

EMS ADVISORY COMMITTEE MINUTES

September 9, 2014
9:30 am – 11:20 am

CALL TO ORDER: 9:35 AM by Dr. Nelson

MEMBERS PRESENT: Dr. Joe Nelson, DO-EMS Program Medical Director & Chairperson
Dr. Nerina J. Stepanovsky, EMS Program Director
Mark Maddalena, South Pasadena Fire Dept.
Craig Hare, Pinellas County EMS
Laurie Romig, MD, Public member
David Holler, Public member
Jerome Ruffing, Training Officer, Manatee County EMS
Greg Taylor, Instr.-Dual Enrollment, PPHS 1st Responder Program
Diane Conti, Dir. ER, HCA St. Pete. Gen. Hospital
Glenn Clegg, TransCare, Inc.
Aimee Downy-Jacobson, SPC EMS Alumni,
Amanda Williams, SPC EMS current paramedic student

GUESTS PRESENT: Dr. Phil Nicotera, Provost-HEC
Ted Rogers, Lead EMT Instr.
Scott Pelletier, SPC/EMS Support Coord.
Melissa McNalley, PA, Medical Consultants
Ashley Caron, Coord., Baccalaureate Assessment & Accreditation

WELCOME:

Dr. Nelson requested everyone introduced themselves and all new and returning members were welcomed and thanked for service to the advisory committee. Nerina explained that new CoAEMSP accreditation requirements include adding members to the Advisory Committee that reflect all communities of interest. These include representatives from SPC EMS clinical sites as well as a member from the community and a current program student. It was noted by new committee member, Glenn Clegg of TransCare (Hillsborough County) that 2 of our program graduates will begin working for TransCare next month. Other new/re-appointed members are: Chris Henderson, now St. Pete. Fire Rescue rep, Amanda Williams, current Paramedic student rep., Aimee D. Jacobson, Paramedic alumni, Dave Holler, public at large rep., Diane Conti-Dir. ER at HCA St. Pete. General Hospital, Glenn Clegg, TransCare, Inc. (clinical/field rep.), Laurie Romig, MD, public at large rep.

It was determined that a quorum was present. A motion was requested to approve the **Minutes of May 27, 2014**. Mark Maddalena and Greg Taylor made a motion and the minutes were **approved**.

State Bureau of EMS Updates – Dr. Nelson

Dr. Nelson began the report by announcing that the October State of Florida Constituency meetings were cancelled for financial reasons. A conference call meeting will be held in October for the EMS Council. Also, FAEMSE (Fla. Association of EMS Educators) will hold a meeting at the Seminole State College on October 24th. Lead Paramedic Instructor, Marty VanBourgondien will attend. A representative from NREMT will be at the meeting.

There have been new appointments as well as re-appointments to the State Advisory Council. Dr. Charles Moreland is the new Chairman for the State EMS Advisory Council. There is a data study underway to discover the impact on patients of lights/sirens from scene arrival through transport to hospital.

The State of Florida will adopt the National Registry Paramedic exam beginning January 1, 2016. NREMT exam is already in place but only required for initial licensure. Renewals for current paramedics will not be required to take the NR paramedic exam, however more CME hours will be required (72 for Natl. Reg. – 32 hrs. for state) if they choose to maintain the National Registry Paramedic certification. It is a personal choice. Dr. Nelson recommends keeping your National Registry certification active because of EMS certification recognition across state lines which affects reciprocity, particularly during national disasters. A question was asked regarding a requirement for out-of state nationally registered paramedics to retake the NR exam if transferring to Florida. Dr. Nelson said he hasn't heard an official answer yet. Any current, Florida certified paramedics who want to become nationally registered must sit for the NR written exam and be tested for the practical component.

Dr Nelson noted that CAAHEP enforces accreditation rules, CoAEMSP writes the rules. After January 1, 2016 any EMS education program that is not CAAHEP/CoAEMSP accredited will not qualify graduated students to sit for the National Registry EMT or Paramedic exam. Jerome Ruffing asked if a student can be tested for National Registry by faculty within their training center. Answer, outside faculty must be brought in at additional instructor cost. So, if two training centers are planning NR skills tests for their students they can trade instructors to do the testing and this may offset any cost of bringing in additional faculty. Dr. Nicotera requested any estimated additional costs that may be incurred.

Faculty & Staff Updates-Nerina Stepanovsky

Nerina stated that the remaining open faculty position is on hold for now. Also, we have recently hired new adjunct faculty member, Mr. John Briggs, RPh, to teach our EMS Pharmacology class. He started teaching for the Fall term this August. We have had great comments from students thus far.

Overall Program Report-Nerina Stepanovsky

We are still trying to recruit more field preceptors, particularly from Sunstar in order to abide by state rule for team leads by paramedic students and required 5 transports to ER by EMT students. Manatee County EMS has offered to help, and TransCare Medical Transport in Hillsborough County has been a good option for our EMT students. Tampa Fire Rescue has declined a possible affiliation for needed ride time for our program. Dr. Nelson stated that a weakness in the program regarding field shifts is that a limited number of agencies does not provide the variety of operation procedures for students to witness and be a part of to assist with their training and acclimation to a rescue/transport agency. He strongly recommends seeking

other county agencies to form a relationship with. He also suggested a planning meeting with Sunstar representatives to discuss and encourage more preceptor involvement.

The State has also directed our program to look outside our own county for field internship affiliations during their last site visit.

The program is in the preparation phase for the CoAEMSP and DOH/OEMS accreditation site visits set for November 2015. Nerina is in the process of completing the required CoAEMSP Self Study which is due October 1, 2014.

Class offering for Fall 2014 include Day and Evening EMT Programs. The Day program has a slightly higher than full roster and the Evening program, beginning September 29th has a smaller enrollment. The summer evening class will be completing at the end of September with a possible total of 32 graduates. There is also a full roster for the Emergency Medical Responder class. We have both Paramedic I & II classes and EMS Pharmacology taking place during Fall term. For Spring 2015 the following will be offered: EMR (Emergency Medical Responder, EMT Day & Evening classes, EMS 2600C (Intro to Paramedic), EMS 2602 (Paramedic II), EMS 2659 (paramedic capstone class), and EMS Pharmacology.

Paramedic Report-Scott Pelletier, Support Coord. (filling in for Martin VanBourgondien)

Scott stated that the graduated Summer 2014 paramedic pass rates are 100%. Major discussion ensued regarding current pediatric clinical requirements. To successfully complete pediatric clinical rotations paramedic students must complete 24 hours of clinicals with at least 30 pediatric patient contacts. Currently, all Children's Hospital is the main location to accomplish this. Unfortunately, there are not enough slots/hours available to allow for completion of all Medic II students. Also, EMT students are no longer able to attend clinicals at ACH. We are currently short 32 hours for the current number of paramedic students. As a result, we have several concerns: in a critical time crunch to secure another source for pediatric exposure (either urgent care, pediatrician's office, etc.), recent attempts to secure sites have been unsuccessful, and removing EMT students from Pedi Clinical Rotations still has not freed up enough slots to accommodate the Medic student requirements. These issues have resulted in more student incompletes and decreased motivation of students.

Scott further stated that based on recent trends (3 semesters of data), availability of hospitals to accommodate EMS students is becoming increasingly difficult, and hours that are available don't provide enough coverage of all students assigned the rotation. Therefore, the current requirement for hours/contacts has become unachievable. FISDAP (1 year worth of data) indicates that the 24 hr. recommendation and 30 pediatric patient contacts have not always been met during the assigned session. Students are lacking patient contact in the areas of newborns, infants and toddlers. As a result students must attend additional clinical shifts beyond the term and end up with incomplete grades. They must be held over to following semester to make up shifts, which delays them in progress. Using simulators are acceptable, but they don't provide the live patient contact that CoAEMSP requires.

The proposal before this committee is to convert pediatric clinical requirements from hours-based to competency based. This would change our program requirements to the CoAEMSP recommendation of 2 patient contacts per pediatric age group resulting in 12 Pedi contacts, with total required contacts of 15 Pedi that can include simulation.

The proposal to eliminate the hour requirement would be a change to: one (1) 8 hr. pediatric ER shift, one (1) 4 hr. pediatric ER shift & one (1) 4 hr. NICU shift for a total of 16 hours (*student competency based*). Student progress through their rotations will be based on accomplishment of competencies vs. hours. If a student completes the requirements under 16 hours, they will be allowed to reduce the original time scheduled and move on to other requirements. Reducing the hours for these students results in opening slots for others who may need more time to complete requirements. This would help eliminate students taking an incomplete grade because of unavailable shifts.

The final assessment of Pediatric Competencies (Mastery) include: completion of pediatric shifts with 15 Pedi contacts, & final practical exam using pediatric scenario-demonstrating proficiency of Pedi benchmarks.

Dr. Nelson has concerns about reducing hours and patient contacts and would like to review the pediatric competency recommendations/hours before approving the proposed change. He isn't sure about using simulators as a replacement to live patient contact.

The issue of limited pediatric sites for student's shifts remains the central issue and Nerina has tried several pediatric clinics in Pinellas County with no success. Diane Conte, St. Pete. Gen. Hospital stated that only 22% of their patients are pediatric. She mentioned the possibility of using the OB/Nursery as a pediatric option. It was noted that a pediatric patient is regarded as anyone from newborn to 17 years of age.

Dr. Laurie Romig suggested contacting her sister, Dr. Lou Romig, Pediatric Physician at All Children's Hospital ER to see if she would assist as a resource for finding a pediatric clinic. She may also consider serving as a member of this advisory committee.

It was suggested that students, on arrival at clinical site, make clear to the charge nurse/manager or paramedic preceptor exactly what the needs are for their required pediatric assessment.

After much discussion of options for pediatric clinical sites and the proposal regarding pediatric competencies and required hours, it was suggested to keep the hours required at 24 to allow for more opportunity for a variety of patient contacts. Obviously, it follows that to do this we must find additional pediatric sites. Greg Taylor shared that a new Community Clinic will be opening at Pinellas Park High School in December and we should inquire about the Pinellas Juvenile Detention Center Clinic for a possible affiliation.

A motion was made and passed to reduce pediatric clinical hours to 16 and to keep patient contacts at 30, with a minimum of 20 live and 10 simulation based.

Also recommended was the purchase of a new pediatric simulator, and request time using the nursing simulation lab at the Health Education Center. A comment was made that students make sure all hours at All Children's are being "fruitfully" utilized. Seek out ways to find assessment opportunities to complete patient contact requirements. Don't sit and wait for them to come to you.

EMT Report – Ted Rogers, Lead EMT Instructor

Ted began with stating that pass rates on NREMT have been dropping approximately 5% over the time period from 2012-2014. This current year we had the second highest first time pass rate on NREMT, but also the highest re-test rate and overall pass rate. Also noted was the testing sample for the highest scoring program was with 24 students as opposed to our 54 student count. Across the board, all area programs have seen a reduction in passing rates since 2012. A possible reason could be the change in the NREMT exam beginning 2012, which has students testing to the new education standards.

The end of this September we will be offering an EMT Refresher Course that will be incorporating the new transition content. Students completing the class will also get credit for completing a state approved EMT Transition Course as required by NREMT and the State of Florida to maintain certification.

Ted also discussed teaching mechanisms that would allow more interaction with students during lecture and making more open labs available for field internship review. He also stated they are offered several resources to use for test preparation.

Old Business

Dr. David Bowden, former Pinellas County EMS Medical Director, now at Blake Medical Center in Bradenton, has agreed to precept our paramedic students for their Medical Director shift when Dr. Nelson isn't available. The paramedic students are all very complimentary of the Blake facility and staff. Likewise, Blake is very complimentary of our students who now attend 12 hours rather than 8 at Blake's request. Some have attended overnight shifts as well. Total trauma hours are now 24, rather than 16. The possibility of our students being able to do shifts in their OR soon is forthcoming.

The Phillips HeartStart MRX ALS cardiac monitor/defibrillator with added items & trade in allowance was approved and ordered. We are awaiting shipment to arrive approximately November 2014. We are supposed to receive a loaner until delivery.

A possible lab simulation area is available in one of HEC's portable classroom located in the corner of the parking lot near 70th Avenue. If all goes as planned, it will include a kitchen area, bedroom, child's bedroom, office and nursing home/hospital room for patient simulations. A request was put before the committee for approval to purchase the following: to replace the 1999 Emergency Care Simulator and replace with new one at approximately \$40,000 with trade in of old ECS of \$6,000 for a total of \$34,000. A **motion was made by Dr. Romig and Glenn Clegg** to make the purchase. **Motion passed.**

New Business

New METIMan was used for end of program testing and is being integrated into paramedic labs throughout the entire curriculum to help assure airway competencies and critical thinking application.

We have implemented increased EMS student involvement in inter-disciplinary scenarios. So far students have worked with Dental Hygiene, Nursing, and Respiratory Therapy students. Debriefings reflect high student satisfaction with the experience and request to do more of this type of training.

Glenn Clegg of TransCare shared that hired students need better "report writing". Jerome Ruffing agreed that better interview skills for grads looking for jobs would really help them. It

was noted that SPC offers a course on resume writing and interview skills online called Optimal Resume.

For our next meeting in the Spring Jerome asked that we discuss the impact of combining EMS and fire training. Need to discuss what the committee feeling/thinks about this issue. Also for discussion, change in back boarding methods and other changing protocols. Also need to include discussions about internships (high degreed but low experienced students), and changing technology. Are we as a supporting committee aligned with SPC in these areas?

The next Advisory committee meeting will be in April or May, 2015. Date will be announced via email.

Meeting was adjourned with thanks to all at 11:20am.