

## **VT EMS ADVISORY COMMITTEE MINUTES 9/20/23**

IN Attendance:

- Ellen Walsh
- Aaron Collette
- Drew Hazelton
- Bobby Maynard
- Ray Walker
- Jim Finger
- Mark Considine
- Alan Beebe
- Bambi Dame
- Pat Malone
- Ted Brady

- Have not made progress since last meeting; still need to set up work group on public safety concerns.
- Work Group on AEMT competencies:
  - Pat Malone – NREMT changing standards and has not provided guidance, but was provided by VT EMS.
  - Summit of evaluations after coursework will be done at the course level with the IC from the course. Completely in house. Three scenario based problems to solve – medical, cardiac and trauma.
  - Clinical time: 40 hours of clinical time; combination with EMS and ED locations.
  - Education counsel met last week with Advisory Counsel
  - Document is now ready; apologize for not sending it out before now.
  - Scott Bragg has it and is away at a conference.
  - Document is well vetted and unanimous support for Educational counsel.
  - Additional 20 hours beyond current requirements.
  - Live skill requirements vs simulated requirements.
    - 50% live; 50% simulated - must see 50 patients total
  - AEMT students must have 50 patient encounters; 25 must be live; 40 clinical and field hours; from email from Scott.
  - We can't wait another month to approve; not due until July 24; should do a dry run now to work out the kinks.
  - Can we vote by email? Think it is contrary to open meeting rules.
- Motion to schedule meeting 9/26 at 1pm to vote on ED Counsel draft. Meeting by zoom. Motion carries.
- EMS Study:
  - Committee met 9/19 to discuss approach and plan.
  - Timeline complete.
  - Meetings to commence with stakeholders.
  - Very short timeline.
  - Study design has multimedia approach. Meetings; one on one interviews; focus groups; calling each EMS service in Vermont; website;
  - [Emergencyem.net/vermontemsstudy](http://Emergencyem.net/vermontemsstudy)
  - Draft by end of November.

- EMS Advisory Committee Report:
  - What do we want it to look like this year?
    - Don't want to duplicate the study.
    - We need to advise the commissioner.
    - We have some data now with education funding; we need to look at this as a long term source, and we can show the success from the 1M.
      - Have we actually seen success? Bambi – reduction in EMRs; Stable in EMTs; Paramedics did go up, AEMT went down, increased Critical Care Paramedics. Overall stable. Is that success?
      - We are holding our numbers because of the funding. Sustaining, not increasing.
    - Active members in EMS: Most of our licensed providers are active in the system at least once in a while. According to SIREN reporting. This is different than other surrounding states.
    - Can we answer the question “What is the need?”
    - We need to give some data if we want continued funding.
    - Recommendations:
      - Look at providers that received education through the last three cycles to determine if they are still in the system.
      - Grant funded personnel, what numbers can we extrapolate from them? How many Vermonters benefited?
      - Critical care education get outcomes from Hospital Association?
      - Can we correlate with IFT data?
      - Improve hospital relationships and access for EMS providers.
      - Reimbursement rates.
      - Land the same punches as year over year. Reiterate last year's report and include references to EMS report. Push the similar agenda because we don't have a permanent fix yet.
      - We have put more highly trained people in the field due to the education funding.
  - How do we want to make it happen by January?
    - Review last year's report before next meeting.
    - Use next couple meetings to update and revise for this year.
    - Invite Michael Rey to our next meeting?
  - Safety for EMS
    - New reporting protocol; form.
    - Reach out if you are aware of incidents that need to be reported or investigated.
    - Work with local LE but if you have issues not resolved, reach out.
  - Hospital access for clinical:
    - Please let us know so we can follow up and try to resolve.
  - Motion to approve minutes from last meeting: motion carries.
  - Adjournment.