

Joint Organization on EMS Education Meeting June 13-14, 2017  
 CNM's Workforce Training Center - 5600 Eagle Rock Ave. NE Albuquerque, NM 87113 ([map](#))  
 Items with a vote – Items with future/tabled discussion – Obligation set by/for a member

Time	Topic	Presenter
	Meeting Called to Order / Opening Remarks	Jessica Medrano
	Ensure Quorum, turn in proxy/designee documentation <b>QUORUM MET</b>	Jessica Medrano
	Introductions	
	<p>Student Ratios:</p> <ul style="list-style-type: none"> <li>• We'd like a standard set, so we can justify staffing.</li> <li>• Discussion included:               <ul style="list-style-type: none"> <li>○ Can JOE to set this policy/have this discussion.</li> <li>○ JOE does make recommendations on standards for EMS education.</li> <li>○ There are (P)CCP, PHTLS, AHA, all have ratio recommendations we can resource.</li> <li>○ What happens when an institution cannot meet the recommendation? Maybe we can list a "best practice" recommendation, not a requirement.</li> <li>○ Discussed proctor use in classrooms, assets and drawbacks to a set number.</li> <li>○ Discussed pass rates and industry standards.</li> <li>○ <b>Would each group please come up with a statement to summarize this please, during your meetings?</b></li> <li>○ <b>Motion later in minutes.</b></li> </ul> </li> <li>• We'll send out changes for review, and vote at next JOE.</li> <li>• Suggestion: Would like to see a standardized format, referencing National standards for every level (instead of copy-pasting in).               <ul style="list-style-type: none"> <li>○ Maybe a cover sheet?</li> </ul> </li> <li>• One cover sheet for all the curriculum together, linking to National Curriculum standards.</li> <li>• If you need to travel, and are not needed for your group after lunch, can leave.</li> <li>• Discussed all level changes.</li> <li>• Discussed format, and copy/paste vs. referencing.</li> <li>• Suggested: Keep First Responder as a full document, and the others as NM only. A different suggestion: Keep them combined NM with National.</li> <li>• <b>Have your format sent to Barb by July 15<sup>th</sup> and provide feedback for the edits by August 12<sup>th</sup>. Will vote on revised formats at next JOE.</b></li> </ul>	Jessica Medrano
	<p>IC credentials management:</p> <ul style="list-style-type: none"> <li>• What happens when an IC moves schools, but there is a lag between employment? Who maintains their IC status?</li> <li>• Discussion points included:               <ul style="list-style-type: none"> <li>○ Start a new file – reapply, get all certifications.</li> <li>○ Do ICs know their renewal cycles?</li> <li>○ Does this need to be state managed? (IC status on card)</li> <li>○ Discussed checking list and requesting verification of verification in</li> </ul> </li> </ul>	Jessica Medrano

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	<p>between.</p> <ul style="list-style-type: none"> <li>○ Several people agreed with Sahaj. A request was made to have it recorded here (that people agreed with Sahaj).</li> <li>○ Discussed calling Program Directors of prior institutions.</li> <li>○ Maintaining your IC is not clearly stated. And not as rigidly managed.</li> <li>○ May need to have ICs take care of their own credentialing, fully. Application and renewal would need to state that.</li> <li>○ Martin (NM EMS Bureau) is willing to print a card, if institutions vouch that someone has been reviewed and is current.</li> <li>○ Current licensing regulations include EMD, not ICs. Not sure makes sense to make EMSB responsible.</li> <li>○ We've been looking for a non-employment solution. We need a person – a committee being responsible is not a functional process.</li> <li>○ Bureau is willing to be a part of the solution with a card, but we need to find a solution to manage the credentialing (verify for state to issue cards).</li> <li>○ Take licensing rule language about ICs, and put in IC standards.</li> <li>○ Would having a card be good? Some agreement, no disagreement spoken.</li> <li>○ <b>Motion:</b> Kyle: Add licensing language about what IC needs to maintain. Joyce seconded, with addition: Have the Bureau print a card based on lists from schools. Create a transfer document (this was not clearly assigned, inference was for current institution to create one for a transferring IC, but minute-taker may have misunderstood). <b>Vote:</b> all in favor, none opposed.</li> </ul>	
	<p>Curriculum Review:</p> <ul style="list-style-type: none"> <li>● Combination of National Standard with NM tied into curriculum.</li> <li>● We will get into groups and review, and             <ul style="list-style-type: none"> <li>○ see if something is missing</li> <li>○ see if there is unnecessary material that does not need to be covered in such depth and breadth</li> <li>○ evaluate course length, to see if state request for shorter courses can be addressed.</li> </ul> </li> <li>● Ideas:             <ul style="list-style-type: none"> <li>○ Evaluate the heavy topics and focus on those in terms of time, and see where the rest falls in.</li> <li>○ Use the results from Fisdap exams to identify weak areas?</li> <li>○ Maybe, on some of the lower levels, remove some of the unnecessary topics?</li> <li>○ Jess will print topic performances and will send out CNM Basic schedule for reference on timing blocks.</li> <li>○ Add customer service?</li> </ul> </li> </ul>	<p>All JOE Members</p>

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	<ul style="list-style-type: none"> <li>○ Documentation – being able to create a chart.</li> <li>○ Cover renewals?</li> </ul>	
	<p>Team to review FR/EMR curriculum. All day: Joyce Bradley, Shelly McLaughlin, Justin Powell, Carl Gilmore</p> <ul style="list-style-type: none"> <li>• Day 1: Saw some skills missing and added them back in. Reformatted a bit, and cleaned it up to make it more useable. Had a lot of material about affective component, we went through and made a note that these items should be encompassed throughout class.</li> <li>• Day 2: Added NM stuff. Automatic transport vents added, and supraglottic airways. Nothing on altitude illness, so added that and some other environmental components (lightening). Took it up to 79 hours.             <ul style="list-style-type: none"> <li>○ Motion: Donna: Adopt the language presented by EMT curriculum work group to recommend for course minimum ratios. Language to be provided (in progress of obtaining as of 7/21/17bjc). Diane Second. Discussion: Level of comfort with ratio minimum (6:1) Vote: all in favor</li> </ul> </li> </ul>	
	<p>Team to review EMT-B/EMT curriculum. All day: Gabe DeBaltz, Donna McHenry, Sonya Damon, Kyle Cole</p> <ul style="list-style-type: none"> <li>• Day 1: We're down to about 120 hours. Added a few things, like SANE. Found redundancies and deleted. Added resource management. Added NCCP requirements for relicensure. Why spend a lot of time on safely operate ground transportation, when they have to take a CEVO course.</li> <li>• Day 2: Lots of references to DOT removed. Reviewed hours. Removed pharm specifics and replace with "refer to NM Scope." Discussed interaction with patient, bystanders, other medical professionals; clarifying chief complaint; addressing patients. Incidence management: note to reference FEMA. Adding to ER that they will witness triage stations. Observe radio room to hear a report. Observe a hand-off report. Reference EMS Compass. Will set the bar on minimum standards for care based on data submitted. Focus on the importance of clarifying in documentation to support... everything. Reimbursement, even. Crew Resource management added to professionalism. J&amp;B put out a rubric, and we'll start teaching leadership at this level. Added SOAP and DCHARTE. Listed specific types of shock. Combined spec. pops and special circumstances. Comment: Prescriptive nature may not be available to all students, based on location. Addressed with the language: "When possible" 139 hours for Didactic and lab. 150-190 for all of Basic. Our pharm is 13 meds vs. 2 for National. Regarding ER visit, recommendation from group to replace "will" with "should" for visit to ER.</li> </ul>	
	<p>Team to review EMT-I/AEMT curriculum. All day: Martin Salazar, Diane Meyer, Martin Moulton, Doug Gadowski, Donnie Roberts</p> <ul style="list-style-type: none"> <li>• Day 1: We highlighted a few areas. Prep, we recommended that be 12 hours. Recommend briefly touching on renewal process and refer to</li> </ul>	

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	<p>Bureau website. Revised hours for pharmacology. Do we really use SQ anymore? Nitrate has changed in scope of practice, edited for that. Asthma treatment has become more general for drugs, reflects that now. Lidocaine dosage not included, so added. Patients own meds now reflect scope. Is it worth teaching PTLA any longer? NMSTAR website training. Increased neurology hours. Added hours for basic understanding of different lead areas. Sepsis is becoming a big deal now. Medical increased by 10-12 hours, thought trauma could be reduced by as much, a lot is review from Basic. Added trauma system and centers. Added more about compartment and crush. Spec pops: discussion about new AHA guidelines. EMS operations, could probably cut down a few hours. Comment: we don't do that well nationally in performance in trauma, so maybe that is not what we cut out.</p> <ul style="list-style-type: none"> <li>• Day 2: Have to come to agreement re: SQ to IM. Reviewed trauma. We'd said we were going to add to medical (esp. stroke/thrombolytics) and remove from trauma. But Trauma needs to stay at 16-18 hours. Fluid resus and compartment. Spec Pops 12-14 hours. Neonate: making sure we're all teaching AHA suctioning guidelines. Ops: 2-4 hours, but important. Ops is listed as "same as previous level" (DO WE NEED TO CLARIFY "SEE PREVIOUS" REFERS TO NM OR NOT?) Lab and clinicals stayed the same. 274 hours max, min 135 didactic only. Mean 204, just for didactic. Lab +65. Clinicals: +72. Low end would 272 with lab and clinicals. 301 Mean, 411 high. National 150-190.</li> <li>• Side Discussion: Purpose of hours calculation.</li> </ul>	
	<p>Team to review Paramedic curriculum. All day: Lindsay Eakes, Sahaj Khalsa, Stacie Nason, Jessica Medrano, Andrew Kalishman</p> <ul style="list-style-type: none"> <li>• Day 1: Biggest change is the differentiation between clinicals and internship, we divided out the skills. Ensuring what we're asking them matching what they're being required to do nationally. Adopting the NHSTA guidelines and will add NM Scope. NHSTA is comprehensive, and offers better description. Comment from within the group: like the depth and breadth description.</li> <li>• Day2: Mostly focused on format. Most of the changes were done yesterday.</li> </ul>	
	<p>Next meeting/s:            9/22/2017 1:30PM (not confirmed, but next MDC is 9/22/2017 9:30-12)</p>	
	<p>Goals and Objectives for 2017</p> <ul style="list-style-type: none"> <li>• JOE Process refinement (i.e. Approval Process)</li> <li>• Increased participation in medical direction</li> <li>• Increased visibility:               <ul style="list-style-type: none"> <li>○ Maybe tag-on to the really cool workshops! Say a few words at the beginning or end?</li> </ul> </li> <li>• Annual review of JOE Approved curriculum at all levels</li> </ul>	

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• Have IC list added as a link to the JOE section of the EMS

Last Name	First Name	Institution	title	JOE Officer	JOE Quorum Role (19, quorum=11)	6/14/2017	Present/By Proxy	6/13/2017	Present/By Proxy
Eakes	Lindsay	EMSA	EMSA Academy Direct		(1) EMSA Direct	x	present	x	present
Bradley	Joyce	DACC	Program Director	Past Chair	(2) DABCC Program Director	x	present	x	present
Medrano	Jessica	CNM	Program Director	Chair	(6) CNM Program Director	x	present	x	present
Khalsa	Sahaj	SFCC + NMAEMSE	President, NMAEMSE; Lead Faculty, SFCC	Chair Elect	(7) SFCC Program Director	x	present	x	present
Meyer	Diane	SJC	Program Director		(8) SJCC Program Director	x	present	x	present
McHenry	Donna	LAFD	Paramedic Rep	Secretary	Paramedic Representative	x	present	x	present
Cole	Kyle	CNM + NMAEMSE	Full-Time Faculty			x	present	x	present
Damon	Sonya	UNM-Gallup	Instructor			x	present	x	present
Debaltz	Gabe	BCFD				x	present	x	present
Gadomski	Doug	EMSA	Lecturer			x	present	x	present
McLaughlin	Shelly	EMSA	Asst. Dean HPPHP; EMSA Faculty, Lecturer II			x	present	x	present
Nason	Stacie	ENMU - Roswell	Clinical Coordinator			x	present	x	present
Powell	Justin	ENMU - Roswell				x	present	x	present
Salazar	Martin	AFD	EMS Captain Albuquerque Fire Department			x	present	x	present
Roberts	Donnie	NM EMS Region 3	Executive Director		Region 3 Representative			x	present
Hackett	Jason	AFD	EMS Educator					x	present
Moulton, MA, NRP	Martin	NM DOH EMS Bureau	Licensing Manager					x	present
Wulf	Thomas	ENMU - Roswell	Medical Director		(3) ENMU-R Medical Director			x-left after 10AM	present
Kalishman	Andrew	CNM	Medical Director		(6) CNM Medical Director	x	present	xx	Kyle Cole
Davis	Jesse	ENMU - Roswell	Program Director		(3) ENMU-R Program Director	xx	Stacie Nason	xx	Stacie Nason
Macias	Humberto	SCFD	District Chief		EMT-B Representative	xx	Doug Gadomski	xx	Doug Gadomski
Campion	Douglas	NM EMS Region 2	Training Coordinator		Region 2 Representative	xx	Joyce Bradley	xx	Joyce Bradley
Gilmore, WEMT-I; MI/C	Carl		EMT-I Rep		EMT-I Representative	x	present		
Haskie	Jerome	NM EMS Region 1	Representative			x	present		
Painter	Matthew	AAS	Education Coordinator			x-left after 10AM	present		

*Those noted as left at a certain time are only noted for purposes of verifying quorum and voting members at times of votes.*