

RMD:RAP Feb 2023

Hi all-

Here is a February update for the latest WRETAC, state and RMD activities.

Upcoming WCEMSLC meeting:

- Thanks to everyone who answered the survey with your availability. The spring WCEMSLC meeting will be on Wednesday May 10 at 9am. It will be in classroom A (basement classroom) at Montrose Regional Health. There will be bagels and coffee. And a call-in option will be available.

Education:

- The collaborative ALS skills nights for spring 2023 will be in Delta on Wed May 3 from 6-8pm. Pediatric skills stations and scenarios will be run with the pediatric professionals from The Children's Hospital who are bringing their sim trailer. Everyone is welcome!
- Delta Trauma conference will be held May 4-5 at Delta Health.
- Colorado EMSC will be hosting a 1 ½ day seminar for Pediatric Emergency Care Coordinators (PECC) at Redstone Inn in the Historic Redstone District March 9th and 10th. The event is full already but you can email emsc.colorado@cuanschutz.edu to get on the waitlist.
- RMD conference in Vail will be May 2-3, 2023

WCEMSLC activities:

- Goals for this fiscal year still include:
 - Helping agencies develop a pediatric readiness program (going well!)
 - Improving the collection of QI data from all agencies on L&S returns to hospital (doing better...).
- CARES data 2022
 - I will be sharing your individual agency's data with you all shortly and we will discuss the regional data at the WCEMSLC meeting

RMD group/ EMPAC updates:

- CLIA waiver discussion for POC testing: EMTS is not going to follow or track this for any agencies and it is not a state mandate. However, it is a federal mandate from CMS and therefore a source of potential liability for agencies if you are using a point of care glucose test without the appropriate waiver. So the strong recommendation was that all agencies should apply for one.
- EMPAC and the waiver process has undergone a big transformation.
 - EMPAC continues to work to "establish one set of approved criteria by act".
With the goal to standardize care by creating consistent guidelines.

- Currently the approved acts your medical director can apply for are: Dexmedetomidine, Cefazolin (including for AEMT admin), Limited field Joint reduction, TXA (for epistaxis and IV for hemorrhage), RSI (peds and adults), ketamine for pain.
- EMPAC is considering the following additional guidelines: propofol, toradol (for EMT-I), nitro IV, OG tube placement, phenylephrine.
- Novel waiver types can still be sought but will require an additional step to make the request of EMPAC to develop a guideline.
- The “data administrator” at your agency will receive monthly “completeness reports” on all waived acts submitted. Please make sure you are receiving these.
- Cardiac arrests that occur during patient care that includes performance of a waived act must be reported in the ePCR, and supplemental information must be provided using the department’s [cardiac arrest supplemental form](#). EMS medical directors must ensure that this form is completed at least quarterly.
- Starting the first quarter of 2023, EMS medical directors will be required to verify data for waivers with approved guidelines using the department’s health informatics data system on a quarterly basis. These data are intended to help EMS medical directors ensure compliance with the department-approved waiver guidelines.
 - i. For guidelines on how to gain access to this system, see this [PDF](#) or this [video](#).
- CDPHE data team is looking closely at opioid overdoses (tracking prehospital narcotic administration) and using biospatial data to identify regions of higher than expected levels of opioid overdose.
 - They are then planning to use these data to help deploy an opioid overdose prevention taskforce statewide to increase harm reduction capacity.
- CDPHE is also delving into data on the EMS workforce statewide which shows an aging workforce (average age 37, average community paramedic age 47).

Please feel free to reach out with any questions, concerns, or ideas!

-Avery