#### EMSAC GENERAL SESSION MEETING MINUTES

June 27, 2013

## **COMMITTEE MEMBER ATTENDEES:**

May Adcox, Consumer Member

Jim Allen, Third Service Non-Transport Member

Allo Pucci for 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

Gretchen Hayes, Volunteer Third Service Member

Jamie Karambay, Idaho Chapter of ACEP 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

Kathy Stevens, Idaho Chapter of the American Academy of Pediatricians Member

Murry Sturkie, DO, Idaho Medical Association Member

Mark Urban, Pediatric Emergency Medicine Member

Mark Zandhuisen, Career Third Service Member

## **COMMITTEE MEMBERS ABSENT:**

Joe Cladouhos, Idaho Hospital Association Member Catherine Mabbutt, Board of Nursing Member Brent Jennings, Idaho Transportation Department Member Jim Massie, EMS Instructor Member

## **VACANT MEMBER SEATS**

Private Agency Member

# **Other Attendees:**

Vicki Armbruster	Angie Heinzman	Dave Reynolds	Greg Vickers
Bill Arsenault	Chris Johnson	Lynette Sharp	Michael Weimer
Mark Babson	Megan Myers	Randy Sutton	Rick Welch
Rod Hackwith	Travis Myklebust	Wendy Vanderburgh	Jay Wilson

# **EMS STAFF ATTENDEES:**

Mindi Anderson	Kody Dribnak	Dean Neufeld
Michele Carreras	Barbara Freeman	Erin Shumard
John Cramer	Michele Hanrahan	Chris Stoker
Wayne Denny	Tara Knight	Season Woods

#### **General Business**

New members were introduced: Mary Adcox (Consumer), Dr. Jamie Karambay (Idaho Chapter of ACEP), and Jim Massie (EMS Instructor). Mike McGrane and Murry Sturkie were reappointed for another term. The private agency member seat is currently open.

**Upcoming EMSAC Meeting Dates:** 

October 17-18, 2013 Feb 5-6, 2014 June 26-27, 2014

Motion to approve the minutes was seconded and passed.

#### EMSAC Member Handbook Revision – Mark Zandhuisen

Mark Zandhuisen, Scott Long, Les Eaves, and Jim Allen have been working on revisions to the EMSAC Member Handbook. There was discussion about ad hoc members as subject matter experts for specific tasks and the need for an exit protocol as well as voting privileges.

Motion to recommend allowing the work group for the EMSAC Member Handbook revision to make appropriate changes was seconded and did not carry. Motion fails.

Handbook edits will be sent to member to review for approval at the October EMSAC meeting.

### **EMSPC Statewide Protocols – Dean Neufeld**

Dean Neufeld introduced the Statewide Protocols that were initiated in EMS Physician Commission (EMSPC) three years ago. The protocol is aligned with scope of work and optional modules. EMSPC approved the draft and it will be printed after a few pending reviews. Criteria and decision making guidelines are tied to rule. Pediatric guidelines are included. A mechanism for updating suggestions and regular review exists.

Dean demonstrated three (3) proposed sizes for protocols for publication in a field tolerant paper. The field tolerant-waterproof map paper will be \$20-\$30. The PDF version will be available for download. Each page in the PDF version is bookmarked for easy navigation. We will be looking into other forms for distribution as well.

There will be a webinar planned to provide an overview of the protocols and how to interpret them after the printed copies have be distributed.

The protocols are optional for medical directors to adopt except those which are required for optional module utilization and have the endorsement for the EMSPC. The EMSPC has not determined if or how the protocol may be modified for local use but is requesting feedback and suggestions for the content. These will be reviewed by the EMSPC on a regular basis for updates.

The National Association of State EMS Official (NASEMSO), sponsored from National Highway Traffic Safety Administration (NHTSA), is working on protocols on a national level.

# On-Line Rural Training Initiative (ORTI) – Chris Stoker

Chris Stoker presented the progress on implementing the Online Rural Training Initiative (ORTI) that will be piloted late summer using the Lewis Clark State College (LCSC) online curriculum. Parallel projects to this pilot program are a new learning management system (TRAIN) and a repeat of last year's FISDAP workshops.

# **EMSC Agency Reassessment – Erin Shumard**

EMS for Children Program was established in 1984 and is administered by the Department of HHS, MCHB. State partnership grants are available to all states and territories, and eligible applicants must be associated with state agencies, hospitals, or medical schools. Currently, nearly all states are participating in this program, as are the Northern Mariana Islands, Guam, the Marshall Islands, Palau, American Samoa, Puerto Rico, the Virgin Islands, and the Federated States of Micronesia. Idaho has been a State Partnership Grantee since 1999.

In addition to State Partnership grants, the program offers Targeted Issue grants, Regionalization of Care grants, and a few specialized research-centered grants that fund the Central Data Management Coordinating Center (CDMCC), Pediatric Emergency Care Applied Research Network (PECARN), the National Resource Center (NRC), and the National EMSC Data Analysis Resource Center (NEDARC).

In accordance with the Government Performance Results Act (GPRA), grantees are required to report on specific performance measures related to grant activities. These measures provide a way to quantify the effect of EMS for Children on pediatric care.

The performance measures are thought of (within the program) in terms of EMS measures and hospital measures. The hospital measures include the percentage of hospitals with transfer agreements, transfer guidelines, and pediatric medical/trauma designation. In addition, one measure requires a Program Manager to assemble and meet with an advisory group comprised of diverse members (thank you, subcommittee!) and another is a sort of "all of the above" measure: integration of EMSC priorities in to statutes or regulations.

The EMS measures include access to medical direction (online and offline), and availability of pediatric equipment. This means that our program's goal is that 90% of prehospital providers will be able to pick up a radio or phone and speak with medical direction about a peds patient or that they will have either in the vehicle or on their person access to protocols or guidelines that address pediatric emergencies. The program goal is ninety percent, and for Performance Measure #71-online medical direction, according to our 2010-2011 data collection, Idaho has passed that benchmark. (The goal is 90%. Idaho is 93% for BLS and 94% for ALS).

As far as pediatric equipment goes, Idaho's required equipment list currently satisfies the performance measure, but according to our most recent data collection, not all vehicles carry all of this equipment.

In previous years, Idaho has opted not to work on Performance Measures #74 (percent of hospitals recognized through a statewide standardized system that are able to stabilize and/or manage pediatric *medical* emergencies) and #75 (percent of hospitals recognized through a statewide standardized system that are able to stabilize and/or managed pediatric *traumatic* emergencies). These performance measures are no longer optional. Idaho may be able to meet these requirements through the Time Sensitive Emergency System of Care.

Erin discussed Performance Measures #76 and #77 about written interfacility guidelines and agreements that cover pediatric patients. For the purposes of the EMS for Children program, the transfer guidelines and agreements are supposed to have the following characteristics:

- A plan for the transfer of the patient's medical record
- A process for patient transfer (including obtaining informed consent)
- A process for selecting an appropriate transport service and destination hospital
- A plan for transfer of belongings
- A plan for provision of directions and referral institution information to family

Performance Measure #78 covers pediatric education for license renewal for prehospital providers. Idaho has met these criteria. Performance Measure #79 to establish permanence by representation for pediatric issues in EMSAC has been achieved.

Performance Measure #80 is a sort of capstone measure of the establishment of permanence by incorporating EMSC priorities into statute & regulation.

The above statistics come from the 2010-2011 grant year data collection. EMSC is in the process of conducting a reassessment of hospitals on these measures with the Pediatric Readiness Assessment, and a reassessment of EMS agencies. During the last data collection, we unknowingly collected data at the agency level, while the rest of the EMSC grantees were collecting at the station level. It looks like a much bigger job this time around, but it's really just a more focused look at the same items.

The goal, according to the federal program, is for someone familiar with the equipment and vehicles at each station to fill out the assessment. That works really well in many areas (especially the urban ones), but not so well in more rural areas. Instead of 175 agencies, we are looking at 309 stations. There is likely to be some overlap, with some agencies sharing stations (fire service NTs and EMS agencies). EMSC will be contacting agency admins and primary contacts next week with details and instructions.

The assessment will cover the EMS performance measures just discussed: online, real-time medical direction via phone or radio, off-line medical direction in the form of protocols or guidelines, and pediatric equipment. In addition, there will be a few more questions at the end regarding intubation and transporting kids in ambulances.

This data demonstrates to the federal program and to the Department of Health and Human Services that EMS for Children is a worthwhile program that is making a difference in how we care for kids. At each annual meeting, the EMSC Branch Chief mentions what a difference our data (and demonstrable improvement) make when budgets are cut and programs are in jeopardy of ending.

# **Model Interstate Compact Meeting Update – Wayne Denny**

Wayne discussed a NASEMSO project to create interstate compacts allowing EMS personnel to cross state borders. This project is still in the beginning stage.

### **Governance of EMS Agencies Update – Wayne Denny**

Wayne updated EMSAC about the Governance of EMS Agencies from the Office of Performance Evaluations recommendations that were reported to legislative committee. The Bureau had been directed to conduct an assessment, but there has been little change since the last assessment. Most of the recommendations required legislative action which has not occurred.

## Bilingual DNR Form – Wayne Denny

End of Life Coalition is considering publishing a bilingual DNR form. The Bureau is concerned about creating more confusion and asked for EMSAC's comments. Utah has experience with a bilingual form. It is longer than the Idaho form. This seems counter to the goal to keep the form simple.

If there is any doubt or confusion, the EMS provider will resuscitate. If the patient speaks only Spanish and the provider is not bilingual and doesn't have an interpreter, there is confusion. Kevin Bollar indicated he hasn't encountered a patient who speaks only Spanish.

## Trauma System

The Bureau presented the Trauma – Stoke and STEMI system projects. Idaho is one of the few states that doesn't have a trauma system. Last year when legislation was proposed, the Bureau suggested adding Stroke and STEMI which would, if approved, make Idaho the only state to have all three.

Smaller hospitals have concerns that all patients would be routed to the big hospitals. Their concerns need to be addressed and a plan to route patients to appropriate facilities implemented to help them understand this is beneficial. Patient care is connected with revenue. EMS and CAH are integral to this project. A formal network to share best practices is needed.

Travis Myklebust related a study in Washington that indicated that designating critical patients to a higher level care facility (unless the patient requests otherwise) didn't bankrupt the lower level facility. Also, he has been able to get patient outcome information to see the results of decisions.

The purpose of today's conversation is to increase awareness.

### Air Medical Subcommittee Report – Mike McGrane

Mike Weimer will be the point of contact for all air medical agencies and will attend the agency licensure task force meetings to provide air medical agency input for updating the equipment list.

Effective August 1, 2013, Air Methods will have three aircraft stationed in Pocatello, Ontario and LeGrand.

StateComm chooses the closest aircraft based on base location and scene location and will continue to choose closest aircraft regardless of known availability. Brand named requests will be honored. StateComm uses criteria based auto launch for Boise County only.

StateComm does not monitor Sky Connect or any other web based flight tracking program and does not have the means to track the accuracy of the ETA once the response request is handed off and accepted by the airmed agency. StateComm relies on the airmed dispatch to report accurate aircraft availability and ETA.

#### **Subcommittee Motion**

Motion to recommend that StateComm continue to use the closest available helicopter service unless there is a name brad request or pre-existing protocol was seconded and passed.

#### **General Session Motion**

Motion that the Air Medical Subcommittee report be brought forward was seconded and passed.

Current rule requires airmed agencies to notify StateComm of ETA upon request for service and any change to ETA. Airmed agencies agreed to notify StateComm of day base status changes.

### **Education Subcommittee Report – Jim Allen**

All training identified by the EMS Physician Commission as an optional module with specific training required (OM,2), must be conducted according to the approved curriculum for the level where the OM, 2 exists as a floor skill.

Upon program approval the education program will establish an education program account with the NREMT. Each program will establish one account for the purpose of managing student access to the NREMT certification exam. The Bureau will approve the NREMT accounts for programs that are in good standing and have students enrolled in active courses. Approved programs will send in course registration form when starting a new course. Programs can be activated or deactivated on the NREMT.

Fisdap Workshops will be held statewide from July to September 2013. The Online Rural Training Initiative (ORTI) pilot is being implemented this fall.

# Data Subcommittee Report - Mark Zandhuisen.

The subcommittee will be reaching out to stakeholders to solicit representation. Stakeholders include: EMS Educators, Injury Prevention Professionals, EMS Providers, EMS Agency Administrators, Idaho Health Data Exchange, Time Sensitive Emergencies Workgroup, EMS Agencies Exporting Data to PERCS, Air Medical Services, EMS Physician Commission, Wildland Firefighting Agencies, Work Site EMS Agencies, and Dispatch/PSAPs.

Does the new member handbook affect the number of ad hoc members that can be seated?

The data set that is selected will affect almost every EMS provider.

EMSAC members that volunteered were Kevin Bollar, Jim Allen, and Kevin Amorebieta. Scott Long was absent and was nominated by Travis Myklebust.

A short-term goal for the subcommittee is to review the NEMSIS 3.x and adjust data points to be collected.

Long-term goals are to seek educational opportunities relating to the use of the information collected by local agencies (clinical QA, operations), funding opportunities, and to participate in infrastructure development opportunities presenting the EMS perspective.

### **Agency Licensure Subcommittee Report – Les Eaves**

Dean reviewed the scope of the Equipment List Revision Project with members and requested volunteers representing stakeholder groups to participate in review meetings.

Staffing waiver requests were reviewed for two applicants for comments. The subcommittee recommended the Bureau consider granting both waivers with additional recommendations for the agency providing 911 services to initiate corrective action within six months.

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

EMSC welcomes Mary Adcox as the new family representative.

Managers Meeting Highlights were a focus on Community Partnerships, Intermountain Regional EMSC Coordinating Council (IRECC) Meeting, NASEMSO's Pediatric Emergency Care Council (PECC) Meeting.

Summary of Grant Year 2012:

All funds expended

40+ agencies received equipment

4 EPC Courses held

5 conferences supported

Erin is working on the Pediatric Readiness Project (currently a 92.3% response rate) and the Idaho Agency Reassessment that will look at all 309 stations.

The next generation of performance measures are coming soon. Erin will attend the Performance Measure Advisory Committee (PMAC) in Washington DC in August.

## **Grants Subcommittee Report – Greg Gilbert**

Greg Gilbert was named the new Grants Subcommittee chair.

Summary of current grant year:

\$1,316,947.02 available (as of 6/21/2013)

52 Agencies applied

21 vehicles requested (\$2,144,688) 86 equipment items requested (\$330,983)

### **Subcommittee Motions**

Motion to recommend that the power cot descent system is capped the same as a power gurney - \$10,000 was seconded and passed.

Motion to recommend that any computer accessory on its own is ineligible was seconded and passed.

Motion to recommend that the add-on items of radio and gurneys are allowed for a remount was seconded and passed. (Travis Myklebust abstaining)

Motion to recommend that all extrication packages presented to the Grants Subcommittee fit the definition of "kits" was seconded and passed.

Motion to recommend that the vacuum mattress/splinting sets presented to the Grants Subcommittee fit the definition of "kits" was seconded and passed.

# **General Session Motion**

Motion that the Grants Subcommittee report be brought forward was seconded and passed.

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

Program updates from Bonner County EMS and Ada County Paramedics were presented.

A mentorship and outreach concept was discussed to educate stakeholders on general EMS, introduce CHEMS to stakeholders, community needs assessment and gap analysis, and funding support.

-Rural Health offers funding for peer to peer mentoring for EMS agencies interested Items to discuss before next meeting:

- Developing a message for agencies to use when presenting the concept of CHEMS
- Developing a list of questions to ask during a gap analysis
- Organizing a mentorship team that could assist those interested in CHEMS
- Developing information to distribute to EMS agencies and providers who may not know about CHEMS