

EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE

Ameritel Spectrum, 7499 Overland Rd., Boise, ID

September 25, 2003

COMMITTEE MEMBER ATTENDEES:

Vicki Armbruster, Volunteer Third Service Member
Ken Bramwell, Emergency Pediatric Medicine
David Christensen, Idaho Chapter of the American Academy of Pediatricians
Kallin Gordon, EMT-Basic Member
Rod Hackwith, Advanced EMT Member
Hal Iverson, Air Medical Member
Mary Ellen Kelly, State Board of Nursing Member
David Kim, Idaho Chapter of ACEP Member
James Kozak, EMT-Paramedic Member
Robert D Larsen, Private Agency Member
Warren Larson, EMS Instructor 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:

Dean Ellis, Idaho Fire Chiefs Association Member
Jeff Furner, Career Third Service Member
Hal Gamett, Fire Department Based Non-Transport Member
Karen Kellie, Idaho Hospital Association Member
Robert Korn, MD, PhD, ID Chapter of ACS Member, Committee on Trauma
Mary Leonard, State Board of Medicine Member

VACANT MEMBER SEATS:

County EMS Administrator

EMS STAFF ATTENDEES:

Jim Alter	Kay Chicoine
Gary Brookshire	John Cramer
Doug Carrell	Dia Gainor
Michele Carreras	Shana Munroe
Bruce Cheeseman	Tawni Newton

Other Attendees:

Tom Allen, Nampa Fire	D McKennon
Ron Anderson, Nampa Fire	Bill Morrow, White Peterson & Morrow
Ryan Asher, Kootenai County Fire Rescue	Stan Rose, St Al's Life Flight
Bonnie Burlage, Fremont Cnty EMS/Teton Valley Hosp	Ken Schwab, Teton Valley Ambulance
Tom Dale, Nampa Mayor	Lynette Sharp, Air Idaho Rescue
Richard Davies, Nampa Fire	Keith Sivertson, Wood River Sawtooth EMS Council
Dave Hanneman, Boise Fire	Doug Rosin, Kuna Fire District
Aaron Hummel, Boise Firefighters	Mike Walker, Boise Firefighters
Tom Lovel, Boise Firefighters	Greg Vickers, Portneuf Life Flight
Mike McGrane, Air St. Luke's	

TOPIC	DISCUSSION	OUTCOMES DECISIONS
WELCOME AND INTRODUCTION OF MEMBERS AND APPROVAL OF MINUTES.		Motion to approve June 2003 minutes passed.
CALENDAR		Future meeting dates Dec. 10, 11 2003 (Ameritel Spectrum) March 17, 18 2004 June 23, 24 2004 September 22, 23 2004
BUREAU CORE VALUES	Dia briefed EMSAC on the process and outcome behind the Vision and Mission statements and the six core values of the Bureau.	
EMT-I DIA GAINOR	<p>Review of the EMT-I draft rule changes. The latest revision was provided to EMSAC as a new handout.</p> <p>Dia reviewed the legislative process for rule change and the format for rule changes (i.e. underline highlighting of changes). Some of the changes are universal standardized language changes by the rule writers. Dia reviewed the rule changes related to EMT-I by rule section.</p> <p>Dr. Kim questioned the primary instructor rule, as to why each course does not have a primary instructor. Dia responded that current course approval policy “kicks in” the primary instructor rule for all courses.</p> <p>The Minimum Equipment List is being updated and is included with the rule revision by incorporated reference.</p> <p>Dr. Kim asked about the wording in section 324 regarding minimum staffing for EMT-I. Dia explained the rationale for the wording indicating only one EMT-I will be needed for the agency to license and respond at the EMT-I level. The question was raised about public perception and if that perception was even significant.</p>	Motion to forward the rules to the Board of Health and Welfare failed.
MEDICAL DIRECTION SUBCOMMITTEE KAREN KELLIE	<p>Eight physicians attended (one by teleconference).</p> <p>The EMS on line medical direction draft survey was reviewed. Expect the survey and guidelines to be mailed to agencies within the next month.</p>	Report accepted.

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<p>EDUCATION SUBCOMMITTEE</p> <p>VICKI ARMBRUSTER, CHAIR</p>	<p>The EMT-I Curricula Development project was reviewed by Dia Gainor. A meeting with ISU is scheduled for October 9 to discuss curricula and lesson plan development. The need for EMT-I protocol guidelines was discussed for future consideration. The medical director could make parts of the scope of practice optional, but the training would include the entire approved scope of practice. ISU will work closely with the EMSAC curriculum development work group.</p> <p>Epi Pen Program: The final version of the program was reviewed. The program has been distributed to all EMS agencies and medical directors statewide. The question was asked if the agency had the option of choosing to implement this program or not. The program is optional at the discretion of the agency and medical director.</p> <p>Pediatric Patient Treatment Guidelines: The guidelines have been on hold due to EMS Bureau staffing. Chris Gelock now has the lead and is proceeding with the program.</p>	<p>Report accepted.</p>
<p>GRANT SUBCOMMITTEE</p> <p>BOB LARSEN, CHAIR</p>	<p>Dedicated Grant Review</p> <p>FY 04 vehicle requests were about \$2.6 million. \$928,708.00 was awarded to purchase 14 vehicles; 10 ambulances, and 4 medical rescue trucks. FY 04 equipment requests were about \$689,000.00 with \$261,771.00 awarded. Contracts and Security agreements will be in the mail next week. Delayed due to changes in state contract development and new software. Vehicle decals to recognize that a vehicle was funded by EMS grant dollars will be encouraged and recommended to be placed on grant funded vehicles, but will not be retroactive to previous grant years.</p> <p>RAED Grant Program</p> <p>This grant cycle EMS was awarded \$273,000.00 which purchased 129 Access AED's. Of the 43 eligible counties, 25 submitted applications and will receive AED's. The remaining 104 AED's were awarded on a competitive basis. Two were declined (by a federal agency and a church) and will be awarded to other applicants. The AED's will be delivered at 8 locations across the state in October and November.</p> <p>The next AED grant cycle is underway and Idaho has been awarded \$260,000.00 to purchase AED's. This cycle will focus on Law Enforcement, EMS and Fire agencies.</p> <p>Training Grants</p> <p>Applications will be mailed on September 29, 2003. The</p>	<p>Report accepted.</p>

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	<p>amount of funds available for training grants this fiscal year is \$80,900.00. Region Offices will receive \$2,500.00 each to fund instructor methodology and/or orientation courses. The Regional Office funds are separate from the \$80,900.00 available for training grants.</p> <p>The time line for submission is set and the Grant Committee will review the applications on November 13, 2003. The committee will determine the split between training and training equipment funding at that time.</p>	
<p>LICENSURE SUBCOMMITTEE</p> <p>VICKI AMBRUSTER, CHAIR</p>	<p>Nampa Fire ALS Non-transport license application.</p> <p>Reviewed the application. Numerous responses were received to the Notice of Intended Operations (NIO). Nampa filed the application on August 12, 2003. Canyon County Commissioners passed an EMS ordinance that became effective September 18, 2003. One of the responses to the NIO was from the Canyon County Board of County Commissioners, stating that the application is contrary to the ordinance.</p> <p>Extensive discussion took place in the subcommittee including the proposed rule change striking local government authorization as criteria for EMS agency licensure.</p> <p>EMSAC Discussion:</p> <p>A presentation was given by Tom Allen, Deputy Chief, Nampa Fire, as a patient advocate sent by the citizens of Nampa. The mission of Nampa Fire was presented. He reviewed the history of how Nampa Fire arrived at the decision to upgrade to ALS Non-transport. The current Nampa Fire response area map was presented with the 8-minute BLS response area for each station depicted. Presented an ALS coverage map for the county showing Canyon County Paramedics (CCP) which also depicted the 8-minute response areas for each CCP station. The CCP 8-minute response map for the city of Nampa area was also presented. Nampa Fire cites 245 annual "ALS system performance delays". Nampa Fire has no plan to perform transportation of patients. Nampa Fire simply wishes to modify the current license from BLS to ALS while remaining in a non-transport status.</p> <p>Cited the JEMS 200 city survey dated 02/01 that indicated that 188 cities are served by fire based first response units, with 71% of those units providing response at the ALS level. Cited the Healthy People 2010 goal and that Nampa Fire can meet that goal, which is a 5 minute first response to 90% of the people. Cited the AHA and ACEP benchmark for ALS</p>	<p>Motion that the proposed rule changes be forwarded to the IDHW Board passed with a hand vote showing 8 Aye, 8 Nay with the Chair casting the tie breaking Aye vote.</p> <p>Motion to accept the Licensure subcommittee's recommendation to license Sagle Fire District ILS Non-transport with an expiration date of October 31, 2004. passed.</p> <p>Motion to recommend that the Nampa Fire Department application for a non-transport ALS license be approved when the following conditions are met was passed.</p> <p>1) a definitive determination of the validity and applicability of the Canyon County ordinance as it pertains to the city of Nampa is provided to</p>

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	<p>response is 8 minutes for 90% of all responses.</p> <p>Presented current staffing versus proposed staffing related to the ACEP and AHA benchmarks. Cited a recent USA today report on paramedic density per capita. Nampa has 6.25 medics per 100k population. The proposal will raise that density to 10 paramedics per 100k population, which is in line with the USA Today report. Reviewed patient contact hours per year. Cited that Nampa Fire responds to 1,292 ALS calls per year. Cited three cases of recent calls and the CCP response times for those calls that exceeded the 8 minute benchmark previously cited.</p> <p>Iverson: Will care be continued or transferred to an ambulance medic? Allen responded that the decision should be on a case basis with guidance from the on scene medics and the medical directors.</p> <p>Sturkie: The desire is faster ALS intervention, yet you defer the transport. Why doesn't Nampa Fire believe that transport is an issue? Allen responded that rapid transport is a concern; however ALS intervention while on scene gains quite a bit in patient care.</p> <p>Bill Morrow, attorney representing the City of Nampa, addressed the new ordinance passed on September 18. There are 3 significant legal impairments to the ordinance.</p> <ul style="list-style-type: none"> • The first is preemption: The ordinance attempts to regulate EMS county wide and authorize when various units may be used or sanctioned in the county. The sole authority for regulation rests with the State by statute. • The second area is the doctrine of separate sovereignty. A political subdivision operates as a sole and separate sovereignty and can only be told what to do by the state. The city can't tell the county what to do and vice versa. The Supreme Court has ruled that a county can't regulate what the city does on at least three separate occasions. The Canyon County ordinance violates the idea of separate sovereignty. • The third area of concern is the meaning of the ambulance district statute. The code has to be followed and establishes the manner in which the ambulance service will operate, lease or purchase real property; they can construct buildings, acquire equipment, and pay salaries. That is the total authority of the county commissioners under the 	<p>the Bureau.</p> <p>2) successful inspection for compliance with minimum equipment required.</p> <p>3) verification of a personnel roster of certified ALS providers to meet minimum staffing rules.</p>

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	<p>ambulance district statute. These are the three fatal impairments to the canyon county ordinance.</p> <p>Kim: How can the debate over the ordinance be definitively decided? Morrow responded that it could be challenged and is surprised that the Deputy Attorney General has not challenged the ordinance on the preemption issue.</p> <p>B. Larsen: Is Nampa going to challenge it? Morrow responded that it is highly likely that the City will challenge.</p> <p>Tom Dale, Nampa Mayor: The city is simply trying to cover the time from fire department arrival until ambulance arrival with the top level of care. We have to hire 9 firefighters anyway to staff the new station. Nampa believes the county has overstepped their authority and if the county does not retract the ordinance, legal action will be taken by the city.</p> <p>Bramwell: Is there any precedent that has been set between counties and cities? Morrow responds that in previous cases the counties were rebuffed by the Supreme Court.</p> <p>Kim: So the county has no authority over an ambulance district? Morrow: The county only has the authority given by statute and the county has exceeded that authority.</p> <p>Peck: Is there an ambulance taxing district? And was this handled as a district or as the Board of County Commissioners? Morrow responded there is an ambulance district.</p> <p>Bramwell to the Mayor Dale: What solutions have been put forth? The Mayor responded that the city has made many attempts to communicate and even made offers to house ambulances and their crews for the county and share cost with the district to increase response capability. The county has refused all offers. Nampa has attempted to communicate with the county and the ambulance district with no success at reaching solutions.</p> <p>Christensen: How does this effect revenue? Mayor Dale responds there is no effect on revenue from taxes or billing that is currently rightfully received by the ambulance district.</p> <p>B. Larsen: Will Nampa bill for non-transport responses? Allen responds that the City currently does plan to pursue a cost recovery billing method to cover the cost of ALS operation.</p> <p>Kim: Regarding statutory authority, does the city have statutory authority to pass laws? Mayor Dale and Morrow responded that the ambulance district law is not exclusive to</p>	

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	<p>the county. The city has no authority past the city limits.</p> <p>B. Larsen: How many medics are you going to station? Allen: There will be a paramedic on every call, even if they are cross trained as firefighters.</p> <p>Mike McGrane: What are the plans for medical control? Allen: Mercy is on line medical control and an off line medical director is identified in the application who will be conducting chart reviews. McGrane: Any plans to work cooperatively with CCP? Allen: We want our medical director to be able to have a working relationship to resolve any issues; however that idea has not been well received by the county.</p> <p>Chief Anderson, Nampa Fire: This effort came from the grass root EMT's and medics in the field who had concerns with patient care. The basic outcome was that the county said there are no problems and it is business as usual. We want to have a working relationship with CCP. Our objective is to have no negative impact on the current county service, but to raise the level of service to the city of Nampa. We have and will continue to offer the olive branch to the county to resolve the concerns and issues. We believe that current statute allows a city to decide who provides ambulance service. We want that to be CCP, but growth in the region has raised certain issues that need to be resolved. Our intention has always been to provide the highest level of service possible.</p> <p>B. Larsen: Where did the grass roots start? Anderson: With medics and firefighters from both Nampa and CCP.</p> <p>Christensen: Are there any stats to support that ALS intervention would have made a difference in patient outcomes in the past. Anderson responds that a number is very hard to arrive at, but if one person dies waiting for ALS, that is one person that didn't need to die. Allen: A great question, but there is just no data we can track to get that data.</p> <p>Aaron Hummel: Makes reference to early ALS intervention . Data can be found in the OPALS study.</p> <p>Doug Rosin, Kuna Fire: We believe that Kuna Fire could now be in violation of the county ordinance. We can also increase our level of service in the county under a joint powers agreement with the county.</p> <p>Sturkie: Is anyone here to represent Canyon County to speak to the issue? No response from the people in the room.</p>	

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	<p>Christensen: Were they notified? Sturkie: Yes they were notified.</p> <p style="text-align: center;">Discussion on motion that the proposed rule changes be forwarded to the IDHW Board.</p> <p>Peck: The way we do business has changed, but the rules and statutes have not changed in 30 years. We, as a committee, must look at updating the statutes and rules. This is a band aid to a problem that is going to come back. We need to review the purpose of EMS and look at why EMS is under IDHW. Maybe the Bureau should be located as other self supported regulatory boards that operate on dedicated funding.</p> <p>Kim speaks against the motion. The Bureau does have statutory authority and the proposal to delete the section is in direct conflict with the mission and values of the Bureau. The current section requiring compliance with local ordinance is valid. The local control portion of rule is the only part of rule that considers EMS systems. The Bureau's mission states to regulate EMS systems and to provide leadership and if we take out the section we show a lack of leadership.</p> <p>Schultz: I take the opposite view that we have no statutory authority to impact local control. The mission and values stated force us away from that and into a leadership role to effect change at the state level irrespective of local ordinance to insure positive and quality patient care.</p> <p style="text-align: center;">Discussion on motion to accept the Nampa Fire Application for licensure.</p> <p>Kim: The subcommittee is not the place for EMSAC to make a determination of whether an entity complies with a local control ordinance.</p> <p>Schultz: Our rules that say agencies have to be in compliance with local ordinances are in question and challenge the state statute.</p> <p>Kim: These are the rules that we have to guide our decision at this time and how can we ignore them? Compliance to local ordinance is in rule and a condition to be met for licensure. Mayor Dale addresses the question: A similar situation arose in Nampa City. Applications for billboards were on file before a new billboard ordinance went into effect, therefore the applications were honored.</p> <p>Hackwith: How does our recommendation affect the licensure? Gainor: The Deputy Attorney General advised to</p>	

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	<p>disregard the local government authorization rule. B. Larsen: If we ignore the rule it gets us out of the fight. Stan Rose: If the application was submitted before the ordinance was passed, the application should be honored.</p> <p>Kim: The real issue is if the ordinance is valid. Schultz: The question is what is definitive. The definition of definitive is the AG's opinion, the opinion heard today or the opinion given in the court.</p> <p>Mayor Dale: At the time of application the City was in compliance and the application should be granted. Kim: Regarding the issue of definitive, the idea of disregarding the rule is not valid and if it takes a court opinion then that is how this gets dragged out. The local control issue is quite appropriate and should not be ignored. Sturkie: The application was in compliance at the time the application was submitted. W. Larson: The application was in order and the letters and ordinance were passed after the application went to public notice. It appears that the ordinance may have been purposely passed to kill the application. Christensen: Should we consider that the ordinance has no effect on the application? Gainor: The real question is if the rule is defensible. Schultz: if this meeting was held three weeks ago, the ordinance would not be an issue.</p> <p>Reviewed Sagle Fire application to modify level from ALS Transport to ILS Non-transport due to operational changes within the fire district.</p> <p>Bruce Cheeseman gave a report on the American Medical Response (AMR) 3 day Provisional License.</p>	
<p>AIR MEDICAL SUBCOMMITTEE</p> <p>HAL IVERSON, CHAIR</p>	<p>The notification and rotation protocols were discussed. Both need some minor revision. Revisions will be submitted at the December EMSAC meeting after working the revisions through the subcommittee.</p> <p>All air medical agencies have agreed to participate in the notification program with State Communications.</p>	<p>Report accepted.</p>
<p>EMS-C SUBCOMMITTEE</p> <p>DR. DAVID CHRISTENSEN, CHAIR</p>	<p>Lack of safety seat/seat belt use is the main cause of death in children age 1-18 in Idaho in motor vehicle events, which is 50% above the national mortality rate for the same age and same cause of mortality. The data indicates that the 18-65 age group motor vehicle event mortality rate is 70% higher than the national rate. Data supports that states that have stricter laws and fines have much lower motor vehicle event mortality rates. The state needs to pursue stricter enforcement and penalty for restraint violations.</p>	<p>A motion to accept the report and recommendations passed.</p>

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	<p>Pediatric Protocols: Typos were corrected, no substantive changes, recommended to remove the OPA/NPA guideline. Recommend the guidelines be published and distributed as soon as possible in hard copy and in an electronically modifiable format.</p> <p>Idaho Pediatric Pocket Field Guide is not needed at this time in Idaho. Use of the Broselow tape was suggested.</p> <p>Pediatric Education 5 Year Plan: Pursue a core pediatric course such as the NAEMT PEPP course. This course was highly successful in Region 2. Discussed in house development or use what is available. Decided to use what is already available. A statewide resource for medical direction is needed, possibly a state medical director, to address pediatric issues.</p> <p>Discussed the idea of a resource library to be available to providers statewide.</p> <p>The need for a special needs kids registry was discussed. There needs to be a resource available to providers when interacting with special need kids. There is no action at the state level.</p> <p>Funds to purchase child size training equipment and possible car seats approved for use in ambulances was also discussed.</p> <p>Will meet again in December in conjunction with the scheduled EMSAC meeting.</p>	