EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE
Ameritel Spectrum, 7499 Overland Rd., Boise, *ID*
September 22, 2005

COMMITTEE MEMBER ATTENDEES:
Vicki Armbruster, Volunteer Third Service Member
Lynn Borders, County EMS Administration
Ken Bramwell, Emergency Pediatric Medicine
Kallin Gordon, EMT-Basic Member
Pam Holmes, Air Medical Member
Karen Kellie, Idaho Hospital Association Member
David Kim, Idaho Chapter of ACEP Member
Thomas Kraner, Committee on Trauma of the Idaho Chapter of ACS
Robert D. Larsen, Private Agency Member
Warren Larson, EMS Instructor Member
Mary Leonard, State Board of Medicine Member
Allen Lewis, EMS Instructor
Scott Long, Idaho Fire Chiefs Association Member
Cindy Marx, Third Service Non-Transport Member
Ethel Peck, Idaho Association of Counties Member
Tim Rines, Career Third Service
Ken Schwab, Advanced EMT-A
Murry Sturkie, DO, Idaho Medical Association Member
Season Woods, Fire Department Based Non-Transport

COMMITTEE MEMBERS ABSENT:
James Ackerman, EMT- Paramedic
Lloyd Jensen, Idaho Chapter of the American Academy of Pediatricians

VACANT MEMBER SEATS
Consumer
State Board of Nursing

EMS STAFF ATTENDEES:
Bessey, Kathy
Carreras, Michelle
Denny, Wayne
Edgar, Andy
Freeman, Barbara
Gainor, Dia
Gruwell, Scott
Brad Michaelson
Neufeld, Dean
Newton, Tawni
Pfeifer, Mark

Other Attendees:
Allen, Roy - Bannock County Ambulance District
Allen, Tom - Nampa Fire Department
Anderson, Ron - Meridian Fire Department
Barber, Brian - Boise City Fire Department
Bates, Jeff - ICEE
Cooper, Steven - Lewiston Fire Department
Evans, Roger – Kootenai Medical Center
Hyde, Stacy - Chubbuck Fire Department
Iverson, Hal – Air St. Luke's
McGrane, Michael – Air St. Luke's
Navo, Val - Fort Hall Fire & EMS District
Ryan, Ted - St. Al's Life Flight
Sharp, Lynette - Air Idaho Rescue
Vickers, Greg – Portneuf Life Flight
Weiss - Joe – East Boise County Ambulance
Weiss, Phyllis – East Boise County Ambulance

Discussion	Decisions/Outcomes
Introductions and Housekeeping	
Farewell to those whose terms have expired (Mary Ellen Kelly, David Christensen, Hal Gamett). Karen Kellie and Vicki Armbruster are being re-appointed. New EMSAC members: Tim Rines, Career Third Service; Season Woods, Fire Department Based Non-Transport; Allen Lewis, EMS Instructor; Lloyd Jensen, Idaho Chapter of the AAP. Vicki Armbruster has been appointed as the EMSAC chair by Dick Schultz.	Motion to approve the minutes was seconded and approved.
National Scope of Practice – Final Model and Implications for Idaho	
Dia reviewed the final model of the National Scope of Practice and the implications for Idaho. Idaho has been a user of the NREMT curricula since 1970. There will never be another national standard curricula. The model creates a national floor, not a ceiling. 1. Paramedic level will have zero impact for Idaho. (Advanced practice paramedic was removed from this model). 2. Emergency Medical Responder (formerly similar to First Responder). Some differences: Use of unit dose auto injectors for the administration of life saving medications intended for self or peer rescue, AED, trauma care. 3. EMT. More aggressive airway management, PASG for fracture stabilization, pharmacological interventions. 4. AEMT. Most change and most challenging. What was the EMT-I at the national level is now labeled the Advanced EMT. There will be a federal contract, presumably with the National Association of EMS Educators, to develop curricula. The publishing community is expected to take on the task of producing textbooks, etc. Curricula, scope of practice, certification processes need to be aligned. Next step for Idaho is determining name and scope of practice	

changes for Idaho levels. Status of EMT-I in Idaho. The model says that a state may choose to break away from the model by adding skills or to deviate by adding a whole new level. The model warns against this because there will not be a national curricula or certification exam. Not mandatory. The scope of practice differences in the Advanced EMT level are a logical progression for the current Advanced EMT to make. Automated glucometry was the most debated skill. It is technically a federally regulated lab test. When an organization brings the equipment the provider is subject to rigorous licensing standards. Discussion centered on whether an agency would need to apply for a CLIA waiver from the lab license.	
National Registry Computer Based Testing	
Effective Jan. 1, 2007, the National Registry (NR) is discontinuing all paper written exams and will provide computer adaptive testing for all levels the NR recognizes. The Idaho challenge is access and cost. Access: Coeur d'Alene is no longer a site. Pearson Vue is the largest testing service in the USA. All levels of exams will be available at all locations. Event based testing will cost between $2,500 and $5,000 plus travel expenses of the Pearson Vue employee, plus adequate technical facilities to plug in the Pearson Vue server. Exam fees range from $65 to $110 (First Responder to Paramedic.) There are many important valid reasons to move to this computer adaptive testing. It is a superior method that changes (adapts) to the candidate's performance on each question. Question to EMSAC is what path should Idaho take? Texas, Wyoming, and Kansas are not going to be using the NREMT testing. NREMT will have a written exam for the levels that are identified in the Scope of Practice Model. Coordinating with Utah's process could have	

some interconnectivity issues. IO Solutions' examination products were reviewed. We could entertain having different testing procedures for different levels. The IO Solutions would be the same as current fees. Paper and pencil written exams. Would Idaho accept the NREMT exam for certification? Will there be competition among the providers with different certification methods? Is the IO Solutions comparable in validity to the NREMT process? Idaho currently has about 900 NREMT exams annually. Idaho would risk losing NREMT sites if Idaho accepts a two exam scenario because the sites were chosen based on volume. NREMT is considered the lowest common denominator. What would reciprocity standards be? What is driving us? Cost or standard levels? What happens if someone passes the IO Solutions test but can't pass the NREMT test? The state that uses the IO Solutions test to give a 6 month provisional certification to allow time to take the NREMT exam would not renew the provisional certification. Who would assure competency? Would the medical director? A physician member of EMSAC stated he wouldn't want that job! The Bureau's responsibility is to the safety of the public, not to the provider who wants certification. How do you validate competency? The NREMT or any national level is the minimum standard. We should hold the educational institution responsible and standardize the educational minimums. Take the test before you graduate. Why are there so many initial failures? The computer adaptive testing could be a solution to that problem. IO Solutions will cater to the State's standards. IO Solutions is not a "lesser" test. It is a valid test. Why is Idaho trying to buck the national standard? We're only looking at the cost. There are ways around that. Whatever test we decide to use, it's the	

educational process that should determine the student's qualifications. For this model, the practical exams need to be taken before taking the written exam. No room for negotiating cost for adding sites.	
Recommendation for Provider Testing in Idaho – Jeff Bates	
Jeff Bates, the Idaho Consortium for EMS Education (ICEE) representative, presented the Consortium recommendation to accept one testing and that is the National Registry because it is nationally recognized. IO Solutions was selected for the EMT-I level because it is a state test only. Research indicates that we should give IO Solutions a trial for EMT-I before considering implementation as a state standard for other levels. The test was selected for the Idaho specific EMT-I level because there is not a NREMT exam available for this level. Concerns about dual systems. What is the legality of a candidate not being able to pass one or the other of the exams? NREMT has thousands of questions and is a progressive exam. IO Solutions has hundreds of questions. IO Solutions is an unknown entity. Suggestion that having two testing methods will be inconsistent and problematic. What about tying Bureau payment of the exam fees to whether the candidate affiliates. The NREMT asked the states to make a declaration of their intention on October 1, 2005.	Motion to recommend retaining the NREMT for the paramedic level and look at IO Solutions or other methods for other levels was seconded 5 ayes 16 nays. Motion fails. Motion to recommend retaining NREMT and budget for event specific testing in remote areas with an amendment that money is set aside for agencies with affiliated students to cover exam fee was rescinded. Define remote. Is paying for rural and not urban test fees equitable? **Motion** to recommend taking more time to study the issues and report to NREMT that Idaho is undecided was seconded and carried. • Need more information to make the decision. • Establish a task force, contact constituents, get a detailed report from ICEE. • Integrated computer system needs to be developed. • Pros, Cons, and risks need to be presented to EMSAC. • Ethel Peck asked for a list of pros and cons to be distributed to members prior to the December meeting.
EMSAC Membership Handbook	
The Membership Handbook was distributed. Comments are to be directed to Kay Chicoine.	
EMSC Sub-Committee Report	
Key Points **New Grant Application and Criteria** 1. In the past there has not been a requirement to evaluate or measure EMSC activities. 2. Performance Measures will drive future EMSC grants. ***EMSC Performance Measures***	

1. Operational capacity to provide pediatric emergency care. • On and off line pediatric medical direction at the scene for BLS and ALS providers. • System for recognizing hospitals that are able to stabilize and manage pediatric emergencies. • Provide agencies with the essential pediatric equipment and supplies. • Hospitals with written inter-facility agreements. Target: 90% of the state will be compliant by 2011. 2. Adoption of requirements for pediatric emergency education for the recertification of paramedics. Target: 100% of states by 2011 3. Performance of EMSC in the state/territory EMS system • Establishment of EMSC Advisory Committee • Pediatric representation on EMS Board • State funded EMSC Coordinator • EMSC priorities are integrated into existing statutes/regulations Target: 100% of states by 2011 ***Where Are We Now*** • Idaho is in good shape for measuring the system. • With the EMSC program housed in the EMS Bureau, we have access to PCR, certification, and licensure data. • Bureau is piloting a dynamic PCR system in the next few months. Can add fields to obtain needed information. ***EMSC Sub-Committee Membership*** • Adequate representation? • Representation from IHA? • Representative from a regional medical center and a CAH hospital?	**Sub-Committee Motion** A motion recommending that the Bureau, during the PCR pilot, consider evaluating Bureau's ability to explore measuring pediatric care activities such as: • On- and offline pediatric medical direction at the scene for BLS and ALS providers. • Provide agencies with the essential pediatric equipment and supplies. Seconded and carried. **General Session Motion** Motion to recommend accepting the EMSC Sub-Committee report was seconded and approved.

Medical Direction Sub-Committee Report	
Key Points Board of Medicine Rules Update Drs. Sturkie & Sivertson reported on their meeting with Dr. Jones, Chair of the BOM. **General Session Discussion** Murry Sturkie reported about the preliminary draft proposal for rules. A few years ago Keith Sivertson discussed paramedics practicing within their scope of practice in the ER. The rules went back and forth between EMS and the Board of Medicine. The Idaho EMS Physician Commission is being proposed via legislation and this Commission will establish standards for scope of practice and medical supervision for certified personnel, ambulance services, and non-transport agencies licensed by the department. The draft law will be reviewed by BOM and DHW legal experts and will be introduced in the 2006 Legislature. **Physician Education Update** The project is on track with the physician workshop scheduled for October 15 in Idaho Falls	**Sub-Committee Goals & Motions** • The committee requests the EMS Bureau staff develop a conceptual document of how State Communications Center can assist, interact, or facilitate on-line medical direction. The EMS Bureau needs to change the PCR quarterly report to a) identify the agency, b) be provided in an electronic format the recipient can manipulate. If not possible with the current system, they should be priorities in future systems. Send comments to Andy Edgar next week about the draft rule and he will forward to the task force. The subcommittee recommends EMSAC support; the legislation for the Physician Commission was seconded and carried. **General Session Motion** Motion to recommend accepting the EMSC sub-committee report was seconded and carried.
Licensure Sub-Committee Report	
Key Points **Licensure Standards Manual Revision** • Integrated changes based on EMSAC recommendations, aligned BOM definitions for medical direction and expanded information on review process and provisional licensure. • Minimum Equipment List is being revised. We will review and discuss next EMSAC meeting. **2005-2006 Licensure Application** • Applications mailed out with new Licensure Standards Manual beginning of September. • Dedicated grant demographic and vehicle information requested in this application. • Assuring medical direction and 24/7 accountability, defining response areas and	

mutual aid agreements is the focus of this application period.	
Lincoln County EMS, Upgrade ILS Transport to ALS2 Application was incomplete and was not considered at this time.	
Moscow Volunteer Fire Dept Upgrade from ILS Transport to ALS Level 2 • Goal of the system is to provide ALS service, beginning with limited ALS personnel, and expanding as described in the training and recruitment plan submitted with the application Full support of medical director, mayor and city supervisor.	**Sub-Committee Motion** Motion recommending approval for licensure of Moscow Volunteer Fire Department upgrade to ALS2 was seconded and carried.
Potlatch Corp Firefighters, Upgrade BLS Non-Transport to BLS Transport • Still planning on using Lewiston as the primary transport unit. • Recently acquired an ambulance. Plan to transport only on occasion if the transport entity were unavailable, if there are multiple patients or when responding to Lewiston as a mutual aid resource.	**Sub-Committee Motion** Motion to recommend approval of licensure for Potlatch Corp Firefighters upgrade to BLS transport with the stipulation that they obtain medical direction by March 31, 2006, was seconded and carried. **General Session Motion** Motion to recommend accepting the Licensure Sub-Committee report was seconded and approved.
Disciplinary Sub-Committee Report	
EMS Instructor Complaint #1 **Key Points** 1. An instructor received payment to instruct two courses, but did not hold the courses. 2. Some of the funds used to pay the instructor were from an EMS Bureau Training Grant. 3. Discussion arose concerning eligible course sponsors and agencies using instructors not affiliated with the sponsoring agency.	**Sub-Committee Motions** Motion recommending revocation of instructor status for a minimum of 2 years and repayment of funds paid to the instructor by the involved agency, reapplication for instructor status would require retaking adult methodology, instructor orientation and proof of financial restitution was seconded and carried. Motion recommending that the EMS Bureau request repayment of training grant funds issued to the involved EMS agency was seconded and carried.
EMS Instructor Complaint #2 **Key Points** 1. An EMS instructor failed to provide appropriate practicals and clinical training for 7 students in an Advanced EMT course. 2. Course completion documents submitted	**Sub-Committee Motions** Motion recommending revocation of instructor status for a minimum of 2 years and repayment of funds paid to the instructor by the involved agency, reapplication for instructor status would require retaking adult methodology, instructor orientation and proof of financial restitution was seconded and

were not accurate. 3. Sponsoring Fire Department is pursuing legal avenue to recoup losses from this course.	carried. Motion recommending that the Bureau investigate falsification of records for possible EMS certificate action against this EMS provider was seconded and carried.
DNR Complaint Update DHW Attorney General recommended an internal investigation and a determination about what, if any, EMS Bureau disciplinary action before turning over to the county. AG recommended follow-up investigation with personnel on scene (completed 9/05), family members, hospital, and funeral home personnel (yet to be completed) **General Session Discussion** Discussion of the confusion with the DNR terminology. DNR can mean a different process in different situations. Is the terminology Comfort One more descriptive? This is explicitly spelled out in law and rule. Pre-hospital providers can not honor a living will. The Comfort One was expanded recently to be valid in more than the pre-hospital setting. Question about the Bureau's authority to turn this case over to the county prosecutor. The Bureau is being directed by the DHW attorney general. The agency is very willing to be interviewed. The agency billed the family for the services that they didn't want. Suggestion that it is inequitable to single out this incident for a system problem of the confusion over the DNR terminology and procedures. This sounds like a normal complaint process to get a recommendation from the Disciplinary Sub-committee and then consulting with the DHW Attorney General.	
Misuse of Grant Vehicle Update The Bureau is still working on this complaint. Plan to begin investigation by assessing accountability for and appropriate use of all grant funded equipment and vehicles.	**General Session Motion** Motion to recommend accepting the Disciplinary Sub-Committee report was seconded and carried.

Air Medical Sub-Committee Report	
Key Points ***No Notification Status*** 1. 222 No Notifications recorded by State Communications Sept. 2004 – Sept. 2005 2. State Communications will provide each agency with their total numbers for the reporting time. 3. How often can the Air Ambulance agencies be notified by State Communications Management of the number of No Notifications? Suggested monthly e-mail to each agency. Monthly e-mail to start in November, 2005 4. Have all Air Ambulance agencies signed the No Notification Agreement from last year? Michele Carreras will check this and respond to Pam Holmes. 5. Notification time from Air Ambulance agencies is typically within first five minutes, barring other priorities. ***Response Areas*** 1. 100 mile radius is the average response area based on responses from all Air Ambulance agencies. 2. Fire camps requested Air Ambulance information from EMS Bureau. The new map was a resource for the Bureau to provide this information. ***LZ Training Guide Report*** Safety Committee report 1. Request to add Air Ambulance crash to training 2. Presentation at next Air Sub-Committee Meeting	**General Session Motion** Motion to recommend accepting the Air Medical Sub-Committee Report was seconded and carried.
Grants Sub-Committee Report	
Key Points ***FY06 Training Grant Review*** Available funding for FY06 grants is significantly less than in prior years - $123,000 versus $63,000	

Total priority 1 training requests $95,830 with $6,920 ineligible, priority 2 requests $31,735, and priority 3 requests $11,360. Equipment requests $45,777 ***Dedicated Grant Results*** • Total $ requested $4,119,440 • Total funded $1,305,449 • Vehicles requested $3,585,319 • Vehicles funded $1,010,729 • # Vehicles requested 45 • # Vehicles awarded 14 • Equipment requested $534,121 • Equipment funded $294,720 • Total agencies applying 105 • Total agencies receiving awards 68 **General Session Discussion** Has there been a pro-active outreach to find out why there have not been any vehicles awarded to some counties? No. There are 14 counties who have not participated. Do resorts get allowance for the tourist population? Yes, but it is difficult to determine the population. The map demonstrates only one year's distribution. Who regulates rescue/extrication vehicles? There is no nationally recognized standard and there is nothing in Idaho to govern training. EMS is still funding R/E equipment. Is there an opportunity for system improvement by measuring operational standards and base eligibility on compliance? Currently the process is blind to any coordination potential between geographically co-located agencies. Distribution criteria is defined in law.	**Subcommittee Motions** 1. Motion to recommend only funding for training and not equipment was seconded and approved. 2. Motion to recommend funding priority 1 training requests only, excluding the 2 ineligible requests, was seconded and carried. 3. Motion to recommend funding at 70% of priority 1 training requests was seconded and approved. 4. Motion to recommend that unused funds will be divided among the regions for training equipment was seconded and carried. **General Session Motion** Motion to recommend accepting the Grants-Sub-Committee report was seconded and carried.