

**EMS Consultation Group Minutes  
December 3, 2010**

**Attendance:**

Dr. Wendy Davis, Commissioner	Pat Malone, IREMS
Pete Cobb, EMT Volunteer	Will Moran, Professional Fire Fighters of VT
Mark Considine, EMS District Rep (by phone)	Jill Olsen, VAHHS
Bill Hathaway, VSFA (by phone)	Mike Skaza VSFA (by phone)
Seth Lasker, VT Career Fire Chiefs' Assoc.	John Vose, VAA
Dr. Steve Leffler, Medical Director, FAHC ED	Dixie Henry, VDH
Bessie Weiss, AAG for VDH	Chip Deasy, VDH
Dr. Don Swartz, VDH	Robert Stirewalt, VDH
Dan Manz, VDH	Adam Heuslein, Glover Ambulance
Donna Jacob, VDH	Jim Finger, VAA/Regional Ambulance
Mike Paradis, Newport Ambulance	Matt Vinci, South Burlington Fire Dept., President, Professional Fire Fighters of VT

**Absent:**

Representative from the Office of Professional Regulation

**Call to order (10:05), welcome and introductions**—Dr. Davis

**Introductory presentation-** posted at the VT EMS website: [www.vermontems.org](http://www.vermontems.org) —Dr. Davis

**Action steps:** (1) VDH will follow up with Office of Professional Regulation re: future participation  
(2) E-mail list will be used to distribute updates and advance materials for future meetings.  
(3) Establish a section of the VDH-EMS website for posting documents and information regarding the work of this group.

**Presentation on the EMS provisions of Act 142—Bessie Weiss**

- Review of legal considerations regarding effective date of legislation (e.g., as related to recertification testing scheduled for the weekend after the legislation was signed).
- Determination with AG's office that (Sections 18(8)(b) and (c)) do not become effective until the amended rule is promulgated.
- Existing rules regarding training and testing remain in effect.
- Charge to consultation group: Sections A&B with regard to statewide licensing and assessing the State's EMS capabilities and training requirements.
- Act 142 language is available both on the Vermont EMS website ([www.vermontems.org](http://www.vermontems.org)) and also at the Legislative website (<http://www.leg.state.vt.us/database/status/summary.cfm?Bill=H%2E0647&Session=2010>).

Bessie noted that one portion of the legislation speaks to an individual working above the scope of his or her agency's licensure level. Discussions in this group will help the Commissioner in drafting legislation to be presented by 1/15/12.

Matt Vinci asked if it would make sense to have someone from Legislative Council at future meetings. Dr. Davis pointed out that Bessie Weiss is our current legal counsel and the Deputy Commissioner is a former AAG with expertise on development of statutory language. Dixie Henry said that VDH would reach out to Legislative Counsel and invite them to participate.

Dan Manz noted that half of the EMS portion of this legislation speaks to new rules, while the other half addresses the work of this group.

Jill Olsen asked what changes had been affected to the rules between the draft that she had received by mail and the draft that the group received today. Dan said he would follow up with her as to the changes, noting they were generally minor housekeeping edits.

#### **Update presentation on the proposed EMS rules- Dan Manz**

Dan pointed out that today's meeting was not an opportunity for official public comment on the new rules. Those comments are welcomed in writing or at the public hearing scheduled for 1 p.m. on December 17<sup>th</sup> at 108 Cherry, 3<sup>rd</sup> Floor, in Room 3B. This presentation is based on what is proposed. Dan noted that the public hearing and comments received may alter future drafts. The draft currently being circulated is the annotated draft, with existing language struck and future language underlined. Not later than March 1, 2011 the Commissioner shall adopt rule provisions of Section 18. Timing has been very important to meeting the timeline specified in the statute.

Public hearing – December 17 at 1 p.m.

Deadline for public comment – December 24

Anticipate a final proposed filing with the Secretary of State's Committee on Administrative Rules by around December 30.

Legislative Committee on Administrative Rules has 45 days to comment, which puts us into mid-February

Rules could become effective 14 days afterward, meeting the March 1<sup>st</sup> deadline

Dan explained that in preparation for writing the proposed draft of the rules, 5 public meetings were held around the State. These meetings were held at different locations, on different days and at different times. These meetings were all warned in a large mailing in late July and were all held during the month of August in order to facilitate the timeline and drafting process. All meetings were accessible by conference call as well. The meetings led to great discussions, with lots of ideas and input. As thinking progressed and ideas were refined, the strategies for the draft rules became clearer.

Dan's detailed presentation on the statutory provisions related to the proposed rule changes is available on the EMS website at [www.vermontems.org](http://www.vermontems.org)

#### **Questions, comments and input from the group included:**

Steve Leffler explained that extensive (re)credentialing is required for physicians to maintain and improve their skills. He asked if similar methods would be required of EMTs. Dan explained that the

language in rule talks about the responsibility of EMS agencies for credentialing under a process approved by the district medical advisor. Whether this is done by skills demonstration, field training officer observations, chart review or other approaches is all possible. The proposed rule calls for each agency to own its credentialing process with appropriate medical oversight.

John Vose pointed out that this could lead to one DMA who wants exams but another DMA who signs off with less specific requirements. Dan said that along those lines, there are agencies who will likely apply fairly stringent internal standards while others may have difficulty meeting whatever requirements the DMA expects. The EMS rules walk a fine line in many areas between State specificity and local flexibility in meeting quality provisions. In the past, VDH has tried not to be too prescriptive.

Matt Vinci said this issue speaks to why the consultation group has been formed, to address inconsistencies across the board.

John Vose noted that the consultation group should have district medical advisors participating. Some agencies have their own medical advisors, while others barely know their district medical advisor.

Pete Cobb asked about a modified EMT class for persons with past EMS experience or background from a related medical education. Dan explained that the National Registry has requirements that folks successfully complete EMS education recognized by the State, currently under the National Standard curricula. There is some flexibility in the formatting of programs where the individual demonstrate mastery of the knowledge, skills and affective components. Accelerated programs can be accepted, but each applicant needs to receive all of the appropriate training.

Jill Olsen asked about credentialing. Is guidance envisioned from the statewide medical advisor on how credentialing should be established? There are basic standards hospitals have to meet, and she saw parallels between the credentialing process physicians follow and what EMTs might be expected to do. There are lots of ways to establish a local institutional review.

Dan agreed that the proposed EMS credentialing has parallels to other medical professions. Jill Olsen pointed out other entities that have credentialing standards. Dr. Davis noted that JCHO is parallel and CMS calls for credentialing but those standards allow for considerable differences in how an employer institution accomplishes credentialing. She noted that these are all discussions that will need to take place moving forward.

Matt Vinci asked if the National Registry could be used. Jill Olsen noted that it is not the National Registry's function to assist with credentialing which is more of an employer's responsibility to assure capabilities to work in a particular setting.

Steve Leffler said that physician recredentialing actually is getting more complex. JCHO and CMS are asking now for the last month's worth of data on all physicians. Does the new law mean that EMS is going the other way? In some ways that is very frustrating.

Dan noted that previously, competency had been demonstrated with a refresher exam every 2 years. The new legislation has eliminated testing but it did not give guidance on the question of who is responsible for making sure EMS personnel are still safe to function. The draft rules propose that responsibility now

falls on the affiliating agency who has likely shared this responsibility irrespective of whether it has been specified in rule. It seems logical to involve medical oversight from the district medical advisor physician, with details to be worked out locally based on system capabilities.

Pete Cobb spoke to the lack of consistency in EMS resources around the state. Volunteers find it harder to find time due to the economics, and many first responders may spend less time training than do individuals affiliated with transporting ambulance services. He noted that it's almost scary that some services train rarely on EMS, but the time strain on individuals and agency leaders needs to be weighed on all sides or some of the smaller services may cease to function.

Dan Manz explained that credentialing at lower levels could look very different from credentialing at the higher levels. Because the knowledge and skills at the lower levels are generally less numerous and complex, some sort of a graduated system might make sense.

Dr. Leffler said he hoped the process would not require a huge time commitment.

John Vose said that if there is no benchmark, credentialing may be tight in one district and very loose in another. With ImageTrend (SIREN), John as a service manager can look at the frequency of treatments by personnel and where additional training is necessary, but the physicians need to be involved. Dan agreed, saying that point speaks to agency training. Jill Olsen asked if there are models from other states. Dan said that generally credentialing is done at an agency level rather than with State specifications. Jill expressed surprise that this would be done without State requirements in place. Dr. Davis said she had come across research where credentialing templates exist which could be part of a foundation. How strong and rigid the State specifications need to be is something yet to be determined. VDH is here to encourage and support everyone through the process and to provide guidance. How effective that is in getting folks to verify and improve performance remains to be seen.

Dr. Leffler said that some guidance, such as the number of IV sticks and other criteria would be helpful. Credentialing for ED physicians is very specific, and speaks as an example to the exact number of central lines that need to be placed. If a physician does not attain that standard, he or she must take additional education in that area. And that is just one of many. If the agency can obtain the information from run forms, it may not require a lot of additional work. John Vose noted that there may be folks who are working now who have not had an IV (or a successful one) in 6 months. Matt Vinci said that DMA requirements vary across the state.

Jill Olsen said she was hearing more consensus that EMTs need review and heard support for statewide guidance. She wondered if "teeth" were necessary or whether it was more a matter of describing the process for statewide guidance and oversight, but she said it seemed do-able.

Pete Cobb agreed, to a point. But he said that putting the numbers of IVs vs. proficiency is dangerous. A first responder may only see a couple of IV starts per year. Jill noted that there should be guidance and then a process established.

Someone asked if this type of information is captured with SIREN. Dan said that with electronic run reporting it will be easier to identify and monitor individual performance and treatment delivery. While SIREN will help with data, it does not inherently assist with markers of continued competence.

Pete Cobb asked who would monitor SIREN information. Dan said that in addition to the provider agency, the district medical advisor can see the actions of all his or her agencies' members.

Pat Malone addressed Jill Olsen when saying that credentialing is a new process to Vermont, a state that has always utilized recertification testing as a form of credentialing. Just because 49 other states haven't tackled it yet doesn't mean that Vermont can't be the first. Credentialing at the ALS level is very important, and it may identify an ALS provider that is not keeping up with standards, skills or new methods.

Dan Manz pointed out that the first responder on a small agency may also be an ED nurse or health care worker in another setting. It will be important to create a fair system and take into account opportunities to demonstrate ongoing competence.

Dr. Leffler said he was concerned about individuals functioning at the paramedic level while affiliated with a lower level service. Depending on the physician working a particular shift, that doctor may not be familiar with the individual or aware of the level of care. They hear an Intermediate level service approaching with a patient, and may not be informed about the fact that there is a paramedic on board giving or asking for that level of care. Dan said that legally the arrangement is between the individual and the DMA, one doctor in a system of many. It's a prearranged agreement, not dependent on who's working the night shift. This is a big enough portion of the new law that an entire meeting will be devoted to it.

#### **Meeting wrap up-**

Dr. Davis again encouraged everyone to submit public comment about the draft EMS rules before December 24<sup>th</sup>. Dan Manz said that VDH is happy to take any and all input. His best case scenario is to have people write him solutions and language, but he would be happy to take any and all input.

Dr. Davis outlined her to-do list, saying that more might be retrieved as the meeting notes were reviewed:

- Reach out to the Office of Professional Regulation
- Outline side-by-side draft highlights for Jill Olsen
- Get the appropriate links to the folks on the phone

Dan and Dr. Davis reiterated that they would look at more central locations for future meetings. Dr. Davis thanked everyone for participating, and the meeting adjourned at 11:40 a.m.