

## EMSAC General Session Meeting Minutes

October 30, 2008

### **COMMITTEE MEMBER ATTENDEES:**

Nick Albers, Air Medical Member  
Tom Allen, Fire Department Based Non-Transport Member  
Vicki Armbruster, Volunteer Third Service Member  
Diane Barker, Consumer Member  
Ken Bramwell, Emergency Pediatric Medicine Physician Member  
Frederick Foss, Committee on Trauma of the Idaho Chapter of ACS  
Denise Gill, Idaho Association of Counties Member  
Gary Gilliam, Third Service Non-Transport Member  
Lloyd Jensen, Idaho Chapter of the American Academy of Pediatricians Member  
Mark Johnson, Private Agency Member  
Karen Kellie, Idaho Hospital Association Member  
David Kim, Idaho Chapter of ACEP Member  
Scott Long, Idaho Fire Chiefs Association Member  
Catherine Mabbutt, Board of Nursing Member  
Tom Mclean, EMT-Paramedic Member  
Travis Myklebust, EMS Instructor Member  
Michelle Priestley, EMT Basic Member  
Gary Showers, Advanced EMT-A Member  
Murry Sturkie, DO, Idaho Medical Association Member

### **COMMITTEE MEMBERS ABSENT:**

Matthew Avidan, Career Third Service Member  
Dennis Godfrey, County EMS Administrator Member

### **VACANT MEMBER SEATS**

None

### **EMS STAFF ATTENDEES:**

Alter, Rachael	Gainor, Dia
Clemons, Justin	Knight, Tara
Cramer, John	Larsen, Neeki
Edgar, Andy	Neufeld, Dean
Fend-Boehm, Valerie	Pierson, Russ
Freeman, Barbara	Pierson, Season

### **Other Attendees:**

Allen, Roy – Pocatello Fire	Lindsay, Kyle – INL Fire Department
Arsenault, Bill – Wildland Fire & Rescue	McGrane, Mike – Air St Luke's
Cappe, Jeff – EST	Rich, Steve – Office of Highway Safety, ITD
Clark, Barb – Boise Fire	Roberts, Paul – Boise Fire
Davis, Mary Lou – Fremont County EMS	Sharp, Lynette – Air Idaho Rescue
Hagen, Troy – Ada County Paramedics	Sturkie, Lorelei – Idaho EMS Education Consultants
Iverson, Hal – Air St Luke's	

Discussion	Decisions/Outcomes
<b>General</b>	
<p>Minutes review.</p> <p>New EMSAC members, Tom Mclean, Matthew Avidan, Michelle Priestley, Frederick Foss.</p> <p>Reappointed members, Vicky Armbruster, Lloyd Jensen, Karen Kellie, and Cathy Mabbutt.</p> <p>Tim Rines is terming.</p> <p>Scheduled meetings:</p> <p>February 19, 2009 at the Oxford Suites.</p> <p>June 18 &amp; 19, 2009</p> <p>October 29, 2009</p>	<p>Motion to approve minutes seconded and carried.</p>
<b>New Guidelines for POST &amp; LZO Training</b>	
<p>Training modules are available from the Bureau. Physician Orders for Scope of Treatment (POST) (end of life directive) changed in 2007 Legislative session. This training is not a requirement for recertification, but providers should know about the law.</p> <p>The Landing Zone Officer (LZO) training is from the air medical subcommittee. This is a requirement for certification by June 30, 2010. All initial courses will contain this module by January 1, 2010. Preferred method is to obtain the training from your local air medical service, but is also on-line at <a href="http://www.IdahoPrepares.org">www.IdahoPrepares.org</a>. CDs are also available through the EMS Bureau. Test can be administered by training officers.</p> <p>Interpretation at the agency level is that the on-line is easier. Mike McGrane stated he was bothered that this is happening. Lynette Sharp reminded EMSAC that the initial intent was not to have an on-line course available unless the local air medical services is not able to provide the training.</p> <p>Federal air services (fire groups) should be able to teach this course as well as state licensed air medical agencies. Difficulties when training a large group – would take a significant amount of time for the air medical agency.</p> <p>Should this be kicked back to the air medical subcommittee to discuss distribution of this</p>	

<p>course? The training would have to be repeated during a recertification cycle.</p> <p>Who would track and enforce? Through the recertification forms with a specific checkbox to document how the training was accomplished and whether there was an exception to an initial first time exposure from an air medical agency.</p> <p>The air medical representatives indicated that in the original discussion on this course, there was no guarantee that the air medical agency would be able to reach all individual EMTs, but that the air medical agencies would give reasonable effort.</p> <p>Is it feasible for 7 air medical agencies to train 196 EMS agencies by 2010? The air medical representatives responded, “Yes – for initial training.”</p>	<p>Motion to recommend that the initial presentation for anyone taking the LZO training for the first time will be done by Idaho air ambulance service was seconded and failed.</p> <p>Clarification about the motion. 1<sup>st</sup> time the agency does the training – what about providers who miss. Nick Albers clarified that the 1<sup>st</sup> time anyone takes the course should be from a “live” presentation from the air medical groups.</p> <p>A motion to recommend that the on-line version of the LZO be taken off the LMS until the air medical subcommittee has a chance to meet was seconded and carried.</p>
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**Physician Commission – Submission of medical supervision plans, airway management data collection, latest changes to the Standards Manual**

Presentation by Dr. Kim. The Physician Commission (PC) met in September and their next meeting is on November 14. Medical Supervision Plans (MSP) must be submitted November 1, 2008. Minimum content is listed in the EMSPC Standards Manual. Submitted MSPs will be reviewed by EMSPC physician members.

What is the review criterion? PC is well aware that the concept is brand new and isn't sure what to expect. First go around is not going to be a pass/fail. Has to be complete by including all elements in the standards manual. Will identify content that is superior and prepare a best practice document and will give feedback to the agencies. Don't worry about licensure implications.

Review of changes to the Standards Manual: 2008-1a. What's new? Scope of practice, airway management data collection (began October 1).

Scope of Practice

- ◆ Addition of PEEP and BiPap to Critical Care
- ◆ Removal of 2 from 2x for concentrated dextrose solutions for AEMT
  - 2 = specific training
  - Floor skills require specific training
  - The 2 in 2x is redundant
- ◆ Generic language for Mark-I/DuoDote
  - Atropine & pralidoxime autoinjector devices

Airway Management Data: ETI Methods (Question 12)

<u>2008-1 (old)</u>	<u>2008-1a (new)</u>
OTI	Nasal
NTI	Oral – no meds
Sedation	Oral with sedation
RSI	Oral with RSI

## Airway Management Data - No. of Attempts (Questions 12-14)

- ◆ Added space for a 5th attempt (was only 4)
- ◆ EMSPC limits number of intubation attempts
  - 3 per provider
  - 5 per patient
- ◆ Attempt
  - Insertion of laryngoscope blade into mouth
  - Insertion of endotracheal tube past nares

Discussed reporting intubation events. Filling out form or on a web based site (link on the PC website).

Suggested that the PC collect data about all attempts at airway management – even if it is from other than an EMS provider. Best place to capture would be in the narrative.

Focus is definitely on EMS, but collecting data has value. EMS providers still get 5 attempts, even if there have been several by other medical personnel.

## EMS Code Task Force Update [08-14]

Presentation by Troy Haden.

### Recent historical events changing the landscape of EMS in Idaho

- Medicare reimbursement cuts (2002)
- Repeal of local governmental authorization in rule by EMS Bureau (2003)
- Big Sky vs Sagle FD – 2004. Supreme Court gave ability for the fire district to provide medical care.
- Institute of Medicine (IOM) report (2007), systems approach.
- Ada County vs Kuna FD – 2007. Neither have authority over EMS.

### History of Task Force

- Began as an Idaho State Fire Commissioners Association task force to rewrite fire district law to include the provision of EMS
- Realization that 3 separate sections of law are intermingled and must be addressed together.
  - Fire District statues (Title 31, Chapter 14)
  - Ambulance District statues (Title 31, Chapter 39)
  - State EMS Statues (Title 56, Chapter 10)
- New task force created under 3<sup>rd</sup> party facilitation coordinated by the EMS Bureau.

### EMS Code Task Force Composition

- Idaho Association of Counties
- Association of Idaho Cities
- Idaho State Fire Commissioners' Association
- Idaho Hospital Association
- State EMS Bureau
- EMS Physician Commission

### **Problems to be Solved**

- No Man's Land
- Conflicts with overlapping jurisdictions
- Inconsistent levels of care and coverage
- Conflicting medical direction
- Ambiguous and archaic statutes
- No framework for collaboration
- Funding issues and disputes

### **Purpose of Task Force**

- Recognition that many different types of organizations provide EMS services
- Coordination of EMS among counties, cities, fire districts, and medical community
- Assure system accountability and retain local agency autonomy
- Develop an EMS System of interdependent EMS agencies

### **EMS System Vision**

Optimal patient care through structure and collaboration among elected officials, administrative leaders, and the medical community across all EMS agencies within a geographical area.

### **EMS System Organizational Structure**

- Board (3 members)
  - County commissioners, OR One mayor or city councilperson, (elected city official) and one fire district commissioner, and one county commissioner
  - Duties: approve levies, charge & collect fees, fiduciary agreements, adopt rules and regulations, enforce orders and rules, acquire necessary personnel and equipment
- Administrative Authority
  - Members: Governing Board Members (3), chief administrative official representing ambulance services in the district, chief administrative official representing non-transport services in the district, hospital or clinic district representative, EMS medical director. Serve 3 year terms.
  - Duties: Responsible for the EMSS district budget management and operations plan, recommends EMS agency changes in clinical or transport capability, recommends whether new EMS agencies should be permitted to function in the district.
- Medical Authority
  - All medical directors within the district. Medical authority appoints a chairperson.
  - The district must have a "medical authority". May be configured several different ways. Unresolved disputes may be referred to the EMS Physician Commission.
  - Duties: Development medical supervision plan, determine scope of practice, assess clinical impact, QA/QI programs

### **Governance**

- All counties form an “Emergency Medical Services System (EMSS) District
- All ambulance districts become EMSS districts
- The governing board of the EMSS district:

### **System Funding**

- An EMSS district levy is optional
- One time option to adjust levy to the level allowed by current law (.0004)
- Option to move to .0006 by 2/3 vote of the people
- After establishment, budget increase subject to existing law.
- The governing board sets the user fees charged for EMS agency responses.
- EMSS district revenues are deposited into the dedicated district fund for EMS services.
- Existing EMS resource allocation by other stakeholders may be continued.

### **Individual Agencies**

- Every EMS agency is accountable to and responsible for participation in the system
- Every EMS agency is “grandfathered” at the current licensure level
- No current EMS agency can be eliminated or reduced without unanimous decision of the Governing Board

### **Statutory Changes**

- Ambulance district law becomes EMS district law
- Fire district laws will have modifications
- EMS rules and licensure process will change
- EMS rules will provide additional guidance
- Fines will be the primary method of penalty for agencies failing to conform to district or state requirements

### **What’s Next?**

- Provide education, solicit feedback, finalize legislative language, secure legislative sponsors and support from stakeholders, work together to pass legislation.
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### **DISCUSSION**

EMS is going to become more and more regulated with greater community awareness and expectation of better services. Preservation of life interpreted as meaning EMS.

Troy has been going to all areas of the state making this presentation and getting feedback.

Biggest questions – everything is working fine in my area. Do I have to change? Answer – sort of. Don’t have to create a taxing district, but you do have to do the governance. Look at what the system will look like in 5 years. Keep an open mind and look down the road – turf battles, no man’s land, funding issues.

There are provisions in how to combine counties using annexation – contractual arrangements for

geographical issues. Agency would have to be anchored to one county.

Is there any plan to educate the consumers about this plan so that they can influence the elected officials? Associations involved are endorsing and looking for a sponsor. Is there formal, written endorsement for this plan? Those who don't have a taxing district already tended to oppose the plan.

Where to forward specific questions and concerns. To any task force member.

Physician Commission will help medical directors mediate problems prior to any legal action after they have exhausted actions from the governing board.

### Pending Legislation

#### Chapter 56

Definition distinguishing provider levels and agency levels. Change certification of provider to a license (permission to practice.). Streamlining minimum standards. Changes about 24/7 waivers. Includes commissioner endorsement. Endorsement waivers are provided. Provides a penalty for practicing without a license for individuals and agencies. Strengthens language about suspension and revocation. Ability to certify instructors.

No reliance on an ambulance district. Pg 4, express authority given by Idaho code. No authority to ambulance districts.

Intent – why county commissioners have to decide. Same philosophy as the Code Task Force. Not a task force product. The primary response reference to capture the lion share of applicants. Endorsement waiver does not presume denial by the county commissioners. Endorsement specific to ambulance or transport. Air medical is no longer defined as an ambulance. Air medical not mentioned in line 195. Dia will review line 214. Does this apply for first time or upgrade? Questions about wildland fire groups? When and how can we provide immediate legal recognition to groups who are responding to these temporary emergency situations?

Any implications for working outside of your jurisdictions. EMSPC has set stage with planned deployment schemes or mutual aid agreement. Licensure rather than certification allows this flexibility.

Lines 214 – 220: Tom Allen predicted opposition. Might be premature – related to code task force.

### Education Sub-Committee

Instructor Requirement: Considering mentor program and recertification requirement for Instructors.

Education Module Instructor Requirements.

#### Sub-Committee Motion

A motion to recommend continuing looking into mentoring and recertification requirements as provided.

#### General Session Motion

Motion to accept the subcommittee motion was seconded and carried.

### Grants Sub-Committee

Rules revision is on hold until FY2011.

The current status of the Conference Registration program was reported.

Testing fee voucher program (35 EMRs left and 8-10 Advanced left).

Interoperability Grant program

#### Sub-Committee Motions

Motion to recommend the Bureau provide information with the grant application about purchasing cooperatives such as Western States Contracting Alliance and North Central EMS Institute was seconded and carried.

Motion to recommend including in the application a

<p>FY09 Dedicated Grants. FY10 Dedicated Grants</p> <p>Reviewed application and instructions.</p> <p>Identified eligible and ineligible equipment and price list. Motion to approve list as presented. See form.</p> <p>Include prices in application and instructions.</p> <p>Motion to approve agency letter with changes of the date. Maximum price list goes out with the packet.</p> <p>Subcommittee will draft a letter of thanks to Carolyn Thrasher.</p> <p>Question about the training grant. The 2008 Legislature removed all general funds from the budget. No general funds, no training grants. Supplemental request for dedicated funds to replace funds removed from the trauma registry has been submitted.</p>	<p>request to identify the contract signer, title, and alternate was seconded and carried.</p> <p>Motion to set cap for ambulances at \$95,000 was seconded and carried.</p> <p>Motion to set cap for Rescue/Extrication vehicle to \$55,000 was seconded and carried.</p> <p>Suggestion to change cap for a desk top computer to \$800 and \$1500 for a tablet computer.</p> <p>Change wording “no funding for items beyond current scope of practice unless license upgrade is <del>pending</del> (obtained).”</p> <p>Motion to adopt the list as modified was seconded and carried.</p> <p>Motion to approve the cover memo with minor wording changes was seconded and carried.</p> <p style="text-align: center;"><b>General Session Motion</b></p> <p>Motion to accept the subcommittee motions was seconded and carried.</p>
<b>Licensure Subcommittee</b>	
<p>New chair – Tom Allen.</p> <p>Conflict of interest/recusal &amp; confidentiality forms reviewed. There is a new licensure review process – Future process to include Licensure Sub-Committee by teleconference and timeline.</p>	
<b>Central Owyhee EMS Initial BLS – Non-Transport</b>	
<p>Licensed in June 2008. Chief Mackenzie reported they have great community support.</p> <p>Bureau to confirm on-line medical authority with Mercy Medical/Physician awareness of agreement.</p>	<p style="text-align: center;"><b>Sub-Committee Motion</b></p> <p>Motion that there is no objection to licensure application was seconded and carried.</p>
<b>Glenwood Caribel Volunteer Fire District – Initial BLS – Non-Transport</b>	
<p>Licensed since July 2008</p> <p>Concern over outdated protocols for CPR/AED, Air Medical not compliant, DNR legal surrogate ability.</p> <p>Larger issue of potential need for state protocols. On EMSPC agenda for further discussion.</p> <p>Assure 24/7 coverage</p>	<p style="text-align: center;"><b>Sub-Committee Motion</b></p> <p>Motion that there is no objection to licensure application was seconded and carried.</p> <p>Recommend compliance visit to address areas of concern with medical director and agency administration.</p>
<b>Rapid Access &amp; Patient Treatment Overland Response (Raptor) – ALS 5</b>	
<p>EMS Bureau to investigate license eligibility</p>	<p style="text-align: center;"><b>Sub-Committee Motion</b></p>

status based on new information.	Motion to recommend no action based on recent email request received by Bureau for “inactive” status was seconded and carried.
<b>Parma Ambulance Upgrade ILS Transport to ALS 2</b>	
Licensed since July 2008 Check personnel roster/current – (EMS Bureau will bring current rosters of agencies being reviewed to EMSAC meetings in the future). RSI Protocol not compliant with EMSPC standards manual 2008-1a.	<b>Sub-Committee Motion</b> Motion that there is no objection to licensure application was seconded and carried. Compliance visit to address areas of concern (RSI) with medical director and agency administration.
<b>City of Chubbuck Fire Department – Upgrade BLS – Non-Transport to BLS Transport</b>	
Licensed since September 2008. Latex vs availability of non-latex equipment references in protocols. HIPPA compliant medical release form. Agency will transport only when usual ALS transport agency is unavailable or they have multiple patients.	<b>Sub-Committee Motion</b> Motion that there is no objection to licensure application was seconded and carried. Letter addressing areas of concern from EMS Bureau.
<b>Potlatch Corp Fire Department – Initial BLS - Transport</b>	
Licensed since September 2008 On line medical control confirmation missing from EMSAC materials. Current personnel roster review 24/7 Are mutual aid partners accurate?	<b>Sub-Committee Motion</b> Motion that there is no objection to licensure application was seconded and carried. EMS Bureau will address and clarify on-line medical direction, staffing and mutual aid.
<b>Gowen Field Fire Department Initial BLS Non-Transport</b>	
Licensed since September 2008. Held license previously, lapsed in 2006. Re-licensing so personnel can retain state certifications (agency affiliation needed). No questions regarding application.	<b>Sub-Committee Motion</b> Motion that there is no objection to licensure application was seconded and carried.
<b>ISU Paramedic Program Initial BLS Non-Transport</b>	
Protocols – Aspiring, IV pg 46, Air Med pg 69, MAST/pelvic immobilization only, WA references, trauma/triage destination, assure protocol compliance with EMSPC Scope of Practice for EMTB. Clarify ISU authority for agency.	<b>Sub-Committee Motion</b> Motion that there is no objection to licensure application was seconded and carried. EMS Bureau resolve areas of concern on protocols and legal authority.
<b>ALS Staffing Presentation</b>	

<p>Review of Idaho Code, EM Rules, EMSPC Rules, current ALS agency staffing patterns, Moscow Fire Department licensing history, and discussion of Lincoln County EMS upgrade ILS Transport to ALS 2.</p>	
<p><b>Lincoln County EMS Upgrade ILS Transport to ALS 2</b></p>	
<p>License not issued by the Bureau. Original application and supplemental documents reviewed. Personnel roster reviewed. Administrator Todd Jaynes present to answer questions.</p>	<p style="text-align: center;"><b>Sub-Committee Motion</b></p> <p>Motion to recommend denial of application due to non-compliance to EMS Rules was seconded and carried.</p> <p>Motion to recommend the EMS Bureau assist with further resources to enable re0submission with details regarding :24/7 staffing, EMSPC standards, QA/QI of intubation, budget, Medical Supervision Plan, protocols, Infection Control Plan, transition/strategic plan for implementation was seconded and carried.</p>
<p><b>General Session Motion</b></p> <p>Motion to accept the motions of the subcommittee was seconded and carried.</p>	
<p><b>EMSC Sub-Committee</b></p>	
<p style="text-align: center;"><b>Family Centered Care Survey</b></p> <p>Kenny Bramwell presented the results of the spring FCC survey. Feedback regarding the Intermountain Region EMSC Coordinating Council (IRECC) FCC policy statement will be taken back IRECC members. The feedback is to include more language regarding the appropriateness of practicing family-centered care when family emotions present problems.</p> <p style="text-align: center;"><b>Pediatric Guidelines</b></p> <ul style="list-style-type: none"> <li>● A workgroup met last week to look at the current Idaho BLS Pediatric Guidelines</li> <li>● More than half of the guidelines were reviewed and updated <ul style="list-style-type: none"> <li>• 3 guidelines were removed: Syrup of Ipecac, MAST, Activated Charcoal</li> </ul> </li> <li>● The workgroup will meet again early next year to finish the revisions</li> </ul> <p style="text-align: center;"><b>Pediatric Equipment</b></p> <ul style="list-style-type: none"> <li>● All transport agencies who responded to the 2007 fall survey have received enough pediatric backboards for each ambulance. <ul style="list-style-type: none"> <li>• 25 remain – non-transport agencies with high pediatric call volume will receive the rest</li> <li>• If any remain, Rachael will post information on the listserv</li> </ul> </li> <li>● ~\$26,000 left in the EMSC grant budget for Pediatric Equipment <ul style="list-style-type: none"> <li>• ½ of this is dedicated to Pediatric Jump Kits</li> <li>• Rachael will look into purchasing high volume of Easy IO drills &amp; needles</li> </ul> </li> </ul> <p style="text-align: center;"><b>2009-2012 EMSC Grant</b></p> <ul style="list-style-type: none"> <li>● 2009 – 2012 grant is focused on meeting current performance measures</li> </ul>	

- Additionally, pediatric disaster preparedness can be addressed
  - Rachael will see to incorporating this into the grant goals
- More outreach needed to educate EMS agencies and hospitals on EMSC performance measures.
  - Will start with information postings on the Listserv regarding pediatric equipment and funding availability

#### **Pediatric Courses**

- Recent Emergency Pediatric Care (EPC) course held in Donnelly
  - Successful course with positive feedback
  - 19 attendees
- SCOPE (Special Children Outreach and Prehospital Education) course to be held at CSI next week
  - Will look to funding another SCOPE course in the Wood River Valley

Additional EPC course scheduled in Lewiston in November