

**Medical Care Committee**  
**10/10/07**

1. Goal 5.4 STEMI / Cardiac Care, Improve effectiveness of on site EMS treatment. Lisa Creswell presented on behalf of the American Heart Association (AHA). Currently ACHA is reviewing the proposed language and will have a position statement available for release in the next few weeks. However the group does agree that something should be developed in 395 to support pre-hospital care and transport of such patients. Concerns related to the complexity of statute vs rule change could become an issue in the development of such change. However everyone agrees that scientific data will support this and other legislative pursuits. This data may be obtained through the EMSTARS data project.
2. Goal 5.5 MQA, Ensure appropriate transport. Again it was identified that in order to ensure appropriate transport we must first develop a QA/QI (Quality Assurance Quality Improvement) process to measure patient outcomes. Current language recognizes the QA/QI process but does not define how a program should be structured. It does not define the QA/QI process. This lack of definition has concerned the EMS community, as they believe this particular topic could be inappropriately linked to the disciplinary process. For example, should an error be made, that particular provider would be reported to the state for disciplinary action rather than remedial training or education. It was at this point that Mr. Grief provided legal input as to how the current language should be interpreted and how we should develop and implement an improved process.

The disciplinary process was further discussed with regards to impaired certificate holders. Currently the investigations process allows for an impaired certificate holder to continue practicing while being investigated. This process has a potential of allowing patient care to be put at risk. Other health care professions exercise their rights to suspend a license immediately following a positive drug screening for illegal / inappropriate use of chemical agents. This topic is going to be reviewed by Mr. Grief and Chief Bixler and a report will be made available in January.

3. Goal 5.1 Medical Errors, Improve EMS transport safety. This goal has two directions, one to cover the safety of medical crews and the other to cover the safety of patients. The focus at this meeting was to discuss patient safety and medical errors. Ways of minimizing errors and enhancing safety for patients is to introduce guidelines / cheat-sheets for paramedics to refer to while treating patients. A list of EMT and Paramedic field references was shared with the group that included 7 different references. References such as the Brose low Tape, ALS field guide and the Davis et al Drug Guide. Additional references will be researched and presented at the next meeting for discussion.
4. The meeting was adjourned.