

EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE

Ameritel Spectrum, 7499 Overland Rd., Boise, ID

March 18, 2004

COMMITTEE MEMBER ATTENDEES:

Vicki Armbruster, Volunteer Third Service Member
Ken Bramwell, Emergency Pediatric Medicine
Scott Long for Dean Ellis, Idaho Fire Chiefs Association Member
Jeff Furner, Career Third Service Member
Hal Gamett, Fire Department Based Non-Transport Member
Kallin Gordon, EMT-Basic Member
Rod Hackwith, Advanced EMT Member
Pam Humphrey, Air Medical Member
Karen Kellie, Idaho Hospital Association Member
Mary Ellen Kelly, State Board of Nursing Member
David Kim, Idaho Chapter of ACEP Member
James Kozak, EMT-Paramedic Member
Warren Larson, EMS Instructor Member
Mary Leonard, State Board of Medicine Member
Robert W Monteith, Third Service Non-Transport Member
Ethel Peck, Idaho Association of Counties Member
William Pyron, Consumer Member
Murry Sturkie, DO, Idaho Medical Association Member

COMMITTEE MEMBERS ABSENT:

David Christensen, Idaho Chapter of the American Academy of Pediatricians
Robert Korn, MD, PhD, ID Chapter of ACS Member, Committee on Trauma
Robert D Larsen, Private Agency Member
Mike Roberts, County EMS Administrator

VACANT MEMBER SEATS:

None

EMS STAFF ATTENDEES:

Tricia Burns, EMS Bureau
Doug Carrell, EMS Bureau - Boise
Bruce Cheeseman, EMS Bureau
Andrew Edgar, EMS Bureau - Twin Falls
Barbara Freeman, EMS Bureau
Dia Gainor, EMS Bureau

Scott Gruwell, EMS Bureau – Idaho Falls
Shana Munroe, State Communications
Dean Neufeld, EMS Bureau – Lewiston
Tawni Newton, EMS Bureau
Carolyn Thrasher, EMS Bureau

Other Attendees:

Tim Allen, Nampa Fire
Bruce Allcott, Idaho Fire Chief's Association
Roy Allen, Pocatello Fire
Kay Anderson, Priest Lake Ambulance
Robb Hickey, NPA Air
Hal Iverson, Air St. Luke's
Mary-Alice Janzen, Shoshone County EMS Director
Jerry Van Leuren, Roberts Fire District QRU

Carie McCoy, NPA Air
Stan Rose, St. Al's Life Flight
Lynette Sharp, Air Idaho Rescue
Keith Sivertson, Wood River-Sawtooth EMS Assoc
Phyllis Giron-Weiss, Placerville Ambulance
Joe Weiss, Placerville Ambulance
Karl Vogt, NPA Air

TOPIC	DISCUSSION	OUTCOME
DECEMBER 2003 MINUTES REVIEW	<p>It was clarified that the motion on page 5 related to recommending that the EMS Bureau not make waivers for 24/7 coverage was statewide policy vs. directed to a single agency.</p> <p><i>“Motion to recommend that the EMS Bureau refuse to grant waivers for less than 24/7 coverage to any involved QRU, setting a precedent for no more than 3 successive years of waivers. Personnel could affiliate with another agency that is in close proximity. Plan to rectify problem to be included. The motion was seconded and passed.”</i></p>	Minutes approved with this change.
INSTITUTE OF EMERGENCY MANAGEMENT BY LENN MOORHEAD-ROSENBERG, ISU-BOISE	<p>The Institute of Emergency Management has been made possible thanks to grant funding from the Bureau of Homeland Security. Long term goal is to offer degrees. Short term goal will be to provide courses for academic credit. Weapons of Mass Destruction (WMD) training will be delivered through distributed education. Funds were granted to provide exercises, equipment, and training.</p> <p>Grant is to address training gaps in Idaho’s strategic plan. There is not an Idaho community prepared to deal with a WMD. Some of this training could become mandated by the federal government at a future date in order for states or agencies to receive equipment grants.</p> <p>The curriculum was developed by 40 individuals and was approved in Feb 2004. Gaining an awareness level of training is all that is required from the \$1.3 million grant. However, incident command systems training, performance operations level, planning management level and multi-agency coordination training will be provided.</p> <p>Lenn reviewed the curriculum. Materials were distributed for anyone interested in becoming an instructor. Lenn will welcome suggestions for additional course topics.</p>	
NEXT MEETING DATES	Members prefer the Ameritel Spectrum or Hilton Garden locations. The following dates were selected for EMSAC meetings, but due to schedule conflicts of key EMS Bureau staff, the dates have been changed.	<p>Current EMSAC Meeting Dates</p> <p>Jun 30 & Jul 1, 2004 Sep 29 & 30, 2004</p>

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	<p>June 23 & 24, 2004, September 22 & 23, 2004, December 8 & 9, 2004, March 9 & 10, 2005</p>	<p>Dec 8 & 9, 2004 Mar 9 & 10, 2005</p>
<p>2004 EMS RELATED LEGISLATION</p>	<p>Dia reviewed current legislation that affects EMS.</p> <p>H0575, H0692, H0697, H0731, S1260, S1299, S1317aa, S1320, S1249, S1418.</p> <p>Bramwell informed members that a law passed allowing children to carry asthma inhalers instead of the devices being locked up in the nurse's office.</p>	
<p>KEOUGH'S LETTER ABOUT THE EMS BUREAU'S 24/7 COVERAGE POLICY.</p>	<p>Dia distributed a copy of a letter from Senator Keough and the Bureau's response.</p> <p>The agency that was addressed in the last meeting's disciplinary subcommittee has received a letter stating they have 90 days to certify their personnel in order to respond in Idaho. The Bureau is working on several interstate compact reciprocal agreements that would make the individual provider certification unnecessary.</p> <p>The notification letter to agencies about 24/7 coverage did not go out to medical directors or the IHA or IMA.</p> <p>Bureau will consider sending a copy of correspondence with system-wide implications to medical directors and related state associations.</p>	
<p>AIR MEDICAL SUBCOMMITTEE REPORT</p>		
<p>HO0679 AND AIR MEDICAL CRITERIA RULE MAKING</p>	<p>Members expressed concerns about H0679 regarding air medical criteria and how rules will apply. Dia stated that there are many issues that the Bureau deals with because of the diversity of the agencies. However, there are basic guidelines that apply to all air medical services. This is an area that hasn't been addressed in any standard EMS curriculum. This is a patient care issue. Dia is optimistic, but aware that it won't be easy and recognizes there can be concerns about the process. The air medical subcommittee is working on having a balance of membership representation.</p> <p>Ethel warned about affected parties feeling by-</p>	

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	<p>passed by anticipated rule making processes.</p> <p>Idaho Fire Chief’s Association audience comment: Who will be in charge of the incident scene? Is it a coincidence that the sub-committee is letting ad hoc members vote at the outset of this important rulemaking? Local control is a big issue.</p> <p>The air medical community will be going from being able to control a scene to having the “criteria” be the guide. Is the state trying to micro-manage? Why didn’t EMSAC see this issue and take care of guiding air medical? A basis of criteria is a good benchmark for developing and improving systems.</p> <p>Pam Humphrey clarified that the reconfiguration of membership of the subcommittee was discussed in December and is unrelated to the legislation and subsequent rulemaking. She also clarified that the sub-committee doesn’t want to micro-manage the air medical services control of ground units or get involved in their quality improvement.</p> <p>Concerns were raised about the EMSAC process from the Idaho Fire Chiefs Association (IFCA). Air medical is actually a minority player in patient care. IFCA’s opinion has changed from feeling that the EMS Bureau is there to help the units provide service to viewing the Bureau as just bureaucracy. There is concern that the protocols are not distributed adequately and affected parties are not consulted about the development of protocols. Rules won’t change the opinion. The Idaho Fire Chiefs Association is not supportive of this concept.</p> <p>Murry Sturkie replied that negotiated rule is a participatory process and the criteria are needed to check for appropriateness and quality. The EMS community can work together.</p> <p>Is there a way for EMSAC to know sooner about pending legislation? Dia replied that the Bureau is strictly prohibiting from engaging in anything that can be construed as advocacy for or against legislation. The Bureau chief is allowed to answer questions from a legislator. An EMS Association would be able to address legislation</p>	

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	<p>actively.</p> <p>Karen Kelly asked for information and education on air medical criteria issues. A utilization guideline has been developed by the air medical subcommittee as a resource.</p>	
<p>SUB-COMMITTEE MEMBERSHIP</p>	<p>Can sub-committees form their own membership configuration without the vote of the general session? Historically the culture of the subcommittee has been decided at the subcommittee level. The Membership Task Force made recommendations about membership that have not been addressed yet. Is there a perception that the air medical sub-committee is not the right committee for the rule making? Ad hoc members are guests.</p> <p>Ad hoc members could outnumber and influence the outcome if they are voting members. Ad hoc members can instead present views and information. Compare to legislators who represent a group, but only the legislator votes. Intent of the subcommittee is to have a balance of input.</p> <p>David Kim spoke against the motion. The subcommittee structure is working very well. EMSAC plays a vital role to the Bureau. Composition of EMSAC needs to be very broad. Anything the subcommittee does needs to be approved by the general session. Membership needs to provide expertise of issues in the purview of the subcommittee. Whether ad hoc members vote or not, all recommendations still come to the general session.</p> <p>Issue is that voting ad hoc members is a change in subcommittee structure.</p> <p>What is the definition of ad hoc member? Could one agency bring in a large group to vote on an issue and upset the balance? No. There would only be one vote per agency. Air medical has one vote in the general session. Need to give an equal voice to air medical agencies in the subcommittee. Ad hoc members have been participating for years. Becoming voting members upsets the balance.</p>	<p>Motion by Sturkie. Propose that any change in voting privileges in a subcommittee needs to be approved by the general session. Seconded and carries.</p> <p>Motion to accept the sub-committee motion about membership failed.</p> <p>Motion that this issue go to the membership task force. Dilemma as to which EMSAC members can vote in a subcommittee.</p> <p>Murry Sturkie appointed as chair to the Membership task force. Other EMSAC members contact Murry Sturkie if they want to participate. Volunteers: Jim Kozak, Lynette Sharp, Warren Larson, Jeffrey Furner</p>
<p>EDUCATION SUBCOMMITTEE REPORT</p>		

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PATIENT CARE TREATMENT GUIDELINES	Distributed the Patient Care Treatment Guidelines. Next printing may include colored pages for the pediatric section. Recommended we send a letter to approved instructors about availability of the guidelines in print and on the IdahoEMS.org website, specifically about intended use. Dr. Sturkie requested change to BOM Rules 011.03e: strike specifics to over the counter (OTC) medications. (Now limited to only OTC for poisoning, activated charcoal, and Diabetes, glucose) Would allow medical directors to decide what OTC meds could be used by agency.. First Responder (FR) bridge course was recommended with a minimum of 70 hours for FR to Basic. Informed subcommittee of the EMT-I curriculum contract.	Report accepted.
EMSC SUB-COMMITTEE REPORT		
REPORT ITEMS	Reported the 5 year education plan, PPC courses will be incorporated into regional conferences, plans to recruit instructors so that the course is self-perpetuating. Kudos to the pediatric protocols and the patient care treatment guidelines. Pediatric Emergency Medicine conference in Sun Valley will be promoted to EMS personnel.	Report accepted.
GRANTS SUBCOMMITTEE REPORT		
REPORT ITEMS	<p>2005 Grant application. Dedicated Grants Standards Manual. Vehicle Disposition Status. This year is the time to look at the “fairness” of the grant distribution and possibly suggest rule changes. Motion that agencies who falsify applications will be denied to apply for a grant for five years.</p> <p>RAED grant funding is available again this year. What is an effective way to utilize? NASPO has formed a cooperative organization that receives bids from vendors in catalog fashion and allows the Bureau to bypass the purchasing RFP process.</p> <p>The Bureau will be presenting a dedicated III grant report to the legislators next year. That would be a good time to suggest rule change to exclude grant eligibility. The subcommittee needs to develop an approach.</p>	Motion to accept the subcommittee report and motion (<i>Motion that agencies who falsify applications will be denied to apply for a grant for five years</i>) was seconded and passed.

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	<p>Could there be sanctions against the individual for falsifying the application rather than the agency? There is provision for certificate action for fraudulent representation.</p>	
<p>LICENSURE SUBCOMMITTEE REPORT</p>		
<p>ROBERTS FIRE PROTECTION DISTRICT</p>	<p>Application is complete, no opposition, staffing is adequate, the very comprehensive protocols reviewed by Drs. Kim and Sturkie. A few protocol typos and wording were addressed:</p> <p>A checked expanded scope of practice box will be deleted.</p> <p>Motion: Recommend Roberts Fire Protection District/QRU Upgrade to ILS Non-Transport licensure contingent on suggested protocol changes passed and seconded.</p>	<p>Motion to accept application was approved.</p>
<p>PROPOSED AGENCY LICENSURE PROJECT</p>	<p>Presentation by Bruce. The proposed project is to develop standard criteria for the Bureau or the agency to judge completeness and compliance of a licensure application.</p>	<p>Ad Hoc Task Force Formed. Jeff Furner, Warren Larson, Pam Humphrey, Scott Long, Tom Allen</p>
<p>MEDICAL DIRECTION SUBCOMMITTEE REPORT</p>		
<p>REPORT ITEMS</p>	<p>Final Results of Survey. Development of Medical Director Training. Draft Board of Medicine Rules Revision.</p>	<p>Report accepted.</p>
<p>TRAC SUB-COMMITTEE</p>		
<p>REPORT ITEMS</p>	<p>Reviewed Legislative Progress Report. Data Linkage. Request for Information (RFI).</p> <p>Related that there has been discussion about the possibility that funding could be identified through legislative mandated fees. Estimated costs will be needed in order to request the fee.</p>	<p>Report accepted.</p>