

EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE

Ameritel Spectrum, 7499 Overland Rd., Boise, ID

December 10, 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
Dean Ellis, Idaho Fire Chiefs Association Member
Jeff Furner, Career Third Service Member
Kallin Gordon, EMT-Basic Member
Pam Humphrey, Air Medical Member
Karen Kellie, Idaho Hospital Association Member
David Kim, Idaho Chapter of ACEP Member
James Kozak, EMT-Paramedic Member
Robert D Larsen, Private Agency Member
Warren Larson, EMS Instructor Member
Mary Leonard, State Board of Medicine Member
Robert W Monteith, Third Service Non-Transport Member
Mike Roberts, County EMS Administrator
Murry Sturkie, DO, Idaho Medical Association Member

COMMITTEE MEMBERS ABSENT:

Hal Gamett, Fire Department Based Non-Transport Member
Rod Hackwith, Advanced EMT Member
Mary Ellen Kelly, State Board of Nursing Member
Robert Korn, MD, PhD, ID Chapter of ACS Member, Committee on Trauma
Ethel Peck, Idaho Association of Counties Member
William Pyron, Consumer Member

VACANT MEMBER SEATS:

None

EMS STAFF ATTENDEES:

Kathy Bessey, State Communications	Dia Gainor, EMS Bureau
Bruce Cheeseman, EMS Bureau	Christian Gelok, EMS Bureau
Kay Chicoine, EMS Bureau	Scott Gruwell, EMS Bureau – Idaho Falls
Nicole Davis, EMS Bureau	Shana Munroe, State Communications
Andrew Edgar, EMS Bureau - Twin Falls	Dean Neufeld, EMS Bureau – Lewiston
Barbara Freeman, EMS Bureau	Tawni Newton, EMS Bureau

Other Attendees:

Kurt Aikele, Blackfoot Fire	Michael McGrane, Air St Luke's
Tom Allen, Nampa Fire	Stan Rose, St Al's Life Flight
Kay Anderson, Priest Lake Ambulance	Doug Rosin, Kuna Fire District
Ken Anderson, Idaho Falls Fire	Lynette Sharp, Air Idaho Rescue
Ron Anderson, Nampa Fire	Greg Vickers, Portneuf Life Flight
Hal Iverson, Air St Luke's	Karl Vogt, Nampa Fire
Dennis Johnson, Boise Fire Department	Phyllis Girin-Weiss, East Boise County Ambulance
Jeff Long, American Training Associates	

TOPIC	DISCUSSION	OUTCOMES DECISIONS
INTRODUCTIONS AND HONOR TO DECEASED EMT		Motion to include a Fallen Comrade Section in the EMSAC Newsletter passed and seconded.
APPROVAL OF THE MINUTES		Minutes approved.
ANNUAL REPORT	<p>Kay reported the EMSAC newsletter process and posting on the EMS website. Kay presented the EMS Bureau FY03 Annual report which is a compilation of the Bureau's performance indicators. Not all of the accomplishments of the Bureau are included in this report but it does include significant accomplishments and provides more awareness of how many or how much of several aspects of the EMS system, i.e. PCR accuracy, number of CISM events. Copies available upon request</p> <p>Questions about PCR reporting compliance.</p>	
MEDICAL DIRECTION SUBCOMMITTEE	<p>The Medical Direction course should occur in 2004. Working on some funding issues.</p> <p>IMA is sponsoring legislation regarding discoverability and peer review laws to include EMS.</p> <p>Medical Direction draft rules are being formulated and will also include EMT-I scope of practice issues. Guidelines and job description are being distributed in January.</p> <p>On-line medical direction survey was reviewed by Christian Gelok. Suggestion was that sometimes the EMT-B or First Responders feel that the advanced or paramedic units are the medical direction, whether that unit is actually in touch with a medical director.</p> <p>The survey will be analyzed using more stratification such as region, certification level, and what percentage of providers call medical direction looking for a deviation from standing orders because of the situation. Purpose of the survey was to determine the issues that require more education or resources.</p> <p>Comment from a provider that the survey tool was confusing.</p> <p>Dr. McKinnon informed EMSAC that there appears to be an omission in the rule that the AED medical director or prescribing physician at non-EMS entities is not protected from liability. Only the users and the entity are protected.</p>	

<p>PCR COMPLIANCE</p>	<p>Suggestion to tie grants or licensure action to non-compliance of PCRs. What would be the DHW AGs opinion? Stan Rose asked about a fee to submit electronic PCR data. There is not a fee to the EMS Bureau, but there may be an initial cost for a contractor to validate the fields to insure data quality.</p> <p>Discussion about the issues from the last meeting about local government ordinances and licensure issues. The Bureau has proceeded with the local government authorization repeal. It is an inappropriate delegation of authority. The Department has no basis to give authority to another public agency.</p>	
<p>GRANT SUB-COMMITTEE</p>	<p>Training grants final report was distributed. Application revamped with some limitations. All equipment requests for priority one were granted.</p> <p>Is there feedback that this is meeting the agencies' needs? There were not any inappropriate requests for this grant this year.</p> <p>Tawni reported on the AED grant project. All the AEDs have been distributed. No report on whether any of them have been used yet. Plans for using held over funds for training purposes.</p>	
<p>LICENSURE SUB-COMMITTEE</p>		
<p>BLACKFOOT FIRE ALS II TRANSPORT UPGRADE</p>	<p>Recommended approval of the application when the equipment list is reviewed, staffing issues addressed, and protocols reviewed. Four paramedics have been hired and will be certified when licensure is granted. February is expected start date.</p>	<p>Motion to accept Blackfoot Fire ALS II Transport upgrade application when equipment has been inspected and protocols reviewed was seconded and carried.</p>
<p>KUNA FIRE DEPARTMENT UPGRADE TO ALS</p>	<p>Recommended upgrade with conditions of medical approval of protocols, equipment inspection and adequate staffing. The protocols are in progress.</p>	<p>Motion to grant conditional licensure for Kuna Fire based on personnel, equipment, review of protocols and agency inspection was seconded and carried.</p>
<p>STANLEY AMBULANCE DOWNGRADE TO ILS</p>		<p>Motion to accept Stanley Ambulance downgrade to ILS seconded and carried.</p>

<p>ST. ALPHONSUS GROUND TRANSPORT FOR JEROME COUNTY</p>	<p>Expansion of service to include ground transport in Jerome County. No licensure action needed. For information only.</p>	
<p>LICENSURE SUBCOMMITTEE ISSUES</p>	<p>Issue of review of protocols for licensure. Applications are submitted and approved by the EMS Bureau. Should the Board of Medicine be involved in a review? A peer group of physicians might be a good review group. EMSAC is charged with reviewing and making recommendations for transport and non-transport. Submission of protocols dictated in the Board of Medicine rules. Application is not complete until the protocols are attached. EMSAC makes recommendations but do they have any authority. Licensure needs to be a system.</p> <p>Because of the capital outlay of buying equipment and hiring personnel, agencies come to EMSAC to get a pulse check for the rest of the license.</p>	<p>Future topic of discussion at EMSAC.</p>
<p>AIR MEDICAL SUB-COMMITTEE</p>	<p>Rotation policy changes primarily affect the Boise area. Agreements will be updated annually.</p> <p>Future Goals: Minimum standards for air medical transport, review membership, more structured safety standards.</p> <p>Membership Restructuring: All air units and other affected entities would have a representative. Task force committees are for short term projects. Do ad hoc members vote? No. They have not in the past. Suggestion to structure the same as the medical direction subcommittee with the ad hoc members voting in the sub-committee but not in the general session.</p>	<p>Motion that the air medical subcommittee be restructured to give ad hoc members a vote in the sub-committee was seconded and carried.</p>
<p>EMSC SUB-COMMITTEE</p>	<p>Reviewed Five Year Educational Plan. Have unused funds that need to be expended. The plan is to use the funds for providing a resource library with training equipment such as child manikins, training kits, and course videos, manuals and qualified instructors. The resources need to be marketed. Plan and include more topics into a pediatric track for the EMS conferences that are more common or life threatening. In the future, bring a proposal for a specified curriculum for pediatrics that would be required for certification. Establish partnerships within the medical community for EMSC issues. Provide special needs children resources and the use of a knowledge database.</p> <p>PPC course and purchasing manikins will be done right away.</p>	

<p>DISCIPLINARY SUB-COMMITTEE</p>	<p>Involves two ALS units, an EMT-B unit, a QRU and county sheriff. The EMS system was not activated correctly. The call was initiated by private citizen to the EMT on a non-emergency number who called the transport service.. Patient care was appropriate as reviewed from the records. However the paramedic was not certified in Idaho, but in a neighboring state. Recommendation that letter be sent stating contemplative action to the transporting service that they will only retain Idaho license if all personnel are certified within 90 days. EMT-B agency is self declared not to be a 24/7 responder and have had a waiver for 3 years. Recommendation to not issue waiver in the future.</p> <p>Utah and Idaho have an interstate compact that recognizes the certification of the other state’s emergency personnel for services called into the neighboring state. The Bureau is seeking similar agreements with other neighboring states.</p> <p>Patient should be able to make an informed decision.</p> <p>Shouldn’t the biased caller be disciplined instead of the agency that received the call? Not unusual for a rural EMT to get a call at home from a patient that they know. If the Bureau reflects a concern, the EMT can respond about protecting the patient’s choice or preference.</p> <p>Waivers can be granted to non-transport agencies for less than 24/7 coverage if undue hardship or abandonment of service is evident.</p>	<p>Motion to accept the sub-committee recommendation to require Idaho certification of all personnel within 90 days was seconded and carried.</p> <p>Motion to refuse to grant waiver for less than 24/7 coverage to the involved QRU, setting a precedent for no more than 3 years of waivers. In this case there has been progressive loss in personnel and there is other EMS service available. Personnel could affiliate with another agency that is in close proximity. Plan to rectify problem to be included. The motion was seconded and passed.</p>
<p>NEW BUSINESS</p>	<p>Suggestion to evaluate the C&L subcommittee to use a systems approach instead of case by case licensure issuance.</p> <p>Announcement: Office of Rural Health NAEMSD looking for success stories in EMS. www.nosorh.org .</p> <p>Suggestion that educational points that came out of the disciplinary topic could be included in the EMSAC newsletter.</p> <p>Nampa Fire Department is now in compliance because the local ordinance was repealed. Suggestion to stay out of local government squabbles. Helpful for an organization to know chances of successful licensure application before they make commitments to financial resources.</p>	<p>Put announcement of requests for success stories in the EMSAC newsletter.</p>