

IDAHO EMSPC MEETING MINUTES

February 13, 2009

A meeting of the Idaho Emergency Medical Services Physician Commission (EMSPC) was held on this date at Cambria Suites, Sawtooth Room, 2970 W. Elder, Boise, Idaho. Chairman Kim called the meeting to order at 9:36 a.m.

Members Present:		Member's Position:
Adam Deutchman, M.D. via teleconference		American College of Surgeons Committee on Trauma
Curtis Sandy, M.D. via teleconference		State Board of Medicine
David Kim, M.D.		Idaho Medical Association
Debra McKinnon, D.O.		Idaho Fire Chiefs Association
Keith Sivertson, M.D.		Idaho Hospital Association
Kenny Bramwell, M.D.		American Academy of Pediatrics, Idaho Chapter
Murry Sturkie, D.O.		American College of Emergency Physicians, Idaho Chapter
Pat Galvin		Citizen Representative
Members Absent:		Member's Position:
Bat Masterson		Citizen Representative
Cay Berg, M.D.		Idaho EMS Bureau
Scott French, M.D.		Idaho Association of Counties
Vacant Seats:		N/A
Others Present:		Other's Position:
Bill Aresenault		WFRS, ICES
Dene Miller		Gooding Co EMS
Dia Gainor		Idaho EMS Bureau Chief
Jill Hillar via teleconference		Cascade Rural Fire & EMS
John Cramer		Idaho EMS Bureau Systems Information Manager
John Hunt		Northern Lakes Fire
Kay Chicoine		EMS Bureau Senior Analyst
Keith E. Davis, MD		IAFP, President
Ken Gramyk, MD FACEP		Sandpoint, Westside, Schweitzer Fire
Loralei Sturkie		Idaho EMS Education Consortium
Melanie Skiftun		Donnelly Rural Fire
Mikael Bedell		Cascade Rural EMS, Tamarack, IAFP
Reid Lofgran, DO		Gooding Co EMS
Richard O. Kramer		Cascade Rural Fire EMS
Valerie Fend-Boehm		Idaho EMS Bureau Compliance Specialist
Wayne Denny		Idaho EMS Bureau Standards and Compliance Manager

Approval of Minutes from 11-14-08

Commissioner McKinnon, Idaho Fire Chiefs Association, moved and Commissioner Deutchman, American College of Surgeons Committee on Trauma, seconded the motion to accept the draft minutes as submitted.

Motion passed unanimously.

EMSPC Financial Report

Wayne Denny presented the EMSPC budget update, highlighting the approximate \$11, 324 remaining for FY09. Funds do not carry over into the next fiscal year. Unspent funds go to the state general fund. Expenses for the EMSPC Chairman to travel to the NASEMSO meetings in May (and again in September) are not included in the estimates. Expenses for Medical Director Training are not included either.

Commissioner Sivertson suggested the EMSPC develop a series of budget options, such as for medical director education. He recommended the commission establish the framework and vision for what it wants for medical director education so that if the funds are available they can be used before the June deadline.

Bureau Budget Update

Dia Gainor presented a brief update of the Emergency Medical Services (EMS) Bureau budget status for FY09 and FY10. She provided an overview of funding sources from driver's license fees, motor vehicle registration fees and changes in federal funds. The Bureau has implemented cost-cutting measures by closing two regional offices but the budget remains strained at best. The newest impact to Bureau operations is the hiring freeze due to the state's economic status. This could have a significant impact on EMS Bureau operations since it has several vacant positions. The Bureau being under-staffed or under-funded has a direct impact on the EMSPC since they are entirely dependent on the Bureau for administrative support. This impacts the Commission's ability to implement scope of practice changes, etc.

Numerous Bureau funding and budget issues were discussed at length. Commissioner Sivertson expressed concern that if the legislature chooses to increase vehicle registration fees for Department of Transportation this year, the likelihood that they would reopen it for EMS in the near future is unlikely. Chairman Kim felt the Idaho Medical Association (IMA) has been reluctant to pursue an increase in fees because of the current economic and political climate. Idaho Hospital Association (IHA) does have language prepared for a 50¢ EMS increase that would be earmarked for Trauma Registry. Commissioners are to keep their represented entities informed but the Commission will not use a position statement to influence outside support for EMS Bureau budget needs. It was agreed that the EMSPC should become more active in supporting the EMS Bureau in their budget needs through the usual Department of Health and Welfare (DHW) means this coming year. Chief Gainor indicated that generally in the spring agencies are given an opportunity for legislative ideas and decision units for new funding. The EMSPC could join with the Bureau in the submission of those types of documents where there is not only shared interest but also shared legislative mandate.

EMS Bureau Legislation – RS 18325C1

Chief Gainor did a walkthrough of the EMS Bureau legislation explaining the basis for the proposed changes and the legislation's intent. Commissioners asked for clarification on various points.

Section 7. 56-1016 subsection 7 was discussed at length. Chief Gainor stated that this new section is a first step to help move away from the vacuum of information Idaho EMS lives in today where an organization may ask for a change in license without bearing any responsibility to their local governmental officials or co-located or adjacent EMS agencies. The intent is that if the objective criteria in an application shows no increase in patient care yet the financial cost is great the local unit of governmental may view the application quite differently than they would today without this information. In the seminal DHW law that created the EMS Bureau the legislature called for the formation of an EMS Bureau to assist local government in the provision of EMS. The Bureau believes RS 18325C1 honors that legislative mandate to ensure that a complete picture is presented to local government officials when the application is being prepared.

Commissioner Sivertson, Idaho Hospital Association, moved to communicate that the EMSPC has reviewed and supports adoption of the current EMS Bureau legislation (RS 18325C1). Seconded by Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter.

Commissioner Sivertson emphasized that from the Commission's position of providing medical oversight of the EMS system it supports the legislation as a sound improvement of state EMS operations. The EMSPC feels it will increase patient care standards.

Motion passed unanimously.

EMS Code Task Force

Commissioner Sturkie reported that essentially the EMS Code Task Force is taking a step back. As the representatives went to their organizations with the proposed legislation they did not receive the buy-in they had hoped for. A revised list of key provisions was developed and it is hoped that support for these provisions can be reached so the task force has a basis from which to move forward. The Key Provisions - December 15, 2008, document was distributed to the EMSPC.

Commissioner Sivertson, Idaho Hospital Association, moved that the EMSPC support the principles developed by the EMS Code Task Force. Seconded by Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter.

Commissioner McKinnon asked what kind of feed back had been received from the local units, because the feedback she had gotten had not been positive. Discussion ensued. Commissioner Deutchman acknowledged the fundamental EMS challenges that arise throughout a state that prides itself in individualism. He noted that the EMSPC was built with physicians in the hopes that they could focus on the patient care side of things outside some of the political ramifications, recognizing there is a constant struggle between safety and freedom. Commissioner Sturkie

stated that is exactly why the EMS Code Task Force has tried to approach the issues from a grass roots approach rather than the state coming down and saying this is what you all have to do. Commissioner Sivertson felt the principals as enumerated are a good start and allow enough flexibility to allow people to do what they need to do with the overall concept of providing some sort of regional coordination.

Motion passed unanimously.

Wildland Fire

Dia Gainor reported that the Incident Emergency Medical Task Group (IEMTG) Working Group is mired in details of scope of practice. They are working grids, documenting scope of practice associated with each of the respective federal programs. Once the grids are complete they will be placed on the following EMSPC agenda.

Commissioners discussed Idaho providers working out-of-state on a fire crew or such and assuming they are being supervised by their physician from Idaho. Providers need to understand they may not assume this and medical directors need to be made aware this may be happening. Planned deployment does not mean out of state. Commissioner Sivertson stated that he has no comfort and will not provide supervision for individuals vs. agencies. If a provider chooses to respond outside their unit, for example, wildland fire, they should not assume they are covered by their home-base Idaho medical director unless they have documentation in writing stating they are covered.

Commissioner Sivertson, Idaho Hospital Association, moved to direct the EMSPC Wildland Fire Subcommittee to create a letter to the Idaho EMS agencies and medical directors advising them of the relationship that exists between EMS personnel and medical directors. Seconded by Commissioner Deutchman, American College of Surgeons Committee on Trauma.

Motion passed unanimously.

Medial Director Education Subcommittee

The EMS Bureau purchased a one year subscription to the Critical Illness and Trauma (CIT) Foundation on-line medical director course. Any and all medical directors may take it and receive 12 hours of Category I Continuing Medical Education (CME). Eventually the Idaho specific information will dovetail with this and the education of Idaho medical directors will continue through these means rather than just the occasional seminars.

Commissioner Sturkie distributed the Idaho EMS 2009 Medical Direction Update Program Guide, the general outline of items to be discussed and how to go about this year's medical director workshops. The hope was to hold 2 or 3 workshops with possibly some remote video conferencing. Commissioner Sturkie asked the commissioners to review the objectives outlined in the document and to let him know if any additional information or changes were needed. Three dates in May or the first part of June need to be chosen where commissioners can participate and teach an approximate 5 hour seminar.

The discussion turned to whether the items in the outline were the best use of face-to-face time with the medical directors. Chairman Kim felt the content looked great but should be covered as the Idaho specific information online and more complex and in-depth aspects of medical direction would be more interactive and engaging for the face-to-face seminars. Commissioner Sturkie noted this to be the goal, but the on-line course was barely set up and the process to get the Idaho specific information into that online course will not happen soon. Therefore the planned workshops will be very similar to what the Commission did last year. Commissioner Sturkie did not feel both could be accomplished at the same time and requested direction from the commission.

Commissioners McKinnon, Idaho Fire Chiefs Association, moved to prioritize the medical director education program toward the online Idaho specific modules in the Program Guide. Commissioner Sivertson, Idaho Hospital Association, seconded.

Commissioner Sturkie stated the subcommittee will investigate availability of funds to apply to online development of courses rather than the workshops this year. The funds from Rural Health were earmarked for the workshops. He was not certain if those funds could be used for something other than the face-to-face meetings with medical directors and agency administrators at the workshops. The on-line course is directed to medical directors only.

Motion carries unanimously.

Commissioner Sturkie stated the subcommittee will work to get the guideline approved for CME in conjunction with the current on-line CME offer. Face-to-face seminars will be postponed this year and investigate FY2010 funding opportunities.

Commissioner Sturkie and Kay Chicoine from the EMS Bureau reported on the Medical Director Training Survey Results Report 2.13.09. There was only a 30% response rate. Therefore, any decisions made on the results of the survey need to be discussed in terms of the bias of the people who did not respond.

Training Modules Update

As stated in an e-mail from Lorelei Sturkie: when the educators on the Idaho EMS Education Consultant (IEEC) committee discussed the three spinal immobilization sections in the scope of practice for EMR it was determined that it would be detrimental to teach only a portion of spinal immobilization techniques without the background of the critical decision making process that accompany these skills. Further clarification was requested. The educators felt that teaching the skills of putting on a cervical collar, putting someone on a long board, etc. was not sufficient information to make an EMR fit to make the decisions about whether or not to actually move patients unless they were under the direction of a higher level provider. Teaching the additional information would take an additional 5 to 7 hours of training for a required element.

Commissioner Sivertson, Idaho Hospital Association, moved to change spinal immobilization at the EMR level to an optional module (2OM). The optional module for the EMR is intended to bring the EMR to the same level of competency as the EMT for

**spinal immobilization. Seconded by Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter.
Motion passed unanimously.**

Chairman Kim noted this dovetails into a discussion later on the agenda about rule making when the Commission makes changes to the scope of practice (SOP). When SOP changes are made the Commission needs to establish an effective date which will be articulated in temporary rule changing the standards manual edition. This ensures the SOP has the force of law. The Commission did not do this in November when it discussed CO oximetry, STEMI, and taser barb removal. Chairman Kim proposed the effective date be May 1 because the temporary rule making a new edition of the standards manual will be published in the April Administrative Bulletin. It cannot be published sooner because there is a moratorium on rule making while the legislature is in session. The Bureau also needs time to have the new edition of the standards manual available.

Commissioner McKinnon asked if the May 1 date means that the training module will be available at that time? Answer: No, the Bureau's schedule for rolling out these training modules is behind. Floor skill modules were prioritized over the optional modules.

Commissioner Bramwell, American Academy of Pediatrics, Idaho Chapter, moved to initiate temporary rule making and make the effective date of the 2009-1 Standards Manual May 1, 2009. This would include:

- STEMI in the medical supervision plan
- Taser barb removal (OM at all levels)
- CO oximetry (2,4,OM. EMT and AEMT)
- Spinal immobilization (spinal immobilization 2,OM at the EMR level).

Seconded by Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter.

Motion passed unanimously.

Commissioner McKinnon asked how long medical directors have to comply with the STEMI? Answer: When they submit their medical supervision plan next year.

Emergency Medical Dispatch (EMD)

Commissioner Sandy met with the 9-1-1 administrator for the state and went over philosophical ideas on EMD and where the Emergency Communications Commission (ECC) is headed. He is very much committed to requiring medical oversight for dispatch centers that do EMD. ECC is working on POST certification for EMD. They are also working on requirements and different standards for dispatch centers. As part of that natural progression, they will probably require EMD for dispatchers and dispatch centers that provide ambulance dispatch. He is very much committed to having medical oversight involved. Any agency using their cards, even at the most basic level, are expected to have a physician involved in the use of those cards.

There are no formal plans for scheduled meetings between the EMSPC and ECC. Commissioner Sandy plans to be in contact periodically. Requesting a seat on the ECC or attending their meetings when EMD is on their agenda were discussed. Commissioner Sandy reported that they

do have a couple of task forces working on things right now so it is definitely a work in progress and the EMSPC probably should be aware of what they are doing and attend regularly.

Commissioner Sivertson brought up the point that the EMSPC's position is that EMD is a key component of EMS which is the practice of medicine and is to be supervised by knowledgeable physicians. Establishing EMD as a level of provider licensing in Idaho was discussed. The training module or proprietary course is already developed and used by other states. This would require legislative action. Chairman Kim felt it would be wise to explore how this would be received before creating another provider level.

Commissioner Sivertson, Idaho Hospital Association, moved that the EMSPC Chairman contact the Chairman of the Emergency Communications Commission (ECC). The letter should state:

- **Dispatch is a key component of EMS.**
- **EMS is the practice of medicine that requires oversight by a knowledgeable physician.**
- **Ask that they meet with EMSPC to establish an ongoing relationship for the incorporation of EMD at the ECC**

The EMSPC requests the EMS Bureau develop a framework for the certification of emergency medical dispatchers (EMD) in Idaho.

Seconded by Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter.

Bureau Chief Gainor stated she would have to offer the disclaimer that when the Bureau would be able to develop this framework is unknown. Chairman Kim was still concerned with how it would be received by the dispatching community, what are the pros and cons and consequences.

Motion passed unanimously.

Mission Lifeline

There is grant money behind the American Heart Association Mission Lifeline project. The first meeting was held a few weeks ago regarding STEMI care, identification of STEMI patients, treating them uniformly, can they get to a PCI center within the 90 minute timeframe, etc. Commissioner Sandy reported they have an aggressive time line. They want to get this done in 90 to 120 days. They are looking at designation of PCI centers. They will probably do what Minnesota did and take a ring approach to surrounding each of these PCI centers, taking into account helicopter availability verses ground availability for transfers. The second part is to ensure there is a uniform approach, making sure that every single critical access hospital actually has a STEMI pathway in place to address the different aspects involved. From an EMS standpoint, acquisition of 12-lead EKG and identification of STEMI early is already within our scope of practice because we were forward thinking. The issue is affordability. Those are things that need to be addressed at a local level. Mission Lifeline is focused on STEMI now but will move to stroke care soon with identification of stroke centers and who can do what.

Patient Care Treatment Guidelines

Short discussion about what to do with the outdated patient care guidelines, how they are being used and whether the EMSPC wants to mandate statewide protocols. Commissioner Sturkie will approach the EMSAC Education Subcommittee to see if they would be willing to review and update the existing guidelines. The pediatric guidelines have been updated recently and are almost ready for distribution. Both Commissioner Bramwell and Sturkie participated in this process. The EMSPC members felt they would like to review them before they are distributed. This item will be put on the agenda for the next meeting.

Addition of Idaho Academy of Family Physicians (IAFP) member to EMSPC

The EMSPC voted at their last meeting to remain neutral on the creation of a seat for IAFP. As the off-line medical director for Lincoln County EMS, Dr. Keith Davis, president of the Idaho Chapter of Family Physicians, receives the e-mails, minutes and so forth from the EMSPC. He felt the absence of an IAFP representative was quite noticeable from the EMSPC membership when they have a member from the Idaho Chapter of Emergency Medical Physicians and the Idaho Chapter of American Academy of Pediatrics. IAFP membership includes a number of EMS medical directors in our rural state. Family physicians tend to be distributed widely throughout the state and so when the Commission is addressing policies that effect very rural areas with response times of 45 minutes or more there is a good chance family physicians are involved and they would like to have some input. Dr. Davis felt perhaps there is also something to be gained politically by having family physicians more involved because they are the largest specialty medical group. That gives IAFP a grassroots flavor. Family physicians have been actively involved in other health issues and could be helpful to this commission as well.

Membership of EMSPC is established by law. Chairman Kim asked if the family physicians were introducing legislation to add a seat this session? Dr. Davis was not sure if it was to be on the docket for this year or next.

Chief Gainor clarified that when the EMSPC was created, EMS agencies were surveyed and it was found that the vast majority of EMS medical directors were family physicians. By requiring three seats be held by functioning EMS medical directors it was expected that two or three of those seats would be family physicians. It turned out that only one seat is held by a family physician at this time, Commissioner McKinnon. Dr. Davis acknowledged that there may also be other family physicians on the commission at some point but this is really about having the IAFP as an official representative.

Commissioner Sivertson, Idaho Hospital Association, moved that the EMSPC support the IAFP in their desire to gain a seat on the EMSPC. It was seconded by Commissioner Sandy, State Board of Medicine.

Motion passed unanimously.

Medical Supervision Plan (MSP) review letters

Lengthy discussion of how much detail was expected in the MSPs and how to review them consistently rather than subjectively according to each commissioner's personal opinion. Chairman Kim stated he was looking more for a description of what they were doing rather than a quantity or quality. Commissioner Sivertson felt it would have been better to have a columned

grid covering how, when and who was going to perform a list of required elements. Commissioner McKinnon noted that it is a work in progress and the checklist may need to be expanded upon for next year. Dr. Davis expressed the feeling that most small units would like to see an acceptable model they could use with some flexibility rather than being expected to develop it entirely on their own. Chairman Kim felt that having statewide protocols would help make the MSPs a lot easier.

It was agreed that the checklist needs to be improved to make it more instructive so the plans submitted next time are more to the Commission's expectations. Chairman Kim asked commissioners to submit specific recommendations for improving the items for the checklist. For instance: the who, when and how. He also requested commissioners submit their MSP review letters.

Commissioner Sivertson requested a discussion about differing levels of supervision needed for first responders vs. paramedics and the difference in supervising a non-transport paramedic agency. This item will be put on the May agenda.

Chairman Kim wanted to clarify the MSP credentialing section. "EMS Agency Evaluation" means the agency will evaluate the provider. It is not that the new hire is going to evaluate the EMS agency. Make sure we address this in the review of those that answered this in an unintended way. This needs to be clarified in the standards manual.

Gooding County Expanded Scope of Practice (SOP) waiver

Gooding County EMS Director Denise Gill, their medical director, Dr. Reid Lofgran, and Denine Miller, their primary educator, were present. Information regarding their training program and protocols were distributed to the commissioners prior to the meeting for review. At this time the expanded scope for Gooding County Advanced EMTs includes Sublingual Nitroglycerin, EpiPen auto injector kits, Aspirin, Dextrose-50, Albuterol. These medications will be included in the National Scope of Practice model at the Advanced EMT (AEMT) level.

Gooding County EMS testified that they have been using the expanded scope for nine (9) years and have had tremendous response to the medications used. The state was moving in this direction when they were looking at that intermediate level. Everything changed but Gooding County EMS continued until they had an opportunity to find out where the Advanced EMT SOP was going to lay. Gooding County is somewhere in between I-85 & I-99. They have a lot of citizens in their community that are expecting this service and feel it would be pretty devastating to discontinue.

Commissioners discussed the difference between the EMSPC 2008-1a level of use of these medications now compared to the future National Scope.

After discussion and review commissioners felt Gooding County AEMTs are currently receiving adequate initial training, continuing training, oversight and documentation.

Commissioner Sivertson, Idaho Hospital Association, moved to allow Gooding County EMS to continue using their current expanded scope of practice. Gooding County EMS

expanded scope of practice will be reviewed annually by the EMSPC. Commissioner McKinnon, Idaho Fire Chiefs Association, seconded. Motion passed unanimously.

Chairman Kim: Let the record show this is a very unique situation and the commission has no interest in entertaining additional requests for expanded scope from any other agency in the state prior to the implementation of the National Scope of Practice in Idaho.

Commissioner Sivertson asked that they carefully review their protocols to make sure they match the training for Advanced EMTs.

Peer Review

The Bureau has been discussing their peer review and disciplinary process with the Deputy Attorney General. The recommendation is that a member of the EMSPC will be part of any peer review committee held. That commissioner and Wayne Denny will bring those findings back for discussion with the full commission. Hopefully a vote and recommendation from the EMSPC can be obtained in this way without having each commissioner go through all the details of each case. This would potentially require commissioners to travel on an additional date to participate on peer review panels. The intent is to have a medical director, agency administrator, peer and EMSPC commissioner from a different area of the state than where the complaint arises.

There were no concerns expressed by commissioners with this plan.

Airway Management Data

A preliminary report of the initial airway management data was distributed. Upon attempting to compile and analyze the initial collected data, it was discovered that there are some internal inconsistencies in the form that are confusing and perhaps the correct questions were not asked. Therefore, the report is not intended for decision making. Chairman Kim reviewed the report tabulated by Kay Chicoine and John Cramer from the EMS Bureau and discussed the difficulties. Commissioners discussed what kind of information they want in collecting this data and how to change the collection tool to accomplish this. The other problem discussed was how to get agencies to actually comply with submission of the data.

Chairman Kim will meet with John and Kay before the May meeting and try to simplify the form to get the kind of information the Commission is seeking.

Kay Chicoine suggested sending the results out to the agencies and medical directors on a quarterly basis. This would probably prompt more feedback and participation.

Implementation of SOP

This topic was actually covered earlier in the meeting. See Training Module Update.

ACEP Report Card

Commissioner McKinnon was distressed by Idaho's "D" rating and hoped the Commission could do something proactive to help change this rating in the future. Commissioners discussed various aspects of how the results of the ACEP Report Card were reached in conjunction with Idaho's rural landscape. Commissioner McKinnon decided to contact the statewide seatbelt coalition to see what they are already doing.

May 8th meeting

Will include officer elections.

Discussed meeting outside of Boise: Perhaps Sun Valley in May or Pocatello in November. EMS Bureau was instructed to investigate possibilities.

Meeting Adjourned at 5:09 p.m.