



| Minutes | | | |
|---------------------|--|-------------|-----------------|
| MEETING TYPE | Kentucky Board of Emergency Medical Services – Medical Oversight Meeting | | |
| DATE | July 10, 2024 | TIME | 1:30 PM EST |
| LOCATION | Virtual/In Person | ROOM | Zoom/Room 547CE |

| Membership | | | | Ex. Officio | | | |
|------------|--------------------------|----------|------------------|-------------|--|--|----------------------------|
| p | Chris Lokits - Chair | p | Brian Lawson | | | | Jeremy Jeffery |
| p | Brandon Johnson | | Dr. Jeff Thurman | | | | Eddie Slone |
| p | Brent Turvey -Vice Chair | | Michael Wiggins | | | | Dr. Walt Lubbers |
| | | | | | | | 6 Total: 4 = Quorum |

| # | Item | Discussion/Issue | Action/Responsible Party |
|---|---------------------|---|---|
| 1 | Call to Order | Officially call meeting to order | Meeting called to order at 13:31pm |
| 2 | Roll Call | Check roll and ensure quorum | Quorum was established @1 with either (4) present with audio and visual capabilities. |
| 3 | Approval of Minutes | Review for Approval <ul style="list-style-type: none"> May 8, 2024 | Motion to approve minutes made by Brandon Johnson and seconded by Brent Turvey. Motion carries. |
| 4 | Public Comment | | |

Old Business/Updates

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| 5 | Airway QI Project | Workgroup Members: Dr. Thurman, Brandon Johnson, Brian Lawson & Dr. Lubbers | Chair Lokits discussed with Dr. Lubbers. Work still being done, nothing to update. |
| 6 | Medical Director Regulation/Qualifications | Workgroup Members: <ul style="list-style-type: none"> Dr. Thurman, Dr. Lubbers & Brent Turvey | <p>Dr. Lubbers shared a document with the committee for review. Presented options.</p> <p>Establish an EMS Medical Director through KBEMS.</p> <p>Use a graduated approach.</p> <p>Concern with getting them there for the meetings. Maybe Hybrid but then it loses the intent in trying to be collaborative.</p> <p>Brandon Johnson shares same concerns but supports the idea. Distance learning or something more easily facilitated.</p> <p>Dr. Lubbers – Regional Council for regional cooperation.</p> <p>Protocols and idea behind it. Not necessarily binding but</p> |

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| | | | <p>an opinion; Encourage others to work together.</p> <p>John Wood – concern is adding to statutory process. Maybe an optional process for now and then ask the General Assembly to make the addition.</p> <p>Question for Dr. Lubbers: How do you see the regions being defined geographically? Dr. Lubbers: Most likely how we have it now. Stick with what we have when we think about inspections. Would have to be parsed out with more review.</p> <p>Brandon Johnson did share it with the medical director in Hebron and he didn't receive any push back on anything; was supportive of it.</p> <p>Wayne Briscoe: May need to get a rough draft done with staff at KBEMS and legal; knowing this regulation will be behind a lot of others currently being worked on and in line for review.</p> <p>Do we want to get the Board's perspective before we do the legal work? Will be hard to present the idea to the Board without details.</p> <p>Dr. Lubbers: Next steps to paper as a rough draft within this committee until it evolves to a full setting.</p> <p>Committee to work with legal on specifics and logistics for a rough draft.</p> |
| 7 | Scope of Practice | Workgroup Members: Chris Lokits, Dr. Lubbers, Brent Turvey | <p>Scope of Practice was at Education and now with Medical Oversight. Review of changes made.</p> <p>Dilaudid– added; no one saw an issue with it.</p> <p>Suboxone – one county using it as part of their pilot program. <u>Pilot has been going on for a little over a year</u></p> |

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| | | <p>with the suboxone live since January. Predominant thought from other states seems to be doing it as an option and is beneficial. Jamie Goodpaster shared how they run their program.</p> <p>Brandon Johnson is okay with both the Dilaudid and suboxone additions.</p> <p>Dr. Lubbers – not a new drug Nalmefene (much like Narcan), new manufacturer is putting it out and using it as a nasal form. They are marketing it by giving it out as free samples. Lasts a long period time.</p> <p>Would it be in the scope of practice of any of them to give it? Both groups recommend it not be used but recommend Narcan.</p> <p>Dr. Lubbers feels like we can't leave it out of the scope, but Medical Oversight and the Board agrees with the expert toxicologist that it shouldn't be used.</p> <p>Could be in scope but the Board "may" be able to turn it down. Legal perspective – Board makes their decision typically based on the recommendation of the medical director (Title currently of Dr. Lubbers) John Wood will review.</p> <p>If the Board rejects a protocol (standard appeal) Board has to prove it violates a regulation or accepted standard of medical care.</p> <p>Brian Lawson: How should its usage fall (second line drug)? Toxicologist would say specifically it shouldn't replace as primary opioid use. However, not everyone has to follow the toxicologist either.</p> <p>Affects if we add these new groups of medicines together? Dr. Lubbers: We don't really know right now. Part of the problem.</p> |
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| | | | <p>Are we aware of any EMS services using it?</p> <p>We've had a couple of phone calls about it. KBEMS Staff thinks it's coming from Public Health. Jody Jagers the contracted individual. Jamie Goodpaster provided contact.</p> <p>A lot of people talking about it, not sure anyone is doing it even in other states. Maybe North Carolina.</p> <p>Dr. Lubbers – Not aware of it being used in Emergency Departments.</p> <p>Documented presented with Dilaudid - paramedic level only.</p> <p>Motion to approve changes as approved and discussed Brian Lawson and seconded by Brandon Johnson. Motion Carries.</p> |
| 8 | Provider Fatigue | | <p>Dr. Lubbers – 2018 last review. Providers out with high rates of speed, long periods of time and ends in fatality. Worth us looking at again. Good resource on it is NASEMSO. Fatigue Project. Guidance and recommendation on what they think services should be following. What extent can we regulate it? Subject of fatigue is out there, is dangerous for everyone. Is there more we want to do for prevention?</p> <p>Brian Lawson – Fatigue management program where they or their agencies are employed. Has been in a program where they do have a management process around it.</p> <p>Brent Turvey– Anyone else interested in doing the fact finding and then bringing back the information.</p> <p>Eddie Slone – this week we were asked by a legislator speaking on fatigue. Wanted to know what we were</p> |

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| | | | <p>doing about it. We told him we were dealing with it and felt like it was our duty. Something we need to take care of ourselves.</p> <p>Chair Lokits – we should want to make sure our employees and patients have a safe environment. Failure to act eventually the legislature will act with or without our input.</p> <p>Brian Lawson – exploratory workgroup.</p> <p>Collective Bargaining agreements with Fire and EMS should be considered.</p> <p>Maybe it's a policy that requires the local level to have a policy.</p> <p>Scratch the surface and compile some information that may be beneficial to us.</p> <p>OHSA does have something out that now sets some timelines and standards and there is a timeline for implementation.</p> <p style="text-align: right;">Workgroup: Dr. Lubbers and Brian Lawson</p> |
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New Business

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| 9 | Advanced Practice Scope | | <p>Acknowledge the workgroups formed. SME's to work on the items.</p> <p>Review of Medication Additions.</p> <p>Review of ECMO: John Wood thinks we may need "under supervision of" or something of that nature for this group.</p> <p>Does the committee want to clarify or include it at all?</p> <p>Dr. Lubbers – if you want it, then you need clarification on it.</p> <p><u>Committee would like: Clarification on what maintenance</u></p> |
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| | | | <p>is and what is allowable if it is going to be transported. What parameters and adjustments they may be able to make.</p> <p>Committee suggests having the special workgroup go back and clarify it.</p> <p>Chair Lokits will make contact with the special committee on the task.</p> |
| 10 | Advanced Practice Regulations | | <p>Chair Lokits reported: minimal changes. Much of the verbiage is identical.</p> <p>Wayne Briscoe - Need to do administrative work here at KBEMS to get this final and ready once the workgroup is good with the content.</p> <p>Set a date that you must meet the new regulations. (Briscoe will add to the draft)</p> <p>January 1, 2026 – consistent with community paramedicine; now set for critical care as well.</p> |
| 11 | MIH Agency Regulations | | <p>Agency regulations put forth from the sub-committee. Some things we don't know. For example, data elements.</p> <p>Motion made by Brent Turvey to approve MIH regulations as presented and move to the full board for consideration. Motion second by Brandon Johnson.</p> <p>Motion Carries.</p> |
| 12 | Florence/Covington Pilot Programs MIH | | <p>Danielle Stiner: Covington and Florence seeking approval for the pilot working in coordination with St. Elizabeth Healthcare. Non-emergency/non-admit data. Targeting a small population (COPD, Chronic Diabetes, etc..)</p> <p>Looking for outcomes. Non-necessary 911 calls. Non-emergent admits, blood work like A1.</p> <p>Each group will document on their own and then also be in the epic system (with data together).</p> <p>Chair Lokits – in line with programs we have approved in the past.</p> <p>Motion to approve pilot programs. Brandon Johnson</p> |

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| | | <p>seconded by Brent Turvey. Ms. Stiner thanks the Chairman for being added to the agenda and the help offered to them after the events their area experienced this past weekend.</p> <p>Maybe a special meeting to come but Chair Lokits will touch base.</p> <p>Brandon Johnson will be retiring August 1st. This will be his last meeting. The committee thanks him for his time and service.</p> | |
| Adjournment | Next Meeting Date: September 11, 2024. | <p>Motion to adjourn made by Brent Turvey. Seconded by by Brandon Johnson. Meeting adjourned at 16:40 PM EST.</p> | |