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**Emergency Medical Care Advisory Board**

Bureau of Health Care Safety and Quality

Department of Public Health

Wednesday, November 15, 2017

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**Agenda**

* Routine Items
* Overview of Conflict of Interest, Training, and Open Meeting Law Requirements
* Overview of OEMS
* Overview of EMCAB
* Medical Services Committee Report
* Next Steps

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**Conflict of Interest, Training, & Open Meeting Law Requirements**

* Conflict of Interest
*Sondra Korman, Deputy General Counsel*
* Performance and Care Enhancement  (PACE) Learning Management System Training
*Mark Miller, Director, Office of EmergencyMedical Services*
* Open Meeting Law
*Sondra Korman, Deputy General Counsel*

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**Conflict of Interest Law**

* The Conflict of Interest (COI) law, M.G.L. c. 268A, is meant to prevent conflicts (and appearances of conflict) between a state employee’s private interests and his or her public duties.
* As statutory public body members, you are considered to be “special state employees” subject to the COI law.
	+ The COI law is complex; State Ethics Commission attorneys are available, through the “Attorney of the Day” program, to provide confidential advice/guidance on how the COI law applies to you in a particular situation.
		- ***Contact Attorney of the Day @ (617) 371-9500***

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**Conflict of Interest Law-Training Requirements**

* All state employees subject to the COI law are required to:
* Certify they received and reviewed the annual Summary of Conflict of Interest Law, and
* Complete the biannual online training program through DPH’s **PACE** (Performance and Care Enhancement Learning Management System).

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**Training Requirements**

* **Required Conflict of Interest Law PACE Online Trainings**
* **Conflict of Interest Law Online Training Program:**

[https://www.pace.state.ma.us/kc/ilc/course\_launch\_router.asp?strBuildingID=5&strFunctionID=37&crs\_ident=C27172&return\_loc=course%5Finfo%5Fenroll%5Ffrm%2Easp%3FstrBuildingID%3D5%26strFunctionID%3D37%26strSearchType%3DAND%26intSearchID%3D%26blnReturn%3DTrue%26table%3Dcrs%26function%3Dcourse%5Finfo%5Fenroll%26crs%5Fident%3DC27172%26keywords%3Dconflict%26topic%3DT00011&strReturnLocString=Return+to+Course+Catalog](https://www.pace.state.ma.us/kc/ilc/course_launch_router.asp?strBuildingID=5&strFunctionID=37&crs_ident=C27172&return_loc=course_info_enroll_frm.asp?strBuildingID%3D5%26strFunctionID%3D37%26strSearchType%3DAND%26intSearchID%3D%26blnReturn%3DTrue%26table%3Dcrs%26function%3Dcourse_info_enroll%26crs_ident%3DC27172%26keywords%3Dconflict%26topic%3DT00011&strReturnLocString=Return+to+Course+Catalog)

* **Conflict of Interest Law Summary:**
[https://www.pace.state.ma.us/kc/ilc/course\_launch\_router.asp?strBuildingID=5&strFunctionID=37&crs\_ident=C27172&return\_loc=course%5Finfo%5Fenroll%5Ffrm%2Easp%3FstrBuildingID%3D5%26strFunctionID%3D37%26strSearchType%3DAND%26intSearchID%3D%26blnReturn%3DTrue%26table%3Dcrs%26function%3Dcourse%5Finfo%5Fenroll%26crs%5Fident%3DC27172%26keywords%3Dconflict%26topic%3DT00011&strReturnLocString=Return+to+Course+Catalog](https://www.pace.state.ma.us/kc/ilc/course_launch_router.asp?strBuildingID=5&strFunctionID=37&crs_ident=C27172&return_loc=course_info_enroll_frm.asp?strBuildingID%3D5%26strFunctionID%3D37%26strSearchType%3DAND%26intSearchID%3D%26blnReturn%3DTrue%26table%3Dcrs%26function%3Dcourse_info_enroll%26crs_ident%3DC27172%26keywords%3Dconflict%26topic%3DT00011&strReturnLocString=Return+to+Course+Catalog)
* **PACE Contact:**
Kathy Creed, Kathy.creed@state.ma.us
* **State Ethics Commission**
For information regarding the Education & Training requirements, refer to the State Ethics Commission website: <http://www.mass.gov/ethics/revised-implementation-procedures.html>

Phone: (617) 371-9500

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**PACE Trainings**

* An account has been created for each EMCAB member in PACE.
* You must complete the training within 30 days.
* You should have received an automated email from the PACE system.
* If not, please email Kathy Creed.

If you discover that you may have a conflict, contact the State Ethics Commission’s Attorney of the Day @ (617) 371-9500.

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**Open Meeting Law (OML)**

* The OML is designed to ensure transparency in the ***deliberations*** of public bodies.
* A ***deliberation*** is:
	+ an oral or written communication, through any medium, ***including electronic mail*,**
	+ between or among a ***quorum*** of a public body,
	+ on any public business within its jurisdiction.
* **If a quorum of a public body wants to discuss public business within that body’s jurisdiction, they must do so during a properly posted meeting.**

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**Deliberation**

A ***deliberation*** does not include:

* distribution of a meeting agenda, scheduling or *procedural* information, or
* reports or documents that may be discussed at a meeting, provided that no member of the public body expresses an opinion on matters within the body’s jurisdiction.
	+ *NOTE: If a public body member sends an email to a quorum of the public body expressing an opinion on any matter that could come before that body, the communication violates the OML, even if no recipient responds.*

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**What is a Quorum**

* A Quorum is defined as:
	+ a **simple majority** of the members of a public body, unless otherwise provided in a general or special law, executive order, or other authorizing provision.  G.L. c. 30A, § 18.
	+ **As applied to EMCAB—a quorum equals 21 members (½ of 41 members + 1 )**

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**Avoiding OML Violation-Best Practice Recommendations**

* Public body members must not engage in “serial deliberations”—a series of separate, independent conversations outside of a meeting among a quorum of the members regarding a topic within its jurisdiction.
* In order to avoid even the appearance of a potential OML violation, the AGO advises public body members to refrain from communications over email except for distributing meeting agenda, scheduling meetings and distributing documents created by nonmembers.

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**Remote Participation**

* The Attorney General’s Regulations, 940 CMR 29.10, permit members to participate remotely in future public meetings if the public body specifically votes to allow remote participation.
	+ On September 24, 2013, EMCAB voted to allow its members (and members of its standing committees) to participate remotely.

* The AGO strongly encourages all members to be physically present at public meetings, when possible.

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**Reasons/Minimum Requirements for Remote Participation**

* Public body members may participate remotely in a meeting **“only if physical attendance would be unreasonably difficult.”**
* A quorum of the body, including the chair, must be ***physically present*** at the meeting location.
* Members of a public body who participate remotely and all persons present must be clearly audible to each other.
* All votes taken during a meeting in which a member participates remotely **must be by roll call vote.**

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**Procedures for Remote Participation**

* A member who wishes to participate remotely should notify the chair (or, in the chair’s absence, the person chairing the meeting) of his/her desire to do so, with the reason and factual support for the request.
* At the start of the meeting, the chair must announce members participating remotely; the meeting minutes must contain this information as well. (No detail as to the reason is required).
* Members participating remotely may vote; roll call vote is required.

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**Additional References**

Conflict of Interest Law:

* [https://](https://www.mass.gov/learn-more-about-conflicts-of-interest)www.mass.gov/laws-regulations-rulings-opinions-and-advisories
* https[://www.mass.gov/learn-more-about-conflicts-of-interest](https://www.mass.gov/learn-more-about-conflicts-of-interest)

Office of Attorney General, Open Meeting Law Website and Guide:

* <https://www.mass.gov/files/documents/2017/09/25/2017%20Guide%20only.pdf>
* <http://www.mass.gov/ago/government-resources/open-meeting-law/>

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**Overview of the Office of Emergency Medical Services (OEMS)**

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**OEMS Overview**

**Mission statement:**

“To promote a statewide community-based emergency medical services (EMS) system that reduces premature death and disability from acute illness and injury through the coordination of local and regional EMS resources.”

Under the EMS statute, DPH is the lead agency for statewide oversight and coordination of EMS, including:

* + Ambulance service and vehicle standards,
	+ Certification and education of EMS personnel,
	+ Setting standards of clinical care in the pre-hospital environment, and
	+ Investigating and enforcing regulatory and Protocol violations.

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**Areas of Oversight**

* EMS Personnel Certification & Training
	+ Initial certification
	+ Recertification
	+ EMS Education (initial & continuing)
	+ Accreditation of EMT Training Institutions
	+ Approval of Instructor/Coordinators and Examiners and Chief Examiners
* Ambulance Licensure & Inspection
	+ Ambulance service licensure (initial & renewal)
	+ Ambulance service inspections
	+ Ambulance vehicle inspections and certification
	+ Service Zone Planning Review
* Policy & Regulatory Development
	+ Regulations, Administrative Requirements,
	Advisories, Memoranda review and update
	+ Service Zone Planning Review, Approval, Tracking
	+ Legal, Legislative, and Policy questions
* Compliance Investigations
	+ Complaint Investigations
	+ Serious Incident Report Review
* Data Analysis
	+ EMS Data Systems (MATRIS)
	+ Trauma Data System
* Clinical Coordination
	+ Statewide Treatment Protocols
	+ Special Project Review, Approval, Tracking

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**EMS Delivery**

In Massachusetts, EMS is delivered on the local, community level by:

* + **24,000 EMTs:** Basic, Advanced, and Paramedics
	+ **2,000+ Vehicles** certified as ambulances: transporting, non-transporting, and air
	+ **55 Accredited Training Institutions:** provide initial training to EMS personnel
	+ **320 Ambulance Services:** private for profit, private nonprofit, municipal agency, and volunteer

OEMS has oversight over all of these components of EMS delivery in the Commonwealth.

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Compliance and Investigations

* The goal of compliance is to protect the public from harm and bring about long-lasting improvements in EMS care and service delivery.
* The Department handles approximately 130-145 EMS-related compliance cases each year. These involve ambulance services, EMS personnel, accredited EMT training institutions, Instructor/Coordinators and Examiners.
* These cases include:
	+ Serious incident reporting (self-reporting by ambulance services);
	+ Complaint investigations; and
	+ Follow up on criminal matters involved certified EMS personnel.
* Serious incident reporting and compliance investigations gives licensees an opportunity to reform policies or practices and improve patient safety.

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**Data Analysis**

* **Trauma System Registry**
	+ Collects data from hospitals
	+ Provides mechanism to review the landscape of Trauma on the state level
	+ Allows for outcomes data to be collected and analyzed
* **Massachusetts Ambulance Trip Record Information System (MATRIS)**
	+ Collects 1.5 million records each year
	+ There are 140 different data elements
	+ Data is used to identify areas of improvement or research, such as protocol changes or tracking pre-hospital opioid use

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**OEMS Updates**

* **Updated OEMS Regulations:**
	+ Regulations now allow for electronic verification of EMS personnel credentials and current CPR training standards.
* **Improved Data Quality:**
	+ Improved MATRIS data has helped OEMS to maximize the use of data for a number of important projects, both with the Department and the US CDC, including the identification of opioid overdose cases for both Chapter 55 and the Department’s quarterly reports on the Stop Addiction webpage, <http://www.mass.gov/eohhs/gov/departments/dph/stop-addiction/current-statistics.html>.
	+ In response to stakeholder feedback, OEMS has improved the data submission process for the Trauma Registry Database.
* **Implemented New Policies to Improve Patient Safety**:
	+ Changes to the Statewide Treatment Protocols have given paramedics new medication options, such as ketamine, ketorolac, and alternative pain relief interventions, including acetaminophen and ibuprofen.
* **Enhanced Recertification Processes**
	+ OEMS efforts to improve the Recertification Process led to 109% of the EMTs anticipated to renew, based on historical data, renewing in 2017 recertification cycle.

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**OEMS Updates**

* **Opioid Crisis**
	+ Working with EMS and other key stakeholders to combat the opioid crisis and focusing on ways to develop comprehensive pain control policies.
	+ Tools to combat the crisis include:
		- Training and education on the Voluntary Non-Opioid Directive
		- Naloxone to BLS and First Responders
		- MATRIS data analysis
* **Mobile Integrated Health (MIH)**
	+ Will implement a MIH program once operational start-up costs are appropriated.
	+ The Department received stakeholder feedback on the development of the program through the Mobile Integrated Health Advisory Council (MIHAC).
* **FirstNet and CMED Update**
	+ Prioritization of radio bandwidth on new frequencies for EMS, law enforcement, fire, and public utilities.
	+ Upgrade of CMED equipment to fiber-optic cables in a number of cities and the rewiring of CMED connection in hospitals in those cities.

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**Overview of the Emergency Medical Care Advisory Board (EMCAB)**

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**EMCAB Overview**

* EMCAB is established as an advisory board to the Department of Public Health under the EMS statute, MGL c. 111C, §13(a).
* In accordance with the EMS statute, EMCAB advises the Department by reviewing and making recommendations on specified matters as assigned, draft regulations, and significant sub-regulatory policies, such as Administrative Requirements and the Statewide Treatment Protocols.
* EMCAB last met on June 23, 2015, and will meet semiannually.

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**Standing Committees**

In accordance with the EMCAB provisions of the EMS statute, under MGL c. 111C, §13(b), the Department has established “**committees advisory to the board** [meaning EMCAB], including, without limitation, a **trauma systems committee**.”

* **There are six other EMCAB standing committees** (as established in the EMCAB Operating Rules)**:**
	+ Medical Services Committee
	+ Workforce Training Committee
	+ Operations Committee
	+ Mass Casualty Incident (MCI) Response Committee
	+ Communications Committee
	+ Community Care and Education Committee
* All standing committees must adhere to Open Meeting Law.

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**Standing Committees**

* The Medical Services Committee has met regularly.
* New members have been appointed to the Trauma Systems Committee and planning for the next meeting is underway.
* The Department will be reengaging with the five standing committees that have not recently met.

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**Committee Membership**

* Members of the standing committees do not need to be EMCAB members.
* Each committee may have no more than 15 members and has:
	+ - One member designated by DPH’s EMS for Children program;
		- Two members representing the Regional EMS Councils (with the exception of MSC); and
		- Equal membership distribution reflecting the geographic areas of the Commonwealth and the sectors of the EMS industry and community.
* The EMCAB chair and the committee chair together put together a proposed membership for each committee. Individuals can self-nominate, be nominated by an EMCAB member, or by the Department.

Nominations must be submitted to EMCAB Chair Mark Miller by Friday, December 15, 2017.

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**Committee Chairs**

* All Committee Chairs must be EMCAB members.
* For two of the Committees, EMCAB does not vote for the chair:
	+ Trauma Systems Committee – chair as set by the statute is the Commissioner or her designee
	+ Medical Services Committee – chair as set by the EMCAB Operating Rules is the State EMS Medical Director

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**Appointment of Sitting Chairs (VOTE)**

* Under the EMCAB Operating Rules, EMCAB votes on the chairs of the other five standing committees.
* Chairs serve for two-year terms. They are then eligible to be re-elected for additional two-year terms.
* The following individuals are the current chairs of three of these committees:

	+ **Operations Committee** – David Faunce
	+ **Communications Committee –** Ed McNamara
	+ **Community Care and Education Committee –** Derrick Congdon

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**Recommendations for Vacant Chair Seats**

* The chair position is open for the following committees:

	+ **Workforce Training Committee**
	+ **Mass Casualty Incident (MCI) Response Committee**
* Members interested in consideration for chairs of these two committees must submit their request to EMCAB chair Mark Miller by Friday, December 15, 2017.
* At the next EMCAB meeting, members will vote to confirm:
	+ The memberships of the five standing committees, and
	+ The Chairs for the two committees.

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**Medical Services Committee (MSC) Report to EMCAB**

**Jon Burstein, MD, FACEP, FAEMS**

**State EMS Medical Director**

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**MSC Actions**

* Emergency Protocol Changes
* Proposed Protocol Changes
* Reconsideration by MSC

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**Emergency Protocol Changes**

* TXA for trauma (MDO)
* Non-opioid pain meds (Required and optional)
	+ Acetaminophen PO
	+ Ibuprofen PO
	+ Ketorolac IM or IV
	+ Acetaminophen IV
* Pediatric IFT language (Required)

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**Proposed Protocol Changes for EMCAB Consideration**

* CPR methods
	+ “CCR,” is currently an option, to be mandatory
* Medication Safety Improvements
* BLS use of epinephrine
	+ “Check and inject” method
* Stroke scale enhancement

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**Proposed Change: CPR**

* “Cardiocerebral” resuscitation to be standard
	+ AHA/ILCOR recommendation
	+ Increased survival
* Currently a “Medical Director Option;” would be mandated

Image of protocol 6.2 Cardio-Cerebral Resuscitation header

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**Proposed Change: Medication Safety Improvements**

Review of three benzodiazepine medications that are currently carried on paramedic-level ALS ambulances and are used for anticonvulsant, or seizure, purposes: diazepam, lorazepam and midazolam.

* Found that midazolam is the most effective pre-hospital drug to use as an anticonvulsant for adult and pediatric cases.
	+ It is noted to have the fewest side effects, few storage issues, and the highest effectiveness of the current choices that ambulances typically carry.
	+ The other two benzodiazepines (diazepam and lorazepam), were found to have greater issues in the pre-hospital realm that make them less ideal than midazolam

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**Proposed Change: BLS Check & Inject for Epinephrine**

* Autoinjectors can cause harm
	+ Administration problems (dose or site)
	+ Soft tissue and bone injury
* Specific kit to reduce errors
* ALS currently allowed to do this in MA
	+ Would be an “MDO” for BLS
		- Specific training and equipment
		- Verified by ambulance inspectors
* Some BLS services currently do this
	+ Special Projects in Massachusetts
	+ Seattle
	+ New York State

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**Proposed Change: Stroke Scale**

* Currently EMS uses 3-item scale
	+ Stroke-likely or no-stroke-likely
* Change to FAST-ED 5-item scale
	+ Stroke-likely, LVO-stroke-likely, no-stroke-likely
* Receiving hospital can assess early for transfer
* Minimal extra effort, saves time and brain
* No change in current stroke point of entry
	+ Enables for future as science progresses

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**FAST-ED Stroke Scale**

Image of FAST-ED stroke scale phone screenshot: 1 – Facial palsy (weakness of muscles on one side of your face); No facial weakness; Partial or complete facial weakness

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**FAST-ED Stroke Scale**

Image of FAST-ED stroke scale phone screenshot: 2 – Arm weakness; Normal arm strength; Mild arm strength; Significant arm weakness or no movement

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**FAST-ED Stroke Scale**

Image of FAST-ED stroke scale phone screenshot: 3 – Speech changes; Absent; Mild to moderate; Severe, global aphasia (inability to read or write), or mute

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**FAST-ED Stroke Scale**

Image of FAST-ED stroke scale phone screenshot: 4 – Eye deviation; Absent; Partial; Forced deviation – Patient can only look to the right or left.

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**FAST-ED Stroke Scale**

Image of FAST-ED stroke scale phone screenshot: 5 – Denial/neglect; Absent’ Extinction to bilateral simultaneous stimulation in only 1 sensory modality – If you touch both arms of the patient, he/she will only feel one side.; Does not recognize own hand or orients to only one side of the body

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**Statewide Treatment Protocols**

* Statewide Treatment Protocols 2017 (VOTE)
	+ EMCAB is voting to recommend that the Department adopt the updated 2017 Statewide Treatment Protocols, with the updates as proposed by its Medical Services Committee.
* Next Steps
	+ Department reviews the Protocols.
	+ Upon approval, Protocols are issued to all ambulance services, which includes a 60-day period for training of EMS personnel and the deadline for final implementation.
	+ Once issuance occurs, ambulance services can begin to implement the new Protocols prior to final implementation date, once personnel are trained.

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**Back to MSC, Under Reconsideration**

* IV Pumps
	+ Required ALS Equipment, under AR 5-402
	+ Approved MSC 12/14, EMCAB 6/15
	+ Proposed AR 5-402 went out to ambulance services for comment period, 5/16. Comment period closed 8/16.
	+ Updated AR 5-402 with pump requirement and other changes issued 9/23/16, with 12/31/17 effective date of pump requirement (and 12/15/16 effective date for all other items).
	+ Safety in low-frequency use
		- Syringe pumps
		- Training
* Pain management optimization
	+ Narcotic simplification
		- Patient safety
		- Effective and safe pain control

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**Next Steps**

Meeting Schedule:

* + April 25, 2018, 10:00am-12:00pm
	+ October 17, 2018 , 10:00am-12:00pm
	+ April 24, 2019, 10:00am-12:00pm
	+ October 16, 2019, 10:00am-12:00pm

All Meetings will be held at MEMA.

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**Additional Information**

For more information, please visit:

* <https://www.mass.gov/service-details/emergency-medical-care-advisory-board-emcab>
* <http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/oems/>