

EMSAC GENERAL SESSION MEETING MINUTES

February 8, 2013

Attendees: COMMITTEE MEMBER ATTENDEES:

Jim Allen, Third Service Non-Transport Member
Kevin Bollar, EMT-Paramedic Member
Joe Cladouhos, Idaho Hospital Association Member
Les Eaves, County EMS Administrator Member
Greg Gilbert, EMT Basic Member
Gretchen Hayes, Volunteer Third Service Member
Brent Jennings, Idaho Transportation Department Member
Scott Long, Idaho Fire Chiefs Association Member
Mike McGrane, Air Medical 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
Kathy Stevens, Idaho Chapter of the American Academy of Pediatrics Member
Murry Sturkie, DO, Idaho Medical Association Member
Mark Urban, Pediatric Emergency Medicine Member
Mark Zandhuisen, Career Third Service Member

COMMITTEE MEMBERS ABSENT:

Kevin Amorebieta, Advanced EMT Member
Denise Gill, Idaho Association of Counties Member
Robert Hansen, Fire Department Based Non-Transport Member
Catherine Mabbutt, Board of Nursing Member
Doug Mazza, Private Agency Member
Pat Tucker, Consumer Member

VACANT MEMBER SEATS

Idaho Chapter of ACEP Member

Other Attendees:

Bill Arsenault	Chris Johnson	Eero Okkonen
Marc Essary	Veronica Jones	Lynette Sharp
Scott Hayes	David Loewenstein	Mary Sheridan
Hal Iverson	Kathy McHan	Loralei Sturkie

EMS STAFF ATTENDEES:

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

General Business

Welcome to new ad hoc members Jim Massie and Mark Babson for the Community Health subcommittee. With David Kim's retirement, there is currently a vacancy for the Idaho Chapter of American College of Emergency Physicians.

Terms that are expiring: Mike McGrane, Travis Myklebust, Murry Sturkie, Pat Tucker

Future Meeting Dates:

June 27-28, 2013, October 17-18, 2013, and Feb 5-6, 2014

The minutes were approved.

Peer Review Update

Season Woods reviewed the peer review process and the general results of the last review which was held this week. A peer review requires at least three non-physician members who hold a license at the same level as the provider being reviewed and a physician commission representative to act as chair. There is a need for more providers to qualify and serve as peer review members. Contact Season Woods if you are interested.

The Bureau will attempt to convene peer review sessions in correlation with Physician Commission meetings to reduce travel costs.

Rules Update

Wayne Denny outlined current rule writing activities. The Bureau is working towards presenting education and agency licensure rules for the 2014 Legislative session. Task force groups have been formed.

Efforts to present legislation for establishing a system of care that includes trauma, stroke and STEMI in Idaho is continuing.

There is legislation for a special volunteer EMS provider license plate. It will cost \$13 above and beyond normal registration fees. The Bureau will develop art work. Volunteer EMS provider still needs to be defined. There will be a certification process to validate eligibility for applicants.

The Criminal History unit has received a fee increase to \$55 - \$60 and may go up to \$65 after July 1, 2013.

Ambulance Specifications

Wayne Denny discussed the National Fire Protection Association (NFPA) 1917 Standard for Automotive Ambulances which is proposed to replace the General Services Administration (GSA) KKK specifications. It is currently open for public input and revision at www.nfpa.org.

The National Association of EMS Officials (NASEMSO) has formed the Ambulance and Vehicle Licensure Committee (AVL) and started the Model Rules for Ambulance Vehicle Design (MRAVD) Project. The AVL Committee has filed two Tentative Interim Amendments (TIAs) to the NFPA to (1) assure that adequate documentation is available for state ambulance inspection processes, eliminate a restriction on the ambulance purchaser about when they could put the vehicle into emergency use, and (2) determination of maximum speed of an ambulance is a matter of state law; avoid the 77 mph limit.

Statement of Exceptions:

<http://www.nasemso.org/Projects/AgencyAndVehicleLicensure/documents/ProposedTIA1088NFPA1917.pdf>

Speed Limiter:

<http://www.nasemso.org/Projects/AgencyAndVehicleLicensure/documents/ProposedTIA1089NFPA1917.pdf>

Additional Information:

NFPA workgroup to comment on 1917 revision. GSA will delay cancellation of KKK specs until October 1, 2015. NASEMSO AVL Committee will be drafting model rules for ambulance design

Agency Administrator Access to IWISE

Tara demonstrated the Bureau's licensure database (IWISE) interface for agency administrators to make updates and includes a personnel CE tracker.

Reports are available. When the IStream project is completed, there will be additional access to more modules in the database. It is a work in progress.

Data Subcommittee

The subcommittee reviewed the NEMSIS 2 and NEMSIS 3 data and made plans to go through the data elements. The subcommittee discussed ways to inform EMS agency administrators about potential benefits of being able to obtain reports for decision making.

The Bureau goals in regards to data collection are:

- State EMS database record on every EMS patient encounter
- Administrative Rules that requires a patient care report (PCR) on every EMS Response by an ambulance and first responders
- Electronic data transmission
- Privacy and confidentiality protection for the system and the patient
- Enforceable authority
- System wide quality improvement
- Benchmarking of compliance and public health indicators
- Disaster management
- Support and assistance resources
- Annual report for policy makers
- Provide data to the National EMS database

EMSC Subcommittee

EMSC reviewed performance measure progress. Three out of ten have been achieved.

There will be assessments by summer 2013 to gauge progress. April 1, 2013 is the opening day of the Pediatric Readiness Assessment project.

The Bureau is sending out information flyers to inform coaches, trainers, and school nurses about the recent concussion legislation.

The EMSC subcommittee will meet by conference call the first week of April 2013.

Trauma Subcommittee

Bill Morgan presented the goal and strategy to effect legislation for the trauma system that will eventually include trauma, stroke and STEMI. Health care reform will be a driver and present opportunities. Representative Wood is a physician and understands the need for this system. The legislation will be crafted carefully and will try to anticipate challenges. The plan is to introduce legislation next year.

Bill Morgan presented the current transition of St. Luke’s Children’s Hospital to a pediatric trauma facility. This transition is being done thoughtfully with concern for the safety of the children. When it is completed, all trauma patients under 14 will go to St. Luke’s Boise RMC.

Community Health EMS Subcommittee (CHEMS)

New ad hoc members on the subcommittee are Mary Sheridan from the Idaho Office of Rural Health and Mark Babson of the Ada County Paramedics. Invitations will be extended to Blue Cross/Blue Shield, interested EMS agencies from Adams County, Ketchum, Moscow, and Blackfoot and other user organizations.

Mary Sheridan may have Critical Access Hospital (CAH) funds to do a Community Health EMS pilot.

The role of the subcommittee is to educate agencies and providers, education organizations that will utilize CHEMS, and involve Idaho educators to promote programs.

An invitation was extended by Joe Cladouhos for representatives from Ada County Paramedics, Bonner County EMS, and the Bureau to attend the IHA meeting on February 12, 2013 and make a presentation.

Motion to accept the subcommittee’s motions was seconded and passed.

Subcommittee Motions

Motion to communicate with agencies, providers, and organization that would benefit from Community Health EMS in order to increase awareness and educate was seconded and passed.

Motion to invite interested educational organizations to a future meeting to discuss the adoption and development of Community Health EMS curricula was seconded and passed.

Agency Licensure Subcommittee

The subcommittee reviewed pending and processed license applications for information. No action taken.

The new optional module “addendum” form has been posted on the Bureau website with the 2013 skills added. Utilization is being collected during license renewal. No action taken.

The equipment list has been identified for revision to include adding requirements for optional module equipment. A work group will convene for revisions in conjunction with the rule writing task force.

Education Subcommittee

The subcommittee reviewed the optional module (OM) curriculum that has been updated on the Bureau website. It identifies those 2 OMs that require specific training under EMSPC rule. There is some 2 OM material still on the website that is outdated but is still posted as a reference.

There is a new process of approval for OM curriculum. Agencies will provide the Bureau with 2 OM curriculum which will then be reviewed by the Education Subcommittee via teleconference. The subcommittee recommended specific curriculum components that must be present to pass review and to meet 2 OM requirements. If allowed by the submitting agency, curriculum will be posted on the Bureau website for others agencies to use.

Hours used to maintain OM credentialing will not be used to meet the CE hours for personnel license renewal. CE and skills validation for OMs is competency based under the direction of the medical director.

The Bureau proposed an education program (versus course) approval process. This will benefit institutions with ongoing programs and frequent or asynchronous classes.

Motion to accept the subcommittee's motion was seconded and passed.

Subcommittee Motion

Motion to recommend the Bureau institute "education program approval" in conjunction with the "course approvals" was seconded and passed.

Air Medical Subcommittee

The subcommittee discussed how non-EMS personnel might help manage a landing zone. There are interested non-EMS personnel who are capable of managing a landing zone. They would like to get certification from the LZO course. This is a possibility.

The air medical agency should contact the EMS agency administrator directly if they encounter landing zone management safety issues.

In flight stand-by requests process from StateComm was clarified. StateComm relays verbatim any request for in flight standby. StateComm uses criteria based auto launch for Boise County only. It is the decision of the individual flight agency whether they will respond or standby.

Motion to accept the subcommittee's motion was seconded and passed.

Subcommittee Motion

Motion to recommend flight services control (gate keepers) for LZO courses outside of EMS and work with the EMS Bureau for printing certificates of completion for the program was seconded and passed.

<p>The requirement for 24/7 staffing for HEMS bases was reviewed. StateComm requests closest air medical regardless of known availability. There is a request agreement amongst air medical agencies to notify StateComm when base has limited hours or is not available for an extended period.</p> <p>Mike McGrane requested that the members review the minimum equipment list for air medical agencies and report to him in 3 weeks. The information will be forwarded to the agency licensure task force.</p> <p>The Air Medical review report is due every three years. The subcommittee reviewed the process and identified challenges. Air medical data is not being reporting in a meaningful manner and didn't differentiate between rotor and non-rotor wing aircraft.</p> <p>ITD has access to locations of highway crashes. Brent Jennings with ITD requested to know if it would be beneficial to develop designated landing zones off of the highway. Discussion revealed the need to land the helicopter on scene to prevent additional transport time. StateComm can dispatch additional traffic control resources which could aid in preventing secondary crashes when aircraft is landing on the highway.</p>	
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Grants Subcommittee

<p>The subcommittee reviewed vehicle price caps. The language for radios was changed from P25 compatible to P25 compliant.</p> <p>There were no additions or deletions to ineligible items. There was language added that an Epi-pen is defined as a disposable item and is ineligible as a grant request. Equipment price caps were discussed. A power gurney price cap for \$10,000 was added, leaving the standard manual gurney at \$5,000.</p> <p>A “kit” was defined to avoid confusion on the grant application.</p> <p>Members piloted the new grant application. There will be a webinar in the near future to educate providers and administrators about completing the application. The chair will participate.</p>	<p>Motion to accept the subcommittee's motions was seconded and passed.</p> <p style="text-align: center;">Subcommittee Motions</p> <p>Motion to recommend the vehicle price caps remain the same was seconded and passed.</p> <p>Motion to add an electric gurney price cap for \$10,000 leaving the standard manual gurney at \$5,000 was seconded and passed.</p> <p>Motion to define a kit as a “group of items that will not work independent without the other pieces for a specific purpose” and must be advertised or cataloged was seconded and passed.</p>
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Personnel Licensure Subcommittee

The subcommittee reviewed the audit process and current license review activity. There have been some complicating factors with the old and new rule and transition process. But agencies are adapting by placing categories, venues and hours on documents.

The EMS Physician Commission (EMSPC) is recommending that competency verification be done through medical supervision. Bureau field coordinators will collect documentation examples during inspections to bring back to EMSPC for review.