

EMSAC General Session Meeting Minutes

June 25, 2010

COMMITTEE MEMBER ATTENDEES:

Vicki Armbruster, Volunteer Third Service Member
Ken Bramwell, Emergency Pediatric Medicine Physician Member
Dennis Godfrey, County EMS Administrator Member
Robert Hansen, Fire Department Based Non-Transport Member
Mark Johnson, Private Agency Member
Scott Long, Idaho Fire Chiefs Association Member
Catherine Mabbutt, Board of Nursing Member
Tom McLean, EMT-Paramedic Member
Travis Myklebust, EMS Instructor Member
Michelle Priestley, EMT Basic Member
Gary Showers, Advanced EMT-A Member
Murry Sturkie, DO, Idaho Medical Association Member

COMMITTEE MEMBERS ABSENT:

Frederick Foss, Committee on Trauma of the Idaho Chapter of ACS
Denise Gill, Idaho Association of Counties Member
Gary Gilliam, Third Service Non-Transport Member
Lloyd Jensen, Idaho Chapter of the American Academy of Pediatricians Member
David Kim, Idaho Chapter of ACEP Member
Mike McGrane, Air Medical Member
Pat Tucker, Consumer Member

VACANT MEMBER SEATS

Career Third Service Member
Idaho Hospital Association

EMS BUREAU STAFF ATTENDEES:

Michele Carreras	Tom Fogg
Kay Chicoine	Barbara Freeman
John Cramer	Lori Henneman
Justin Clemons	Dia Gainor
Wayne Denny	Tara Knight
Marc Essary	Dean Neufeld
Valerie Fend-Boehm	

Other Attendees:

Chris Blakely, Lincoln County EMS	Shane Quarles, Boise Fire
Maureen Brewer, Office of Performance Evaluation	Lynette Sharp, Air Idaho Rescue
Barbara Clark, Boise Fire	Melanie Skiftun, Donnelly EMS
Larry Manring, Fort Hall FD	Mark Zandhuisen – Bonner County EMS

Discussion	Decisions/Outcomes
Minutes and General Business	
<p>The chair acknowledged that a certificate of appreciation will be sent to Denise Gill. (Term has expired.) Gary Gilliam's and Scott Long's terms expire soon. The minutes of the February 2010 meeting were approved.</p> <p>Next EMSAC meeting dates: October 21, 2010 February 3, 2011</p>	
Prehospital Electronic Record Collection System (PERCS) – John Cramer	
<p>John Cramer presented a brief update about recent upgrades to the PERCS program. The Bureau is at a critical point with 60% of expected agencies currently using PERCs. Validating data exports from other software is now the focus.</p> <p>All 56 states and territories adhere to the National EMS Information System (NEMESIS) standard. PERCS is Idaho specific through Image Trend since 2007. It is a very secure system with 256 bit SSL encryption. There is recent improvement in graphics and data collection.</p> <p>The software is more user- friendly and has new reporting tools. There are three different approaches to pull data providing more reporting flexibility. There are more QA options. The user can query the data and drill down to the actual report image.</p> <p>There are validation issues for those agencies using other software. The Bureau has been monitoring data export for about two years. Most vendors are not meeting the gold standard. The Bureau has only been able to validate one agency using reporting software from third party vendors.</p>	
Scope of Practice Optional Modules – Justin Clemons	
<p>Optional modules are ready to go. The Advanced EMT Curriculum still needs State Health Officer approval. The modules are on a password protected website. The process agency administrator and medical director (who determines which skills will be done by the agency) will have access. The Medical Supervision Plan will need to be submitted and then a password will be issued.</p> <p>The Education subcommittee has been working through the 32 hour Emergency Medical Responder curriculum. The education standards allow credit for previous subject matter knowledge. A pre-test can identify areas of strength and weakness. An experienced EMR will probably need fewer hours of instruction than a new EMR. Skills are tested within each level.</p> <p>The course application remains the same with a check box for optional modules. Tom McLean reported his pilot experience with the website as positive.</p> <p>The Bureau will track training for providers.</p>	

Questions

Is it possible to list the optional modules completed on the provider's license? This would aid the medical director. Justin was unable to answer at this time.

Are there proprietary issues? Yes. Copyrighted.

Would agencies who have their own LMS systems be able to download any of the information? Justin will investigate.

There may be Learning and Management System (LMS) formatting conflicts. Some hands on skills can't be taught on an LMS. Cognitive skills have more flexibility.

How long is the exam? Probably not any more than 50-100 questions.

Agency and Personnel Licensure Draft Rules – Wayne Denny

Wayne Denny highlighted proposed rules changes.

300: Describes standards of professional conduct.

317: Combines continuing education hours from current rule. Removes the requirement for a refresher course.

350: Adds a Bureau issued Certificate of Eligibility. Tells an agency administrator a potential provider's status. This is a vehicle for a provider who moves or is temporarily unable to practice for a time to still maintain training and eligibility. It is not easy because CEs and exams need to be maintained.

401-411: Describes the requirements, eligibility, configurations, and operations of agency licensure.

Questions were asked about what happens if a non-transport agency submits a grant application for a vehicle. Do we grant money for a gurney? Can a non-transport agency move a patient by vehicle? There was discussion about non-transport agencies that may on occasion need to transport a patient for a rendezvous. How would they be licensed?

415-418: Describes requirements for personnel licensure.

420: Describes vehicle requirements and safety inspections.

452: Describes requirements for agency license renewal.

470: Not all agencies are going to expire at the same time as they do now. This section describes a transition application to accomplish staggered licenses.

Questions:

335: Hours for paramedic relicensure were discussed. The Rule describes minimum hours. Is there a possibility to vary hours within the types? Good point.

403.04: More questions about a non-transport agency transporting in certain situations. There was concern about this practice becoming a routine event and where is the scrutiny. The practice should be limited for patient safety. The leap between non-transport and transport is not great, but you wouldn't want the non-transport vehicle to pass the ambulance without stopping.

Are we opening the door to having EMRs on the ambulance? Will there be defined circumstances? How do we alleviate the concern of setting a precedent? Are there black and white situations such as "you will rendezvous as soon as possible"? Failing to comply with the rule has sanctions. Can't do that in policy. Do we need a separate focus group to discuss? Are there other crystal clear scenarios: Mass casualties and S&R in rural areas. When is it okay to commit to an entire transport? When is it okay to commit to a rendezvous?

Why would we call it something different from what it is? Do we suggest a threshold? Is there a flip

point such as regularity or frequency at which an agency would need to apply for a transport agency license? Ambulances are required to have a basic EMT. Need to keep the standard.

Two scopes of practice are becoming closer – gap is narrowing – non-transport will transport more often. Need a better definition of this type of movement.

StateComm “May Day” (OnStar) System Data – Michele Carreras

Michele Carreras presented the implementation of the CARS MayDay Project- Taking Advanced Automatic Crash Notification (AACN) To The Next Level. This project has been in the works for 2 years.

StateComm receives real time AACN from OnStar through ITD’s CARS 511 system.

CARS MayDay will provide StateComm with probability of injury that can be relayed to dispatch centers which will improve the efficiency of EMS system response through modification of resource deployment decisions.

The Project Timeline has been:

- February 2008- Developed white paper for OnStar Advanced Automatic Crash Notification Data Feed For Idaho.
- April 2008- Dia Gainor and Kathy Bessey met with ITD 511 Project Coordination Team to discuss white paper. ITD approved the concept and agreed to partner with EMS and Castle Rock 511 Consultants.
- June 2008- EMS funded the CARS Imports Enhancement: Import of OnStar Data.
- August 2008- Scope of Work developed by Castle Rock 511 Consultants.
- Feb 2009-April 2010- Castle Rock 511 Consultants developed CARS MayDay enhancements for Idaho.
- May 2010- System testing and system acceptance completed. Idaho is ready to launch CARS MayDay.

A direct feed from the OnStar Advanced Automatic Crash Notification (AACN) is received through the CARS 511 system directly into StateComm and utilizes an urgency algorithm developed by the Centers for Disease Control (CDC). This urgency algorithm determines a probability of injury to the occupants of the vehicle. If the probability of injury is above 45%, CARS MayDay recommends the dispatch of additional resources (extrication, ALS, air medical, etc) and early hospital notification.

StateComm will contact the local Public Safety Answering Point (PSAP) and ascertain if they received the information from OnStar. StateComm will pass along all additional information received through the urgency algorithm to include the recommendation to dispatch additional resources. If the crash is on the state highway system, StateComm will enter the event into 511 .

Next steps are to launch CARS MayDay and develop a benefits and impact study. The EMS Bureau needs to determine how and what data to collect and to do outreach with PSAPS. Can this data relate to trauma registry data? The data from CARS MayDay will be compared to trauma registry data to validate the accuracy of the urgency algorithm.

CARS 511 is not unique to Idaho. The MayDay application is specific to Idaho – but will be available to other states.

Currently crash information from the automobile is obtained by voice notification. Eventually it will use more sensors from the vehicle.

There are three major crash detection services in the US. None of the organizations have approached us. The CDC and Transportation Department realized that there should be some standardization.

Dia spent the day June 23, 2010 at CDC discussing these issues. Currently there is no tested environment to compare real crash data with trauma registry data. Idaho will be NEMSIS compliant in these two areas.

GRANTS SUBCOMMITTEE REPORT

Travis Myklebust presented the activities of the grants subcommittee.

- Conflict of Interest policy reviewed & signed for exclusion- self declaration
- Reviewed the Dedicated Grants Rules
- Reviewed the FY11 application and instructions
- Available Funding
- Price Cap Review
- FY2011 Grant Application Summary
- Equipment Review & Ineligible Requests Identified- excluded from scoring
- New Ambulance Design- guest Jim Lemieux brought 2 new ambulances for “show & tell”
- Vehicle review & Ineligible Requests Identified- excluded from scoring

Application/Instructions

- Discussed the FY2011 Dedicated Grant Application & Instructions
- Discussed the pre-application post card: 26 agencies returned the postcard indicating their non-participation for funding. 8 Not Eligible, 9 Did not need funds, 1 Application would take to long, 1 Needed assistance, 7 Other (program closed to will try again)

FY2011 Dedicated Grants Application Review

- Available funding for this year is estimated at \$1.4 million
- \$21,602.51 is carry-over from unused funds last year (one equipment grant not used- \$15,000)
- Total Applications Received: 84
- Vehicle Requests: 24 for \$2,181,763
- 5 ineligible by rule

- Equipment Requests: 71 for \$692,941.50
- 16 ineligible by rule
- Epi Requests: 55
- 3 ineligible by rule

Review of 80/20 Funding Split

The initial intent was to get older vehicles off the road and help agencies become safer in their responses. The number of older vehicles has decreased. The subcommittee discussed adjusting the split to 75/25 to be reviewed at the October EMSAC meeting for the FY2012 cycle.

- Available vehicle funding is \$1.12 million
- Available equipment funding is \$280,000

Price Caps were set at the February EMSAC meeting. The caps were reviewed and compared to requests. No adjustments were needed for this grant cycle:

AED: \$1695; Cardiac Monitor: \$15,000;
 Extrication: \$10,000; Gurney: \$5,000; Stair Chair: \$2,500/900; Pulse Oximeter: \$500;
 Computer- Desktop: \$650, Laptop: \$800, Tablet: \$1,500; Ambulance: \$104,500; 4x4 option: \$4,000; Radio: \$2,500; Non-Transport Vehicle: \$55,000; Chassis Remount: \$66,000

**Eligibility Requirements
 IDAPA 16.02.04.102.01**

- Documentation of 1 or more vendor price quotes for all proposed equipment/vehicle purchases
- Operating budget
- All funding sources and revenue generated by source
- Contact person for verification of fiscal information
- Federal Tax Identification Number
- Resident population within the applicant response area in Idaho
- Migrant and tourist population within the applicant response area in Idaho
- Type, quantity, and purpose of similar equipment presently in use by the applicant
- Age & condition of equipment being replaced
- Narrative description of need
- Prioritization by the applicant of equipment

requested when the application requests funding for two or more items

- County or local governmental endorsement

A log of issues/concerns identified in the initial review process were discussed. It identified key issues that could potentially affect the eligibility of the application. Each agency application was reviewed and discussed. Key issues identified in the review were PERCS compliance, required information blank, no vendor quotes provided, projected budgets vs. operating.

The subcommittee reviewed the October EMSAC minutes regarding the “motion to recommend stipulating in the grants contract that operations level training by a certified instructor and specific equipment training related to the device is completed as a pre-requisite was seconded and carried.” Training on equipment needs to be documented when applying and was missed this application cycle and will be considered for the FY2012 cycle.

Reviewed the list of items determined as acceptable “kit” purchases at prior EMSAC meeting. Several agencies grouped items not considered a kit into one priority choice. Items were separated and listed as separate priorities. Extrication personal protective equipment (PPE) vs. Firefighting PPE was discussed. An applicant had requested Extrication PPE higher priced than most. Determined their request was for Extrication PPE and was eligible. Further discussion on PPE at October EMSAC.

Review of “New” Items to be considered for Eligible List

- Portacount Respirator Fit-tester & similar devices= No
- Light System & Generator= No
- Ice Rescue Dry Suits= No
- Helicopter Landing Zone Kits= No
- Confined Space Rescue Equipment= Yes, if compliant with Licensure Rules & Documented Training provided
- Avalanche Beacons= No
- Satellite Phone= No

There was a brief review of previous years’ grant awards. The subcommittee discussed the need to

Subcommittee Motions

Motion to recommend that the agencies requesting radio equipment list their participation in district interoperability governance boards and demonstrate that what they are buying conforms to the district plan or has the districts approval for FY12 was seconded and approved.

track awards over the several grant cycles to aid in the decision process, especially for vehicles.
 Considerations for the October meeting.

- Proposed rule changes about grants.
- Opportunity to discuss exclusions. In October, publish the exclusions list and then in February invite discussion.
- Travis asked the subcommittee to be aware of potential equipment requests so that they can be discussed prior to grant application time.
- Priority and points for optional modules?
- Chairman Travis Myklebust will draft a letter from the Grants Subcommittee about the PERCS requirement that will be sent out to all agencies stressing the importance of being PERCS compliant for FY2012 Dedicated Grants Cycle- it will be enforced.

Motion to recommend that agencies need to be notified that beginning FY12 grant cycle, the committee has determined/voted to enforce the policy regarding PERCS compliance for eligibility was seconded and approved.

Motion to recommendation that vehicles for Bannock County Ambulance & Bannock County Search & Rescue are eligible and the equipment for Bannock County Ambulance is considered ineligible due to narrative identifying equipment is for Bannock County Search & Rescue was seconded and carried with one nay vote.

Motion to recommend not allowing funding for Portacount or similar fit-test devices, light system & generators, ice rescue dry suits, helicopter landing zone kits, avalanche beacons, satellite phones was seconded and approved.

General Session Motion

Motion to approve the grant subcommittee motions was seconded and carried.

EMSC Subcommittee Report

Kenny Bramwell presented the report about EMSC Subcommittee discussions:

- Report on the EMSC Annual Grantee Meeting by Pat Tucker.
- Discussion of EMSC conferences and planning related to them.
- Review and dissemination of new EMS Physician Commission (EMSPC) language for Pediatric Medical Direction for inclusion in next EMSPC Standards Manual.
- Review and comment on Agency & Hospital Surveys to be disseminated by Rachael, relating to:
 - Medical Direction and Equipment (agencies)
 - Pediatric Transfer Procedure Protocols (hospitals)
- Discussion regarding development of an Idaho specific EMSC logo
- Presentation by Marion Constable of the Idaho Sim Network relating to upcoming pediatric specific training for Critical Access Hospital ED Staff and associated EMS agencies.

Licensure Subcommittee Report

Mark Johnson presented the report from the Licensure Subcommittee meeting.

The subcommittee reviewed Agency License Application Processing Steps that included application requests and distribution, the initial application review. A discussion of the format of EMSAC input including a distributed form trial was reviewed. Considerations for future EMSAC input related to timeframes and types of input the Bureau would need were discussed.

Dean demonstrated the current application processing process. The subcommittee’s roles and responsibilities were discussed.

Office of Performance Evaluation Activity

Maureen Brewer of the Office of Performance Evaluation (OPE) gave a brief description of her role in

the current evaluation of the Governance of EMS Agencies by the EMS Bureau. A report will be released to the Legislature December 2010. The EMSAC members may be contacted by OPE.

Maureen informed the committee that all conversations were confidential and that she wasn't at liberty to discuss issues. The available information about the evaluation is at <http://legislature.idaho.gov/ope/>.

Other Business

Lynette Sharp appreciated the recent interstate compact between Idaho and Wyoming. There is one in place with Utah and rumors that Washington is interested.