

EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE

Oxford Suites, 1426 S. Entertainment Ave., Boise, ID 82709

February 6, 2014

COMMITTEE MEMBER ATTENDEES:

Kevin Amorebieta, Advanced EMT Member
Kevin Bollar, EMT-Paramedic Member
Les Eaves, County EMS Administrator Member
Greg Gilbert, EMT Basic Member
Denise Gill, Idaho Association of Counties Member
Gretchen Hayes, Volunteer Third Service Member
William Holstein, Private EMS Ambulance Service Member
Brent Jennings, Idaho Transportation Department Member
Scott Long, Idaho Fire Chief's Association Member
Jim Massie, EMS Instructor Member
Mike McGrane, Air Medical Member
Casey Meza, Idaho Hospital Association Member
Bill Morgan, Committee on Trauma of the Idaho Chapter of ACS Member
Megan Myers, Fire Department Based Non-Transport Member
Murry Sturkie, DO, Idaho Medical Association Member
Mark Urban, Pediatric Emergency Medicine Member
Christopher Way, Career Third Service Member

COMMITTEE MEMBERS ABSENT:

Mary Adcox, Consumer Member
Jim Allen, Third Service Non-Transport Member
Jamie Karambay, Idaho Chapter of ACEP Member
Catherine Mabbutt, Board of Nursing Member
Kathy Stevens, Idaho Chapter of the American Academy of Pediatricians Member

VACANT MEMBER SEATS:

OTHER ATTENDEES:

Eric Chun, MD	Bill Keeley	Ben Suttlemyer	Greg Vickers
Dennis Godfrey	Curtis Sandy	Michael Williams	Mark Zandhuisen
Hal Iverson	Lynette Sharp	Jay Wilson	

EMS STAFF ATTENDEES:

Mindi Anderson	Wayne Denny	Dennis Patterson
Michele Carreras	Michele Hanrahan	Erin Shumard
Kay Chicoine	Tara Knight	Chris Stoker
John Cramer	Dean Neufeld	Season Woods
Corrine Dalzell	Janna Nicholson	

General

General Business

New Members were introduced: Colleen “Casey” Meza (Idaho Hospital Association), Christopher Way (Career Third Service)

Upcoming EMSAC Meeting Dates:

Thurs. & Fri. June 26-27, 2014

Thurs. & Fri. Oct. 16-17, 2014

Directly preceding EMSPC in February, 2015

Minutes from the October 2013 meeting were approved.

Time Sensitive Emergency Update – Dr. Bill Morgan

Dr. Morgan explained that Idaho is one of only four states in the union that does not have an organized trauma, stroke or heart attack system in place. HCR 010 allowed the Department of Health and Welfare to convene a workgroup in May 2013. The Time Sensitive Emergency (TSE) workgroup has defined the system structure, funding, and has drafted and submitted legislation (Senate Bill 1328). The TSE system will initially be set up for trauma with stroke and cardiac to follow. Our proposed system is being modeled after Montana’s Trauma System. We have also consulted with Utah and reviewed other States’ systems. This program will create a smoother transition between each level of care that these types of patients go through. The goal is “Getting the right patient to the right place in the right time.”

What TSE needs from EMSAC is for members to go out and rally support for this bill to get it out of committee (Senate Bill 1328).

Wayne Denny went over some of the reservations some committee members are having regarding the TSE legislation. Some question the funding coming from government and not private entities. Wayne explained that with a properly functioning TSE system in place, it would lead to positive outcomes for patients and therefore a return on investment for all involved. Another positive outcome is that it will require larger hospitals to train and communicate with the smaller, rural community hospitals.

Rule Changes – Chris Stoker

Chris Stoker went over some of the changes to Rules Governing Emergency Medical Services:

16.01.01 – removed definitions

Added a section that specifically addresses definitions - 16.01.02 EMS Rule Definitions

Added 16.01.03 – Agency Licensing requirements that will go into effect July 1, 2014.

EMS Field Coordinators will orient agencies to the rule changes during the site visit in this cycle of license renewals. Changes include the new Minimum Equipment Standards. Agencies will have one year to get everything required.

<p>IDAPA 16.01.01 EMSAC: Removed definitions section; moved to 16.01.02</p> <p>IDAPA 16.01.02 EMS Rule Definitions: New chapter; consolidation of all 16.01 definitions</p> <p>IDAPA 16.01.03 Agency Licensing Requirements: New chapter; Task force, townhall meetings, adopted</p> <p>IDAPA 16.01.07 Personnel Licensing Requirements: Removed definitions section; moved to 16.01.02</p> <p>IDAPA 16.01.12 Complaints & Investigations: Removed definitions section; moved to 16.01.02</p> <p>IDAPA 16.02.02 EMSPC: Most recent version of standards manual adopted</p> <p>IDAPA 16.02.03 EMS: Removed the agency licensing requirements; all that remains is data reporting and POST</p>	
<p>Bureau Updates – Chris Stoker</p>	
<p>Chris announced that the Bureau is in a new location: 2224 E. Old Penitentiary Road, Boise. Now co-located with State Laboratory. The Bureau’s P.O. Box, phone number, fax number, and e-mail address are still the same.</p> <p>A brief Power Point presentation on Bureau staffing changes was reviewed. There have been numerous staffing changes in recent months.</p>	
<p>ORTI Update – Chris Stoker</p>	
<p>Chris gave an update on the Online Rural Training Initiative (ORTI) pilot program. Eleven (11) programs started and ten (10) exist currently. 125 students started and 72 remain. We had a tactical pause over the holidays. Janna is doing a great job overseeing this program and all is going well. Performance measures on the pilot program will be reviewed upon completion. The Bureau still plans for an official statewide launch within the next year.</p>	
<p>Review POST/DNR Protocol – Chris Stoker</p>	
<p>A review of the Idaho Physician Orders for Scope of Treatment/Do Not Resuscitate (POST) protocol is required annually. Chris handed out the EMS protocol to the committee. There was a brief discussion on making the form bilingual and mandatory in assisted living facilities.</p>	<p>Motion to maintain POST protocol as is was seconded and carried.</p>
<p>IWISE Update – Tara Knight</p>	
<p>Tara Knight demonstrated how agency administrators can now access the Bureau database IWISE. Users can sign up for new username and password, or use their existing</p>	

ones and have them linked to agency administrator privileges by contacting Tara at the Bureau.

Licensure Action Report – Season Woods

Season Woods explained that our licensure action report tracking mechanism has changed from fiscal year to calendar year. Due to this change, last “year” ran from July 1, 2012 to December 31, 2013.

53 cases were opened in State Fiscal Year 2013 + CY 2013 and 30 cases were closed in the same time.

Closed cases: 6 agency, 7 personnel and 1 education cases closed for “Not a valid complaint” or “No evidence of a violation”; 1 agency, 7 personnel and 1 instructor case closed with licensure action; 4 agency and 4 personnel closed without licensure action (negotiated resolution, warning letter or letter of guidance).

Common issues: failure to document hours or topics claimed on license renewal application; unlicensed EMS; false or fraudulent documentation; failure to maintain standards, scope of practice violations.

Data Subcommittee – Brent Jennings

Transition to National EMS Information System (NEMSIS 3) has a target implementation deadline of 2016. It is important to recognize that the value of the data will allow for quality improvement in both patient care and EMS operations. The Data Subcommittee met Tuesday and had a good cross-section of stakeholders. There are 166 elements that are mandatory or required. These are fixed and will remain in the data set. 100 additional elements will be recommended. The subcommittee is seeking input from EMSAC members, EMS community, et. al. regarding these additional data elements. They intend to survey both front and back-end users and build a recommended Idaho-specific data set for implementation. In April the subcommittee will compile a list of mandatory/required/recommended elements. They will then have EMS Physician Commission review them. A third task force meeting will be held in June 2014 to further refine the element list and they plan to finalize their NEMSIS 3 element list and report to EMSAC by October, 2014.

Brent also mentioned that the task force is still open to anyone interested.

Education Subcommittee – Dean Neufeld for Jim Allen

Dean Neufeld explained that the Bureau will now approve programs instead of courses. This will streamline the application process as some data will only need to be entered once. There will be two types of programs: continuous and limited. The program must demonstrate the minimum resources for the levels of training requested to be approved.

Dean noted that some terminology in Bureau rule needs clarification in order to align with the NREMT terminology (e.g. “Program Director” will be what our rule calls the “Course Coordinator” and NREMT uses the term “section” where EMS rule uses “course.”)

Documentation that is required to be submitted to Bureau for beginning and ending course rosters is similar to current practice but allows for asynchronous enrollment and completion dates.

Taking an instructor orientation course is required by all program staff.

Updated applications and supporting documents are currently in draft form and should be released this month.

Education program activity on NREMT will be managed by the Bureau (ability to open/close programs).

Agency Licensure Subcommittee – Dean Neufeld for Bill Holstein

The new Agency Licensure rule was adopted by legislature this session and will be effective 7/1/14. The Bureau has found over the years that there are numerous models of agencies in our state. Agencies vary to meet the needs of their area – they are all unique. All new applicants for agency licensure will be required to meet new standards. For renewals, the Bureau will be providing agencies supplemental information during the current cycle and then will generate a list of requirements that result from their Operational Declaration. Agencies will need to meet the requirements by the next cycle. (This includes the Minimum Equipment Standards.)

Community Health EMS Subcommittee – Kevin Bollar

Bonner County EMS and Ada County Paramedics gave us a summary of their community paramedicine programs. Both programs have either received or are working to receive grants from the Bureau of Community and Environmental Health. Several pilot programs are currently running and they are close to meeting their targets. Once completed, they will assess collected data to consider feasibility.

Teton County was recently awarded \$20,000 for Hospital based Community Health EMS (CHEMS) programs by the Office of Rural Health (Mary Sheridan). Mary Sheridan noted that since most of Idaho is designated as “health professional shortage area (HPSA)” grants are often available for improving healthcare. She requested assistance to create a workgroup to identify the specifics on implementing CHEMS in Idaho if a considerable large grant is awarded to Rural Health. The plan includes training, creating models, and developing policies for pilot programs.

The International Roundtable on Community Paramedicine (IRCP) will be held in Nevada, September 3-5, 2014.

Grants Subcommittee – Greg Gilbert

During this subcommittee meeting members discussed adjusting price caps, removing items from the ineligible list, and clarifying item specifications.

A brief discussion on the baseline

General Session Motions

Motion to accept the five motions submitted during the Grants subcommittee was seconded and carried.

<p>philosophy of grant issuing took place. That topic was tabled and set for a future meeting in October 2014.</p> <p>New EMSAC members, Chris Way and Casey Meza volunteered to be placed on the Grants subcommittee.</p> <p>Changes were made to the grant application to clarify or simplify that process.</p>	<p style="text-align: center;">Grant Subcommittee Motions</p> <p>Motion to decrease the price cap on computer tablets to \$550 was seconded and carried.</p> <p>Motion to increase mobile radio add-on price cap to \$3,500 was seconded and carried.</p> <p>Motion to leave remaining price caps as they are was seconded and carried.</p> <p>Motion to remove oxygen cylinder loading system and medical refrigerator from the ineligible list was seconded and carried.</p> <p>Motion to place a price cap of \$2,000 on oxygen cylinder loading systems and that the system must be the portable/external type was seconded and carried.</p>
<p>EMS for Children Subcommittee – Erin Shumard</p>	
<p>Dr. Bill Morgan passed the Chair for this committee to Dr. Mark Urban.</p> <p>The next EMS for Children (EMSC) committee meeting was set for April 15, 2014 at 7:00am MDT via teleconference. The 2013 grant year and the Equipment Grant results will be discussed at that meeting.</p> <p>Erin reviewed plans for pediatric education in March, 2014 and shared with the committee that a Suicide Prevention on-line course is currently being reviewed by committee member Barb Thomas.</p> <p>For the upcoming EMSC Equipment grant, Erin will be focusing on BLS jump kits, pediatric backboards and traction devices. She also discussed the different pediatric transport devices with the committee to determine which type was preferred.</p> <p>75% of agencies surveyed last fall were unaware of the National Highway Transportation Safety Administration’s (NHTSA) report on Safe Transportation of Children in Ground Ambulances. For this reason, Erin plans to develop a summary of the report for easier reading which she will present at the subcommittee meeting in April.</p> <p>Erin will attend the Pediatric Emergency Care Council meeting being held at the NASEMSO mid-year meeting in March, 2014.</p>	
<p>Air Medical Subcommittee – Mike McGrane</p>	
<p>Minimum Equipment List changes for Air Medical have been addressed and adopted with the latest rule updates going into effect July 1, 2014. The wording has been changed to “available” and therefore the equipment does not necessarily have to be on the aircraft at all times.</p>	

Air Medical Services annual report is due every 3 years. The Bureau will collect data from agencies and create a report. The next report will be due in 2016.

It was noted that Wayne Denny, Bureau Chief, has been working on a model interstate compact that would be similar to what nurses currently have. This would allow providers to cross state lines to practice temporarily without getting a license in the bordering state. A state's legislature must agree to join the compact in order for the EMS personnel in the state to function within the compact. There is currently no definite time frame on completing this model.

There was a review of the Landing Zone Officer (LZO) online course that the Bureau offers to providers. Course questions were reviewed for accuracy, clarification and applicability. At Tara Knight's request, two committee members volunteered to review the entire course for quality assurance purposes.