

Emergency Medical Services Advisory Committee Newsletter

*The Emergency Medical Services Advisory Committee, established by IDAPA 16.02.03.100
A statewide committee appointed by the Director of the Department of Health and Welfare "to provide counsel to the Department in administering the EMS act"*

Overview of EMS funds

Poison control contract costs up 90% in 10 years

Meeting Dates

- June 28 & 29, 2007
Ameritel Boise Spectrum
7409 Overland Rd, Boise
- October 11, 2007
TBD

Call your regional EMS office for more information

Dia Gainor, EMS Bureau Chief, explained the three different sources of funds that are allocated to the EMS Bureau. Gainor noted the Bureau receives one of the lowest amounts of general funds of any state EMS office.

1. EMS I fund IDAPA 56-1018 and 49-452. The funds come from a \$.125 per vehicle registration fee. Currently \$1.00 goes to the Bureau, and \$.25 goes to the county for EMS. The average is \$1.4 million. This income flow has increased with the increase in registrations but a variant occurred in 2000 when two-year registrations

became an option under Idaho law. The purpose statement reads: "shall be used exclusively for the purposes of emergency medical services, training, communications, vehicle and equipment grants and other programs furthering the goals of highway safety and emergency response providing medical services at motor vehicle accidents."

2. EMS II fund created in the 1980's. IDAPA 56-1018A and 49-306 (8)a. These funds are derived from a \$.50 fee per driver's license per year. About \$557,000 is collected per year. The purpose statement reads:

"shall be used exclusively for the purposes of emergency medical services."

3. EMS III fund Collections are over \$1 million/annually and is derived from a \$1.00 per year per driver's license fee. The purpose statement reads: "shall be used exclusively for the purpose of acquiring vehicles and equipment for use by emergency medical services personnel in the performance of their duties."

The collections from driver's licenses fees form a zigzag pattern caused by the "ghost

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EMS Legislative initiatives

Poison Control Repeal, Disciplinary Action Transfer from EMSAC to Physician Commission, DNR and Trauma Registry

SB1076: Poison Control Repeal

In 1996 the Poison Control Act was passed, stating that DHW must provide poison control services for Idaho. The Act did not give the Bureau appropriation or a funding source. Initially, the cost to provide the service, \$250,000, was manageable. The cost to provide the service has increased to a whopping \$474,000 annually and continues to escalate yearly. If the cost to provide Poison Control continues to rise, it is likely the Bureau may not be able to provide core

EMS functions that are not in statute if it has to maintain the costs for poison control.

If passed, this legislation would have theoretically allowed the Bureau to cease providing poison control. While not advocating shutting down poison control services, the Bureau does question whether it should be paid with dedicated funds earmarked for EMS purposes. In addition to the rising costs to provide the service, this fiscal year the Bureau lost federal funding of \$100,000 from Temporary Assistance for Needy

Families (TANF) used toward fulfillment of the contract.

When asked by an EMSAC member how this happened on Dia's watch, she replied that the Bureau was able to accommodate the initial cost with little impact to the EMS systems because we previously paid nurses and other staff to provide a form of poison control. When the workload could no longer be handled by this method, a contractor was sought for the workload and funds were transferred to a

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“The current Poison Control contract cost is \$474,000 annually and the contractor has asked for an increase in FY08”

Overview of EMS funds con't

(Continued from page 1)

year” of collections effected by the conversion from 3 to 4 year license durations and later the 8 year license renewal cycles. This year, only three funding requests were approved. They were to fund the unique patient identifier, modification for Bureau personnel benefit expense, and authorization to use \$100,000 of dedicated funds to pay for the poison control contract. There is \$2.5 million dedicated EMS I & II in reserve to get through the ghost years. This is the first time

in 15 years the Bureau has been denied access to its own funds. Dia met with a staff member of the Department of Financial Management (DFM) in the Governor's office and explained that the poison control contract has increased 90% in 10 years. The current contract cost is \$474,000 annually and the contractor has also asked for an increase in FY08, hence why the EMS Bureau asked for appropriation of state general funds to replace the federal dollars.



Legislative Initiatives con't

(Continued from page 1)

multi-state center where it remains. By year 4 & 5 of the contract, the Bureau had to request funds from DHW to continue to provide the service.. Year after year the Bureau was given band aid funds from the Department. This year however, the request was denied, and the Bureau lost the \$100,000 federal funds bringing the Poison Control issue to a crisis point. During those years of escalating costs, Dia repeatedly indicated that there wasn't enough funding and questioned whether it should it be funded with dedicated funding.

Annually there are about 23,000 poison calls with 16,000 human exposures. Idaho queried the surrounding states regarding their poison control costs. While the cost to Idaho may appear high, it was discovered in the query that it is one of the lowest per call rates in the Western States. Contrary to popular belief, there is not a national poison control number. Calls to a national poison control number are routed directly to the associated state's poison control center. Using a multi-state center as the Bureau does is the most cost effective means of providing this service, albeit at a cost to quality.

The Bill would have allowed the Bureau to cease using dedi-

cated funding for the poison control costs without defying law. The bill did not pass.

SB1078 Disciplinary Action Transfer from EMSAC to Physician Commission

For 30 years the Bureau has had authority by administrative code to rescind certification, but it was not clearly stated in statute. This bill corrects references about “scope and practice” to “scope of practice,” and transitions the authority to make recommendations about discipline from EMSAC to the EMS Physician Commission. The bill passed.

HB 119 DNR Law

Advanced directives, living wills, DNR, durable power of attorney will be consolidated under one law. The current system is clearly confusing to the public and this will provide standardized jewelry, forms and terminology. The bill will also provide a mechanism for the patient to revoke the DNR. The bill will provide protection for EMS providers regarding making reasonable efforts to determine whether there is a DNR. It will address this and other system issues. The bill passed.

SB1047 Trauma Registry

The Trauma Registry pilot is going very well with 1,900 patient information records entered so far.

Sunset legislation would dissolve the registry legislation automatically in January of 2008. This proposed legislation repeals the Sunset clause.

The Trauma registry is funded by dedicated and federal funds and foundation donations. The current contract cost is \$250,000 year. The bill passed.

IDAPA 59.13

These rules regarding benefits for public safety officers, firemen, etc who are killed on duty excludes benefits for EMS personnel.

The Bureau doesn't have purview of this section of Idaho code but has a relationship with folks at PERSI and may have some ability to assess the opportunity.

Motion was made by EMSAC to strongly encourage the Bureau to address those areas in IDAPA 59.13 that reference public safety officer benefits to craft language to include EMS personnel was seconded.

Patient Care Report (PCR) Pilot boasts 98% acceptance rate

John Cramer gave a presentation about the Patient Care Report (PCR) pilot progress. There are 20 agencies in the pilot with about 1,200 records a month being input. The acceptance rate, first pass, is 98.4%. Currently there are 5,870 records input into the system. It is a client-server based system that uploads to an internet server. The data is immediately available and secure. John compared EMScan, paper, and electronic process acceptance rates with the PCR Pilot data collection.

The EMS Data Advisory Committee formed and has reviewed the data set dictionary to determine if the number of data collection points were reasonable. The Bureau hasn't received any

feedback about a perceived burden inputting the information, and this has been interpreted as positive. While there have been comments about some idiosyncrasies, workload doesn't seem to be an issue.

At the beginning of the project, there was considerable discussion about the Patient Identification Band use. It was decided to use a band for all patients without differentiating trauma patients. This approach allows for future expansion and usage of the identifier to other possible registries – cardiac, stroke, etc.

A workgroup is addressing topics to fine tune the system, such as a reasonable and uniform list of complaints, impressions, and signs & symptoms.

This work is important for future analyses and will aid the user by providing concise definitions for use.

The NEMSIS Standard eliminates software incompatibility and related cost. If an agency is considering acquiring software for billing or patient information, look at the NEMSIS Standard list. www.NEMSIS.org

The dataset could be provided at any time, but it won't be finalized until early 2008. It is important to ask a potential vendor if they are NEMSIS compliant, and to what level – gold level compliance, or silver compliance. Agencies using their own software would find data mapping is minimal, and data conversion would essentially be eliminated.



The best acceptance rate in the history of Idaho Patient Care Reporting

Idaho is first to offer mobile testing for rural volunteers

Idaho is the first state to offer mobile testing for rural volunteers. There are currently four active "bricks and mortar" exam locations in Idaho (Twin Falls, Pocatello, Boise, CDA). Soon there will be a 5th location in Lewiston. The first exam is scheduled for the end of February in Grangeville. There were 16 laptops purchased and configured specifically for testing purposes.

For courses that are more than 50 road miles from the fixed locations, mobile computer based testing may be requested. PearsonVUE is the vendor selected by the National Registry to provide the exams. To provide mobile testing for rural volunteers, the EMS Bureau will become a PearsonVUE Authorized Testing Center.

The Bureau's Training Standards Manual is under revision and will account for the exam

changes. Unfortunately there wasn't a procedure manual available to the Bureau to address the effects of these changes. The Bureau, as well as the providers, have experienced some frustrations. One frustration we've heard is the time now required to get courses approved.

There have been technical difficulties involved in the transition between paper based and computer based exams. Mobile exams are unique to Idaho because of its rural nature. Nick then gave an overview of the internet registration process:

1. Fill out course application.
2. Register on NR website as program director/coordinator
3. Request Authorization for EMS education (Fill out information)
4. Hold first class. Students register on the website.
5. Bureau provides instruction

6. Course coordinator verifies student completed class. Skill competency grade – practical skills. The students can take the practical exam before or after the computer based exam.
7. Student logs on and gets certificate that allows them to register for an exam.

The Exam Standards manual will be revised after the Training Standards manual is finished.

Nick reviewed the practical exam scheduling process. The EMS Bureau continues to reimburse exam sites for affiliated candidates who are not students of educational institution where the exam is being held. Candidates must pay if they are not affiliated with a licensed agency. The Education institution pays for students in their own program. The Bureau payments are only for the first attempt and subsequent attempts are not reimbursed.

“For courses that are more than 50 road miles from the fixed locations, mobile computer based testing may be requested”

Temporary rule establishes scope of practice



Temporary rule in effect 2/1/2007 establishes the current scope of practice

Since July 1, 2006 EMS providers have not had the protection of a state approved Scope of Practice. The EMS Physician Commission has been meeting frequently and has developed the EMS Physician Commission (EMSPC) rules and a Standards Manual to establish a "current" scope of practice while working on a "future" scope of practice.

Rule Docket 16-0202-0701 is the legal form of the EMS Physician Commission rules and are a temporary and a proposed Rule. The temporary rule went into effect 2/1/2007 establishing the current scope of practice. The EMS Physician Commission did not make changes to the prior Board of Medicine scope of practice in this edition.

Town hall meetings will be held across the state to answer questions and to receive public comment. All public comment must be submitted by April 27. That process may be repeated in the fall for the proposed rules.

These rules represent the work of the Physician Commission up to the January 2007 meeting. The medical supervision plans are not due until 11/2008 in order to give sufficient time for their development.

EMSPC Chairman Dr. Kim fielded questions from EMSAC members about the medical

director's authority and the ramifications of the new "credentialing" requirements. The medical director will have the final say for credentialing of EMS providers affiliated with each agency.

There were questions about the ability of a provider to appeal the credentialing decisions of the medical director. The rules require a written agreement between the agency and the medical director and recognition of the authority of the medical director.

There are two features to the credentialing process: 1) A licensed agency must have a medical director, and 2) An individual EMS provider is an employee of the licensed agency. Dr. Kim stated that an appeal process could be added to the written agreement with the medical director if desired.

Karen Kelly discussed the aspect of improved accountability: The old rule didn't make clear the medical director's authority. This relationship improves patient advocacy minimizing agencies operating with minimum equipment, training, etc and the medical director needs to be able to apply quality control measures. If there is a medical director who is abusing his/her authority, it should be reported to the Board of Medicine.

The current EMS Physician Commission Standards Manual edition is the 2007-1 Edition.

The 2007-2 Edition is being deliberated at the ongoing meetings with the scope of practice being discussed.

Nick Nudell invited participation in the Physician Commission meetings. Regional offices have been providing opportunities for remote teleconferencing to allow more participation.

The National Scope of Practice Model has changed the titles of certification levels to:

First Responder to Emergency Medical Responder (EMR)

EMT-Basic to Emergency Medical Technician (EMT)

AEMT-A & EMT-I to Advanced EMT (AEMT),

EMT-P to Paramedic

Scope of practice variances from the National SOP Model will require Idaho specific initial training modules, continuing education modules, exams, reciprocity considerations and continuing education.

Newly formed cooperative offers buying power



Cooperative offers buying power

Nick Nudell presented information about a newly formed non-profit that is an EMS cooperative (Western EMS Network). The coop received federal funds to get started and is still relatively new. The Western EMS Network gives Idaho EMS agencies the ability to get tremendous discounts on products and services as an affiliate of other EMS cooperatives that have

over \$2 million of combined buying power. There is more information on their website at:

www.citmt.org/wemsn.htm

Grant Subcommittee recommends price cap increases for following year

The EMSAC Grants Subcommittee discussed the Dedicated Grant Program questionnaire/survey that the Bureau sent to all agencies (192 surveys mailed) in November 2006. The Bureau received 55 responses. The survey asked for comments and responses to the following:

- 1 Why was no application made?
- 2 Rate the Overall Process
- 3 Rate the Scoring Process
- 4 Rate the EMSAC Process
- 5 Rate the Need to Change: Code, Rules, and Application

Responses included:

Not wanted to take the time to apply, Not enough award funds to make a difference, Didn't need the funds, Perceived no award would be made to the agency

Completely Satisfied - 23 to Completely Dissatisfied - 2

Completely Satisfied - 15 to Completely Dissatisfied - 3

Completely Satisfied -15 to Completely Dissatisfied - 3

Changes to the application was most prevalent

While the results of the survey indicated general satisfaction with the Dedicated Grant Program amongst the respondents, we feel it is important to review the Rules that govern the program to ensure it continues to target EMS agency contemporary needs. To this end, we are forming a Dedicated Grant Rule Revision Task Force that will begin meeting in April or May 2007. If the task force recommends changes be made to the current Rules, the earliest grant cycle that would be affected would be the application due to the Bureau in May 2009 for the FY2010 grant cycle.

EMSAC approved the Grant Subcommittee recommended price cap increases for the upcoming FY08 grant cycle (applications due to the Bureau by May 31, 2007). The approved price caps are:

Vehicles:

Ambulance	\$92,500
4x4 -if requested	4,000
Gurney	4,000
Radio -P25 compliant or	2,500
Radio - if not P25 compliant	1,200
Non-transport (Medical Rescue or Rescue/Extrication)	\$54,000
4x4 -if requested	4,000
Radio -P25 compliant or	2,500
Radio - if not P25 compliant	1,200
Chassis/Remount	\$60,000

Equipment:

AEDs	\$1,695
Cardiac Monitors	15,000
Extrication Packages	15,000
Gurney	4,000
Stair Chair -Mechanized	2,500
Stair Chair -Standard	900
Pulse Oximeter -with or without CO	1,000

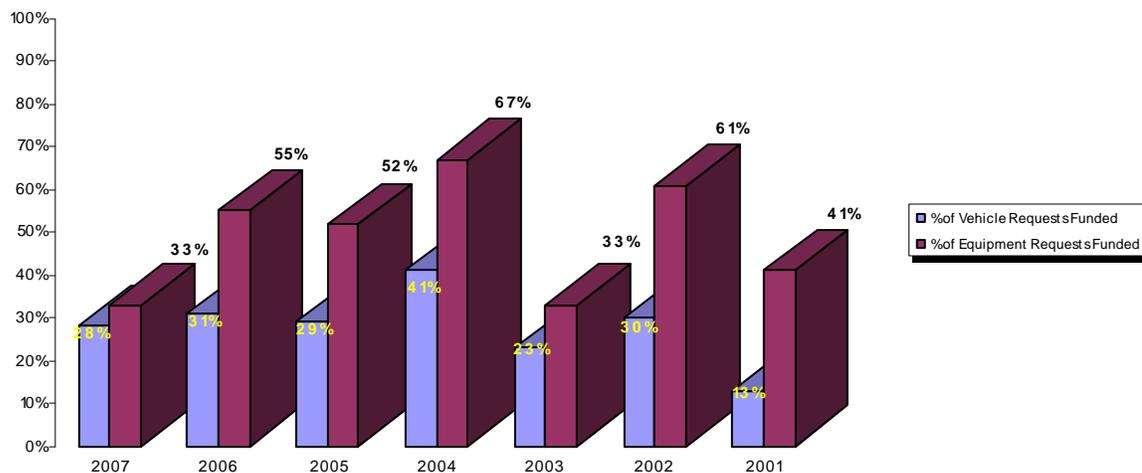


Dedicated funds are used to assist in purchasing vehicles and equipment

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% of EMS Agency Vehicle and Equipment Requests for which Grant Funds were Awarded



The subcommittee reviewed the Volunteer Scholarship Award Program. This program will reimburse agencies affiliating volunteer providers for the cost increases of National Registry testing and Criminal History Unit fees. The EMS Bureau and the State Office of Rural Health are funding the program which ends June 1, 2007 or when the funds are depleted, whichever is earlier. Information, applications and the current balance in the account are available on the EMS Bureau website (www.idahoems.org).

The EMS Bureau continues to research a State of Idaho ambulance purchasing contract. A work group of Idaho EMS stakeholders, Bureau staff and a state purchasing official met in January to discuss the feasibility and possible benefits of a purchasing contract. The work group explored a number of options such as a purchasing agreement that would allow the Bureau and licensed EMS agencies to purchase vehicles at a contract price and purchasing vehicles from EMS or contracting cooperatives.

Discussion continued over the issue of funding for extrication equipment. A representative from the Idaho Transportation Department (ITD) was present at the meeting and reported that there is \$100,000 available for extrication equipment grants through ITD.

All Regional Offices are staffed with a Regional Coordinator

EMS Bureau Staff Changes

Regional Offices

Region 6/7:
 Hired Russ Pierson—Regional Consultant
 Patricia Bowen—Admin Assistant

Region 3/4:
 Hired Denny Neibaur—Regional Consultant

Region 1:
 Resigned Shaina Livermore—AA

Central Office

Hired Rachael Alter—EMSC Program Specialist
 Resigned Colleen Wallace—System Development AA
 Resigned Christian Gelok—System Development
 Resigned Aaron Kellogg—System Development AA

Air Ambulance Licensure Rule Taskforce Update

Wayne Denny presented an update for the Licensure rule revision. Air Medical representa-

tives have met to write rules that pertain to the licensure of the air medical agencies. This is

the first step in the revision project.

Emergency Medical Services for Children Subcommittee

The membership reviewed the federal EMSC grant Performance Measures for new subcommittee members. The three Performance Measures are: The state has ensured the operational capacity to provide pediatric care; The adoption of requirements by the state for pediatric emergency education for the re-certification of paramedics; The degree to which the state has established permanence of EMSC in the state EMS system.

Given these new Performance Measures, the members discussed whether current vision & mission statements are still valid. The mission statement was updated and approved: Improve Idaho EMS system care and management of pediatric patients.

The membership also reviewed two separate surveys, one for Idaho EMS agencies and one for Idaho hospitals. The agency survey will assess the availabil-

ity of pediatric equipment and pediatric on- and off-line medical control. The hospital survey will look at what type(s) of transfer agreements (if any) hospitals have. Concern that hospitals will worry about being compliant with transfer agreements, which aren't currently a requirement, were discussed. The cover letter for the hospital survey will be updated to address this concern and clarify that the survey's purpose is to collect baseline data.



EMSC advocates for pre hospital care for Idaho's youngest

Licensure Subcommittee

Tamarack Ski Patrol ~ Upgrade from BLS Non-Transport to ILS Non-Transport ~ Approved

Tamarack Ski Patrol operates during business hours to serve the skiers and visitors in the ski resort area. Patients are moved by toboggan, snow mobile or all-terrain vehicle and can be flown off the mountain from one of the established helicopter landing zones or taken to an on-site medical clinic for stabilization prior to transport by Donnelly Ambulance. Emergency medical equipment is located in several staging areas and stored in easy to move soft bags and back packs. With their increasing occurrence of large scale winter and summer sporting competitions, the upgrade to an Intermediate Life Support license level will allow for a higher level of clinical care, should it be needed.

Back Country Medics ~ Upgrade from ILS Transport to ALS 4 ~ Pending

A motion was made to recommend approval for Back Country Medics, Upgrade from ILS Transport to ALS ~ 4 licensure pending physician review of protocols and compliance to securing minimum equipment. Further communication from Back Country Medics indicates they would rather be considered for an ALS ~ 3 level license so their ambulance-based clinicians can provide critical care transfer services. A final inspection is pending.

Northern Lakes Fire Protection District ~ Upgrade from ILS Non-Transport to ALS 5 ~ Approved

Personnel to be used are already working at the ALS level by contract from the Kootenai

County EMS system. The same medical director and protocols will continue to be used. Personnel can now be affiliated, attend and track training within the agency they primarily work for.

Emmett Fire Department ~ Initial BLS Non-Transport ~ Approved

Gem County EMS will continue to serve as the primary EMS transport agency in Emmett. Fire department personnel, mainly First Responders, can now assist with patient care on extrication calls and on a fire scene.



Heather Thiry and Mike Lancaster Agency Administrators Tamarack Ski Patrol

Emergency Medical Services Advisory Committee

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Representation replaced by Physician Commission 6/2006	State Board of Medicine	