

# IDAHO EMSPC MEETING MINUTES

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May 13, 2011

A meeting of the Idaho Emergency Medical Services Physician Commission was held on this date at Oxford Suites, 1426 S. Entertainment Ave., Boise, Idaho, 83709.

**Members Present:**

Curtis Sandy, M.D.  
David Kim, M.D.  
Debra McKinnon, D.O.  
James Alter  
Keith Sivertson, M.D.  
Lois Bauer  
Maurice Masar, M.D.  
Murry Sturkie, D.O.

**Present via teleconference:**

Adam Deutchman, M.D.

**Member's Position:**

State Board of Medicine  
Idaho Medical Association  
Idaho Fire Chiefs Association  
Citizen Representative  
Idaho Hospital Association  
Citizen Representative  
Idaho Association of Counties  
American College of Emergency Physicians, Idaho Chapter

American College of Surgeons Committee on Trauma

**Members Absent:**

Kenny Bramwell, M.D.  
Sarah Curtin, M.D.

**Member's Position:**

American Academy of Pediatrics, Idaho Chapter  
Idaho EMS Bureau

**Vacant Seats:**

N/A

**Others Present:**

Barb Pyle  
Chris Amenn  
Dave Reynolds  
Dennis Johnson  
Diana Hone  
Dieter Zimmer  
Jill Hiller  
John Cramer  
Marc Essary  
Marion Constable  
Mark Phillips  
Melonie Skiftun  
Monty Zimmerman  
Rachael Alter  
Randy Howell  
Randy Sutton  
Season Woods  
Tony Balukoff

**Other's Position:**

Donnelly Fire  
Meridian Fire  
Moscow Fire  
Kuna Fire  
Idaho EMS Bureau Administrative Assistant  
CFO, Idaho Simulation Network  
Cascade Rural Fire / EMS  
Idaho EMS Bureau Systems Information Manager  
Idaho EMS Bureau Licensing Supervisor  
Interim Director, Idaho Simulation Network  
Emergency Response Ambulance  
Donnelly Fire  
Emergency Response Ambulance  
Idaho EMS Bureau EMS for Children Program Specialist  
Boise Fire  
West End Fire & Rescue  
Idaho EMS Bureau Education & Exams Specialist  
Life Flight Network

Tracy Stull  
Troy Hagen  
Veronica Jones

USFS  
Ada County Paramedics  
Kootenai County EMS System

## **Approval of Minutes from 2-11-11**

**Commissioner Kim, Idaho Medical Association, moved and Commissioner Sandy, State Board of Medicine, seconded the motion to accept the draft minutes as submitted.**

**Motion passed unanimously.**

## **Photo ID License Update**

The Bureau did some research into the cost of using a photo-ID card for EMS licenses similar to a driver's license. Even though the printer will have to be replaced approximately every five years at a cost of \$2,800, each license will cost about the same or less than the specialized paper currently being used by the EMS Bureau for licenses. A decision has not been made by the Bureau yet.

## **Statewide Protocol Subcommittee Report**

Commissioner Kim reported that the subcommittee consisting of himself, Commissioner Sandy, Commissioner Sivertson, along with two volunteers, Dave Reynolds from Moscow Fire and Tom McLean from Ketchum Fire, spent three (3) days at the end of April, sequestered from morning until night for about 30 hours, to work on transforming the North Carolina protocols into Idaho protocols.

The group worked very well together. It was extremely valuable for the commissioners to be able to discuss with Dave and Tom how things really go in the field, or how training would be effected with some procedures, etc. Commissioner Kim feels the protocols are now superior to the North Carolina versions. The subcommittee tried to make the protocols current with cutting edge practices and eliminate things that have fallen out of favor. They tore some of the protocols apart to the point of almost starting from scratch. There is still much work to do including formatting the completed protocols. They were not able to get through all 58 protocols. In addition, the workgroup developed a list of subjects in need of protocols that were not addressed by North Carolina. There are also procedures, policies, and appendices to work through. The subcommittee divided themselves into two work groups and hope to progress over time. Commissioner Kim reported that he had no idea how long the project would take, at least through the end of this calendar year.

Commissioner Kim talked with CLM Marketing & Advertising regarding final product distribution. He was hoping for an electronic version. It could be a simple collection of pdfs with bookmarks, table of contents and some navigation tools, or a full blown android application. The initial price estimates are quite discouraging: \$50,000 – 70,000 to develop the smaller, more static version (basically a highly navigable, highly searchable pdf database of the processes and protocols) and \$150,000 – 200,000 for a more interactive app (which could automatically link to other processes and protocols, be connected to a dosage calculator, and utilize an auto-fill function based upon the patient information the user provides). CLM could create an on-line store for printed versions where EMS agencies could order hard copies of the protocols with their agency's logo on them.

Commissioner Kim requested the Chair be authorized to pay for additional preliminary design work on a simple electronic pdf viewer version before the end of the fiscal year in June.

Concern was expressed about the cost. The Bureau was asked to investigate using someone other than CLM.

Season Woods reported that in discussions regarding development of electronically formatted on-line training to be posted on the learning management system (LMS) the Bureau was informed that there are several software programs that could be purchased and used to build our own documents. Perhaps this would be another option for publishing the protocols.

**Commissioner Bauer, Citizen Representative, moved to continue moving forward with development of the statewide protocols with any additional unspent funds and that those funds be used as necessary either within the protocol subcommittee or for additional software information. Commissioner Kim, Idaho Medical Association, seconded.**

**Motion passed unanimously.**

## **Wildland Fire**

Tawni Taylor presented an update on the progress of the National Wildfire Coordinating Group – Incident Emergency Medical Subcommittee (IEMS) – Clinical Treatment Guidelines. This product is being designed to ensure EMS and medical care provided for staff on extended assignment at wildfire incidents occurs in the appropriate context when assisting a patient with first aid and self-care health management, triaging conditions for recognition of appropriate self-care assistance vs. need for transport to clinical-medical care and when to initiate urgent/EMS care using appropriate personnel and predetermined transport modes. These guidelines should be available within 30-60 days. Some of IEMS's upcoming projects will include assisting and assuring that supplemental training for these guidelines is available, transport appropriateness and how to interface with local services, minimum equipment, etc.

Commissioners acknowledged that this is a huge task and that the guidelines look like they make a lot of sense. However, commissioners expressed concern about documenting these non-transport triage situations and asked who is going to review them. Because these triage principles are radically different from what the traditional EMS provider is currently trained and allowed to do, it is vital that some system for documentation and review be put into place. Commissioners voiced the following concerns: Even with additional training, who is going to ensure the providers are able to follow the guidelines? Is there any way to get patient outcome information to ensure the wild land firefighters are doing okay under this new paradigm? Tawni stated that there is no standardized documentation or reporting now, but it is on the IEMS list of future projects. She will take the EMSPC concern back to IEMS with the Commission's request that with the rollout of this product there be some request for self-reporting.

## **Medical Supervision Plan Subcommittee Report**

The Commission previously determined that thoroughly reviewing every agency's medical supervision plan (MSP) to be too onerous and subjective a task. Therefore, the subcommittee was asked to draft a survey focused on certain elements of the MSP requirements in the EMS Physician Commission (EMSPC) Standards Manual to help assure compliance. It is hoped this approach will provide light-bulb moments for the medical directors filling out the survey, identify areas of need, and provide educational opportunities for guidance by the Bureau or the Commission. Periodically the survey will be changed to focus on a different element of concern. The logistical challenge will be to collate the data and report back to the agencies.

Subcommittee Chairman, Commissioner Deutchman, reviewed the draft survey which focused on Bag Valve Mask Ventilation. It is hoped that as these questions are answered by the medical director for BVM they will think about how these same issues apply to other areas of their MSP. The Bureau was asked to review the questions and e-mail the survey to all medical directors by the end of the fiscal year if possible. The survey must be filled out on-line.

**Commissioner Masar, Idaho Association of Counties, moved to carry the MSP survey forward and distribute to agencies and medical directors by the end of the fiscal year. Commissioner McKinnon, Idaho Fire Chiefs Association, seconded. Motion passed unanimously.**

### **Medical Director Education Report**

Commissioner Alter reported that even though the Critical Illness Trauma (CIT) Foundation used public funds to develop the on-line medical director training, it was part of their contract that it be developed as a self sustaining program and therefore they do not have to release it to us. As of the date of this meeting, the EMS for Children portion which was paid for in 2008 still had not been made available. When asked about it, CIT said it would be posted by the end of May. Only 14 people have completed the CIT on-line course, 12 of those were physicians. There are currently 65 EMS medical directors. Medical directors can still take the on-line course through CIT and receive CME through October 3, 2011. (Due to the delay in posting the pediatric module, CIT has extended availability to June 30, 2012.)

The Idaho State University Learning Management System (LMS) is ready to take on any program that the Commission wants to post. Any Idaho specific content that the Commission wants posted on the LMS would have to be developed into an on-line course format.

Commissioners discussed face to face regional medical director workshops. Critical Access Hospital funds are currently the only potential funding source. The workshops should not cover the basic information, but the more interesting topics such as: how to deal with frequent fliers, ways to interface with local resources, improving QA, etc. It was noted that the last workshops included the administrator along with the medical director so they were on the same page and that went really well.

Commissioner Sandy reported that he has been working with another state on these same issues. They developed a 50 page "Introduction to Rural EMS Medical Direction" document which spelled out the rule requirements, state statutes, immunity, expectations for a medical supervision plan, a quality tool box and everything else they would be signing up to do.

Commissioners determined that they were not interested in developing additional on-line courses due to the anemic participation in the CIT course. They would prefer to see money and effort going to face-to-face workshops. Commissioners feel resources need to continue to focus on making the job easier for the agency medical directors by giving them as many tools as possible that they can customize, mix and match. The more they have to create from scratch the more difficult it becomes.

**Commissioner Alter, Citizen Representative, moved that the subcommittee proceed with development of face to face workshops, develop a "Guideline for EMS Medical Direction" document and cease development of on-line medical direction course. Commissioner McKinnon, Idaho Fire Chiefs Association, seconded. Motion passed unanimously.**

Commissioners felt there has been a lack of communication back to the associations they represent on the EMS Physician Commission. Commissioners want to communicate how important EMS medical direction is to the people the associations serve and hope they will encourage and facilitate support to the agency medical directors.

**Commissioner Bauer, Citizen Representative, moved that the EMSPC meet with Association of Counties, Fire District Commissioner Association, and the Association of Idaho Cities and any other appropriate entities to inform them of the importance and impact of EMS medical directors and ask for their support. Commissioner Sivertson, Idaho Hospital Association, seconded.**

**Motion passed unanimously.**

## **2012-1 Standards Manual Changes**

*Skills grid:*

- Drop - “Hemorrhage Control – Pressure Point” from EMR/FR94 and EMT/EMTB95
- Change - “Chempack” to 4X in the future scope for EMR & EMT
- “Inhaled beta agonist” and “Nitroglycerin – sublingual” should both be two asterisks (\*\*) in the future EMT & AEMT
- “Intraosseous –Adult” make X not OM in future scope because is included in IG
- Add – “Finger sweep” to grid at all levels
- Add – “Modified Chin Lift”
- EMR – “Modified Jaw Thrust” should be OM because it is not currently in the IG - change in both current and future columns
- Add – “Hemorrhage Control – Dressings” at all levels
- Add – “Activated Charcoal” as an X in EMT & AEMT future scope because in IG (medical director can choose not to use)
- “Extrication Awareness” – take out of skills grid because it is not a skill. It will still be a knowledge requirement.

- AEMT – “Intubation – Orotracheal”

The question has been asked if the Commission should consider dropping this skill from the I-85 and AEMT optional module (OM) list. Commissioner Kim felt it was not appropriate to discuss this without giving advanced notice to the AEMTs so they could be present for the discussion. This will be a topic on the September agenda and AEMTs will be messaged ahead of time.

Should this AEMT “Intubation – Orotracheal” OM skill be tested at the AEMT level because it is a tested skill at the Paramedic level? OM skills at the EMR level that are tested at the EMT level (immobilization and extremity splinting) are tested at the EMR level as well. So shouldn’t orotracheal intubation be tested as an OM skill for AEMTs?

**Commissioner Sivertson, Idaho Hospital Association, moved that any AEMT who receives training on orotracheal intubation (for the 2,OM skill) must be tested by the state to the paramedic standard. Commissioner McKinnon, Idaho Fire Chiefs Association, seconded. Motion passed unanimously.**

Season Woods reported that the State Health Officer (SHO) approved both the National Education Standards (NES) and the National Educational Standards Instructional Guidelines (IG) as the curriculum. When Season compared the IG to the original National Scope of Practice Model (NSoPM) she found that there are some skills outlined in the NSoPM that did not make it into the IGs and there are some in the IGs that are not in the NSoPM. These 4 things are in the NSoPM but not in the NES nor the IG, therefore not technically in the SHO approved curriculum:

- Needle Decompression for Tension Pneumothorax
- Gastric Decompression in an Adult – OG Tube
- Gastric Decompression in an Adult – NG Tube
- Chest Tube – Monitoring and Management

**Commissioner Sivertson, Idaho Hospital Association, moved that the EMSPC Chair write a letter to the State Health Officer to include the missing skills in the curriculum. Commissioner Sandy, State Board of Medicine, seconded. Motion passed unanimously.**

*State Formulary for Medications* – Paramedic medications are under the discretion of their medical director and therefore the grid only lists specific drugs for the lower level scopes.

*Medical Supervision for new AEMT*

The new level AEMTs will need increased medical supervision due to their broadened scope.

*MSP annual submission requirement language*

Commissioner Kim's concern has been that if an agency submits a medical supervision plan (MSP) to the Bureau or the Commission and they do not hear anything back, the agency would then assume that it is good to go, that it is a quality document and meets all regulatory requirements even though in reality it has not been reviewed by anyone. He fears the agencies are being misled and that submission should not be required unless the Bureau or Commission is actually reviewing them. He recommended the EMSPC standards manual wording be changed and also suggested that the Bureau's license application simply ask if the agency has a MSP that complies with the EMSPC rules which could be made available for review upon request within 30 days. Make it a simple yes or no question on the application.

Marc Essary stated that it is the intention of the Bureau to start having the compliance specialists look at the MSPs for completeness and compliance when they prepare for agency license renewal interviews, with the intent to educate agencies concerning any conflicts or problems discovered. Any medical questions would be brought to the Commission's attention.

Commissioner Kim feels the Bureau will have the same dilemma that the Commission has had. A check list can be used to exam for completeness, but to look for conflicts you are going to have to thoroughly read all of it. They are so difficult to evaluate because everyone has different perspectives and perceptions. If the Bureau decides to do this, they are to make it very clear, in writing, that the review is from the Bureau for certain elements and it is not from the EMSPC. Bureau views do not represent the Commission.

**Regarding medical supervision plan submissions on page 8 of the 2011-1 EMSPC Standards Manual, Commissioner Kim, Idaho Medical Association, moved to replace "by November 1, 2008 and thereafter annually or upon request" so that it reads "upon request by the EMS**

**Bureau or Physician Commission. Medical supervision plans must be submitted within 30 days of request.” Commissioner Masar, Idaho Association of Counties, seconded.  
Motion passed unanimously.**

Make it clear that when the Bureau reviews an MSP submitted to them that they are reviewing it for compliance with Bureau standards, not EMSPC standards.

*Discovered need to clarify page 10, Section C, #3* when the subcommittee was working on the MSP questionnaire.

**Commissioner Kim, Idaho Medical Association, moved to change page 10, Section, C #3 to read “A physician, with no pre-existing relationship with the patient, who is may or may not be present for the duration of treatment on scene or transportation.” Commissioner Alter, Citizen Representative, seconded.  
Motion passed unanimously.**

*Critical Care Curriculum (2,OM) – defer until next meeting due to time constraints*

*Description of Professions – defer until next meeting due to time constraints*

#### *Retrograde Intubation*

The Commission received an inquiry regarding retrograde intubation. The EMSPC consciously left the “Intubation-Retrograde” line in the scope of practice grid blank to show it is not to be done because it is outdated. Commissioners were still in favor of keeping retrograde intubation as outside the scope.

### **Idaho Simulation Network (ISN) presentation**

Dieter Zimmer and Marion Constable, representing ISN, and Rachael Alter, the EMS Bureau EMS for Children Program Specialist, gave an update report to the Commission regarding Idaho Simulation Network’s (ISN) purpose, goals and activities.

Simulation is revolutionizing the way medicine is taught and the way skill maintenance is ensured. This can be especially beneficial to rural, low volume areas. Idaho is unique in bringing the various fields (EMS, nursing, and physicians) together in simulation events throughout the entire state. The new ISN/EMS for Children simulation-based pediatric team training outreach program helps build technical, decision making and teamwork/communication skills as well as relationships between different teams of EMS and Hospital providers. This is achieved by providing the opportunity for personnel to practice realistic simulated scenarios together.

The purpose of the ISN was to create a collaborative made up of academic organizations, hospitals and EMS agencies in order to bring affordable simulation to everyone interested in using this new methodology to provide education and training. ISN encourages the use of simulation enhanced training across the spectrum of health care.

ISN goals are to:

- Provide educational, networking and training opportunities for those interested in utilizing simulation
- Encourage making simulation affordable and available by decreasing duplication of efforts and assisting individual critical access hospitals and their associated EMS agencies in gaining access to simulation, an expensive proposition which, in these economic times, they cannot achieve on their own.
- Increase the “pool” of well prepared facilitators and Sim-techs to provide trainings and ultimately improve patient care through realistic, repetitive practice.

A key component of simulation is the Debrief. This is where you discover what went well, what went wrong, what kind of communication or teamwork problems turned up, what improvements based on the findings can be applied next time, etc. Collaboration is fostered. Simulation is also a way to work out emotional tension in a team so it doesn't happen in the field.

Last fall the ISN/EMS Pediatric Emergency Simulation Outreach Program did 16 simulations. They went to Boundary, Benewah, Clearwater and Saint Mary's hospitals. During debriefing sessions many opportunities for improvements were found and implemented by the hospitals and EMS agencies. Among them was a “Pause for the Cause”- a 2 minute period of time -during which everyone stops and the EMS provider gives a concise and structured hand- off to the emergency department medical team, uninterrupted. Participants learned through these simulation events that communication was vital and that each team had important roles and things to offer for positive patient outcomes.

There are six (6) more simulation events being scheduled for this fall and early winter with hospitals, ambulance and flight services. The ISN is appealing to the Physician Commission to encourage more involvement from the EMS medical directors, especially those medical directors from hospitals which will be receiving the training. The ISN is hoping for peer to peer acknowledgement that the Commissioners feel simulation to be useful and feel it is worth the medical director's time.

Dieter Zimmer, CFO of the ISN, stated that the whole idea behind the ISN is that eventually every hospital in the state will participate in simulation and every EMS organization in the state will have access to simulation. This could not happen if there were not a statewide initiative. It is hoped that the EMS Physician Commission will encourage EMS medical directors to take part in the simulations sharing their content expertise which is needed to answer the medical questions generated in the debriefing sessions.

Commissioner Sivertson noted that he feels whenever ISN brings simulation to a benefactor hospital, that they should routinely stimulate the benefactor hospital to round up all of the EMS providers in the area as well as the hospital staff. He feels this is an opportunity for community training. Marion replied that with Rachael's EMSC help, that was one of the basic requirements for the Outreach Program. Initially the hospitals thought the training was just for nursing staff but it was clarified that the participation of the EMS team, the entire ED team and the flight crew was needed to maximize the benefits of the training... “The hospitals stepped right up and wrapped their heads around the interdisciplinary training.”

Commissioner Sivertson also wanted the medical directors to be aware that they can use simulation to do their reccredentialing. He finds this to be a very effective tool. It is so easy and ensures that everybody is competent in managing airway with no additional work on his part. Ms. Constable said

medical directors can contact ISN for a list of who has the equipment and a facilitator who may be able to come and assist the physician.

Ms. Constable also said that if there are performance outcomes an organization or medical director is interested in without it being a testing situation, ISN has very advanced, very simple, portable data capture equipment. The medical director can give the ISN Simulation Resource Team (SRT) a list of performance outcomes, they (the directors) are looking for and the ISN can provide the data. The data can be scrubbed or can have specific names and credentials. The data is stored on an Excel spreadsheet with built in matrix to crunch the numbers in any way needed.

Bottom line - Simulation is a very efficacious, very fun, very useful way of getting a lot of training done across many realms. Please check into participating in the Idaho Simulation Network. Medical directors can arrange for a SimFest in their area.

Per Commissioner Kim's request Ms. Constable provided a brief description about how a medical director can enjoy the benefits of the ISN or engage themselves in ISN activities. This information is now posted on the EMSPC website. [www.emspc.dhw.idaho.gov](http://www.emspc.dhw.idaho.gov)

### **Airway Management Data Collection**

The Commission requested a new report before September meeting so they can discuss continuing orotracheal intubation as an AEMT OM skill.

### **Legislative Results / Pending Legislation**

#### *Define Practice of EMS*

Chairman Sturkie reported that verbiage has been developed to define "the practice of EMS" for both agencies and individuals. This language was to be included in the EMS systems legislation discussed with Senator Lodge. However, that legislation was never finalized or presented in the 2011 legislative session. Commissioners briefly discussed submitting Medical Directorate legislation to the legislature by itself if the EMS System legislation is not going forward. Chairman Sturkie will check with Senator Lodge about future action.

#### *Ski Patrol Senate Bill 1021*

The Ski Patrol legislation passed. They are exempt from state licensure or regulation. The amended bill did restrict them to the ski areas but the level of care is not restricted to first aid. They can change their scope of practice at any time without state approval because they can render aid in accordance with the "current" Outdoor Emergency Care (OEC). The OEC already incorporates EMT skills and is rumored to be adding more advanced skills in the next edition.

#### *System Participation Requirement*

The Bureau intends to submit language in the future so that if an EMS "system" exists in an area the Bureau would not license individual agencies separate from an existing system. The Bureau would also like language in the grant rules to somehow incentivize voluntary systems.

## **Approve PARF for 2012-1 Standards Manual**

**Commissioner McKinnon, Idaho Fire Chiefs Association, moved to approve the Proposed Administrative Rules Form (PARF) for the 2012 legislature to change the EMSPC Standards Manual edition to 2012-1. Commissioner Masar, Idaho Association of Counties, seconded. Motion passed unanimously.**

## **Approve Proposed Rule Docket for 2012-1 Standards Manual**

**Commissioner Bauer, Citizen Representative, moved to allow Chairman Sturkie to sign the Proposed Rule Docket to change the EMSPC Standards Manual edition to 2012-1 before the September meeting. Commissioner Alter, Citizen Representative, seconded. Motion passed unanimously.**

## **Optional Module NEMSIS PERCS Reporting Requirement**

Randy Howell, Boise Fire Department EMS Chief, reported that they would like to put blood glucose monitoring on their BLS fire engines, but one of the requirements for optional modules is mandatory reporting of NEMSIS data and they have not been able to get their data validated despite numerous attempts by their vendor. Several agencies have similar problems including Chief Borders in Kootenai County and the other Ada and Canyon county agencies. They all express concern over holding up a test or skill because of the NEMSIS data submission requirement. As a non-transport agency Boise Fire has no requirement to submit data other than to qualify for optional modules. They want to submit data, and have been actively trying to accomplish this, but it has been a customization nightmare. He asked that the Commission relax the standard for reporting data to qualify for optional module use. They understand the desire to get data for monitoring, but feel blood glucose is such a simple thing that its use should not be blocked by data collection requirements. A lengthy discussion followed with participation from: Chris Amenn, Meridian Fire; John Cramer, EMS Bureau; Veronica Jones, Kootenai County EMS System; Commissioner McKinnon; Commissioner Bauer; Commissioner Kim; Marc Essary, EMS Bureau; Troy Hagen, Ada County Paramedics; Dennis Johnson, Kuna Fire; Season Woods, EMS Bureau; Commissioner Sivertson.

Marc Essary made the point that if the Commission relaxes the requirement for the data that they want, they will be losing out on data for an undetermined amount of time. Commissioner Kim also noted that if the requirement is relaxed, the effected agencies will become less squeaky to their software vendor and he was concerned that the vendor may move on to the needs of other accounts that are squeakier.

**Commissioner McKinnon, Idaho Fire Chiefs Association, moved to interpret the optional module (OM) reporting requirement (Section VIII, #1) to mean that anyone using an OM must report OM patients through PERCS until all data is validated. This issue is to be revisited at the September 2011 meeting. Commissioner Masar, Idaho Association of Counties, seconded. Motion passed unanimously.**

## **Regional Multi-State AHA STEMI Program**

Chairman Sturkie reported that there is a multi-state regional program, including Idaho, 9 state consortium, that came in last month looking at supporting rural STEMI interventions. They are looking at getting grants to allow EMTs to transmit 12-leads, they are looking at grant funding to get those transmitter units delivered to rural situations.

## **Budget**

**Commissioner Sivertson, Idaho Hospital Association, moved to continue the \$2000 donation to support the Idaho Simulation Network (ISN). Commissioner Alter, Citizen Representative, seconded.**

**Motion passed unanimously.**

### **Strategic Plan**

Because investigations are hampered by the inability to get hospital information regarding the clinical condition of the patient Commissioner Kim made the following motion.

**Commissioner Kim, Idaho Medical Association, moved to pursue statute change in 2012 legislation to gain subpoena authority for the purposes of EMS investigations. Commissioner Sivertson, Idaho Hospital Association, seconded.**

**Motion passed unanimously.**

### **Upcoming Meetings**

September 16, 2011 - Coeur d'Alene. Lynn Borders from Kootenai County EMS System has arranged to have the meeting at the Kootenai Medical Center.

November 18, 2011 - Oxford Suites in Boise

### **Announcements**

Commissioner McKinnon, Idaho Fire Chiefs Association, has served on the EMS Physician Commission since its inception in 2006. This was her last meeting. Many thanks for all that she has contributed throughout these years.

Thanks also went to Commission Bauer who stepped in to fill a partial term as a Citizen Representative. A new commissioner will be selected for this seat when it expires August 1, 2011.

Dia Gainor became the Executive Director of the National Association of State EMS Officials (NASEMSO) and therefore is no longer the EMS Bureau Chief.

Wayne Denny was appointed to the position of EMS Bureau Chief today, May 13, 2011.

Dia received the Distinguished Medal of Honor award from the Bureau of Homeland Security for her work with interoperability.

**Commissioner Sivertson, Idaho Hospital Association, moved to adjourn. Commissioner Masar, Idaho Association of Counties, seconded.**

**Motion passed unanimously.**

**Adjourned 4:40 pm**

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Murry Sturkie, Chairman  
Idaho Emergency Medical Services Physician Commission

## *Idaho Simulation Network*

Greetings Medical Directors and welcome to the Idaho Simulation Network (ISN) - a private sector initiative led by members from Idaho's academic organizations, hospitals, professional organizations, and Emergency Medical Services (EMS) agencies who have joined in a collaborative effort to bring simulation to healthcare personnel throughout the state in a coordinated, economical and efficient manner in order to make healthcare safer for the citizens of Idaho.

### ***The Premise:***

*“Drills are an excellent way to raise consciousness – professionals who are certain they would do all the right things in an emergency often learn that this just isn't true. That experience motivates and inspires them to learn how to do better.”*

- Sue Gullo, MS, RN, Director  
Institute for Healthcare Improvement

### ***The Challenge:***

- The majority of Idaho's healthcare system is made up of rural and critical access hospitals. Infrequent instances of pediatric, obstetrical and traumatic emergencies make it very difficult, if not impossible, for professional clinicians and EMS personnel to maintain proficiency in managing high-consequence, low-frequency events. They simply do not have sufficient opportunity to experience managing severe trauma or complex medical situations before they are faced with the actual emergency during which they are expected to perform in an expert fashion.
- Obtaining the education and training necessary to learn and proficiently maintain skills is expensive and logistically difficult. Due to the lack of resources, training that is not readily available locally is often beyond the reach of many.

### ***The Solution:***

Make on-site simulation team-based training (drills) available throughout Idaho to help EMS personnel and hospital teams learn, practice, improve, and maintain their clinical, teamwork and communication skills, building competence and confidence without leaving their organizations and communities.

### ***Why we need YOU:***

We need you to champion the activities of the ISN. Take part; be a leader; lend your clinical expertise to the cause ensuring the EMS personnel you direct receive the highest caliber simulation training experiences possible.

### ***How to become involved:***

#### **To learn more about upcoming activities:**

Please visit the ISN website where you will find a calendar of events. [www.idahosimnetwork.org](http://www.idahosimnetwork.org)

#### **To participate in activities:**

***Please e-mail your contact information to Alicia Sonne at [Asonne@thedoctors.com](mailto:Asonne@thedoctors.com)***

She will provide you with a password to the ISN *members-only* section of the website and add you to the e-mail list for activity notifications. Idaho EMS Medical Directors have free access through the membership paid for by the Idaho EMS Physician Commission.

For more specific information feel free to contact Marion Constable, Interim Director of the ISN  
Ph# 208-720-9354 e-mail :[Marion.constable@gmail.com](mailto:Marion.constable@gmail.com)