

## CLINICAL ISSUES COMMITTEE MINUTES

<b>Committee Minutes</b>	Clinical Issues Committee Meeting
<b>Date</b>	March 8, 2022
<b>Time</b>	10:00 am CST
<b>Location</b>	665 Mainstream Drive, Popular Room
<b>Participants</b>	Members present: Dr. Joe Holley, Jeffrey Feike, Hunter Earnes, Kevin Nooner, Randy White, Dwight Davis, Brandon Ward, Tim Booher, Angela Bowen, John Dabbs, Hugh Laxton, Chip Ward, Russell Gupton, Kevin Spratlin (joined at 1042)

<b>Overall Lead</b>	<b>Topic</b>	<b>Summary / Decision</b>	<b>Assignments / Next Steps</b>	<b>Responsible Person</b>	<b>Time Frame</b>
Dr. Joe Holley	<b>Roll Call</b>	The meeting was called to order by Dr. Holley at 1013. Dr. Holley conducted a roll call, and a quorum was present.	n/a	n/a	n/a
Brandon Ward	<b>Introduction</b>	Mr. Russell Gupton has taken position the Office of EMS.	n/a	n/a	n/a
Dr. Joe Holley	<b>Old Minutes</b>	Minutes were presented and elicited any feedback or corrections. Motion for approval. Minutes were approved unanimously.	n/a	n/a	n/a
Dr. Joe Holley	<b>COVID Impacts</b>	Ongoing concerns. Some thought that omicron could be the last wave. The omicron mutations may have occurred outside of human due to the number of mutations in a short period of time.	n/a	n/a	n/a
Dr. Joe Holley	<b>NAEMSP Website</b>	Dr. Holley to write a few paragraphs for website related to current initiatives in the state such as administration of blood products and the use of prehospital ultrasound. Will likely use website to push information to physician colleagues.	n/a	n/a	n/a
Dr. Joe Holley	<b>Changing THC Rules/Decriminalization</b>	Several THC bills in legislature this session regarding both medicinal and recreational use, and we are beginning to see bipartisan support for many of these. The Office of EMS continues to hold the position that any qualitative test is a violation. Consideration	n/a	n/a	n/a

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		to be involved with the Tennessee Hospital Association and the Tennessee Medical Association for support to restrict use by healthcare providers and to research legislation in other states and provide verbiage that may already exist. Encourage members to be involved in the legislative process on these bills.			
Dr. Joe Holley	<b>NG tube insertion</b>	Not discussed as is already in scope of practice and discussed in previous meeting.	n/a	n/a	n/a
Dr. Joe Holley	<b>Legislation</b>	<p>SB1730 sunsets the EMS Board and recurs every five years. There is an amendment to vacate the Board effective July 30, 2022, that is currently still active. The sponsor of the amendment requested this bill to return to Government Operations Committee. A workgroup has been formed to evaluate the transport of mental health patients and to recommend the best mode of transport.</p> <p>SB1391 removes responsibility of Sheriff's department to transport mental health patients. Concerns expressed related to the lack of the number of people to transport patients and forces patients to wait for transport in Emergency Departments which will impact EMS and ability to offload patients, patient safety during transport, and impact of this change without any other method of transport being identified.</p> <p>Other current legislature:</p> <ul style="list-style-type: none"> <li>• HB2027 for training stipend for licensed full-time EMT, AEMT, and</li> </ul>	n/a	n/a	n/a

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		<p>paramedic is moving through the legislature;</p> <ul style="list-style-type: none"> <li>• HB1719 is the annual ground ambulance Medicaid assessment program. Bill sunsets each year. Some concerns regarding non-emergent transports;</li> <li>• HB1952 allowing for ambulance operator at a service with EMR/EMT education within a specified timeframe. Also removes the F endorsement requirement for EMS;</li> <li>• HB2338 assessing additional fee for excessive speeding, DUI and reckless driving with funds distributed to EMS and trauma programs within the state;</li> <li>• HB1956 increasing the number of service level classes that can be taught for EMT and AEMT; and</li> <li>• HB2840 directing TennCare to develop a program similar to Emergency Triage, Treat and Transport (ET3) service model. This model allows for some use of telemedicine.</li> </ul>			
	<p><b>Flight Med Open Antibiotics, Open Fracture Protocol, and Prehospital antibiotic</b></p>	<p>Request was made to allow EMS to initiate pre-hospital antibiotics for open fractures. Currently have an approved clinical practice for AEMT level and above for the management of a patient who is receiving IV antibiotic therapy. Consideration to develop an advanced clinical practice document identifying prehospital administration of antibiotics in scope of practice EMS providers. Scientific evidence does support</p>	<p>Development of clinical guideline for prehospital administration of antibiotics by paramedics</p>	<p>Dr. Joe Holley</p>	<p>Next committee meeting</p>

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		<p>use of antibiotics in open fractures and early administration in sepsis. Discussion to keep antibiotic choices, conditions to be treated and the collection of blood cultures under the direction of location medical directors and protocols. Discussion of administration by AMTs was also discussed. The national scope of practice does not include administration of antibiotics in the current scope or education for AEMT level.</p> <p>Motion to develop an approved clinical practice to allow the prehospital initiation of IV antibiotics by paramedics with a service level protocol. Motion approved unanimously. No action taken on discussion of administration at the AEMT level.</p>			
Dr. Joe Holley	<b>Old Business</b>	<p><b>Single pole traction split:</b> Dr. Holley unable to find any additional information regarding single pole traction split that cannot be explained by proper use and training. Encourage services to continue to monitor use and patient outcomes.</p>	n/a	n/a	n/a
Dr. Joe Holley	<b>New Business</b>	<p>Kenny Moffitt – Educator with Motlow State Community College. There are several items that are taught at the service level (e.g. Tourniquet, CPAP, supraglottic airways, Narcan use, glucometer by EMT, IO infusion). The concept of the clinical practice document is to allow those that did not get education in formal schooling to be provided at the service level. These documents were not intended to preclude the teaching of the topics by education facilities. Identified several areas where the national scope of practice does not align with the approved</p>	<p>Present to the board that educational facilities should be teaching to national scope of practice; Update clinical practice documents with service level education to avoid preclusion of education at</p>	Dr. Joe Holley	<p>Next board meeting; Updates to documents to follow with upcoming revisions</p>

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		<p>educational teaching guidelines and clinical guidelines.</p> <p>Motion to ensure that all EMS education facilities are teaching full scope of practice. Approved unanimously.</p> <p>Motion for Dr. Holley to update approved clinical practice documents to explicitly state that education may be provided at service level and this does not preclude this education at educational facilities. Approved unanimously.</p> <p>Motion for Dr. Holley to update protocol guideline to ensure protocols are representative of current national scope of practice. Approved unanimously.</p>	<p>educational facilities; and</p> <p>Revision of clinical guidelines to reflect scope of practice</p>		
	<b>Next Meeting</b>	June 3, 2022, at 10am in Iris Room	n/a	n/a	n/a
	<b>Adjournment</b>	Motion to adjourn passed unanimously at 1202.	n/a	n/a	n/a

Minutes recorded and submitted by Kevin Nooner. Minutes are not necessarily recorded in order of discussion.