

MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM DIVISION OF COMMUNITY HEALTH EDUCATION COMMITTEE

May 22, 2023 – 10:00 A.M.

MEMBERS PRESENT

Chief Frank Simone, Chairman, NLVFD Braiden Green, CSN Nathan Root, HFD Ryan Young, PIMA Aaron Goldstein, AMR (Alt) Rebecca Carmody, CA

MEMBERS ABSENT

Chris Notaro, Mercy Air Chris Stachyra, CA Matthew Dryden, LVFR Ryan Fraser, AirMed Troy Tuke, MVHPI Debra Dailey, EMSTC

SNHD STAFF PRESENT

John Hammond, EMSTS Manager Laura Palmer, EMSTS Supervisor

Scott Wagner, EMSTS Field Representative Roni Mauro, EMSTS Field Representative

Stacy Johnson, EMSTS Regional Trauma Coordinator Rae Pettie, Recording Secretary

PUBLIC ATTENDANCE

Chris DobsonMichelle ZahnFernando JuarezSarita LundinChief Kim MooreJustin PeckMelanie RobisonSpencer LewisRae NiedfeldtTim Gunderson

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

Chairman Frank Simone called the meeting to order at 11:14 a.m. and stated the Affidavit of Posting was posted in accordance with the Nevada Open Meeting Law. Some committee members joined the meeting by teleconference and the roll call was administered by Laura Palmer, EMSTS Supervisor, who noted that a quorum was present.

I. FIRST PUBLIC COMMENT

Members of the public are allowed to speak on Action items after the Committee's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Committee on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Committee on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Committee on behalf of the group. Once the action item is closed, no additional public comment will be accepted. Chairman Simone asked if anyone wished to address the Board pertaining to items listed on the agenda. Seeing no one, he closed the Public Comment portion of the meeting.

II. CONSENT AGENDA

Chairman Simone stated the Consent Agenda consisted of matters to be considered by the Education Committee that can be enacted by one motion. Any item may be discussed separately per Committee member request. Any exceptions to the Consent Agenda must be stated prior to approval.

Approve Minutes for the Education Committee Meeting: April 5, 2023, and May 1, 2023

Chairman Simone asked for a motion to approve the April 5, 2023, and May 1, 2023, minutes of the Education Committee meeting. <u>A motion was made by Mr. Green, seconded by Mr. Young, and carried unanimously to approve the minutes as written.</u>

III. REPORT/DISCUSSION/POSSIBLE ACTION

Discussion of SNHD Paramedic Mentorship/Internship Program

The committee reviewed the "Definitions" section of the program and agreed to add the following paragraph to further clarify a *Prompt*:

"A *prompt* is considered when given in regard to timeliness or appropriateness of an intervention as defined by the SNHD Emergency Medical Care Protocols and/or agency-specific QA/QI metrics, or the safety of the patient, the crew, or the scene."

Rating Scale

The committee discussed the need to revise the current Rating Scale. Ms. Palmer noted that the design of the program is to fairly evaluate, and part of that evaluation is morale and build up. Rae Niedfeldt stated the Prehospital Emergency Care Journal published a study about the global grading scale in the use of evaluating paramedics. They ended up using a 7-point scale that was ultimately proven to be effective and reliable, provide less gray area, and to provide more options to effectively evaluate interns. She stated that we shouldn't minimize the options for preceptors to do so. As we're looking to improve inter-rater and intra-rater reliability (the consistency of the data recorded by one rater over several trials) between one preceptor and students, or many preceptors and students, there are proven and effective tools that are reliable for evaluation. She feels the 5-point scale should be the minimum.

After much discussion, the current Rating Scale was revised to read as follows:

- 4 = Exceeds Competency Performance frequently exceeds position requirements
- 3 = Entry-Level Competency Performance consistently meets position requirements
- 2 = Inconsistent Performance meets some, but not all position requirements
- 1 = Needs Improvement Performance consistently fails to meet minimum position requirements; intern lacks skills required or fails to utilize necessary skills
- 0 = Critical Failure Critical factors occur, or preceptor is forced to take over call

Chief Simone stressed the importance of having clear definitions before they roll out the new program. The committee discussed the need to train the preceptors to appropriately and fairly rate the students.

Critical Factors

After some discussion, the committee agreed to the following Critical Factors to evaluate paramedic students, out-of-state paramedic interns, and paramedic reciprocity applicants:

- (1) Did not take or verbalize standard precautions
- (2) Treated the team in an inappropriate manner
- (3) Performed actions that would place the patient at risk
- (4) Failure to perform in a professional manner

Chief Simone stated that Phase 2 currently includes every call to be recorded on the Daily Evaluation form. The committee discussed revising the process to include only critical/failure calls to be included on the form. Ms. Palmer noted that the documentation on these calls needs to be detailed because the current documentation the OEMSTS receives is horrifyingly poor, including scores with no substantiation of the intervention(s) that took place during the call.

The committee made some revisions to the Daily Evaluation form to streamline the process for the preceptors, which will dramatically cut down on the amount of paperwork. They also discussed the need to trust the preceptor to decide whether

it's a critical or non-critical call. Mr. Fraser noted both the preceptor and the training center/agency need to be in agreement via the two signature boxes for verification. Ms. Palmer noted the OEMSTS often receives paperwork with missing signatures.

The committee discussed scenarios vs simulations as a tool for education. Chief Simone stressed the importance of defining both, as a scenario can be a singular skill, while a simulation is often multi-faceted. Mr. Fraser stated the words to define "critical" are arbitrary. Ultimately, the preceptor/training center/agency must agree on what they know to be critical. It was agreed the Event Evaluation tool will only be required 1) if a call is failed; 2) a score of zero is input; or 3) a critical call is documented. It was also agreed to eliminate the "team lead" box on the Daily Evaluation form and to trust the students to be good at their third-party platform documentation.

Ms. Palmer stated the Education Committee is scheduled to meet again in June, and if they don't complete the process, they can meet again in July, if necessary.

IV. INFORMATIONAL ITEMS/DISCUSSION ONLY

None.

V. SECOND PUBLIC COMMENT

Members of the public are allowed to speak on Action items after the Committee's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Committee on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Committee on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Committee on behalf of the group. Once the action item is closed, no additional public comment will be accepted. Chairman Simone asked if anyone wished to address the Board pertaining to items listed on the agenda. Seeing no one, he closed the Public Comment portion of the meeting.

VI. ADJOURNMENT

There being no further business to come before the Committee, Chairman Simone adjourned the meeting at 12:50 p.m.