr. Chetelat stated that National Registry's original software had a glitch that has since been correct. Now, people who have completed a course less than two years prior to the application date will enter the name of the training program, and if it's been more than two years they will need to submit refresher paperwork and a current state certificate.

Mr. Hackwith stated that he does not support in house practical testing for individuals because the same classroom instructor has a vested interest in them passing which creates a conflict of interest. He feels the practical testing should be the Health District's role. Ms. Beckwith added that the Health District is putting together meetings and training to develop a pool of instructors to become National Registry evaluators. Mr. Chetelat stated that he feels it's the Health District's responsibility to ensure that we are putting the best Intermediates and Paramedics on the street but there is a resource issue which he is willing to work with MedicWest, AMR and CCSN workplace development.

Dr. Carrison asked what recommendation this committee wants to make to the Medical Advisory Board. Mr. Evans stated that he would recommend the Health District support it financially because he would consider it a conflict of interest if he went over to MedicWest to evaluate and was to be paid by them. He added that it would make it easier to be objective if a floating pool of instructors did the testing and were funded by the Health District.

Ms. Beckwith suggested a more detailed skills sign off for a short term fix. She suggested that the agency educators take the Health District's Skill Proficiency Records and pair it up with National Registry's listed skills criteria when signing off on an individual's skills.

Mr. Chetelat recommended that the same group of educators work on that skills piece as an alternative and he will continue to work at the chief's level on the National Registry process, funding and computer based testing.

C. Discussion of On-Line (Distributive) Training

Ms. Beckwith reiterated that NREMT's policy regarding distributive education (online, video, or magazine based education) allows for a maximum of 10 hours of the *refresher course* to be completed by distributive education which must meet the NREMT policy and be either State or CECBEMS approved.

Mr. Hackwith expressed concern with Pearson Professional Centers 8 seat computer lab and group testing. He felt that trying to send 75 people at a time will be a joke. Mr. Chetelat agreed but advised the committee that Pearson has assured him that they have contracts including one with CCSN and that all they have to do is have National Registry's blessing to expand.

Mr. Higley suggested that the committee set a date to have these issues worked out and if they can't he suggested they research other options. Mr. Evans agreed and felt that a deadline of July 1, 2007 would give enough time. He added that there are two meetings coming up that include members that hold seats on the Board of Directors at National Registry and they may be able to influence their executive staff.

A motion was made to set a deadline of July 1, 2007 to work through all National Registry testing issues. The motion was seconded and passed unanimously.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

Dr. Carrison stated that there are two very large mass gatherings in the community; one will be the Winston Cup which we are expecting 180,000 people and the other is the Las Vegas Grand Prix. He felt that this is a tremendous opportunity if you are a student and not assigned to an agency to be able to couple up with someone and learn what they do in mass gatherings. He added that this community has an opportunity to be a leader in EMS with our emergency medicine residency program developing and our ultimate goal to have an EMS fellowship where a person graduates from emergency medicine residency and then spends an entire year doing research and projects in EMS.

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

None.

V. ADJOURNMENT

There being no further business, Dr. Carrison adjourned the meeting at 10:54 a.m.