

## EMSAC GENERAL SESSION MEETING MINUTES

October 18, 2013

### COMMITTEE MEMBER ATTENDEES:

Mary Adcox, Consumer Member  
Kevin Bollar, EMT-Paramedic Member  
Joe Cladouhos, Idaho Hospital Association Member  
Greg Gilbert, EMT Basic Member  
William Holstein, Private EMS Ambulance Service Member  
Brent Jennings, Idaho Transportation Department Member  
Jamie Karambay, Idaho Chapter of ACEP Member  
Scott Long, Idaho Fire Chiefs Association Member  
Catherine Mabbutt, Board of Nursing Member  
Jim Massie, EMS Instructor Member  
Bill Morgan, Committee on Trauma of the Idaho Chapter of ACS Member  
Megan Myers, Fire Department Based Non-Transport Member  
Kathy Stevens, Idaho Chapter of the American Academy of Pediatricians Member  
Murry Sturkie, DO, Idaho Medical Association Member  
Mark Zandhuisen, Career Third Service Member

### COMMITTEE MEMBERS ABSENT:

Jim Allen, Third Service Non-Transport Member  
Kevin Amorebieta, Advanced EMT Member  
Les Eaves, County EMS Administrator Member  
Denise Gill, Idaho Association of Counties Member  
Gretchen Hayes, Volunteer Third Service Member  
Mike McGrane, Air Medical Member  
Mark Urban, Pediatric Emergency Medicine Member

### VACANT MEMBER SEATS

None

### Other Attendees:

Jeanie Allen	Christine Packer	Dave Reynolds	Greg Vickers
Marc Essary	Dean Philbrick		

### EMS STAFF ATTENDEES:

Mindi Anderson	Corrine Dalzell	Tara Knight
Cheryl Brower	Wayne Denny	Dean Neufeld
Michele Carreras	Kody Dribnak	Erin Shumard
Kay Chicoine	Barbara Freeman	Chris Stoker
John Cramer	Michele Hanrahan	

**General**

Welcome to new members: Jim Massie and Bill Holstein. There are currently no vacancies. Terms are expiring for Joe Cladouhos, Bill Morgan, Denise Gill and Mark Zandhuisen.

Dates for upcoming meetings:

February 5-6, 2014

June 26-27, 2014

October 16-17, 2014

Minutes from June 2013 meeting were approved.

**EMSAC Handbook Changes Vote**

Motion to accept the revision of the EMSAC Member Handbook was seconded and carried.

**FISDAP Update – Kody Dribnak**

Kody Dribnak updated EMSAC about this year's FISDAP workshops held July-September 2013 in Boise, Moscow, Sandpoint, Burley, and Rexburg. There were a total of 33 participants. Lessons learned by the Bureau would be to hold fewer workshops and give financial assistance for travel.

**ORTI Update – Chris Stoker**

Chris Stoker reviewed the current progress of the Online Rural Training Initiative (ORTI). Orientation sessions for course coordinators, primary instructor and skills coaches were held in Pocatello, Boise and Riggins. There are, 11 programs hosting 13 courses with 125 students enrolled. There was more interest from students than the pilot launch could accommodate. The 11 host agencies: Clearwater County in Timberline and Orofino, Donnelly Fire, MRW, East Boise County, Elk City, Elmore County, Franklin County, Kooskia, New Meadows, West End Fire.

The pilot launches October 1, 2013 and ends April 1, 2014. The results will be analyzed and the Bureau is anticipating an official statewide launch for regular online training next year.

**NASEMSO Update – Chris Stoker**

Chris Stoker shared highlights from the NASEMSO annual meeting held in September about EMS Workforce documents, AEMT NREMT results, NREMT psychomotor pilot, lessons learned from Hurricane Sandy, and Partner updates.

One big takeaway was that the AEMTs are marginally not passing NREMT exams possibly due to overlooking basic EMS skills that are included in the transition course materials.

### **Provider Attrition – Dean Neufeld**

Dean Neufeld presented the latest personnel attrition update comparing October 2012 and October 2013 data.

2012: EMR (372), EMT (2,580), AEMT (974), PARAMEDIC (686)

2013: EMR (331), EMT (2,479), AEMT (902), PARAMEDIC (714)

### **Time Sensitive Emergencies – Wayne Denny**

Idaho is one of a very few states with no organized trauma systems. Previous attempts for legislation resulted in a registry but not a system.

The Healthcare Quality Planning Commission (HQPC) is a Governor appointed group charged with finding ways to improve the healthcare system in Idaho. In 2012, the HQPC began talking about advancing legislation to create a trauma system.

The HQPC proposal was based on the model that Montana uses. Montana's trauma system is voluntary, "bare bones" and costs about \$300,000/year to run. A compromise was reached with the HQPC to not pursue a trauma-only system, but rather include stroke and cardiac as well. The end result was House Concurrent Resolution 10 which directs the DHW to convene a workgroup to: (1) Define the system structure of a TSE system of care. (2) Define the funding process for the system. (3) To create enabling legislation.

The system will be fielded in an incremental process. Trauma is to be the first element with stroke and cardiac following, once trauma is up and running.

The Time Sensitive Emergency (TSE) workgroup originally started out with about 15 members, but has grown to over 40 regular members that met monthly since June 2013. The group is representative of all major TSE interest groups.

Sources of information for TSE: Website, presentations at EMS conferences and organizations such as the Idaho Hospital Association (IHA), FAW document, consulting with other states such as Montana and Utah.

Key elements in the model described by the workgroup include public education about prevention, first aid, 911 access, response coordination, pre-hospital response, transport, emergency departments, acute medical care, rehabilitation and quality improvement.

The proposed TSE system would be led by a Governor appointed Board. The easiest comparison of the TSE board is the EMS Physician Commission as they are also Governor appointed and are housed within the Department. All three categories of TSE would be under the Board.

A number of regional TSE Committees will be organized throughout the state. The number of regions is left to the discretion of the board, but the workgroup views six as a good number. Each TSE region would be concerned with trauma, stroke and cardiac just like the State Board. Each region would include members from all interested parties such as EMS, hospitals, public health, community members and rehab. The regional committees will be concerned with topics such as education, QI and coordination within their respective region. The proposed Board included 17 members with a good representation of stakeholders but still keeping the size manageable. One of the primary functions of the board is to establish designation standards for the TSE system.

Why is this proposed model good for EMS? We can see where the TSE system will help get the

hospitals more involved in EMS training. The TSE regions will be a good venue to have case reviews. Every case will not be reviewed, but learning more about a select few very interesting cases from within a region should be very helpful for EMS personnel. The regions will also be the place to develop best practices and protocols.

The workgroup proposed that the TSE Board follow the American College of Surgeons criteria as closely as possible for levels two, three and four. Utah has created a level five trauma designation which is planned for those facilities that would like to participate but cannot meet the requirements for level four designation.

#### **Chat with the Chief Update – Wayne Denny**

Wayne reported on his recent trip through Idaho. The visits were informative and well worth the time.

#### **Legislative Update – Wayne Denny**

The Bureau plans to take several sets of rules to the upcoming legislative session as well as a bill with language that defines the practice and provision of EMS. The legislative language draft explicitly addresses the Ski Patrol exemption. The current definition of EMS speaks to a system but not to the practice.

#### **Education Subcommittee Report – Kody Dribnak for Jim Allen**

Kody Dribnak reviewed the education standards manual changes explaining program approval instead of course approval. He also explained the difference between limited basis programs and continuing basis programs. With the ability to register a program instead of a course only, instructors will not need to register on the National Registry repeatedly.

To assist agencies in training their providers, the Bureau has two sets of BLS training equipment that are available to be checked out/borrowed.

It was explained that the Optional Module curriculum that agencies will use to train their providers will be pulled from the provider level above where it is a floor skill.

A list of Bureau-approved Adult Methodology courses was presented that included CSI, LCSC, Idaho Vo-Ed, Idaho Peace Officers Standards and Training Academy, et. al. BYU will be offering a reasonably priced adult methodology course in the near future. It was also noted that a bachelor's degree in education meets the adult methodology requirement for instructor approval.

#### **Data Subcommittee – Brent Jennings**

Brent Jennings explained that our goal is to transition to the National EMS Information System version 3 (NEMSIS 3) by 2016. Data is important and becomes critical in helping to determine where we want to go in the future.

A timeline/goal sheet was presented that lists the Advisory Committee tasks from Fall 2013 through Fall 2014. Initial tasks included identifying potential stakeholders, forming the task force, self-education, establishing a "roadmap," reviewing existing data elements, working with the EMS Community, and surveying partners.

The importance of involving users was mentioned. Show them how they can use the data; demonstrate the usefulness of the data that is being collected.

A list of groups the Data Advisory Subcommittee will invite to participate was presented.

The confirmation of the committee members and the packets of information should be out to the committee by the end of November. The committee will consider having a professional facilitator to help it meet the timelines and goals. Some committee members feel this service will be very beneficial. Further research will be conducted as to costs.

**Agency Licensure Subcommittee – Dean Neufeld for Les Eaves**

Dean Neufeld reviewed how the Minimum Equipment List is being revised to comply with the upcoming rule changes. The dialogue on how to improve the list (exemption and exception vs. simplification of list) was good and greatly appreciated. The Bureau will remove some of the high-dollar items for operational designations where they would not be considered essential. If the equipment is required, then it should be eligible for grants (i.e. not on the ineligible list).

Input and contributions given to completing this list are greatly appreciated by the Bureau and they are always open to comments.

**Personnel Licensure Subcommittee – Dean Neufeld for Bill Holstein**

Dean Neufeld discussed a Bureau initiative aimed at assisting agencies in their recruitment efforts. The goal would be to provide informational materials for potential students prior to their entry into an education program. A discussion regarding the events that precipitate the education portion for developing a provider base was opened. The subcommittee brainstormed on the marketing/recruiting aspect of obtaining new providers. There is a need to get information out to potential students/future providers and the subcommittee came up with a list of ways to try to reach them.

Bill Holstein was appointed as the new chairperson for this committee.

**Grants Subcommittee – Greg Gilbert**

Greg Gilbert reviewed the grant awards for this fiscal year. The Bureau has added a new requirement that the receiving agency demonstrate Proof of Obligation by December 31, 2013. Proof of purchase and payment and the return of unused funds deadline is June 1, 2014.

Kay Chicoine presented problem areas of the FY2014 application. Changes in wording were discussed. There was also some discussion about the alignment of eligible items with the minimum equipment list and scope of practice. The general conclusion was that items on the minimum equipment list should not be on the grants ineligible list and will be discussed to coincide with the minimum equipment list effective date of July 2014.

There was a discussion on the cap amount for ambulance remounts. The question was raised as to whether \$110,000 was enough. It was agreed to keep the current cap.

**General Session Motions**

Motion to accept the three motions submitted during the Grant subcommittee was seconded and carried.

**Grant Subcommittee Motions**

Motion to recommend deleting the cot descent system from the ineligible items list and place a loading system cap at \$10,000 was seconded and carried.

Motion to recommend retaining current equipment price caps was seconded and carried.

Motion to recommend retaining current vehicle price caps was seconded and carried.

### **Community Health Subcommittee – Kevin Bollar**

Kevin Bollar reviewed Ada County, Bonner County and Moscow Fire community health program updates. Some programs are new and some have been in place for a while. All are trying to fill a niche in their community. Agencies interested in having a community health program, should conduct a needs assessment that incorporates engaging stakeholders, targeting specific health concerns, and good communication. You can start with community outreach programs – start small and expand out. Remember that EMS 911 is very different than Community Health/Paramedicine. Education in this field is also important.

Christine Packer (Qualis Health) was added to the committee as ad-hoc member. She is an invaluable data resource.

Mary Sheridan shared that grant opportunities and peer mentoring are available to agencies.

The newness and lack of structure in the Community Health concept is an opportunity to develop a new facet to the EMS community in a way that works best for everyone involved.

### **EMSC Subcommittee – Bill Morgan**

Bill Morgan reviewed the continuing need for EMS responders to be trained on how to treat children.

Erin Shumard discussed the two assessment response rates (EMS Agency and Pediatric Readiness), both over 90%. The results of these surveys are still pending. Some highlights on the Pediatric Readiness survey were that 4,143 hospitals were surveyed nationwide and Idaho did slightly better than the national average in the areas of coordination of care and equipment/supplies for pediatric patients. Areas that can improve are policies, procedures and protocols in the emergency departments for children.

Reviewed the Save the Children report (emergency preparedness for children) where Idaho is scored zero. The potential to incorporate this preparedness aspect into EMSC was mentioned. Erin stated that she will talk to the Bureau's preparedness section for ideas on how to interact with the Health Districts to improve Idaho's score.

Erin has been helping to formulate the next generation performance measures which will be coming in 2017.

It was requested that subcommittee members review the Pediatric Training Opportunities list located on the Idaho EMS web site to determine if the links are still active and/or relevant.

The National EMS for Children Data Analysis Resource Center (NEDARC) workshop in November was mentioned. This workshop will guide non-data analysis EMS for Children managers as to the best use of data to improve pediatric care.

Erin also mentioned that there are several toolkits available with model guidelines for pediatric patient transfer, family-centered care in the ED, and other topics that may be of use to hospitals hoping to improve readiness. The federal program hasn't announced when the next reassessment will take place, but with such a good turnout this time around, they are looking forward to being able to credibly measure progress in the future.