

IDAHO EMSPC MEETING MINUTES

September 10, 2010

A meeting of the Idaho Emergency Medical Services Physician Commission (EMSPC) was held on this date at the Health & Welfare Suite A Conference Room, 1720 Westgate Dr., Boise, Idaho 83704.

Members Present:

Adam Deutchman, M.D.
Curtis Sandy, M.D.
David Kim, M.D.
James Alter
Kenny Bramwell, M.D.
Maurice Masar, M.D.
Murry Sturkie, D.O.
Sarah Curtin, M.D.

Member's Position:

American College of Surgeons Committee on Trauma
State Board of Medicine via teleconference
Idaho Medical Association
Citizen Representative
American Academy of Pediatrics, Idaho Chapter
Idaho Association of Counties
American College of Emergency Physicians, Idaho Chapter
Idaho EMS Bureau

Members Absent:

Debra McKinnon, D.O.
Keith Sivertson, M.D.

Member's Position:

Idaho Fire Chiefs Association
Idaho Hospital Association

Vacant Seats:

Citizen Representative

Others Present:

Dia Gainor
Diana Hone
Dr. Eric Kendall
Jan Peterson
Janna Nicholson
Jill Hiller
Justin Clemons
Keith Davis
Marc Essary
Noah Smith
Rachael Alter
Tawni Taylor
Troy Hagen
Wayne Denny

Other's Position:

Idaho EMS Bureau Chief
Idaho EMS Bureau Administrative Assistant
Air St. Lukes REAL Simulation
NWCG Incident Emergency Medical Subcommittee (IEMS)
Payette County Paramedics
Cascade Rural Fire / EMS
Idaho EMS Bureau Education & Certification Specialist
Lincoln County EMS; IAFP
Idaho EMS Bureau Licensing Supervisor
NHTSA Office of EMS
Idaho EMS Bureau EMS for Children Program Specialist
Idaho EMS Bureau Investigator
Ada County Paramedics
Idaho EMS Bureau Standards and Compliance Manager

Chairman Sturkie called the meeting to order at 9:11. Introductions – Noah Smith, NHTSA Office of EMS

Approval of Minutes for 5-14-10

Correction on page three (3). Pat Tucker attended the February 2010 meeting not May.

Commissioner Bramwell, American Academy of Pediatrics, Idaho Chapter, moved and Commissioner Alter, Citizen Representative, seconded the motion to accept the draft minutes with correction noted.

Motion passed unanimously.

Optional Module Update

Justin Clemons, the EMS Bureau education and certification specialist, reported that currently Shelley-Firth is participating in a pilot program for the optional modules (OM) to help the bureau work out internal processes before opening it up to everyone.

Approval of the EMT, AEMT and Paramedic curriculum by the State Health Officer should be received today. Justin will do a final review to make sure all supporting documents mesh. The curriculum will then be finalized and posted on the website.

Justin explained that agencies must submit an addendum to their medical supervision plan (MSP) with optional module requests. The Bureau will review the MSP to see that the OM's are included but will not evaluate them for correctness or appropriateness; that would be up to the EMSPC. After a course application is approved, the agency will receive a user name and password to access the curriculum on the website. They will receive beginning and ending course documents. The agency will do the training and return the documents to the Bureau along with their medical director's credentialing record.

At the November 2009 meeting, commissioners indicated a desire to have OM agencies submit data to the Bureau via Pre-hospital Electronic Record Collection System (PERCS) so the data can be analyzed to determine OM usage. There was not a formal motion, nor a modification to the standards manual, or anything that would give the Bureau the ability to require this. Therefore, the Bureau seeks clarification.

The Bureau also requested guidance concerning a deadline for submission of OM course completion or credentialing documentation to the Bureau.

Commissioner Kim felt that the requirement for data submission is pretty clear in the Bureau's proposed rules. He was concerned that wording requiring PERCS submission for OM's in the EMSPC standards manual may conflict with the Bureau's proposed rules. He felt it may not be necessary. Bureau Chief Dia Gainor said strengthening would always be welcomed because then more than one authority for the requirement could be referenced. It would also make the Bureau appear less arbitrary because of the direct linkage to the OM's.

Commissioner Deutchman expressed concern about the Commission's ability to follow through on evaluating the MSP's for the OM requirement. Chairman Sturkie stated that currently when the Bureau receives an OM request they forward the MSP to Chairman Sturkie. He only checks to see that the MSP includes the addendum for OM's. He does not evaluate them. If the MSP appears to meet that standard, the Bureau is notified and follows through with the process. The Commission does not have to intervene unless there appears to be a problem.

Commissioner Deutchman, American College of Surgeons Committee on Trauma, moved to add optional module (OM) requirements to the standards manual. In order to do OM's an agency must:

- 1. Be compliant with PERCS submission according to EMS Bureau standards.**
- 2. Must submit an addendum to their medical supervision plan (MSP) that indicates which OM's they want to do and the process for implementation.**
- 3. Submit verification of credentialing within six (6) months or the application must be resubmitted.**

The exact wording will be reviewed at the next EMSPC meeting.

Commissioner Bramwell, American Academy of Pediatrics, Idaho Chapter, seconded.

Motion passed unanimously.

Air St. Lukes REAL Simulation Demonstration

Dr. Eric Kendall presented information on Air St. Lukes REAL Simulation program (**R**egional **E**ducation and **S**imulation **L**ab) and their availability to help agencies and medical directors with training exercises. Commissioners also received a tour of the ambulance and simulators.

Wildland Fire

Jan Peterson gave an update on the continuing work of the Incident Emergency Medical Subcommittee of the National Wildfire Coordinating Group. Their work is influencing EMS at wildland fires across the country. They continue to work towards the Idaho EMSPC's concerns regarding occupational health assessments at fire camp medical units.

Statewide Protocol Subcommittee Report

Because Commissioner McKinnon resigned from the subcommittee and Commissioner Sivertson has not been able to attend the last two (2) meetings, Subcommittee-chair Kim asked for more help. Commissioners Curtin and Bramwell agreed to join this subcommittee.

The subcommittee recommended that the EMSPC not develop a statewide protocol for the use of CO oximetry in fire rehabilitation. Its use in fire rehab is for screening rather than patient care. If a firefighter presents as a patient then the previously approved CO oximetry protocol would apply. EMT, AEMT and Paramedics may use CO oximetry for fire rehab if provisions for medical supervision are in place, similar to paramedics providing immunizations for their EMS agency.

The subcommittee was tasked by the Commission to look at the North Carolina protocols one by one, modify them to be Idaho specific and include some quality improvement suggestions. The subcommittee is also using the Pennsylvania protocols as a reference because their quality improvement suggestions are a bit more integrated. The first to be reviewed were: Universal Patient Care Protocol; Seizure Protocol; Airway, Adult Protocol; Airway: Intubation Oral Tracheal Procedure; Assessment: Adult Procedure; Assessment: Pediatric Procedure; Spinal Immobilization Procedure. (To distinguish between the original NC version and the Idaho version use the Legend - NC have old provider names "EMT-P," Idaho uses "Paramedic")

Subcommittee-chair Kim expressed concern about their ability to accomplish this task in a timely manner because there are so many protocols and procedures to adapt. Commissioners discussed various options including the possibility of having ad hoc volunteer help from the EMS community. Dave

Reynolds from Moscow Fire offered to help and said they had already put their protocols into the North Carolina Visio format and would be willing to share those. Commissioners asked to also see if Wood River would share their protocols which are in this format also. The Commission will, however, still have to approve each protocol. The Commission will decide if perhaps a Request for Proposal (RFP) is needed after the subcommittee continues their work and presents their findings at the November meeting.

2011 Standards Manual

Track optional module use

The Bureau will check with John Cramer, the EMS Bureau's Systems Information Manager, to make sure OM use can be tracked in PERCS.

AEMT Magill forcep use

The AEMT intubation equipment list includes Magill forceps. Chairperson Sturkie asked: If AEMTs are taught to use Magill forceps for airway obstructions when they are taught intubation as an optional module, but their agency is not allowed to do intubation by their medical director, should they have and use the Magill forceps for obstruction removal? Is that part of the airway and not a separate item?

Commissioner Kim checked the national scope. It lists "airway obstruction removal by direct laryngoscopy" as a paramedic skill only. So the answer would be no. He asked that the Commission stay consistent with the national scope of practice model.

Chairperson Sturkie further stated that the Commission is already allowing AEMTs to do intubation as an OM. The question remains, do we want AEMTs to be able to do foreign body removal if they are doing direct laryngoscopy? Commissioner Kim stated that technically even if the medical director lets them do intubation as an OM they still cannot use Magills.

Chairman Sturkie said the question remains, should they even have Magills as equipment?

Commissioner Masar, Idaho Association of Counties, moved to add "Airway - Obstruction removal by direct laryngoscopy" to the scope of practice grid as a paramedic only skill. Commissioner Kim, Idaho Medical Association, seconded. Motion passed unanimously.

Tourniquet – EMR trained and tested but not in scope of practice

EMRs are currently being taught the use of tourniquets and they are tested on it but it is not listed in the Idaho EMSPC scope of practice. The NREMT develops resources for use by states. They require testing but it is up to the state to decide which skills to use and how they test them. Currently and previously Idaho has simply adopted the NREMT skill sheets for testing. When the NREMT changed the EMR Bleeding Control and Shock Management testing skill sheet to include tourniquet application, Justin didn't notice the inconsistency with the Idaho scope of practice due to his military background. It seemed normal to him. The process steps used to be direct pressure, then elevation and then pressure points. Now the steps are direct pressure and then tourniquet application. The change was made due to evidence from battlefield application.

The Commission asked the Bureau to modify the exam process to match the current EMSPC scope of practice. The EMSPC is not changing the scope of practice in their standards manual.

Airway Management Data Collection

The EMSPC planned to give EMS agencies an annual report that would include agency specific data as well as statewide data. The first report was due to be sent in June based on the first six (6) months of data. This report was not sent due to the following Bureau concerns:

- Quality of data - since the Bureau cannot compel agencies to submit, the ability of the Bureau to check with each agency to make sure all of their providers who attempted intubation had reported
- Format of the agency specific report – which charts to use and explanations of the charts had not been completed
- Time needed to create the report and send them out

Commissioner Kim asked if the game plan that was discussed in May was realistic and who had been assigned to accomplish it. Dia explained that the Bureau's dilemma is one of competing work load demands. Legislative mandates must come first. This project is not a rule requirement and so it ends up at the bottom of the list. The Bureau also cannot easily generate individual agency reports because the data is not collected in PERCS.

Commissioners had hoped that once the agencies received the report they would see its value and be motivated to be more accurate in their reporting.

EMS Bureau would like to do a trial run of generating agency specific reports and distributing them far enough in advance of the Commission's February 11, 2011 meeting to generate feedback.

Commissioners would like to know how many agencies do intubations in the state to help determine the actual work load by the November meeting.

Medical Supervision Plan Subcommittee Report

Subcommittee Chair Deutchman reported that he and Commissioner Kim met via teleconference in July. The Commission still needs to decide if they want agencies to submit all of their policies and procedures for review, or if a simple acknowledgement that they have them would suffice. The Commission could request specifics regarding certain items during the agency license renewal process each year. This would afford a focused approach to areas of concern and not be so overwhelming for the Commission to review.

Commissioner Deutchman will put the questions into a readable question and answer format for distribution to the commission prior to the next EMSPC meeting. Comments back to Subcommittee Chair Deutchman would be helpful so the draft could be as far along as possible before the next meeting.

Protocols the Commission would like to see:

- All agencies: Physician on-scene
- ALS agencies: Airway - oral intubation protocol

It was too late to include this request in this year's agency license renewal application mailing. A separate mailing will be done on behalf of the EMSPC.

EMS Medical Director Education On-line Course Status Report

The June report from the Critical Illness and Trauma (CIT) Foundation shows seven (7) people had completed the on-line course out of 39 who had signed in. Another report is due the end of September. Those who have completed the course on that report will be qualified for the book drawing.

Some commissioners questioned whether the medical directors had been notified as requested. Diana checked her files when she got back to the office. She did mail and e-mailed a letter of instructions to all the agencies and medical directors about the on-line course and book drawing on June 10, 2010. Commissioners asked that another last chance e-mail notification be sent to medical directors to encourage them to complete the course and qualify for the book drawing. This was done on September 16th.

Wayne Denny reported that when the Bureau started the process for contracting the development of the Idaho-specific module, they were reminded that the Department of Health & Welfare helps fund the Idaho State University (ISU) learning management system (LMS). Therefore, the Commission should be using it rather than paying for the CIT site. The core content on the CIT site was developed under a HRSA grant, so the Bureau hopes to be able to get a copy to put on the ISU LMS and then add the Idaho-specific module. The funding that was going to be used to develop the Idaho-specific module this year will have to be used for something else but hopefully the Critical Access Hospital grant money will be available again next year for this project. Once our contract with CIT expires, there will be no cost to post the curriculum on the ISU LMS.

Rachael Alter reported that EMS for Children (EMSC) paid CIT \$5000 in 2008 for a two year contract for medical direction of pediatric-specific content. She just heard back from Teri that it should be done by the end of November.

Approve Pending Rule Docket

Commissioner Masar, Idaho Association of Counties, moved to approve Pending Rule Docket 16-0202-1001 which will change the EMSPC Standards Manual to 2011-1. Commissioner Bramwell, American Academy of Pediatrics, Idaho Chapter, seconded. Motion passed unanimously.

Visible EMS Personnel Identification Requirement

Chairperson Sturkie expressed his desire that a requirement for EMS personnel to wear some type of identification to show who they are and their level of licensure while providing service, especially at the paramedic level, be added to the new EMS Bureau rules. If the Bureau was not comfortable with adding it to the rules during this open comment period, he asked the EMSPC to consider adding it to their standards manual. Audience members Janna Nicholson from Payette County Paramedics, Jill Hiller from Cascade Rural Fire / EMS, Troy Hagen from Ada County Paramedics and Commissioner Curtin from McCall all agreed that this would be very helpful and appreciated.

The EMS Bureau staff members were hesitant to include it in the new rules because it was not an idea presented at the town hall meetings. There was concern it might be viewed as an unfunded mandate.

Others questioned the Commission's authority to require identification. Chairperson Sturkie felt it would fall under medical supervision because the medical director needs to know who is on scene working on the patients under their medical direction. He felt it would also promote professionalism, responsibility and liability for an agency. It would help EMS personnel interact. It would help the agency identify its own personnel to the public. And it would help the public know who is treating them. There was concern about how this would be implemented and enforced if added to the standards manual. There would be no rule or law to point to for compliance.

It was noted that identification is already a requirement on page 10 for EMS personnel working in a hospital or clinic setting.

Bureau Chief Dia Gainor suggested the first step be to add this to the agency licensure standards manual as a policy. If challenged, the Bureau could not point to the law or rule that requires it, and therefore, could not sanction the agency for refusing to do it, but at least it starts the process of getting agency administrators to see the utility and benefits of the practice. If the uptake seems to be widespread across the state, then it could be generated as part of the rules at some point in the future.

Commissioners asked the Bureau to add this question to a survey within the next three (3) months to see what agencies' reaction would be.

Strategic Planning

Chairperson Sturkie asked for a strategic plan and goal benchmarks from each subcommittee for the next year, five (5) years out, and longer. What do you need to accomplish your task within a certain time frame? Hopefully this will help focus the reports a little bit more.

Commissioner Kim felt that the problem with developing a strategic plan is that the Commission has very little resources (time, manpower, and funds) and therefore it seems impossible to predict how long projects will take. He listed some of the recurring topics the EMSPC continues to work on:

- How to develop and implement things such as statewide protocols
- How to get effective medical supervision plans
- How to provide robust education for EMS agency medical directors
- EMS medical director certification
- Gaining subpoena power like the Board of Medicine has to help with disciplinary actions

Commissioner Kim expressed his frustration that the commissioners are great at medicine and seeing the big picture but fall short in knowing how to advance their agenda by collaborating with other entities to make things happen. He asked commissioners to consider how they could piggy back onto other entities that have a record of success or have tools in place to make things happen.

Chairperson Sturkie asked if there are other goals commissioners think they should be working on along with these long term goals. He wondered what the agencies would like to see the commission do. Perhaps there are some simple things that could be accomplished while continuing to work on these long term items.

Upcoming meetings

Possibly change Challis or Salmon to September rather than May. Possibly McCall in February. Commissioners requested past out-of-town schedule to determine what they want to do next year along with number of attendees. Diana reminded commissioners that they decided at the last meeting to send notification to providers in the area, not just agencies, when holding meetings outside of Boise. Need to change November 11, 2011 because of conflict with State/Federal Veterans Day holiday.

Commissioner Bramwell, American Academy of Pediatrics, Idaho Chapter, moved to adjourn the meeting at 3:58 p.m. Commissioner Kim, Idaho Medical Association, seconded. Motion passed unanimously.

Murry Sturkie, Chairperson
Idaho Emergency Medical Services Physician Commission