

EMSAC General Session Minutes
October 19, 2012

COMMITTEE MEMBER ATTENDEES:

Jim Allen, Third Service Non-Transport Member
Kevin Amorebieta, Advanced EMT Member
Kevin Bollar, EMT-Paramedic Member
Les Eaves, County EMS Administrator Member
Greg Gilbert, EMT Basic Member
Denise Gill, Idaho Association of Counties Member
Brent Jennings, Idaho Transportation Department Member
Scott Long, Idaho Fire Chiefs Association Member
Doug Mazza, Private Agency Member
Bill Morgan, Committee on Trauma of the Idaho Chapter of ACS Member
Megan Myers, Fire Department Based Non-Transport Member
Travis Myklebust, EMS Instructor Member
Bill Spencer, Alternate attendee for Joe Cladouhos
Murry Sturkie, DO, Idaho Medical Association Member
Pat Tucker, Consumer Member
Mark Urban, Pediatric Emergency Medicine Member
Mark Zandhuisen, Career Third Service Member

COMMITTEE MEMBERS ABSENT:

Joe Cladouhos, Idaho Hospital Association Member
Gretchen Hayes, Volunteer Third Service Member
David Kim, Idaho Chapter of ACEP Member
Catherine Mabbutt, Board of Nursing Member
Mike McGrane, Air Medical Member
Kathy Stevens, Idaho Chapter of the American Academy of Pediatricians Member

VACANT MEMBER SEATS

None

EMS STAFF ATTENDEES:

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| Michele Carreras | Kody Dribnak | Dean Neufeld |
| Kay Chicoine | Barbara Freeman | Erin Shumard |
| John Cramer | Tara Knight | Chris Stoker |
| Wayne Denny | Thaddeus Marks | Season Woods |

Other Attendees:

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|----------------------------|------------------|-----------------|
| Mark Babson | Dexter Hunt | Marie Price |
| Kate Baldwin | Chris Johnson | Dave Reynolds |
| Joanne Clovis | Jim Massey | Loralei Sturkie |
| Ginger Floerchinger-Franks | Dean Philbrick | Mark Urban |
| Troy Hagen | Kathleen Pollard | Gary Voss |
| Cheryl Hansen | | |

General Business and Minutes

Announcements. Welcome to Megan Myers. No vacant seats. No terms expiring.

Dates for upcoming meetings:

Feb 7-8, 2013

June 27-28, 2013

Oct 17-18, 2013

Minutes were approved with the following amendment by Pat Tucker:

“A conclusion of Dr. O’Connell’s study was that screening of parents for appropriateness of family presence and (2) a facilitator to be with the parents is essential for a successful family presence program consistent with Dr. Morgan’s comments.”

Scott Long affirmed that the EMSAC Member handbook revision is in progress and he expects a draft in February.

Town Hall Meeting - Wayne Denny

Senate Concurrent Resolution 131 was a collaborative solution targeted at developing a better understanding of the issues that might hinder recruitment and retention of rural EMS volunteers.

The legislature asked the Bureau to conduct town hall meetings across the state during the evening hours and within 50 driving miles of rural volunteers.

We scheduled and held 16 meetings in April, May and June and collected a vast amount of data from the meetings. The process that we used during the meetings encouraged free brainstorming and therefore did not standardize the information as it was being collected. What resulted was a pool of rather random, unsorted data in which existed several common threads.

Bureau staff spent several months after the meetings sorting and classifying the data into categories that allow further examination and planning. The following nine categories are the result of our work. Please note that there are numerous concerns that did come up during the meetings that are not included in this list. This list includes a sample of the more commonly voiced concerns.

1. Regulation/Policy
 - a. Equipment requirements for EMS courses
 - b. Patient care data reporting
 - c. Must meet requirements for fire and EMS
 - d. EMS courses too lengthy
 - e. Administrative requirements
 - f. Rural agencies feel under represented
 - g. Written examination
 - h. Continuing education requirements
 - i. EMS scope of practice evolution
2. Communication
 - a. EMSAC Members – region/interest group
 - b. Lack of public awareness
 - c. Bureau’s website – hard to navigate
 - d. Administrative forms – confusing
 - e. EMS Bureau changes not well understood

- f. Lack of local office
- 3. Support
 - a. Community recognition and appreciation
 - b. Incentives – young people to volunteer
 - c. Employer – EMS volunteers
 - d. Expense reimbursement
 - e. Local/County
- 4. Demographics
 - a. People are leaving rural areas
 - b. Aging population
 - c. Potential volunteers work 1+ jobs
 - d. Family commitments
 - e. Live and work in different communities
 - f. Decreasing sense of community
 - g. Demographics were commonly voiced concerns during the meetings.
- 5. Several of the concerns voiced are not actionable by the bureau, but we felt like it is important to include them in the report in order to provide a more complete picture of the situation.
- 6. Funding
 - a. Criminal history background check
 - b. Initial education (tuition and books)
 - c. Certification examination
 - d. Continuing education
 - e. Uniforms, fuel and other expenses
 - f. Insurance
- 7. Access
 - a. Educational resources
 - b. Certification examination
 - c. Difficulty maintaining skills
 - d. Reliable internet access
- 8. Political
 - a. Lack of rural EMS political representation
 - b. County level funding shortages
 - c. Policies dictated by urban agencies
- 9. Training
 - a. Emphasis on PowerPoint®
 - b. Emphasis on quantity (time) not quality
 - c. Instructors training students for the exam
 - d. ICS classes not contemporary
 - e. Lack of understanding - examination
- 10. Leadership
 - a. Unrealistic expectations for new volunteers
 - b. Lack of appreciation for volunteers
 - c. Increased emphasis on fire
 - d. Conflict between generations

The following are some of the things that we are either currently working on or will begin working on in the near future:

The NFIRS module for PERCS is already in place. It allows a fire based EMS service to report EMS call

data one time and have it feed into both the NEMESIS and NFIRS systems. If you are a fire based service and are interested in learning more about the NFIRS module, please see John Cramer.

Competency based education, as you all are probably aware does not dictate the number of hours for an EMS course. There still remains some confusion however over how to implement CBE. We will continue working to increase understanding with the hope that CBE will help us address the time spent training concerns.

We learned at the town hall meetings that while our informational webinars are helpful, having them scheduled during the day does not enable the participation of a large number of volunteers who might otherwise attend. We plan to schedule future webinars during the evening hours in order to enable easier access for volunteers.

Fisdap Workshops were held to increase understanding and improve exam results:

Twin Falls (17&18 Aug)

Boise (24 & 25 Aug)

Idaho Falls (30 & 31 Aug)

Coeur d' Alene (7 & 8 Sep)

Grangeville (14 & 15 Sep)

Education Initiative: We discussed this at length during our Education subcommittee.

We have put together two full sets of all of the equipment needed for an EMT course. The sets are available for check out on a first come/first serve basis. We consider this a pilot and will continue or expand the program as needed provided that it is sustainable and effective.

We are currently exploring how we can provide on-line continuing education content free of charge to volunteer EMS providers.

As we have discussed in a previous meeting, we are developing a portal into our web based licensure database that will allow providers to track all of their CE's and do most or all of their licensure transactions through the on-line portal.

Jim Allen asked for refresher courses on the exam writing. The Bureau is considering an instructors conference.

Investigation Update – Season Woods

There are three open cases from SFY 2011 (July 1, 2012 – June 30, 2011). All three were originally complaints against agencies.

One has morphed into a complaint involving unlicensed personnel, a fraudulent refresher course, a lack of medical direction and falsifying patient care reports. This will go to the next peer review committee meeting.

Two will be resolved by the end of November, once inspections are completed.

In SFY 2012 (July 1, 2011 – June 30 2012) we opened forty one (41) new investigations against EMS providers, agencies and educators. Two of the currently open investigations are multi pronged, for example, against an agency and a provider for the same incident, resulting in two additional investigations.

There are currently twenty open investigations from SFY 2012.

- Nine agency investigations
- Eight personnel investigations
- Five education investigations

* The total is more than the actual currently open total due to multi-pronged complaints.

In SFY 2012 there were 2 revocations, 6 refuse to renew, and 2 ineligible for initial licensure. Three of those investigations are multi-pronged, resulting in more than one open case.

In SFY 2013 that began July 1, 2012 there were nine investigations opened. Currently there are 6 open agency investigations and 8 open personnel investigations. We have suspended the license of one person.

A Peer Review committee is scheduled for November 29, 2012 where we will be hearing 6 personnel licensure cases and 1 educator case.

EMT Transition Course Online – Chris Stoker

Chris presented an update on the online transition course.

Twenty-seven (27) agencies have requested use of the online course; currently 96 people from these agencies are registered for the course.

The online course requires an approved transition course and course physician approval. The online course covers only the classroom or knowledge portion of the transition material. Skills training and competency verification are handled by the agency and course physician.

Once the online course is approved, students establish an account and received certificates for each module. Instructors can mix and match online instruction and traditional classroom.

Committee members reported problems with printing a certificate. Chris suggested asking for technical assistance from Centrelearn.

The system is unable to give varying permission levels.

He pointed out that the medical director approves transition instruction and therefore needs to be informed of the use of the online course.

Education Equipment – Chris Stoker

The town hall meetings in the summer of 2012 identified a need for training equipment. The Flex Grant funds, in addition to providing \$8,000 for medical supervision workshops, provided \$10,000 for training equipment. The Bureau purchased two full sets of equipment for BLS courses. It is built from the Idaho EMS Curriculum (IEC) educational equipment list found in the Education Standards Manual. There will be a check-out system. The entire set will be checked out. It won't be individual equipment items. The equipment will be inventoried with each check in.

The future of the availability of the equipment will depend on the frequency of use and sustainability (care for equipment, normal wear, cost of replacements, budget).

DNR/Post Form Approval – Chris Stoker

IDAPA 16.01.01.120.02, which directs EMS response to Advance DNR directives, states that the protocols will be reviewed at least annually to determine if changes in protocol need to be made in order to reflect technological advances.

The EMS Bureau has not received any input from the field suggesting changes to the POST protocol. But

there has been a change to the form as follows: “In order to be valid, the POST form must be completed by a physician (physician assistant when delegated) or Advanced Practice Registered Nurse (APRN) using patient preferences and medical indications.”

The EMS protocol should reflect those changes.

General session motion

Motion to recommend replacing “physician” with” licensed independent practitioners and physician assistants” to the indications column of the POST protocol and add “their” surrogate was seconded and passed.

EMS newsletter – Thaddeus Marks

Thaddeus introduced the first newsletter that will be distributed to providers on a quarterly schedule. The first article is about suspension trauma. Thaddeus requested article ideas from EMSAC and field personnel. The subcommittee suggested adding conference calendars and providing a method for field personnel to contribute. Another suggestion was to feature a region to announce happenings.

Ambulance Manufacturer Standards – Wayne Denny

Wayne Denny presented some of the challenges that would occur when the KKK specs are retired. Many states refer to these specifications in legislative rule. There is concern about liability issues if agencies are in the situation of signing a waiver that their ambulance doesn’t meet specifications.

Bureau Reorganization – Wayne Denny

Wayne announced reorganization in the Division of Public Health that directly affects the EMS Bureau. Reorganization in the Division provided an opportunity to re-evaluate intersection between Health Preparedness and EMS. The eight staff from Health Preparedness has joined the EMS Bureau. The Bureau is now called “Bureau of EMS & Preparedness.

Data Subcommittee – Brent Jennings

Brent Jennings presented the objectives of the newly formed Data Subcommittee: History, role of data subcommittee, team members, ad hoc members, short and long term goals, high level road map and communication in the interim.

The major findings of the National EMS Survey as it relates to Idaho are:

- Prevalent linkages with EMS patient care data are remnants or part of other (CODES) projects.
- Many potentially useful linkages are not in place.
- Data linkage is ranked as mission-critical by 63% of respondents.

- Funding is the predominant issue preventing the movement forward
- EMS access to existing linked databases is limited.
- Outcomes or data usage by others needs definition.

Potential data partners are: 911 dispatch, motor vehicle crash, emergency departments, trauma registry, burn registry, reportable diseases registry, rehabilitation registry, hospital discharge records, death certificates, and cardiac arrest registry.

Brent stated that we need the data to tell our story. The subcommittee will continue to recruit team members with representation from urban, rural, and ad hoc entities (contact Brent if you're interested in participating), assemble and send education package, define short and long term goals, create a preliminary roadmap and meet remotely in January to prepare for the February meeting.

Grants Subcommittee – Travis Myklebust

The subcommittee reviewed specific sections of rule that pertain to the authority and responsibility of the Grants Subcommittee.

The subcommittee discussed the need to define what constitutes a kit (a group of items that will not work independently without the other pieces). Next year's applicants will be informed that requests for kits will be reviewed by EMSAC Grants Subcommittee. The scoring process will be further streamlined electronically. An EMSAC subcommittee member will participate as a subject matter expert in training "application process" webinars. The subcommittee is still discussing the evolution of the grant process for EMS systems versus single agencies.

In the February meeting the subcommittee will review the equipment list and set price caps. They will do research on current prices prior to the next meeting.

The 2013 grant cycle awarded 11 vehicles for \$1,048,871 and equipment in the amount of \$290,111.

EMSC Subcommittee – Bill Morgan

The EMSC subcommittee approved adding a new ad hoc member: Dr. Tres Scherer, Pediatric Trauma Surgeon at St. Luke's.

The EMSC competitive continuation grant was submitted on time in September and results will come in early 2013.

Erin updated the subcommittee on pediatric training at conferences past, present and future. Erin has started ordering supplies for the BLS jump kits to be distributed in Jan. 2013.

The EMSC subcommittee discussed new legislation about concussions. Erin will contact coaches and EMS providers to clarify EMSPC's stance on legislation.

Dr. Morgan gave an update on trauma systems project. They have held 3 townhall type meetings (North, SW, and Eastern) with 100% buy-in from the Idaho Hospital Association (IHA). IHA met in Sun Valley in July and voted unanimously to support a trauma system. Five legislators are willing to sponsor legislation.

Personnel Licensure Subcommittee – Doug Mazza

The subcommittee reviewed numbers for currently licensed providers.

The audit criteria and process were reviewed with no recommendations from the committee. Comments

received during the subcommittee meeting expressed that current practices are effective and not cumbersome.

Agency Licensure Subcommittee – Les Eaves

The subcommittee reviewed new and upgrade applications. Issues associated with AEMT/I85 level services were identified noting the Bureau was in the process of looking at rule updates. Issues associated with vacated license were discussed-granted equipment and vehicles, affiliation and PERCS records.

The subcommittee discussed medical director changes and the documentation issues associated with the change. Medical supervision plans, protocols, and optional modules can be adopted or replaced.

New format and reporting forms for optional modules were reviewed with no concerns noted.

Wildland fire resources and tracking out of state providers was reviewed, including limited request for recognition, planned deployment and medical direction.

A question was raised about the issue of the Ski Patrol and licensing. They were successful in getting legislation passed that exempts them from licensure.

Community Health EMS Subcommittee – Kevin Bollar

The subcommittee received an update from Ada County Paramedics. Their Community Health EMS program has participated in an immunization program. They also discussed possible revenue sources.

A discussion about Community Health EMS in rural areas included the importance of a community needs assessment. It may be difficult to translate the Community Health EMS curriculum and concept to an EMT and AEMT curriculum, as it is only developed for paramedics.

It may be a possibility to solve the paramedic paradox, were paramedics are least available in areas that need them the most (i.e. rural areas).

The subcommittee discussed the difference between expanded scope vs. expanded role and that training may not be new skills, rather new assessment tools and psycho-social training.

The subcommittee's title changed from Community Paramedicine to Community Health EMS. The role of the subcommittee with is to help with legislation and gather resources to educate communities about EMS.

The creation of central accountable cost centers from the Health Care Reform could provide a venue for more funding in the future.

Education Subcommittee – Jim Allen

The subcommittee discussed its function to review EMS education curricula, education standards, and examination processes and recommending same to the EMS Bureau. It is the Bureau's authority to approve curriculum not develop curriculum.

The subcommittee discussed opportunities for participation in item writing and the possibility and need for more workshops in the future. The FISDAP workshops were well attended and helpful. There is interest in putting on an Instructor conference or training.

Subcommittee Motion

Motion to recommend instructors can submit their syllabi the EMS Bureau for Optional Modules designated as a “2” (requires specific education). The syllabi will be brought to education subcommittee to discuss whether it meets objectives. Once approved it would be published on the website as approved syllabi. Motion was seconded and passed.

Motion to recommend removing page 11, G, H, I, and L from the standards manual was seconded and passed.

Motion to recommend student pre-, co-, and post-requisites will be based on the syllabus developed by the education training program was seconded and passed.

Motion to recommend adding course medical director, page 14 C.d and page 15 D1.d was seconded and passed.

Motion to include amending appendix c to include educational degrees for approved instructor methodology equivalent was seconded and passed.

General Session Motion

Motion to accept motions of the education subcommittee was seconded and passed.

Other

Is there a funding stream for regional conferences? Bureau is still pushing funds towards conferences.

Committee members recognized that there needs to be a better process for hearing from stakeholders at the EMSAC meeting. Their input is valuable. Suggestions were to explain the process in the newsletter, add a directory of EMSAC members in the newsletter, and take the mystery out of the process. Members need to take opportunity to do outreach in their regions.

General Session Motion

Motion to recommend opening up a venue to submit requests to the Bureau of issues for the agenda – specific subcommittee or general session and a notice to agency administrators was seconded and passed.