

## **EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE**

Ameritel Spectrum, 7499 Overland Rd., Boise, ID

March 10, 2005

### **COMMITTEE MEMBER ATTENDEES:**

Vicki Armbruster, Volunteer Third Service Member  
Lynn Borders, County EMS Administration  
Ken Bramwell, Emergency Pediatric Medicine  
Kallin Gordon, EMT-Basic Member  
Karen Kellie, Idaho Hospital Association Member  
David Kim, Idaho Chapter of ACEP Member  
Thomas Kraner, Committee on Trauma of the Idaho Chapter of ACS  
Warren Larson, EMS Instructor Member  
Mary Leonard, State Board of Medicine Member  
Scott Long, Idaho Fire Chiefs Association Member  
Cindy Marx, Third Service Non-Transport Member  
Murry Sturkie, DO, Idaho Medical Association Member

### **COMMITTEE MEMBERS ABSENT:**

David Christensen, Idaho Chapter of the American Academy of Pediatricians  
Hal Gamett, Fire Department Based Non-Transport Member  
Pam Humphrey, Air Medical Member  
Mary Ellen Kelly, State Board of Nursing Member  
Robert D Larsen, Private Agency Member  
Ethel Peck, Idaho Association of Counties Member  
Ken Schwab, Advanced EMT-A

### **VACANT MEMBER SEATS**

Consumer  
EMT-Paramedic  
Career Third Service

### **EMS STAFF ATTENDEES:**

Burns, Tricia	Gainor, Dia
Carmona, Larry	Kozak, Jim
Creamer, Brandi	Neufeld, Dean
Denny, Wayne	Newton, Tawni
Edgar, Andy	Sanders, John
Freeman, Barbara	

### **Other Attendees:**

Allen, Roy	McKinnon, Debra - Latah County EMS
Allen, Tom - Nampa Fire Department	Murphy, K.C.
Evans, Roger – Kootenai Medical Center	Sandy, Curtis - Portneuf Life Flight
Iverson, Hal – Air St. Luke's	Sharp, Lynette - Air Idaho Rescue
Lancaster, Mike – Tamarack Ski Patrol	Weiss, Joe – East Boise County Ambulance
Long, Jeff – American Training Associates	Weiss, Phyllis – East Boise County Ambulance
McGrane, Michael – Air St. Luke's	

<i>Discussion</i>	<i>Decisions and Actions</i>
<b>Introductions and Approving Minutes</b>	
	December 2004 minutes approved.
<b>Legislative Update</b>	
Dia presented current legislation pertaining to EMS: HB100, SB1007, SB1068, SB 1103, H178, S1037, S1104, S1119.	
<b>Overview about National Scope of Practice Model</b>	
Significant media attention where concerns were raised about draft #1. Report from Dia from the national meeting and Draft #2. Majority of comments centered on not making a dramatic increase in education hours. Need for a level in between EMT and paramedic. Version 2.0 not as ambitious as Idaho's EMT-I. Advanced EMT was selected as the name. Another public comment period will accompany the revision.	
<b>Education Subcommittee</b>	
EMT-I's existence is in statute. Scope of practice issues are in the BOM rules.	
<b>Medical Direction Sub-Committee</b>	
In the event that the BOM rules are determined to be beyond statutory law for the in-hospital component and use of PAs as medical direction, the Bureau should be allowed to make necessary revisions deleting references to these topics and continue the rules process. Then these two topics would come back to the Medical Direction subcommittee for next steps.	<p><b>General Session Recommendation</b></p> <p>A motion recommending that should the BOM find Nurse Practitioners supervision and hospital practice not be considered, the Bureau should move forward with the exception of those sections was seconded and carried.</p>
<b>Membership Task Force</b>	
<p>Reviewed draft of the handbook. Made revisions and will bring to the next EMSAC meeting.</p> <p>Potential problem with contacts within the organizations. Recommendation to create a contact person about EMSAC issues and coordinate communications and activities. Assign an EMSAC liaison.</p> <p>Short discussion on new seats for EMSAC (law enforcement, etc.)</p>	

## National Registry Proposal for Exam Sites

Discussed the National Registry computer adaptive testing proposal. Software can assess how well an individual is performing on an exam. Discussed costs and logistics issues.

Distributed map of suggested exam sites which are proprietary locations. The dots represent the level of exam. These proprietary sites charge additional testing fees, over and above the National Registry fee. (\$50+).

There are significant challenges and negative response from the majority of the western States because of the vast distances between test sites.

Next week, western states representatives will meet with NREMT staff to discuss these challenges.

Why would a test site limit the EMT level? This concept only applies to the written portion of the exam.

Could there be a computer exam that could be offered on line and supervised by a proctor. The explanation from NREMT is that the vendor is hard wired into a network to provide the required level of security. The provider is experienced in health care specialty exams.

Do we need to go to the NREMT for exams? Effective date is January 2007. Utah has been vehemently opposed to the NR exam process and has developed their own system. Utah has invited Idaho to access their system. Kansas has suggested a new consortium. It would be a direct competitor to the NREMT.

Idaho became a National Registry state in 1994 because the present exam was not validated and there was no evidence that it was a reliable exam to assess skills.

Creating a validated exam is an expensive venture.

In view of future potential of the NR backing out of certain levels of testing and because they do not have an EMT-I exam, let's look at other options.

Utah has developed a relationship with the University of Utah to create validated exams and address racial and gender biases and reading

<p>comprehensive. This process has been expensive. Utah has offered to share their process. Idaho would contribute exam questions and other resources and fees.</p> <p>National Registry is not compromising. This process works for the majority of the candidates.</p> <p>Is NR certification a requirement of certification? Yes. Idaho would have to change rules to accommodate other exams. Could affect reciprocity to other NR states.</p> <p>Recommendation to part with the NR and collaborate with the Western States for another system. Not acceptable to require more than a one hour drive to test.</p> <p>There are currently at least 15 testing sites in Idaho. The minimum number of testing events for a paramedic career is 3 times in 10 years.</p> <p>EMSAC discussed funding issues. There is a significant financial burden for time off work, travel cost reimbursement, and additional testing fees. 35% of the candidates will have to take the test twice.</p>	<p style="text-align: center;"><b>General Session Recommendation</b></p> <p>A motion to recommend that the current National Registry testing plan is unacceptable. National Registry needs to amend the plan to make it more readily accessible to rural providers such that travel time does not exceed one hour was seconded and carried.</p>
<p><b>Air Medical Utilization Criteria Task Force Update</b></p>	
<p>Dia's survey of the other states regarding air medical rules resulted in a few having clinically driven protocols that might call for air medical utilization, but there is not a single state that has addressed global air medical protocols.</p> <p>Dia reviewed the draft rules. 410. Mandatory Air Response Criteria. Two groups of criteria:</p> <ol style="list-style-type: none"> <li>1. Two criteria must exist – EMT must have a patient with specific clinical conditions and air medical transport is significantly shorter than ground transport to initiate these rules. Certain medical conditions will automatically initiate the decision to use air medical.</li> <li>2. There are additional criteria not related to response time or clinical severity that could prompt a need for air medical; these would have to be addressed in agency protocols.</li> </ol> <p>The rule is asking local EMS agencies to address availability of specific medical resources, multi-patient or location scenarios, simultaneous</p>	

dispatch of ground and air, and who makes the decision about which air medical agency is called.

Communication processes were addressed which is unique to this type of document. There is criterion for utilization of StateComm for coordination.

The task force has addressed landing zone and safety issues and provision for the review of the air medical criteria.

There will be important changes in the next draft. If the patient meets the clinical criteria and response time criteria, on line medical direction can override.

There have been 180 degree turns twice in this process. Soonest time for implementation is 2006.

Medical direction and dispatch need to know air medical resources. There needs to be criteria to get real time expected response time. Will be addressed in the next draft.

Patient destination is the responsibility of the ground service and local protocol. Trauma system can be a method of quality assessment. Is there another way to get the data? Yes, the overhaul of the patient care forms.

Weiss questioned whether the ground agencies should make the patient destination decision. Sometimes the patient is making the decision. Destination can also be based on the local awareness of CAH's daily capability. Local medical control will have the best view about medical resources. Should there be a medical control event before or accompanying the mandatory criteria?

Another state's protocol provides a 3-way conference call between facilities and the EMS provider to determine the best destination.

Will this rule add unnecessary complexity? Will mandatory medical control add time to the response? Will medical control be available 24/7, especially at CAH location?

**EMSC Sub-Committee**

**Five Year Plan**

Bramwell, Denny, and Sanders visited the College of Southern Idaho to see demonstration

<p>of the Sim-Man. The program and equipment was very impressive.</p>	
<p style="text-align: center;"><b>Future Funding for EMSC</b></p> <p style="text-align: center;"><b>Key Points</b></p> <ol style="list-style-type: none"> <li>1. No EMSC 2006 funding in President's budget</li> <li>2. Goal is to educate public and public officials on important programs underway for Children in Idaho.</li> </ol>	<p style="text-align: center;"><b>Sub-Committee Recommendation</b></p> <p>Committee members requested a summary document of what EMSC has done in the past few years to use as discussion points.</p>
<p style="text-align: center;"><b>Newest member of the family</b></p> <p style="text-align: center;"><b>EMSC Bear</b></p> 	
<p style="text-align: center;"><b>Mothers and Infants Seminar</b></p> <p style="text-align: center;"><b>Key Points</b></p> <ol style="list-style-type: none"> <li>1. Over 300 multi-disciplinary professionals and students in eastern Idaho participated</li> <li>2. Educated participants on activities in EMSC</li> <li>3. Several months after session participants associated the panda bear with the EMSC program.</li> </ol>	
<p style="text-align: center;"><b>Family Representative</b></p> <p style="text-align: center;"><b>Key Points</b></p> <ol style="list-style-type: none"> <li>1. Introduced mission statement and key success areas for individual filling this position on the sub-committee</li> <li>2. Pressing forward with a job description and recruitment; targeting school nurses.</li> </ol>	<p style="text-align: center;"><b>Sub-Committee Recommendation</b></p> <p>John will develop a job description and formal interview process.</p>
<p style="text-align: center;"><b>NEDARC On-Site Visit</b></p> <p style="text-align: center;"><b>Key Points</b></p> <p>Performed a SWOT Analysis on data collection and management system within the bureau</p> <p>Listed as many opportunities as we did strengths</p> <p>Expecting report from NEDARC staff anytime</p>	

<p style="text-align: center;"><b>Defining Pediatric Population</b></p> <p style="text-align: center;"><b>Key Points</b></p> <ol style="list-style-type: none"> <li>1. National definition is 0 to 21 years</li> <li>2. Idaho definition is 0 to 18 years</li> <li>3. Political advantage to the national definition</li> </ol> <p>More research to be done as to why many states in the region use national definition</p>	<p style="text-align: center;"><b>Sub-Committee Recommendation</b></p> <p>John will query other states about their pediatric definitions and investigate cascade effects.</p>
<b>Education Sub-Committee</b>	
<p><b>Recruitment and Retention Training Program</b></p> <p style="text-align: center;"><b>Key Points</b></p> <ol style="list-style-type: none"> <li>1. Adapted from the State of Nebraska plan.</li> <li>2. 3 hour class, manual to include R&amp;R tools, action plan, follow-up foundation and pre/post evaluation tools</li> <li>3. April 2005: target for delivery.</li> </ol>	
<p style="text-align: center;"><b>EMT-I Update</b></p> <p style="text-align: center;"><b>Key Points</b></p> <ol style="list-style-type: none"> <li>1. Scope of Practice: Rules passed and will be permanent at the end of this Legislative Session.</li> <li>2. Curriculum is ready, work continues on readying program for delivery.</li> </ol>	
<b>Licensure Sub-Committee</b>	
<p><b>Lincoln County EMS Initial ILS Transport</b></p> <p style="text-align: center;"><b>Key Points</b></p> <ol style="list-style-type: none"> <li>1. On Line Medical Control is St. Bens</li> <li>2. Updated agency roster provided</li> <li>3. Another agency inspection is planned for 3/15</li> </ol> <p style="text-align: center;"><b>General Session Discussion</b></p> <p>Difficult to evaluate these applications because of the lack of standards and benchmarks. Can provide outreach assistance through the regional consultant. Andy will address the definition of “more comprehensive” protocols.</p>	<p style="text-align: center;"><b>General Session Recommendation</b></p> <p>Motion to accept recommendation of approval of license pending submission of a more comprehensive set of protocols seconded and carried.</p> <p style="text-align: center;"><b>Sub-Committee Recommendations</b></p> <p>Motion to recommend approval of license pending submission of a more comprehensive set of protocols (Adv EMT) was seconded and carried.</p>

<p style="text-align: center;"><b>Tamarack Ski Patrol Initial BLS Non-Transport</b></p> <p style="text-align: center;"><b>Key Points</b></p> <ol style="list-style-type: none"> <li>1. Need seasonal/industrial agency categories as licensure option</li> <li>2. Will operate during Tamarack hours of operation</li> <li>3. Ski Patrol (OEC) will be trained to EMT-B level</li> </ol> <p style="text-align: center;"><b>General Session Discussion</b></p> <p>What happens after hours? If there is a missing person, Tamarack Ski Patrol would respond. Security personnel are there 24/7 and can contact the Ski Patrol. Can respond to all areas of the resort – restaurants, condos, etc. Currently have 3 intermediates and 1 paramedic. Common radios with Donnelly EMS which is a transport agency. The personnel are also affiliated with other agencies to maintain the level of certification.</p>	<p style="text-align: center;"><b>General Session Recommendation</b></p> <p>Motion to accept recommendation to apply same standards as other seasonal agencies, contingent upon protocol revision appropriate for BLS agency and explanation of transport plan was seconded and carried.</p> <p style="text-align: center;"><b>Sub-Committee Decision/Outcome</b></p> <p>EMS Bureau will report back to sub-committee about standard/policy for licensing seasonal and industrial agency licensure.</p> <p style="text-align: center;"><b>Sub-Committee Recommendation</b></p> <p>Motion to recommend approve request using same standards as other seasonal agencies, contingent upon protocol revision to assure appropriate for BLS agency and explanation of transport plan.</p>
<p style="text-align: center;"><b>Seasonal and Industrial Agency Licensure</b></p> <p style="text-align: center;"><b>General Session Discussion</b></p> <p>Address this type of licensure as the next overhaul project. The historical practice is for ski patrols not to seek licensure. But with more ski patrols employing paramedics, they are subject to the Rules Governing EMS Personnel.</p>	
<p style="text-align: center;"><b>Bonner County EMS</b></p> <p>Application not submitted for review. Interim County EMS Director intends to pursue license after rewriting license application.</p>	
<b>Disciplinary Sub-Committee</b>	
<p style="text-align: center;"><b>Uncertified Responder</b></p> <p style="text-align: center;"><b>Key Points</b></p> <ol style="list-style-type: none"> <li>1. Reviewed letter sent by EMS Bureau regarding responder that went on call that was not certified</li> <li>2. Regional consultant discussed problem with agency</li> </ol>	<p style="text-align: center;"><b>General Session Recommendation</b></p> <p>A motion to accept the sub-committee recommendation was seconded and carried.</p> <p style="text-align: center;"><b>Sub-Committee Recommendation</b></p> <p>A motion to recommend sending a letter to the individual responder involved as well was seconded and carried.</p>

<p style="text-align: center;"><b>Dispatch Delays</b></p> <p style="text-align: center;"><b>Key Points</b></p> <p>1. System and dispatch issues, Bureau has no jurisdiction over dispatch agencies</p> <p>2. Dispatch delays to heart attack patient in remote National Forest area, helicopter eventually arrived.</p>	<p style="text-align: center;"><b>General Session Recommendation</b></p> <p>A motion recommending sending letter to dispatch and County regarding the complaint for Quality Assurance was seconded and carried.</p> <p style="text-align: center;"><b>Sub-Committee Recommendation</b></p> <p>A motion recommending writing a letter to dispatch and county commissioners to bring awareness of the complaint and a suggestion to evaluate their dispatch protocols as a QA issue was seconded and carried.</p>
<p style="text-align: center;"><b>Ambulance Agency Complaint</b></p> <p style="text-align: center;"><b>Key Points</b></p> <p>1. Allegations of inappropriate patient care by one EMS agency about another agency</p> <p>2. Documentation from dispatch records, PCR's and witness statements do not substantiate any of the claims.</p>	<p style="text-align: center;"><b>Sub-Committee Recommendation</b></p> <p>No further action needed.</p>