

# IDAHO EMSPC MEETING MINUTES

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November 14, 2008

A meeting of the Idaho Emergency Medical Services Physician Commission was held on this date at Lewis-Clark State College, Williams Conference Center, Clearwater Room, 500 8<sup>th</sup> Ave., Lewiston, Idaho. Chairman Kim called the meeting to order at 9:32 a.m.

## Members Present:

Adam Deutchman, M.D. *via teleconference*  
Curtis Sandy, M.D. *via teleconference*  
David Kim, M.D.  
Debra McKinnon, D.O.  
Kenny Bramwell, M.D.  
Murry Sturkie, D.O.  
Scott French, M.D.

## Members Absent:

Bat Masterson  
Cay Berg, M.D.  
Keith Sivertson, M.D.  
Pat Galvin

## Vacant Seats:

## Others Present:

Adrean Casper  
Brady Woodbury  
Candi Barton  
Dean Neufeld  
Diana Hone  
Jane Smith *via teleconference*  
Jennifer Groves *via teleconference*  
Jerry Haaland  
Jill Hillar *via teleconference*  
John Hunt  
Larry Manring  
Les Eaves  
Mark Niemeyer  
Dr. Michael Ross *via teleconference*  
Mike Larson  
Neeki Larsen  
Palina Louangketh

## Member's Position:

American College of Surgeons Committee on Trauma  
State Board of Medicine  
Idaho Medical Association  
Idaho Fire Chiefs Association  
American Academy of Pediatrics, Idaho Chapter  
American College of Emergency Physicians, Idaho Chapter  
Idaho Association of Counties

## Member's Position:

Citizen Representative  
Idaho EMS Bureau  
Idaho Hospital Association  
Citizen Representative

N/A

## Other's Position:

American Heart Association  
North Central Dist Health Dept  
North Central Dist Health Dept  
Idaho EMS Bureau Regional Consultant  
Idaho EMS Bureau Administrative Assistant  
Division of Health  
Masimo  
Grangeville EMS  
Cascade Rural Fire & EMS  
HLFD  
Fort Hall Fire & EMS  
Clearwater  
Meridian Fire  
Meridian Fire  
St. Joseph Regional Medical Center  
Idaho EMS Bureau Systems Development Manager  
American Heart Association

Richard Armstrong via teleconference  
Russ Pierson  
Season Pierson  
Val Navo  
Wayne Denny

Department of Health & Welfare  
Idaho EMS Bureau Compliance Specialist  
Idaho EMS Bureau Regional Consultant  
Fort Hall Fire & EMS  
Idaho EMS Bureau Standards and Compliance Manager

### **Approval of Minutes from 9-12-08**

**Commissioner McKinnon, Idaho Fire Chiefs Association, moved and Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, seconded the motion to accept the draft minutes as submitted.**

**Motion passed unanimously.**

### **Financial Report**

Wayne Denny reviewed projected certification collections and expenses for FY09. There will be sufficient funds for the EMS Physician Commission (EMSPC) meetings scheduled for the year.

### **Code Task Force Draft Legislation Report**

Commissioner Sandy reported that the Idaho State Fire Commissioners' Association (ISFCA) voted to not support the draft legislation even though they have had representation on the task force that developed it. They do not think it is ready for this year's legislative session.

General concerns around the state have been with governance and representation. There is some concern about the grievance process in the medical authority when there is disagreement between medical directors. There is a provision to take grievances to the EMSPC but that would probably be a non-binding opinion. The commissioners discussed the 90 day response deadline for hearing grievances by the EMSPC when the commission only meets four times a year. The task force will meet at the end of November to review the ISFCA concerns.

Because of concerns from around the state over representation and governance the task force is now reconsidering having the alternate political authority be three (3) elected EMS district commissioners.

Commissioner McKinnon expressed concern that the people controlling EMS on the political authority and even most on the administrative authority would have no knowledge of EMS. The EMS units would have their money, equipment and supply strings controlled by people who have no knowledge of EMS. This would put two levels of administration over units who have been doing fine for years administering themselves. She does not understand the advantage to them. She felt it seems to be a bureaucracy that is not going to be particularly helpful. Her county also has concerns about the setting of fees and distribution of monies.

Commissioner Sturkie explained that the EMSS district would not necessarily run the day to day operations. It could just be the funding source and where overall system coordination occurs. The reason the elected people would be part of that board is so that they could assess fees and collect taxes. Currently the county commissioners function as that board for ambulance districts. Even though they may not know that much about EMS, they are the elected officials who administer

EMS. The goal of the administrative authority was to develop subject matter expertise within the county to advise the governing board members who have to make the financial decisions.

Wayne Denny reported on another item of concern. Some feel that the intent of the task force was to allow the administrative authority to remain as it is now if the county commissioners continue as the governing board. This is typically an advisory board or something like that within a county system. However, the draft legislation does not read that way. It says everyone must change to the new administrative authority structure. The language may be modified in future drafts to allow a system such as Valley County to remain as they are now if their governing board stays with the county commissioners. Another possibility is to write it so the outlined administrative authority is a minimum and an EMS system could add anything on to it that they want.

Another issue discussed at length was the EMS Bureau legislation that Bureau Chief Dia Gainor wants to get before the legislature this year. This is separate from the code task force legislation. The Bureau needs firm standards on what an agency has to do to either get a new license or an upgrade, rather than only having to meet mechanical requirements. The issue was local governmental control, which used to be in rule but was removed several years ago. The proposed EMS Bureau legislation required an applicant to get endorsement from the local governmental authority to start up a new EMS agency. The compromise reached by the end of the meeting was to have an objective data centered application using NEMSIS data points. The applicant would have to show projected improvement in response times, patient outcomes, system costs, etc. The application would be reviewed by the Bureau and taken to the EMS Advisory Committee (EMSAC) Licensure Subcommittee. Objectivity to granting a license was the compromise agreed upon by everyone at the end of the day. The EMS Bureau draft code was written to work either with or without the code task force product. Even if the code task force EMS system districts are alive and well the internal components or agencies within that district still have to get a license through the state.

**Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved and Commissioner French, Idaho Association of Counties, seconded the motion that the EMSPC supports in concept the intent of the EMS System District statute. We recognize the need for further consideration of issues such as: governing board and administrative authority composition, selection and qualifications; financial concerns; and time line for medical directorate mediation by EMSPC. Motion passed unanimously.**

**Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved and Commissioner French, Idaho Association of Counties, seconded the motion to recommend the EMS task force revise the timeline for mediation requests for the EMSPC (starting in line 530). The requests must be received at least 30 days prior to a scheduled EMSPC meeting for consideration. Requests received less than 30 days in advanced will be considered at a subsequent scheduled meeting. Motion passed unanimously.**

## **Education Subcommittee Report**

Nothing to report at this time. They will meet sometime prior to the next meeting.

### **Wildland Fire**

Wayne Denny distributed the scope of practice grid that the Incident Emergency Medical Task Group (IEMTG) has compiled. The various groups on that task force added the scopes that they are using to the National EMS Scope of Practice model grid that Idaho supplied. It is very interesting to see what the different levels are authorized to do in the different groups. This is a first draft, work in progress. Chairman Kim stated he felt that what is more important than whatever the scope of practice (SOP) ends up being is that they are actually trained to do it and that there is oversight.

### **2008-1a Training Module Development**

Development of the training modules is going much slower than anticipated. Neeki Larsen reported that the developers, Idaho EMS Education Consultants (IEEC), do not anticipate meeting the December completion date for the required modules, which also pushes the optional modules out. It has been more complicated than anticipated to change something in the paramedic level down to the advanced or basic levels. It has also been difficult to find people with the expertise and time to work on developing these modules. Instructors or medical directors are all welcome to participate and they do get paid. She asked the commission to keep this in mind, as well as the bureau budget, as they consider changing scope of practice modules in the future.

Neeki has been talking with Emergency Service Training (EST) about the extrication issues. They are working on revamping the entire operational aspect of extrication and from that they will pull up the awareness level. They would like to take the EMT instructors that already have extrication background and run them through a train the trainer program for urban areas. They will make a video of the train the trainer program for those that are more rural and let them take that on the Learning Management System at ISU or a training CD could be sent to the agencies. If someone really does not have a background in extrication awareness they could take a field trip to the local QRU and get signed off. After taking this course they will be good to teach extrication awareness across the state. It is all didactic and should be around two (2) hours long. It is not known what it will look like for the EMTs yet. In the future this will be part of the basic requirements to become an instructor because it will be part of the curriculum.

IEEC had some questions for the commission in reference to the relationship between medical directors and instructors in teaching the new modules. How are the medical directors going to trust that the instructor is qualified to teach these new floor or optional modules in the interim before the new modules are part of the basic instructor curricula? Should the medical directors sign off on credentialing the instructors? How will they know that the current instructor has received the appropriate additional education to teach the optional module? The EMSPC position is that education standards are established by the EMS Bureau and the qualifications for educators are established by the EMS bureau. Medical directors do not have time, nor is it their responsibility to evaluate every instructor. Medical directors will take responsibility for credentialing individual EMTs in the agencies. Optional modules come under the purview of the medical director and the medical director takes responsibility for credentialing those individuals.

## **Chempack Guideline**

A new draft guideline was presented which is more in line with the recommended dosage for mild and severe symptoms on the manufacturer's package insert.

The EMSPC does not want to expand current scope of practice below the paramedic level to include the other Chempack auto-injectors for valium and atropine.

**Commissioner McKinnon, Idaho Fire Chiefs Association, moved and Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, seconded the motion to accept as written the updated Chempack Guideline.**

**Motion passed unanimously.**

## **Medical Supervision Plans**

Commissioners have started to review the medical supervision plans submitted with agency licensure renewals this year. It was determined that Commissioner French would draft a summary letter commending agencies for their submission and to supply feedback. Once the letter is drafted, the commissioners will use it to make comments and recommendations back to the agencies. Reference to the examples on the website of how others addressed the issue should be included as well as reminding them they can get help from their EMS Regional Consultant. The letter will be from the EMSPC with Chairman Kim's signature as well as the reviewer's signature and contact information.

The plans received have varied from a couple of pages to over 30 pages. Some are very well thought out and others simply used the guideline as a check list. The feedback needs to include items that were completely omitted or inadequately addressed and things that are actually violations of commission rules, Idaho code or scope of practice. Commissioner Deutchman pointed out that even with the checklist the reviews will be somewhat subjective because of individual commissioner's expectations and experience. Commissioners Sandy and Kim preferred more policy and direction than what some of the plans provided by mostly following the checklist. Commissioner French was looking for a plan that is workable.

Due date for revisions: Next year for things not adequately addressed. 90 days for items that were omitted but are not serious. Within 30 days for rule violations. The same commissioner will review the updated submission.

## **Legislation to transfer authority for EMS certification fees from EMS Bureau to EMSPC / EMS Bureau Budget**

This item was discussed at the meeting in September. Richard Shultz and Jane Smith joined the November meeting via teleconference to answer any further questions the commissioners had. Deputy Director Shultz explained that it would not be in the Department's best interest to participate in activities that would take authority away from its own board and give it to a commission that they are responsible for. The commissioners reiterated their dependence on the EMS Bureau for administrative support of the programs they would like to implement to help EMS in Idaho. They understand budget balancing problems and hope the department will continue to look for solutions to provide funding for EMS Bureau activities.

## **Emergency Medical Dispatch (EMD)**

Commissioner Sandy continues to work with Eddy Goldsmith and will report developments in the future.

## **STEMI Care – American Heart Association**

Chairman Kim has had a few conversations with the American Heart Association (AHA) about how the EMSPC can support their “Mission: Lifeline” project. Adrean Casper, Director of Government Affairs for the AHA, presented their “Mission: Lifeline” which is a ST Elevation Myocardial Infarction (STEMI) Care initiative. Nationally 40% of all acute MI is STEMI but only 3 to 5% of all cardiac care in America is STEMI. So this creates needless death. AHA wants to take the national best practices and interpret them to what works best in Idaho. The goal is to increase 12-lead acquisitions and transmission and to reduce time to cath lab. To accomplish this three needs have consistently been identified:

1. Acquisition of 12-lead ECGs from the field
2. Communication infrastructure for ECG transmission for interpretation
3. Funding for 12-lead ECGs and training of EMTs/AEMTs

AHA is seeking collaboration with EMSPC to:

1. Support of the American Heart Association (AHA) Mission: Lifeline
2. Designate a commissioner to be member of Mission: Lifeline Task Force
3. Direct Education Sub-committee to add STEMI to the medical director workshops
4. Add STEMI to the medical supervision plans in the future

Commissioner McKinnon noted the problem in rural areas where they are aware of the concept but cost, the ability to transmit or even get cell phone coverage and the actual transport time prevents the STEMI care timeframe from being met. AHA wants to work to apply STEMI care to the regional needs and abilities.

Commissioner Sandy volunteered to work with the Mission: Lifeline Task Force

**Commissioner Bramwell, American Academy of Pediatrics, Idaho Chapter, moved and Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, seconded the motion to designate Commissioner Sandy as the EMSPC representative to the American Heart Association “Mission: Lifeline” Task Force. Motion passed unanimously.**

**Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved and Commissioner Bramwell, American Academy of Pediatrics, Idaho Chapter seconded the motion to explore the addition of STEMI education to the medical director workshops. Motion passed unanimously.**

Commissioner Sturkie suggested that perhaps AHA could volunteer to develop or help with the development of the optional training module for STEMI. When it is ready perhaps a CD could be sent to medical directors because only about 20% attend the workshops. The Education Sub-committee will work on this.

**Commissioner Bramwell, American Academy of Pediatrics, Idaho Chapter, moved and Commissioner McKinnon, Idaho Fire Chiefs Association, seconded the motion to add STEMI to the medical supervision plan requirements in the next revision of the EMSPC standards manual.**

**Motion passed unanimously.**

### **Addition of Family Physician to the EMSPC**

The American Academy of Family Physicians has contacted Chairman Kim, notifying him that they are putting a bill before the legislature to add a family physician to the EMSPC. They feel that they are a real stakeholder in EMS. This would make twelve (12) EMSPC members which would impact finances, as well as numbers needed for a quorum and possible tie-breaking of votes. Some commissioners felt there is already means for a family physician to be placed on the commission through existing positions. There was concern that this might open up the possibility for requests by other specialties to add more seats to the commission. Commissioners were not opposed to family physicians participating but wondered why they have not been attending the meetings. Chairman Kim personally supported a seat for this. Commissioner McKinnon felt that any time you have someone that is interested in EMS the commission should probably try to nurture that.

**Commissioner McKinnon, Idaho Fire Chiefs Association, moved and Commissioner Bramwell, American Academy of Pediatrics, Idaho Chapter, seconded the motion to remain neutral to the creation of a seat on the EMSPC for the Idaho Chapter, American Academy of Family Physicians.**

**Motion passed unanimously.**

**Commissioner Bramwell, American Academy of Pediatrics, Idaho Chapter, moved and Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, seconded the motion to invite a representative of the Idaho Chapter, American Academy of Family Physicians to the EMSPC meeting on February 13, 2009.**

**Motion passed unanimously.**

### **Scope of Practice**

Commissioners received copies of the updated Airway Management Reporting Sheet and the Data Elements and Definitions document. When people started using the form it was found to need clarification and renumbering. Chairman Kim clarified both Appendix E and F of the 2008-1a Standards Manual. There are no content changes. These versions are posted on the website and are in the 2008-1a standards manual as it will be presented to the legislature.

### **Suctioning tracheostomies by EMTs**

Can EMTs suction tracheostomies? There are patients who have trachs who are needing ambulance transport, not necessarily for problems with the trach, but from time to time these trach patients will require suctioning. Can a Basic EMT provide suctioning through the trach not just around the trach site? The question arises because there are staffing difficulties with having an AEMT on board the ambulance for interfacility transfers.

EMTs do not receive training for tracheobronchial suctioning. An EMT who inserts suction catheter into a tracheostomy to perform tracheobronchial suctioning would be outside their scope of practice, so the answer is no. However, an EMT may suction around the tracheostomy and may suction the opening of the tracheostomy with a yankauer-type suction device. If someone wanted to change the EMT scope to allow tracheobronchial suctioning at the EMT level, they would have to provide evidence and follow the EMSPC new device policy for consideration of their request.

### **CO Oximetry Device Approval**

Chief Mark Niemeyer from Meridian Fire Department, their medical director Dr. Michael Ross and Jennifer Groves from Masimo attended the meeting via teleconference. Masimo, with the endorsement of Dr. Michael Ross, submitted a request to have CO Oximetry added to the SOP for EMT and AEMT, not to EMR. Currently it is an optional skill for paramedic level only. Their drug and device application was very thorough and complete.

**Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved and Commissioner Bramwell, American Academy of Pediatrics, Idaho Chapter, seconded the motion to expand CO monitoring to EMT and AEMT scopes of practice as 2,4 Optional Module with statewide protocols and use the training developed by Masimo. Motion passed unanimously.**

Meridian Fire and Masimo were asked to assist the EMS Bureau in developing the initial drafts of the protocol and training. Jennifer reported that the training is free of charge for the entire state.

Frank Powell will have to be asked how to make it effective as of today.

### **Taser Barb removal**

EMSPC received an e-mail regarding taser barb removal and where it lies in the scope of practice. It is not actually listed in the SOP grid yet there is a guideline on the state website for taser barb removal.

**Commissioner McKinnon, Idaho Fire Chiefs Association, moved and Commissioner Bramwell, American Academy of Pediatrics, Idaho Chapter, seconded the motion to approve the removal of taser barbs at all levels as an Optional Module without specific training. Motion passed unanimously.**

### **Can an AEMT intubate when RSI is initiated by a paramedic?**

**Commissioner McKinnon, Idaho Fire Chiefs Association, moved and Commissioner Bramwell, American Academy of Pediatrics, Idaho Chapter, seconded the motion that once RSI has been initiated, intubation may only be attempted by a provider credentialed to perform RSI. Motion passed unanimously.**

## **Patient Care Treatment Guidelines**

The pediatric guidelines are being revised by the EMSAC EMSC subcommittee. The current guidelines were developed by the EMSAC Education Subcommittee and published in 2004. Their revision is overdue.

Commissioners discussed the possible need for statewide protocols rather than just guidelines since it seems apparent that most medical directors do not have the time or possibly the expertise to improve the quality of treatment protocols. If that were to occur, it would be important to create an option for an agency to deviate with specific permission from the EMSPC. North Carolina and Maine's statewide protocols were suggested as possible starting points for such a project. Commissioner McKinnon requested that the format show all levels on one page so that it flows. This seems to prompt calling for more ALS help in certain situations as an EMT looks down the protocol and sees that an AEMT or Paramedic can do so much more.

The commissioners decided to request the EMSAC Education Subcommittee to update the guidelines and then submit them back to the EMSPC for final review and approval. The EMSPC will then talk about statewide protocols.

## **Adjournment**

**MOTION: It was moved by Commissioner McKinnon and seconded by Commissioner Bramwell to adjourn the November 14, 2008 Idaho Emergency Medical Services Physician Commission meeting at 4:40 p.m. The motion passed unanimously.**

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David Kim, Chairman  
Idaho Emergency Medical Services Physician Commission