

EMS Bureau Updates for the Statewide EMS Advisory Committee  
Statewide EMS Conference; July 22, 2009  
Albuquerque, NM

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Greetings All,

I look forward to seeing you all on the 12<sup>th</sup> of November in Las Cruces. Please have safe travels.

Continuing with the electronic reports, attached please find the updates from the EMS Bureau staff.

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Administration Report from Scott Wilson:

Hello everyone,

As you know, we are anticipating a very difficult time with the budget for the remainder of FY10, and for FY11. As of this date, the EMS Bureau has not been advised of further cuts in its current FY10 budget. However, I would anticipate that with the ever rising overall State budget deficit, cuts of some kind should be anticipated.

The EMS Fund Act distribution process has been completed for FY10, and was fairly uneventful, and completed within the statutorily mandated time frame. Ann will discuss the specifics of that later.

An update to pertinent contracts is as follows:

- Regional EMS Contracts were completed in September. All 3 regions have approved the contract content, and with Regional representative and Division authorized signatures, are in full effect. Invoices for completed work has begun to flow and are being submitted for payment as Task completions are received.
- Regional contracts are for \$231,200.00 per Region. No amendments or changes in this amount have been suggested as of yet by Division.
- EMS Medical Director Contract Amendment has been completed and all required Contractor and Division signatures have been received. The Contract is in full effect for the amount of \$56,055.25.
- Discussions have occurred in which the Regional Offices will play a role in the distribution of the H1N1 vaccine to EMS personnel wishing to received it. The Regional Directors have been put in contact with the appropriate Public Health Department officials to hammer out the specifics.

With that, I will sign off. Hope you enjoy the remainder of the conference.

*Scott*

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[Fund Act report from Ann:](#)

Greetings All;

Hope everyone has been Flu free! Since our last SWAC meeting the following has happened;

- FY 2010 Local Fund Act distribution and Special Project allotments have been successfully distributed and were on time, except for a few services in which the monies went to a county rather than the appropriate village or municipality, but we fixed the problem and everyone seems satisfied.
- FY 2011 Special Projects were due November 6, 2009; these applications are now going through their Regional Offices before they are sent to the Bureau so hopefully they will have everything we need the first time around for review.
- FY 2011 Local Fund Act applications have been available on the State web site and all regional sites the week of November 2, 2009. The changes and deletions that some of you have suggested have been reviewed, and some changes have resulted. Donnie Roberts has been gracious enough to work with me on updating the Annual Service Report with the proper Drugs according to the Scope of Practice on the page where they are listed. Thank You, Donnie!
- Carryover requests are coming in. I should have a total for the November 12 meeting, but it appears that we have received requests for carryover totaling less than last year's requests. Unfortunately, it is still too high. Several audits are being set up, and some have been completed. There will be a new service Start – up from Rio Arriba County that will be presented to you all from the County Emergency Manager.

That is about all I have for now, Thank you all again for all you do and the help with patience, you provide to me. I am looking forward to seeing you all in Las Cruces.

*Best Regards,  
Ann Martinez*

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[Licensing and Communication Report from Charlie, Lauren, Ute, and Jerry:](#)

**STATEWIDE EMS ADVISORY REPORT  
EMS LICENSING SECTION**

- CURRENT LICENSED PERSONNEL as of 10/19/09:  
EMD = 460  
EMS First Responder = 1051  
EMT-Basic = 3893

EMT-Intermediate = 1656

EMT-Paramedic = 1322

- TESTING

BLS/ILS Test Sites

- 1 regular scheduled test sites in Clovis on December 5, 2009
- 2 special test sites scheduled in December for Roswell and Alamogordo

We are considering changing how state testing is done. We are in discussions with the educational institutions regarding accepting their documentation of a student's successful skills performance in class as documentation of skills proficiency for the purpose of state licensing. This will obviously be a drastic change from the history of how we have done testing.

Additionally, we are looking at the possibility of putting the State BLS and ILS Written Licensing Exams into testing centers. We do not have any information as of yet regarding costs of doing this for the written exam. As of now, written exams will continue to be handled as they always have been in regional or requested test sites.

- RENEWALS

This year, the EMS Bureau is making a change in what is required to be submitted with the renewal packet. As you know, the Licensure Rule (7.27.2.10 NMAC) requires that all licensure levels must complete a set number of Continuing Education (CE) hours in order to renew a license. In the past, we have required the originals and/or copies of all CE certificates to document completion of this requirement. Beginning with this renewal cycle, for the CE requirement only, we are asking that EMT's list the EMS Bureau approved CE classes and associated information on the Continuing Education Documentation Form. This form is available on our website, along with the renewal application.

The EMS Bureau will be auditing 10 – 20% of the applications we receive. If an individual is selected for an audit, the individual must provide the original and/or copies of the CE certificates listed on the submitted documentation form. Anyone who has provided fraudulent information is subject to discipline per Licensing Rule (7.27.2.13 G(2) NMAC). If an individual from an EMS service has provided fraudulent information, all of the individuals at that service will be subject to an audit of their renewal application documentation.

- DISCIPLINARY ACTIONS

Active Investigations = 6

Parental Responsibility Suspensions/Denials = 2

PRA Certificate of Compliance received = 3

Suspensions = 5

Revocations = 3

Hearings = 1

- IMPAIRED PRACTITIONER = 0
- EMS COMMUNICATIONS

1. Hospital/ Clinic Communications: Several EMSCOM radio equipment issues have surfaced recently due to the continued use of hospital radio equipment that is 20 plus years old. At this time, all hospitals that have reported radio equipment problems have either replaced their primary radio or are using an interim/ back-up radio until new equipment arrives. Facilities that have the older radios are being advised to begin the process for radio replacement. Most of the clinics that have EMSCOM capability are operating off the emergency radio equipment provided by BHEM. Upon request, the EMSB Communications Coordinator can provide "Radio 101" training to any EMS agency that uses the EMSCOM system. Classes have already been held for hospitals and clinics.

2. Statewide Radio Coverage: In response to EMSCOM coverage issues and the continued efforts to enhance the EMSCOM system, Eddy County is being evaluated for a new repeater site to address the "dead spots" in the southern part of the county.

3. Fund Requests: The EMSB Communications Coordinator is currently reviewing Trauma and EMS Fund requests for radio equipment for compliance. Suggestions and guidance is provided to the agencies as needed for equipment purchases.

4. EMSCOM Manual: The "on-line" EMSCOM manual has been updated and the outdated appendices removed. The information previously found in the appendices will be posted and maintained on the EMSB web site in the future.

5. Equipment Inventory and Assessment: This project needs site visits to the northwest and northeast parts of the state for completion. Possibly after the H1N1 activities relax.

EMS SERVICE CERTIFICATION RULES - Office of General Counsel will be submitting the Rule to State Records (last step prior to hearing) for review.

NEXT EMS LICENSING COMMISSION MEETING ON November 10, 2009, Regulation & Licensing Building, 5200 Oakland Ave., Albuquerque, NM.

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[EMS Program – Peggy Hesch](#)

Good afternoon SWAC!

I have a brief update on the PHHS Block Grant. As you, all are aware; it has been re-written and updated over the past year. The CDC scheduled a compliance review, the first one in the history of the grant, which is over 20 years old.

The CDC came out in September and spent three days on the audit. All nine programs were reviewed as well as two years of financial records.

Each program was presented over the two days to three CDC auditors and we traveled to Taos for a site visit the “Community against Violence” program.

This is one of the programs that is very successful and funded by PHHS block grant dollars.

Members of the advisory committee spoke on behalf of their participation over the past year and their plans for the future.

As you know, the EMS portion of funds primarily funds the regional offices. We have an active advisory group now and suggestions for change are required to be presented to the advisory for recommendation, with the final determination resting with the State Medical Officer and Chair.

During the exit interview, the CDC presented their findings and complimented New Mexico on their programs that utilized Block Grant Dollars. A copy of their report is available upon request.

The grant management is ongoing and the next deadline is for February where we need to present our success stories. Now is the time to consider what is happening out in your region, which may be a great success story for submission.

Thank you and have a great conference!

Respectfully submitted

*Margaret W. Hesch*

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### **NMEMSTARS Update**

**We are glad that Stuart has returned from his Epidemiologist in Residence adventure at the Grand Canyon. His report is attached as an Excel document.**

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Kevin McFarlane, Stroke Program Manager:

Stroke update

- University Hospital has received JCHO approval as New Mexico's first designated stroke center
- Special Project applications are being submitted in hopes of funding a telemedicine pilot project

*Kevin McFarlane* RN, CEN, EMT-I I/C

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## Liana Lujan – Trauma Program Report

Next TSFA will be on December 16, 2009. 1 - 4

TASSC December 16, 2009 0900 – 12:00

TSFA contracts for FY10 are all signed and in the process of payment for those contracts that have been received.

Trauma System Award applications are on the website and due to the Trauma Program Office on January 15, 2010. – review meetings will be scheduled and in process through May.

Eastern New Mexico Medical Center received their verification site visit on October 6, 2009. Their Designation certificate is being reviewed by Dr. Vigil. They will be our 7<sup>th</sup> trauma center.

*Liana*

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## NM EMS Bureau Medical Directors Report

### Scope of Practice

Medical Direction committee will review the Scope of practice over the coming months. Do not anticipate many changes on this go around. Am in the process of comparing the NM Scope with National protocols in anticipation of things that will need to be tested for new licensees in NM and potential curriculum for NM EMS educators.

### Trauma

The Trauma system continues with its development. Am undertaking a mild Traumatic Brain Study with the Neurosurgical service with the goal of developing guidelines for the management of Mild Traumatic Brain Injury within the state. The goal is to develop guidelines for the transfer of patients and also to develop the use of telemedicine throughout the state.

The long term goal of this project is to morph it into the development of guidelines for the various trauma categories that can ultimately be used as a best practice guideline.

### Stroke/STEMI

At present the perceived benefit of early transmittal of EKG's from the field does not seem to have a significant impact on the time line for event to balloon which is the next

step in the door to balloon timeline with the triage and treatment of Acute ST elevation MI's. This will continue to be studied to see if there is a measurable impact and a need to change EMS protocols/scope of practice around the management of these patients.

#### NMEMSTARS

We are on the threshold of acquiring a Data base that will allow us the opportunity to study the impact of EMS on the citizens of NM. To date we have been working with anecdotal information and our own perceptions of what the best approach may be. I believe in the coming few years we will be able to make better judgments about the EMS system. The next hurdle will be getting the various services to enter data accurately so that we are making valid judgments based on the information available.

#### Education

I believe that the availability of EMS education to the more rural areas through the development of virtual class rooms that will enable education within the communities without requiring providers to be absent is going to represent a long term improvement in the overall level of care and depth of knowledge for our providers throughout the state. I think the use of bridge courses will help with issues such as bridging military trained medics into the civilian system and the use of RN's in the more rural areas in the EMS system.

#### NASEMSO

Attended the NASEMSO Medical Directors council in Little Rock, Arkansas during late September. Several issues on the forefront include coordination of Wildland Fire EMS throughout the Western States Region. Idaho recently found some major discrepancies with credentials of Medics during a site visit this year. There continues to be a move towards National Registry for licensure. Currently New Mexico's scope of practice represents more skills etc than what is in the National scope. This is being studied. I believe that philosophically we should treat the National Scope as a minimum requirement and not a maximum. There is a philosophical approach to the regionalization of EMS systems that will be defined by the catchment area and not simply by state boundaries. In NM the use of William Beaumont is a good example of the practicality of regionalizing care in the Southern part of the State. This example is applicable elsewhere around the state. The implication of this is the desirability of having National Protocols that are seamless from State to State. This is also an advantage in mobilizing multistate responses to disaster.

George Kennedy MD FACEP  
EMS Bureau Medical Director

Once again, I look forward to seeing all of you at the meeting. Take care, and Be Safe!!

