



# 2018 National EMS Scope of Practice Model Revision

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2019 EAGLES CONFLAGRATION

Federal Support:  
NHTSA-Office of EMS  
HRSA/EMS-C

Project facilitated by NASEMSO

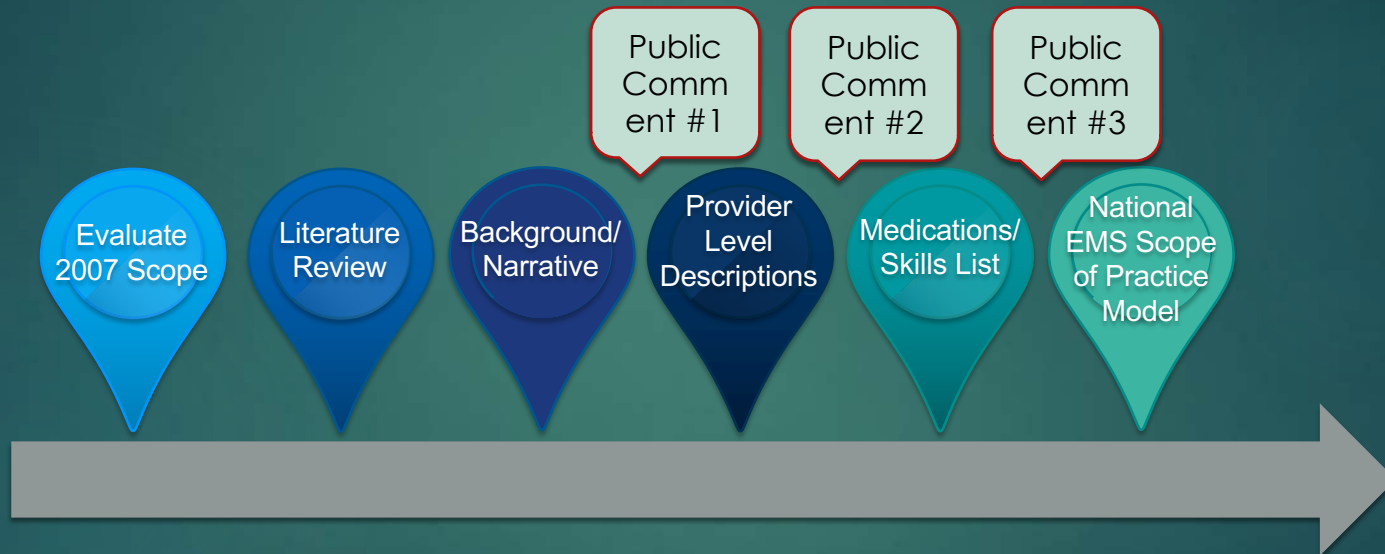


National Association of  
State EMS Officials

# SOPM Defines:

- ▶ Minimum practice requirements for a novice EMS provider
- ▶ It is not intended to define the limits of EMS practice.
- ▶ Scope of practice that exceeds the National Model is based on community needs and defined in a collaborative manner by the state and the medical director.

# An Open, Collaborative, Evidence-based Process



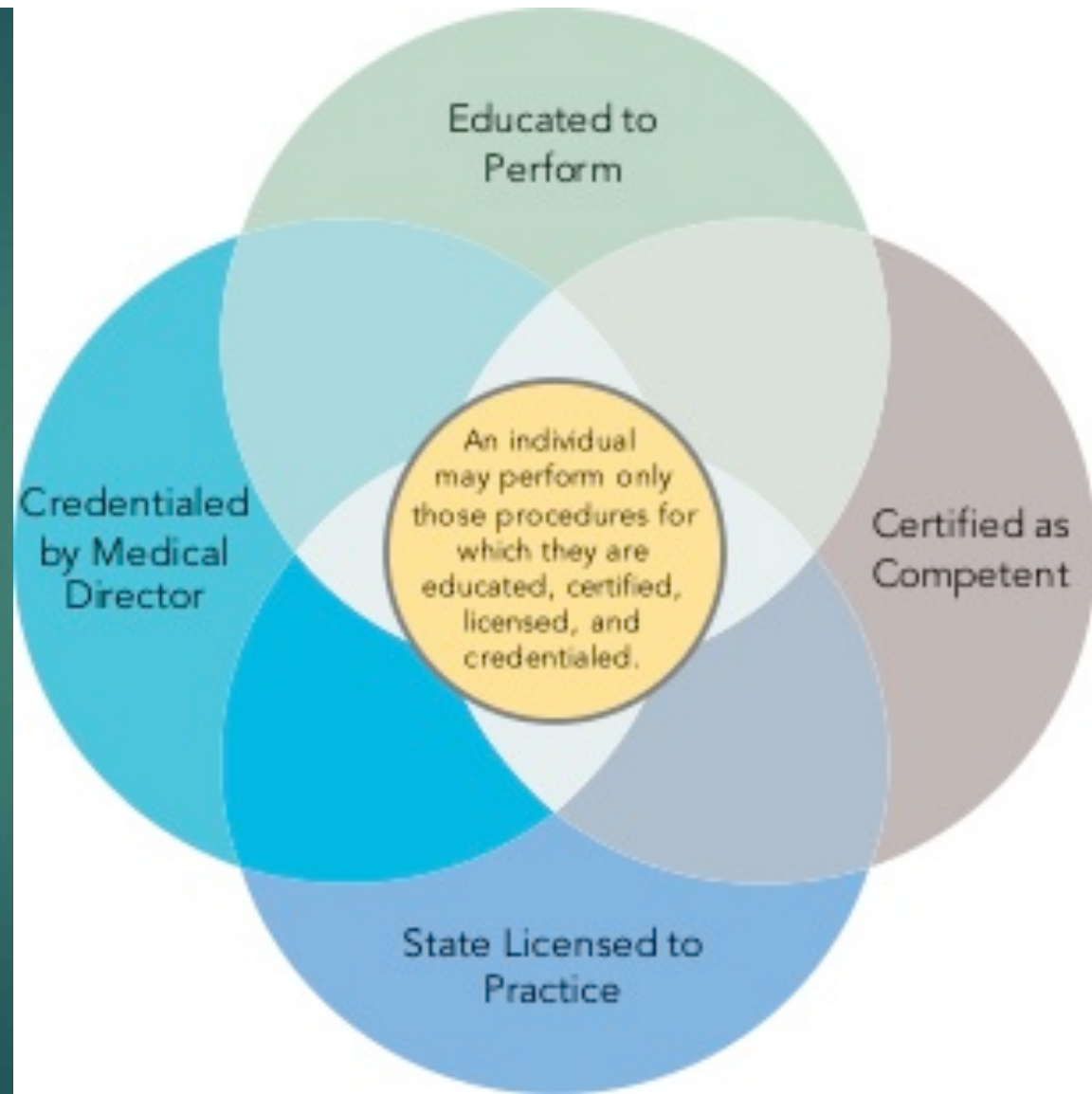
# Guiding Principles for 2018 Update

- ▶ Is there evidence that the procedure or skill is beneficial to patients/public health?
- ▶ What is the clinical evidence that the skill or technique can be utilized by EMS practitioners safely and effectively?
- ▶ Does the benefit justify the cost (training, equipment, etc.)

# EMS Scope of Practice

## Four Required Components:

Education  
Certification  
Licensure  
Credentialing

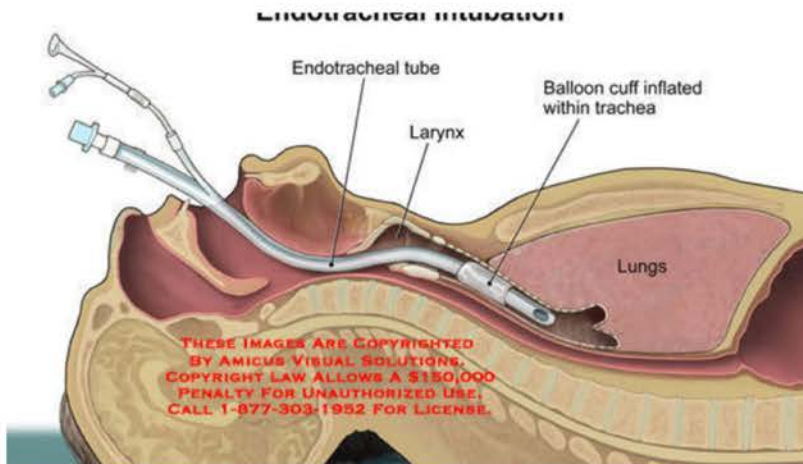




Did I mention that we had public input?



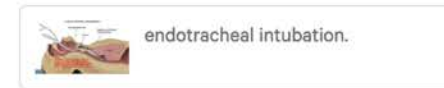
# endotracheal intubation



 started this petition to [National Association of State EMS officials](#)

## Victory

This petition made change with 26,462 supporters!



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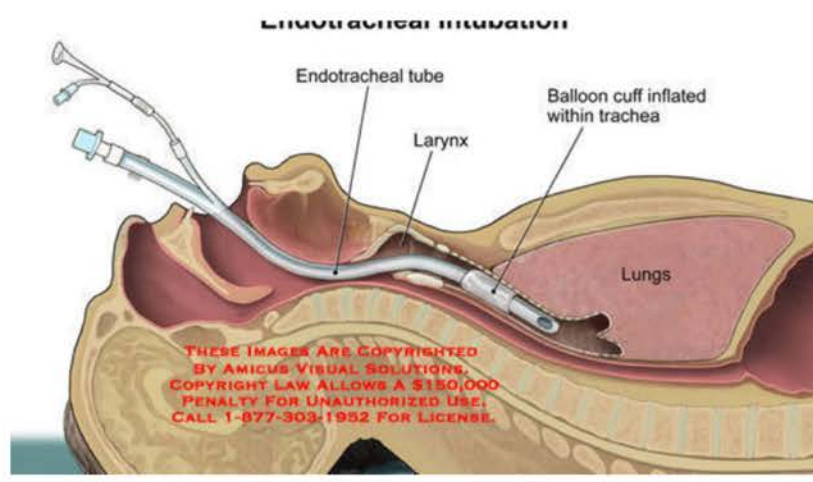
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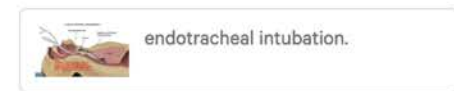


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# Deletions

- ▶ Military AntiShock Trousers (MAST)/Pneumatic AntiShock Garment (PASG)
- ▶ Spinal “immobilization” (this terminology has been revised: “spinal motion restriction”)
- ▶ Demand valves
- ▶ Carotid massage
- ▶ Automated transport ventilators at the EMT level
- ▶ Modified jaw thrust for trauma
- ▶ “Assisting” patient with own prescribed medications

# Additions - EMR

- ▶ Administration of narcotic antagonists
- ▶ Hemorrhage control (tourniquets and wound packing)
- ▶ Application of cervical collars
- ▶ Basic splinting/immobilization for suspected extremity fractures
- ▶ *Not a transport provider*

# Additions - EMT

- ▶ Administration of narcotic antagonists
- ▶ Hemorrhage control (tourniquets and wound packing)
- ▶ Administration of nebulized beta agonists and anticholinergics
- ▶ Oral over-the-counter (OTC) analgesics for pain or fever
- ▶ Blood glucose monitoring
- ▶ Continuous positive airway pressure devices (CPAP)
- ▶ Pulse oximetry
- ▶ Telemetric monitoring devices and transmission of clinical data, including video data

# Additions - AEMT

- ▶ Monitoring and interpretation of **waveform capnography** (for supraglottic airway placement)
- ▶ **Additional intravenous medications** (such as epinephrine during cardiac arrest, ondansetron, and others)
- ▶ **Parenteral analgesia for pain**

# Additions - Paramedic

- ▶ High-flow nasal cannula
- ▶ OK, not much new here *technically*...but emphasis on paramedics being the **experts in integration of patient clinical information for treatment and destination decisions**



# The Road MORE Traveled

- ▶ Many of these changes have already been implemented in many EMS agencies and states
- ▶ In a sense, the national SOPM has now caught up to EMS in the field (for now...)
- ▶ **Where will YOU take us next to improve patient care?**

[www.nasemso.org/ems-scope-of-practice/](http://www.nasemso.org/ems-scope-of-practice/)

## For more information:

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# Advocating for Advocacy

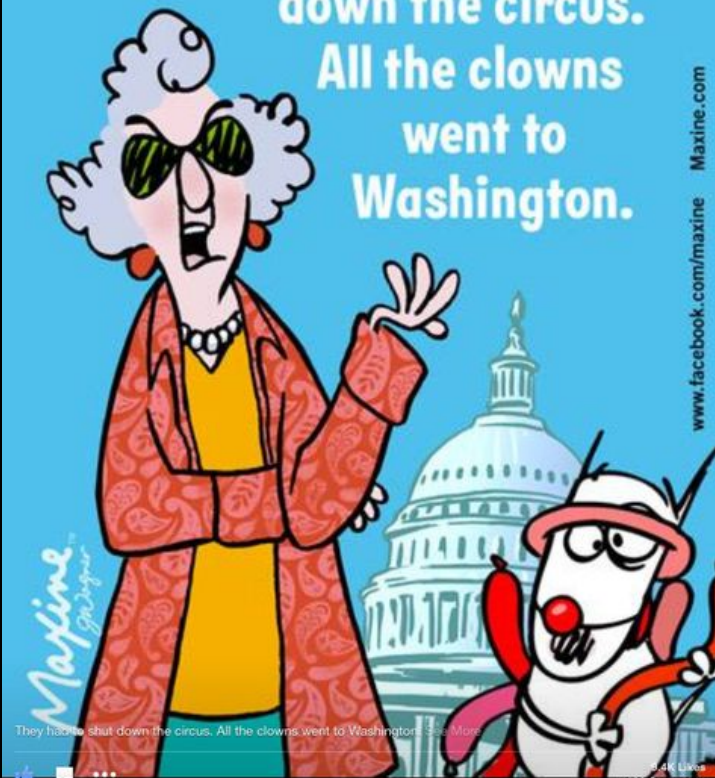
Brent Myers, MD MPH

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Done

They had to shut  
down the circus.  
All the clowns  
went to  
Washington.



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They had to shut down the circus. All the clowns went to Washington. See More

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FDA Voices

[FDA Voices on Policy](#)

# FDA is Advancing New Efforts to Address Drug Shortages

# Essential Emergency Medications

- ▶ Epinephrine
- ▶ IV Fluids
- ▶ Midazolam
- ▶ Nitroglycerin
- ▶ Albuterol
- ▶ Lidocaine
- ▶ Ketamine
- ▶ Fentanyl
- ▶ Calcium
- ▶ Dextrose





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## Will DEA Regulations Hinder EMS Use of Controlled Substances?

By RITU SAHNI MD, MPH ON OCTOBER 31, 2016

# Focus Areas from DEA



- ▶ Delivery security
- ▶ Single responder vehicles
- ▶ Waste



# Changing the Law

MARC GAUTREAU, MD, MBA, FACEP, FAEMS  
STANFORD UNIVERSITY  
SAN JOSE FIRE DEPARTMENT



So, the State Police SWAT team and your EMS chief have a proposal....





“ And the union want to do  
this too!

”





“ And the union want to do  
this too!

”

**FOR FREE!!!**



BUT....



BUT MAYBE...

# So to make a long story short

- ▶ Get a bill filed
- ▶ Talk to some legislature folks
- ▶ Get buy on from MSP command





Get  
vetoed  
!?!?





Get  
override!





Do it all  
again  
next  
year...



And five  
years  
later...



# Plan A for Prop B

DAVID PERSSE, MD FACEP FAEMS

HOUSTON

# Proposition B

- ▶ City of Houston, Proposition B Shall the City Charter of the City of Houston be amended by adding a separate section that reads as follows: The City of Houston shall compensate City firefighters in a manner and amount that is at least equal and comparable by rank and seniority with the compensation provided City police officers including: a. Persons employed in the following firefighter classifications shall receive the same base pay as persons of like seniority employed in the following, similarly numbered police officer classifications: Firefighters- 1. Probationary firefighter, 2. Firefighter, 3. Engineer/Operator, 4. Captain, Inspector, Investigator, Communications Captain, Mechanic, 5. Senior Captain, Senior Inspector, Senior Investigator, Communications Senior Captain, Shop Supervisor, 6. District Chief, Assistant Arson Investigator, Chief Inspector, Chief Communications Officer, Master Mechanic, 7. Deputy Chief, Arson Investigator, Assistant Fire Marshal, Deputy Chief Communications Officer, 8. Assistant Fire Chief, Fire Marshal, 9. Executive Assistant Fire Chief Police Officers- 1. Probationary Police Officer, 2. Police Officer, 3. Senior Police Officer, 4. Sergeant, 5. Lieutenant, 6. Captain, 7. Captain (with an additional 15% for parity), 8. Assistant Police Chief, 9. Executive Assistant Police Chief; In the event the title of any of the above classifications shall be changed, the new classification most similar in terms of qualifications and duties to the old shall be substituted therefore, to achieve pay parity; b. Firefighters employed in fire suppression shall receive the same incentive pay as police officers, of like seniority, employed as patrol officers; c. Firefighters shall receive the same training pay as police officers of like seniority; d. Firefighters employed as arson investigators shall receive the same investigative incentive pay as police officer investigative personnel of like seniority and investigative experience; e. Firefighters who serve as Field Training Officers shall receive the same Field Training Officer training pay as police officers who serve as Field Training Officers; f. Firefighters shall receive mentoring pay in the same amount and on the same basis as police officers; g. Firefighters classified as arson investigators, inspectors, communications captain, senior inspectors, senior investigators, communications senior captain, assistant arson investigator, chief inspector or chief communications officer shall receive the same weekend premium and shift differential pay in the same amount and on the same basis as police officers qualified to receive such pay; h. Firefighters shall receive educational incentive pay in the same amount and on the same basis as police officers entitled to receive such pay; i. Firefighters shall receive college tuition reimbursement in the same amount and on the same basis as police officers entitled to receive such reimbursement; j. Firefighters shall receive the same clothing allowance (or similar benefit) paid to police officers, in addition to any protective clothing and equipment provided by the City; k. Firefighters shall receive the same equipment allowance (or similar benefit) paid to police officers; l. The City shall make the same contribution to the Houston Professional Firefighters Association Medical Trust that it does to the Texas Police Trust; and m. To the extent that the names of any of the forms of pay or benefits identified above are changed, the requirement of parity for firefighters to police officers shall continue to apply; In addition, if any new form of pay or benefit is provided to police officers, the same shall also be provided to firefighters?!

# Results

## Houston Proposition B

Result	Votes	Percentage
Yes	291,964	59.24%
No	200,903	40.76%

# IMPACT



- ▶ \$100M in the first year
- ▶ 400 firefighter layoffs
- ▶ Up to 200 police officer layoffs
- ▶ Cuts in city services across all departments
  
- ▶ EMS:
  - ▶ Civilianization within FD
  - ▶ Creation of third service
  - ▶ Public Utility?
  - ▶ Privatization?



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# **Subversion of the Incursion of Diversion: 2019 Methods to Deal with Hospital ByPass Request**

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M Riccardo Colella, DO, MPH, FACEP









[https://www.google.com/search?biw=1707&bih=770&tbn=isch&sa=1&ei=MgZ4XJHsCM-8tOXOUJ2wDg&q=closed+for+business&ocq=closed+for+business&gs\\_l=img\\_3..019.38073.41016..41277...0.0..0.156.1883.7j11.....1.....1.gws-wiz-img.....0167-pwblDeZ41w#imgdii=yaXc6WrMAat\\_KM:&imgcr=0F2xlhC0nFvsJM:](https://www.google.com/search?biw=1707&bih=770&tbn=isch&sa=1&ei=MgZ4XJHsCM-8tOXOUJ2wDg&q=closed+for+business&ocq=closed+for+business&gs_l=img_3..019.38073.41016..41277...0.0..0.156.1883.7j11.....1.....1.gws-wiz-img.....0167-pwblDeZ41w#imgdii=yaXc6WrMAat_KM:&imgcr=0F2xlhC0nFvsJM;)

# How did we get here?

- Before 1985 (Pre EMTALA)
  - Uninsured/No Pay----go somewhere else like “the county hospital”
- Post EMTALA
  - Federal government said “No More”
- In-Patient Capacity
  - Hospital numbers and rooms continue to decline despite increased population and utilization
  - Business decisions to fill rooms with post-procedure and other high payor conditions
- ED as the hospital capacitor
  - The backdoor to the hospital is closed.....try to close the front door through diversion



# What we know about ambulance diversion?

- When one hospital goes on diversion, surrounding hospitals soon follow
- Patient satisfaction diminishes when transported to out-of-network or second-choice hospitals
- Ambulances are forced to drive further from their communities
- Sicker patients may be denied access to the closest hospital (↑ time to thrombolysis)
- Patients decline ambulance services and instead drive themselves to the hospital of their choice
- Hospital lose revenue



## Tipping Point (s)



[https://www.google.com/search?tbm=isch&q=milwaukee+fire+department+paramedics+cardiac+arrest+scene&spoll=1&sa=X&ved=0ahUKEwib4KcX7N7gAhUQiqwKHb5\\_DQ4QBQq9KAA&biw=1707&bih=770&dpr=1.13#imarc=wYyVZTVKTBssuM:](https://www.google.com/search?tbm=isch&q=milwaukee+fire+department+paramedics+cardiac+arrest+scene&spoll=1&sa=X&ved=0ahUKEwib4KcX7N7gAhUQiqwKHb5_DQ4QBQq9KAA&biw=1707&bih=770&dpr=1.13#imarc=wYyVZTVKTBssuM:)

[https://www.google.com/search?q=little+old+frail+lady+sitting+in+kitchen&source=Inms&tbn=isch&sa=X&ved=0ahUKEwiO75Wh7d7gAhUMZKwKHQOuDSMQ\\_AUIDigB&biw=1707&bih=770&dpr=1.13#imgrc=GxhGuMqSzRjBIM:](https://www.google.com/search?q=little+old+frail+lady+sitting+in+kitchen&source=Inms&tbn=isch&sa=X&ved=0ahUKEwiO75Wh7d7gAhUMZKwKHQOuDSMQ_AUIDigB&biw=1707&bih=770&dpr=1.13#imgrc=GxhGuMqSzRjBIM:)



# Framing the discussion

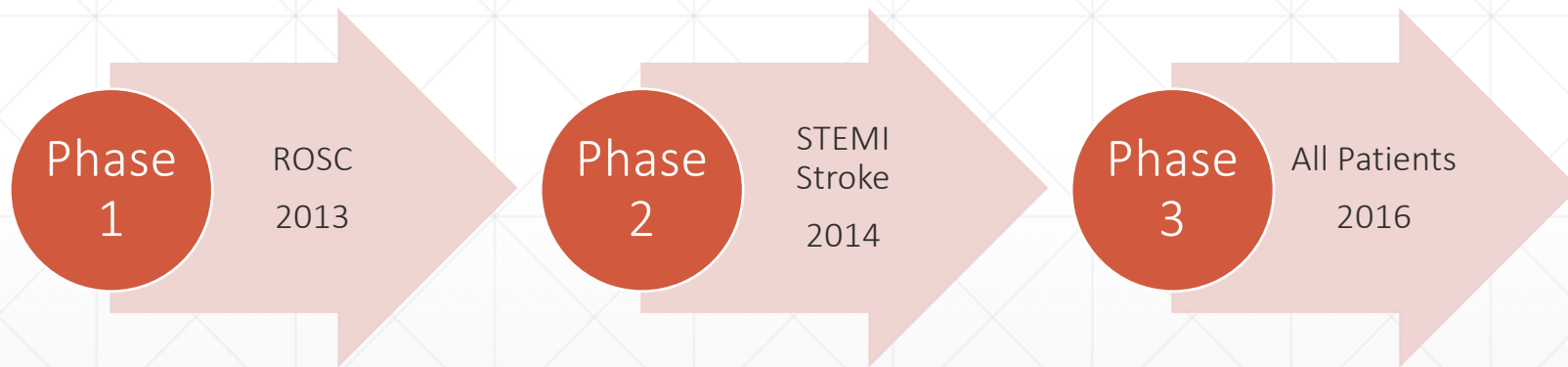
- No legislative authority to mandate hospital behavior
- Plan B
  - Patient safety issue
  - Community issue-(“Increasing Patient Access to Hospitals” and “Guiding Principles”)
    - Patients have the right to make informed health choices including hospital destination within the Milwaukee County EMS System.
    - Care outside of an informed patient care choice may impact safety, quality and economic risks.
  - Position hospitals to succeed
    - Community benefactor
    - Financial benefits
    - Created safety-valve







# 3 Phases to Increase Hospital Access



## Key Performance Indicators and Outcomes for Phase 3

KPI	2015 April-September	2016 April-September
ALS Transports to Hospitals	14,155	12,696
Ambulance Turn Around Time	21.3 mins	22.8 mins
Ambulance Diversion (Barriers to ER access)	4,773 hours	13 hours
Reported Diversion Related Patient Safety Events	n/a	0

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Thanks!  
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