



Connecticut EMS Advisory Board

John Quinlavin, Chairman

Testimony in opposition to HB 5911

AN ACT CONCERNING A RESTRUCTURING OF THE EMERGENCY MEDICAL SERVICES ADVISORY BOARD.

To reduce the size of the Emergency Medical Services Advisory Board.

March 11, 2015

In response to claims that the Advisory Board is ineffective, please see the attached report of accomplishments and activities of the Board.

“The advisory board, in addition to other power conferred and in addition to functioning in a general advisory capacity, shall assist in coordinating the efforts of all persons and agencies in the state concerned with the emergency medical service system, and shall render advice on the development of the emergency medical service system where needed.

The advisory board shall be provided a reasonable opportunity to review and make recommendations on all regulations, medical guidelines and policies affecting emergency medical services before the department establishes such regulations, medical guidelines or policies. The advisory board shall make recommendations to the Governor and to the General Assembly concerning legislation which, in the advisory board's judgment, will improve the delivery of emergency medical services.”



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Connecticut Emergency Medical Services Advisory Board

Report of the Board for the period of January, 2013 to December 31, 2014

Mission statement:

Per Connecticut General Statutes, Sec. 19a-178a, shall assist in coordinating the efforts of all persons and agencies in the state concerned with the emergency medical service system, and shall render advice on the development of the emergency medical service system where needed. The advisory board shall make recommendations on all regulations, medical guidelines and policies affecting emergency medical services before the department establishes such regulations, medical guidelines or policies. The advisory board shall make recommendations to the Governor and to the General Assembly concerning legislation which, in the advisory board's judgment, will improve the delivery of emergency medical services.

The Board schedules monthly meetings and holds ten or more meetings annually.

There are multiple committees with subject matter experts from all disciplines who perform the work of the board via a process of vetting and consensus building and always with time to consult with constituent groups. The Board embraces the input from all individuals. To capitalize on the best talent available, committee chairs and members are not required to be Board members. Close to 100 dedicated individuals donate their time and service to the efforts and mission of the Board.

Committees meet regularly as indicated, submit minutes, and attend Board meetings, with the exception of the Trauma Committee which only submits minutes.

The Board follows a prescribed process to ensure efficiency. Much like the Legislature, we refer topics to subject matter committees. Committees bring their work products before the Board for review. The Board then solicits input from other committees, members of the Board, those in the EMS system and from the Office of Emergency Medical Services. Recommendations for new or revised regulations, rules, guidelines or protocols are voted upon and if approved, forwarded to the commissioner of Public Health for consideration and approval. Many of the clinical recommendations are followed with a complete education program developed by the Board for statewide utilization by providers at all levels.

Present committees include:

By-laws:

CEMSMAC:

Clin Coords:

Comm and Interop:

CORC:

Data and QI:

Emergency Preparedness:

EMSC:

Legislative:

Nominating and membership:

Paramedic

Planning:

Public Info and Educ:

Training:

Trauma:

Volunteer:

The Board appreciates the true partnership that exists with the Office of Emergency Medical Services that has allowed us to collaboratively advance the EMS system in Connecticut as illustrated by some of the accomplishments below

Recent Board activities advancing the EMS system in Connecticut:

Created statewide guidelines for Spinal Motion Restriction to reduce the harmful side effects of spine board use. Education program for statewide utilization also developed and included.

Created statewide guidelines for 12 lead EKGs by EMTs. Education program under development.

Created statewide guidelines for EMT and EMR administration of naloxone (Narcan). Education program for statewide utilization developed and included.

Created statewide guidelines for EMT and EMR application of tourniquets. Education program for statewide utilization developed and included.

Created guidelines for EMT use of continuous positive airway pressure (CPAP). Education program for statewide utilization developed and included.

Reviewed and revised EMS equipment lists for all levels of EMS providers.

Provided guidance relative to the issue of CMED system integrity.

Approved comprehensive statewide guideline regarding EMS operations during hazardous conditions.

Developing statewide treatment guidelines (protocols) for paramedic, EMT, and EMR levels of providers with eventual goal of a standard of care throughout New England.

Developed recommendations for statewide implementation of cardio cerebral resuscitation based upon current resuscitation science

Supported the continued grant funding of the regional coordinators and a transition to permanent status

Provided guidance on a bill to create a Stroke Task Force. Board member to be a participant.

Continuing to work with the Governor's Office of Boards and Commissions to seek appointments for vacant positions from organizations.

Distributed cumulative attendance records publicly a minimum of twice during the year

Established a Committee on Public Information and Education

Established an ad-hoc committee to review and make recommendations on Mobile Integrated Healthcare concepts.

Working continuously with State Legislators on issues concerning EMS. Developed legislative agenda and work with legislators for support.

Continuing to work with recommendations of the NHTSA Reassessment of EMS in CT.

Revised Board by-laws,

Continuing to work to revise State EMS Plan, approval expected February 2015.

Providing assistance to the DPH with the local ems plans project

Working with DPH to update State EMS plan

Supporting via CEMSMAC the Medical Orders for Life Sustaining Treatment

Data and QI committee continues to work with DPH on meaningful use of EMS data and hospital EHR technology to improve patient care.

Provided input and feedback from providers to DPH regarding certification process

Supported and engaged with the revamping of the now very successful state EMS conference

Endorsed an approach to the PSA assignment and review process that is based on an active, updated local EMS Plans that follow established Public Acts, input from DPH, regular quality review, just cause and reviews that respect the rights of municipalities to advocate for the rights of their citizens.

Previously completed projects and positions include

Created statewide guidelines for the response to the STEMI patient building support with the Hospitals.

Legislative initiative to create certification reciprocity agreements with New England states and New York

Performed a thorough and complete review of existing EMS regulations with submission of proposed changes to DPH

Developed statewide guidelines for EMT administration of aspirin.

Developed statewide EMT glucometer training program.

Created statewide policy recommendation regarding patient care reports

Created statewide guidelines for the EMS response to detention facilities

Reviewed and provided guidance on the mass decontamination plan.

Reviewed and updated statewide DNR guidelines

Legislative initiative to allow for regular and more frequent updating of mandatory equipment lists

Legislative initiative to allow for variability in certification regulations

Legislative initiative to allow for a process for timely changes in the scope of practice of EMTs and EMRs

Creation of statewide interfacility transport program with 24 hour education program

Created and updated diversion guidelines for hospitals and ems statewide

Created MCI triage process/program

Created statewide lights and siren guidance based upon available science and research.

Successfully working with State Legislators, OEMS, and all the committees of the Board, to pass Public Act 08-5674, addressing the inclusion of EMS in planning for Mass Gatherings

Supported legislation granting tax abatements to volunteer EMS providers

Mandatory intubation requirements for paramedic education

Encouraged and supported a change in certification from 2 years to 3 years for all EMR and EMT's

Reviewed and approved the Multiple Burn Patient Protocol

Supported the electronic data collection system started state-wide for EMS

Established a Task Force to review the proposed Trauma Plan and provided recommendations to Commissioner

Updated the five year State-wide EMS Plan.

Up-dated the Education components for Withholding of Resuscitation. Approved by the Commissioner of DPH.

Created committee rules.

EMSC: Presented performance guidelines to be met over the next five years

The Volunteer Survey was completed, compiled, distributed to the CEMSAB, and the Volunteer Committee Chair met with Commissioner Galvin to discuss the results, and actions to be taken.

Recommended to OEMS that legislation be developed to allow addition of one ambulance every three years without CON process. DPH submitted bill. Passed in legislative session.

Review of the appointing authority for each person on the Board to insure all areas shown in the formation of the Board are properly represented.

Encourage Regional coordinators attend the Board meetings, so action that affects all in CT EMS can be reviewed by each Coordinator, before being moved on to the Commissioner.

Staff of OEMS attending Board meetings and several committee meetings enabling the Board to become more efficient.

Provided recommendations for the use of the Equipment Grant for were filed with OEMS.

Provided recommendations regarding CORC plan for reorganization

Endorsed and supported the distribution of MCI management kits to each hospital

Created MCI management starter kit recommendations for each EMS provider and submitted to DPH