

General Session Meeting Minutes

June 29, 2007

COMMITTEE MEMBER ATTENDEES:

James Ackerman, EMT- Paramedic
Nick Albers, Air Medical Member
Vicki Armbruster, Volunteer Third Service Member
Tom Allen, Fire Department Based Non-Transport Member
Randall Baldwin, EMT-Basic Member
Diane Barker, Consumer Member
Ken Bramwell, Emergency Pediatric Medicine
Denise Gill, Idaho Association of Counties Member
Karen Kellie, Idaho Hospital Association Member
David Kim, Idaho Chapter of ACEP Member
Robert D Larsen, Private Agency Member
Scott Long, Idaho Fire Chiefs Association Member
Catherine Mabbutt, Board of Nursing Member
Cindy Marx, Third Service Non-Transport Member
Travis Myklebust, EMS Instructor Member
Tim Rines, Career Third Service Member
Ken Schwab, Advanced EMT-A Member
Murry Sturkie, DO, Idaho Medical Association Member

COMMITTEE MEMBERS ABSENT:

Lynn Borders, County EMS Administrator Member
Thomas Kraner, Committee on Trauma of the Idaho Chapter of ACS
Lloyd Jensen, Idaho Chapter of the American Academy of Pediatricians

VACANT MEMBER SEATS

None

EMS STAFF ATTENDEES:

Alter, Rachael	King, Rachel
Chicoine, Kay	Neibaur, Dennis
Cramer, John	Neufeld, Dean
Denny, Wayne	Newton, Tawni
Edgar, Andy	Pierson, Russ
Fend-Boehm, Valerie	Thrasher, Carolyn
Freeman, Barbara	Yon, Joshua
Gainor, Dia	

Other Attendees:

Henry, Jane - Idaho Falls School District #91	McGrane, Michael – Air St. Luke's
Minge, Anthony - Northwest Medstar	Sturkie, Lorelei – Guardian College

Discussion	Decisions/Outcomes
General Business	
<p>Welcome to Denise Gill, the new member representing Idaho Association of Counties (IAC). Certificates of appreciation were given to Cindy Marx and Scott Long whose terms expire June 2007. Request for nominations will be mailed out the first of July.</p>	<p>Meeting Schedule for 2008. February 7, 2008 June 26 & 27, 2008 October 30, 2008 Minutes approved.</p>
EMS Bureau Reorganization	
<p>The EMS Bureau has experienced regional operations challenges in manpower and getting the work done. With the resignation of the Regional Consultant and AA in Coeur d'Alene came an opportunity to reorganize and the 5 regions were redefined to 3 areas to more equitable size for system development activities. The state was then divided into two regions for regulatory purposes. The physical office will be closed in Coeur d'Alene. The former Regional Operations section has the same manpower, but is housed in Systems Development and Standards & Compliance.</p> <p>Ultimately this reorganization will provide better service.</p>	
POST – Physician Order Scope of Treatment	
<p>The 2006 Legislature determined that there was a disparity in various end of life initiatives and that there were numerous sections of Idaho code that address end of life issues, such as living wills, durable powers of attorney, and Do Not Resuscitate (DNR) Orders and that there were fragmented processes involved in the management of living wills and DNRs.</p> <p>Additional disadvantages were:</p> <ul style="list-style-type: none"> • Lack of Universal Acceptance • Intimidating Technical Language • Separate forms often required for various treatment setting • Fear that honoring a potentially insufficient DNR would result in civil or criminal penalties <p>The governor appointed a task force (HCR 40) composed of representatives from the Attorney General's office and the Department of Health and</p>	

Welfare to coordinate various legislative sections into one section and create universal advance directive in all health care facilities. The legislation is HB119. The 2007 Legislature passed POST legislation (§39-4501- §39-4515).

POST (Physician Order for Scope of Treatment) gives increased control over end of life decisions. It is an easy to use one page form. Section A is pertinent to pre-hospital care. Section B discusses medical intervention.

Additional advantages are:

- POST transfers between all care settings. No new DNR is required in any setting.
- POST form is a physician's order and must be followed by all medical care providers
- Completing a POST requires only one form, so patients are not overwhelmed with multiple forms
- POST legislation protects all care providers from civil and criminal liability as long as their actions are in good faith
- With POST, care providers are given
 - ability to honor the wishes of patients
 - legal protection from reprisal or litigation
- POST is written in common, everyday language
- Choices are clear and concise
- Patient is able to make specific decisions pertaining to specific situations
- POST addresses comfort care and pain management
- Decisions are made in advance of a terminal condition while patient is still capable of making informed choices
- Discussion with attending physician provides an opportunity to voice concerns and clarify areas of confusion
- With POST, patients can feel comfortable that they are making informed decisions and that their wishes will be understood and respected
- Takes the burden of making treatment decisions off of the patient's family
- Allows patient to indicate specific care preferences for specific situations, so family can

be confident the patient's wishes are being respected

The only jewelry is a hospital band type that is removable. The task force will develop a similar jewelry choice as the DNR bracelet. The jewelry is for pre-hospital DNR care.

The form is available on the internet and is password protected. The website has a counter, but would not count forms saved to a hard drive and printed off many times. The website is

<http://www.sos.idaho.gov/online/hcdr/getpostform.jsp>

Information about the POST form and its use and obtaining a password is on www.idahoems.org.

The POST can override items in a durable power of attorney. Can be registered with the Secretary of State. The Secretary of State issues a wallet card.

www.idsos.state.id.us

Educational material is being developed.

DNRs that have been written prior to July 1, 2007, are still valid.

Wayne Denny asked the members to review patient treatment guidelines and give feedback by email.

Currently the Bureau hasn't done an outreach to consumers but has given information to EMS agencies and health care facilities. A press release was sent out.

Discussion

Kenny Bramwell was concerned that physicians might be unaware. A request went to IMA to inform physicians.

Comments about POST guideline:

Items in section 3 & 4, capitalization looks awkward.

Section 3 discusses what the provider will do if the patient is in respiratory or cardiac arrest and a DNR is confirmed and Section 4 discusses what the provider will not do in the same scenario. There was a suggestion to merge Sections #3 & 4 together. #3 was of value if the patient is not in cardiac or respiratory arrest.

In the pre-hospital scenario, it may not be possible to read the specifics on the POST Form. For this scenario, it should be all or nothing. Dr. Kim said that intubations are the most problematic.

The Idaho EMS Guideline should focus only on

<p>Section A of the POST form. This can be clarified if we say that intubation is part of resuscitation.</p> <p>Should the guideline focus only on a patient who is in cardiac/pulmonary arrest or should it address arrest and near arrest? Needs to address both scenarios.</p> <p>Suggestion that the Physician Commission review this annually before presentation to EMSAC.</p> <p>Due diligence in finding the form is required of the provider.</p>	<p>Motion by Tom Allen to recommend replacing the current Comfort One DNR guidelines on the EMS website with POST guidelines by 1 July 2007 was seconded by Murry Sturkie. The motion carried.</p> <p>Motion by Murry Sturkie to recommend adding pre-code addendum to include Do Not Intubate to POST guidelines was seconded and carried.</p>
--	---

ICEE (Idaho Consortium of EMS Education)

<p>Tawni gave an informational presentation and distributed materials.</p> <p>ICEE is a vehicle to streamline approval of courses but has not been implemented yet. There is opportunity for more community involvement. There are 3 instructor educational seminars being planned. ICEE members will be teaching some of the modules and will coordinate with local instructors to start building bridges.</p> <p>The adult methodology course is being promoted. LCSC has an on-line course and a peer review presentation. The Bureau needs to review and market. Other models are also available that will be reviewed and promoted.</p>	
--	--

**EMS Agency Licensure Rules Revision Project
IDAPA 16.02.03, Sections 300 & 301**

<p>The Task Force convened Dec 7, 2006. There are no current specific rules for standards for EMS air ambulance licensing. The Task Force is revising IDAPA 160 & 203, Sections 100 and 301 about EMS agency licensing standards.</p> <p>Nine members were selected from around the state. Mark Johnson is the chair. Other members are Mike McGrane, Air Ambulance Services; David Kim, ACEP; Tom Allen, IFCA, Toni Lawson & Nanette Hiller, IHA. EMS Bureau representatives are Dia Gainor, Wayne Denny, Tawni Newton, Andy Edgar, Rachel King & Ken Mordan, Rule Specialist.</p> <p>Unaddressed areas of EMS agency licensing needs more definition such as advertising, out of state EMS agencies coming into Idaho, allowable exemptions, problem resolution, EMSAC role, contemporary equipment list, staffing and vehicle deployment</p>	
---	--

minimum standards, use of ambulance based clinicians at the BLS and ILS level, agency upgrade for transport status or clinical level process and/or criteria, consequences for lapsed license, operating without a license, response types for agencies, applicants pursuing approval prior to meeting minimum eligibility requirements, agency misunderstanding rules and/or policy, requests for exemptions not allowed by existing rules, EMSAC debate over compliance issues.

The goal of the Task Force is development of reasonable regulation for EMS crew and patient safety, guidance and tools for prospective applicants and existing agencies, clear policy defined in the Licensure Standards Manual, supported and integrated with federal regulation, existing statute, code, rule and national standards. The Task Force will address definitions, EMS agency licensing ~ general requirements, application and renewal, inspections, administrative plan, operational plan, medical supervision, system integration and collaboration and education.

Bob Larsen asked about CAMTS inspection. The EMS Bureau is still responsible for an annual inspection.

EMSC Sub-Committee Report

Kenny Bramwell presented the activities of the EMS for Children Subcommittee.

Agency Survey Results

- 103 agencies responded (55%)
- Initial results as reported by the National EMSC Data Analysis Resource Center skewed because of combined questions for ILS and ALS providers
- Updated results with agency records on file with the Bureau and email clarifications to agencies

On and Off Line Pediatric Medical Direction

- Assess agency access to both on- and off-line medical direction at the scene of an emergency for seriously ill or injured children
- Combination of results shows 94% compliance

Equipment Results

- Assess the percentage of pre-hospital provider

agencies that have the essential pediatric equipment and supplies as outlined in the AAP/ACEP Joint Guidelines for both BLS and ALS providers

- 29% compliant
- Top 5 missing items:
 - Pediatric stethoscope
 - Pediatric-sized backboard
 - Extremity splints: Pediatric sizes
 - Suction catheters (Full range of 6F-16F and tonsil tip)
 - OB pack

Purpose of Hospital Survey

- Assess the percentage of Idaho hospitals that have: Written inter-facility agreements & guidelines that specify:
 - Transportation of staff and equipment
 - Transfer of individual necessities
 - Individual tracking to and from the alternate care site
 - Inter-facility communication

Hospital Transfer Agreements

- Primary Children's Hospital in Salt Lake City created a transfer agreement They are sending this to all hospitals in Idaho who transfer patients to them.
- Discussed using this as a model for tertiary hospitals in Idaho, have them champion the agreement

Pediatric Equipment

- \$22,000 available in the EMSC grant to purchase pediatric equipment for Idaho EMS agencies

Motion to give a pediatric BLS bag and a backboard to the agencies with the most need based on the survey results was seconded and passed

Licensure Sub-Committee Report

Franklin County Fire District, Initial BLS Non-Transport

Sub-Committee Report

- Fire department often arrives prior to EMS personnel
- Scope of practice clarification to assure they do

<p>not perform above agency licensure level</p> <ul style="list-style-type: none"> • Protocols should not contain ILS – Advanced level procedures • Personnel / staffing schedule? State they will have 3, but no schedule <p>Motion to recommend denial of the application and have the applicant reapply was seconded and passed. 1 nay.</p>	
Rock Creek Fire Protection District, Initial BLS Non-Transport	
<p style="text-align: center;">Sub-Committee Report</p> <p>County protocols – BLS using EMS Bureau Patient Care Treatment Guidelines</p> <p>Motion to recommend approval of the Rock Creek Fire Protection District was seconded and passed.</p>	
Silverwood EMS, Initial BLS Non-Transport	
<p style="text-align: center;">Sub-Committee Report</p> <p>Motion to recommend approval of the Silverwood EMS Initial BLS Non-Transport with the provision that the additional procedures are not allowed until approved by the Physician Commission. Assure personnel are certified and act within the scope of practice with licensure level was seconded and passed.</p>	
Teton County Fire Protection District	
<p>A motion to recommend approval of the Teton County Fire Protection District was seconded and passed.</p>	
Westside EMS Inc, Initial ALS 3	
<p style="text-align: center;">Sub-Committee Report</p> <p>Motion to recommend approval of the Westside EMS Inc. licensure was seconded and passed.</p> <p>Amendment to clarify that the licensure restricts to inter-facility activities was seconded and passed.</p>	
<p>Motion by Kenny Bramwell and amended by Murry Sturkie to recommend approval of the Licensure Sub-Committee licensure recommendations was seconded and passed.</p>	
GRANTS SUB-COMMITTEE REPORT	
Rules Revision Task Force	
<p style="text-align: center;">Sub-Committee Report</p> <p>A Task force comprised of 13 members will hold first</p>	

<p>meeting July 12, 2007. Proposed revisions must be approved by Board of Health & Welfare and the Legislature. FY11 grant cycle could be affected by revised rules</p>	
<p>RFP/Contract for Ambulance Vehicle Status</p>	
<p>RFP/Contract submitted but still pending in Purchasing Department. Will resubmit at beginning of State FY08</p>	
<p>FY07 Training Grant Award</p>	
<p style="text-align: center;">Sub-Committee Report</p> <ul style="list-style-type: none"> • Awards made for a total of \$63,270 • Awards reimbursed for total of \$40,390 • \$4,200 for: <ul style="list-style-type: none"> ○ 6 months Medical Control for Cambridge & Midvale Ambulance agencies \$3,000 ○ Reimbursement to Meadows Valley Ambulance for expenses to retest in Boise due to test equipment malfunction \$1,200 • Remaining Unused funds, \$18,680, used to assist in payment of Poison Control Contract • Different options being considered to better utilize funds to best benefit agencies • Discussed suggestions from subcommittee resulting in: <ul style="list-style-type: none"> ○ Four part motion made and passed: ○ Application should indicate that training equipment will not be funded. ○ Full funding for system-based classes with a consortium of 3 or more agencies with measurable objectives and results after determination of actual cost of course (instructor, CHC, testing fee, etc.) ○ Remainder of funds awarded to agencies holding independent courses at current percent of funding. ○ Unused funds to go to a multi-year contract with an entity which will manage funding to be used exclusively for training purposes, perhaps on a scholarship basis, thus allowing unused funds to be held for future grant cycles. <i>This would be upon feasibility of a contract used for this purpose.</i> 	

General Session Discussion

EMSAC questioned the payment for medical control fees and asked if it was on-going. Dia replied that she didn't anticipate that it will discontinue. EMSAC asked for more documentation and itemization of hours spent on medical direction on the invoicing.

FY08 Dedicated Grants

Sub-Committee Report

- Balance of funds available as of 6/28/07
\$1,080,317.
- **74 Applications Received**
- Total Requests: \$2,698,849
- Total Vehicle Requests: \$2,116,979
- Number of Vehicles Requested: 29
- Total Equipment Requests: \$581,870
- Number of Equipment Items Requested: 221
from 58 Agencies
- Evaluation of applications completed by 6/29/07
- Award recipients notified by 7/31/07
- Disbursement of funds by 9/28/07
- Return of unused funds and/or invoice documentation by 4/1/08
- Ineligible Equipment List be revised to allow cylinder loading system.
- Bureau has agreed to fund EPI requests
- Six requests for total \$1818.
- Subcommittee recommended funding limited to \$50 per pen

The following agencies were determined to be ineligible:

- **Priest Lake EMT** – 11 months of Financial Info
- **Westside Fire Dist** - Financial Info Projected
- **Silver City Fire & Rescue** – County refused to endorse application
- *EMS Bureau to obtain copy of meeting minutes regarding refusal to endorse for determination of “justifiable cause” per Code*
- **Northwest Paramedic Assoc (Elmore County)**
- Not eligible agency & County endorsement not

signed

- **Lincoln County Sheriff S & R** - Financial Info Projected
- **Prairie QRU** - Financial Info Projected
- **Bingham County S & R** - No endorsement
- **Blackfoot Fire Dept** - Financial Info Projected
- **Fort Hall Fire & EMS** - Financial Info Projected & Application not signed
- **Gibbonsville QRU** - No Sec'y of State Filing & No endorsement

Motion that 1) application should note that training equipment will not be funded in FY08. 2) Full funding (mean cost) for consortium system approach training requests (minimum of 3 agencies) 3) Single applications will be awarded at the current % of funding. 4) Consider contracting with an entity to manage unused funding for scholarship reimbursements on a multi-year basis where feasible was seconded and passed.

General Session Discussion

Discussion about how to manage unused (returned) funds. Funding at 100% for courses may encourage more of the awards being utilized.

Diane Barker gave the example of how Parks and Recreation penalize a user who doesn't appear for their day to utilize facilities. The user loses the opportunity to apply for a specified time.

What about the agency who is planning to have the course and then life happens and the course doesn't happen? Should we penalize these agencies? No. Diane Barker suggested that the agency document effort before eliminating an agency from the program. But there needs to be accountability for mismanagement.

Have a contingency plan for additional awards with returned funds and take the next agency in line. Finding the cutoff time and also allowing enough time for the next awardee is tricky. Kay suggested looking at percent of returned funds over the years and whether there are repeat offenders.

Can we earmark the funds for equipment? Wayne reminded the Committee that the awards fund the entire group. There isn't a cut-off agency that is next in line for available awards.

Dia commented that there is no mandate that the

Motion by Robert Larsen to recommend utilization of returned FY08 training grant funds for equipment purchase for statewide dispersion to be determined at the October EMSAC meeting was seconded by Diane Barker but failed to pass.

Comment from the Bureau: Managing the training equipment and keeping inventory is

<p>Bureau provide training funds to the agencies. When JFAC reduced the Bureau’s general funds, the concession was to fund \$123,000 for training. There is no legislation or even written agreement about the use of these funds.</p> <p>Discussion continued about informing people there is a drop dead date to declare intent to use funds. If the agency doesn’t make the declaration by that date the agency would be penalized. Dia stated that the authority to deny access to funds would need to be written in rule.</p> <p>There are other educational opportunities. Need to look at what we’re doing with this fund and why.</p> <p>Need to define full funding and the mean cost to instruct. Special considerations might be examined such as mileage to a class. Murry Sturkie recommended defining full (reasonable) funding with exceptions or unique cases. Representative cost of agency based courses would exclude the proprietary institutes.</p> <p>Discussion continued without resolution for a plan to utilize the returned funds.</p>	<p>nightmarish. Rachael Alter suggested using the money for pediatric training.</p> <p>Motion by Travis Myklebust to recommend accepting training grant subcommittee’s motion minus bullet comment number four. Change bullet number one from will not be funded to may be funded was seconded by Nick Albers and passed.</p> <p>Motion by Murry Sturkie to accept recommendation of grant subcommittee on consortium funding was seconded by Catherine Mabbutt and passed.</p> <p>Motion by Murry Sturkie to clarify the prioritization of consortium education as a priority and independent sources as a secondary priority was seconded by Catherine Mabbutt and passed.</p>
---	--

Volunteer Scholarship Program

<p align="center">Sub-Committee Report <u>AS OF 6/21/07</u></p> <ul style="list-style-type: none"> • 98 applications received • 18 agencies reimbursed • \$4,810 reimbursed for National Registry test fee increases • \$1,060 reimbursed for Criminal History Check fee increase • Agencies located in Critical Access Hospital areas may continue to apply until August 31, 2007, or until remaining \$5,075 is expended • More information and application forms are on the Bureau website 	
---	--