#### **EMSAC General Session Minutes**

October 20, 2011

## **COMMITTEE MEMBER ATTENDEES:**

Kevin Amorebieta, Advanced EMT Member

Les Eaves, County EMS Administrator Member

Denise Gill, Idaho Association of Counties Member

David Kim, Idaho Chapter of ACEP Member

Scott Long, Idaho Fire Chiefs Association Member

Doug Mazza, Private Agency Member

Mike McGrane, Air Medical Member

Travis Myklebust, EMS Instructor Member

Michelle Priestley, EMT Basic Member

Kathy Stevens, Idaho Chapter of the American Academy of Pediatricians Member

Murry Sturkie, DO, Idaho Medical Association Member

Mark Zandhuisen, Career Third Service Member

## **COMMITTEE MEMBERS ABSENT:**

Vicki Armbruster, Volunteer Third Service Member

Joe Cladouhos, Idaho Hospital Association Member

Robert Hansen, Fire Department Based Non-Transport Member

Catherine Mabbutt, Board of Nursing Member

Jim Allen, Third Service Non-Transport Member

Tom McLean, EMT-Paramedic Member

Bill Morgan, Committee on Trauma of the Idaho Chapter of ACS Member

Pat Tucker, Consumer Member

Mark Urban, Pediatric Emergency Medicine Member

## **VACANT MEMBER SEATS**

# **EMS STAFF ATTENDEES:**

Michele CarrerasTom FoggJohn CramerBarbara FreemanWayne DennyTara KnightMarc EssaryErin ShumardValerie Fend-BoehmSeason Woods

## **Other Attendees:**

Tony Balukoff, LifeFlight Network Karl Malott, Nampa Fire Department

Barbara Clark, Boise Fire

Paul M D'Agostino, Bonner County EMS

David Reynolds, Moscow Fire

Chris Fogg, Ada Boi Inc Melanie Skiftun, Donnelly EMS

Bill Holstein, Northern Lakes Fire Loralei Sturkie, Guardian College

Dennis Johnson, Kuna Fire District Gary Voss, Eagle Fire Department

Larry Manring, Fort Hall Fire

## **Discussion** Decisions/Outcomes

#### **General Business**

New members are Kevin Amorebieta (Advanced EMT representative) and Kathy Stevens (Idaho Chapter of the American Academy of Pediatricians).

There are no current vacant seats, but terms will expire this month for Vicky Armbruster, Cathy Mabbut, Tom McLean, and Michele Priestley.

Next meeting dates:

Feb 16, 2012 (and possibly the 15<sup>th</sup> if subcommittees need more than one day)

June 28 & 29, 2012

Oct 18, 2012

Motion to approve the minutes for June meeting was seconded and carried.

# **Legislative Update – Wayne Denny**

Wayne Denny reviewed legislative activity for the Bureau. The Emergency Medical Services Physician commission (EMSPC) needs subpoena authority in order to obtain records for investigations. A request to write proposed legislation granting subpoena authority to the EMSPC was not approved by the Governor's Office.

Defining the "practice of EMS" to determine the difference between first aid and EMS is moving forward but meeting resistance from the ski patrol even though they are exempt in the Medical Practice Act.

There are currently EMS systems in several counties but they are not recognized in statute. If protections of EMS system were recognized and protected in statute, entities would not be able to come into a system without authority from the system. Legislation to recognize and protect EMS systems is still in the discussion stage in the Division of Public Health and will wait at least a year.

The EMS Rules for personnel licensing and investigation have been temporary rules since Jul 1, 2011. Agency Rules were pulled back last year and will be re-worked and submitted next legislative session. EMSAC and Education rules need changes.

## **Transition Update - Chris Stoker**

Chris Stoker presented an overview of the latest transition process guidelines to discuss how the transition instructions are being understood and what issues the Bureau needs to address.

Idaho is transitioning to a new EMS scope of practice. This new scope is based on input from agencies, providers, medical directors, state and national research. Even though this is temporarily frustrating for providers, it is ultimately better for the patients. These new skills were determined to be critical for patients.

- Scope of Practice defines what interventions you can perform at your license level.
- Scope Transition
  - Idaho's education on new interventions for each license level.
  - Idaho Standard Curriculum (ISC) to Idaho EMS Curriculum (IEC).
- Reason for Change:
  - Developed by the Idaho EMS Physician Commission over 5 year period.

• New scope provides better patient treatment through more diverse care.

When the transition is complete there will be new provider designations. The EMR/First Responder 95 will become Emergency Medical Responder (EMR 2011). The EMT/EMTB94 will become EMT 2011. AEMT/AEMT85 will become AEMT2011 and the EMTP/Paramedic98 will become Paramedic 2011.

The AEMT has more options to transition or to maintain renewal requirements. Other levels must transition to maintain their license.

AEMT85s will be able to obtain initial licensure until Dec 31, 2012 and maintain their license level indefinitely. But if the license lapses, there will be no reinstatement.

What is different about the AEMTs?

- Current licensed AEMT- 85s have a choice to transition their license to the new scope or maintain their I-85 license.
- Why? The change in scope, or those additional skills and interventions (and all of the associated background knowledge that goes with how to do a skill), is much larger from the old AEMT-85 to the new AEMT-2011, meaning the time it takes to learn the new skills is extensive and longer than CE hours. To insure patient safety, the EMSPC recommended candidates complete an exam at this level.

There's a lot to consider in deciding to transition or not, this includes but is not limited to:

- What your agency expects
- Time, resources
- How the AEMT-85 and AEMT-2011 fit into your local EMS system's model for patient care,
- Recruitment & Retention?
- The EMS Bureau knows there's a lot to consider.
- Resources:
  - o Transition document at www.idahoems.org (Education tab)
  - o ILS Survey (find out what's happening statewide, if there's any planning resources needed, assess how we can help)
  - o Call the EMS Bureau
  - o Talk to your Agency, EMS System. This is a local decision.

<u>Ultimately - Do what's best for you and your patients.</u> The choice to transition or not needs to work for you and for your patients.

#### **EDUCATION**

- Competency Based
  - Education no longer has a minimum time assigned
  - Course Physician validates students
- Time Requirements
  - Transition education is continuing education (CE)
  - If 75% of CE hours are transition education; no venues and categories are required
- Pre/Co-Requisites
  - Extrication Awareness
  - Hazardous Material Awareness
  - Incident Command System (ICS)
  - National Incident Management System (NIMS)

## **SKILLS**

- Floor Skills
  - Interventions that everyone in a license level can perform
  - Scope Transition has added some new floor skills
- Optional Modules (OMs)
  - "Optional" interventions not required for transition
  - Supervising Physician or Medical Director may chose to allow OMs
  - May require specific direction, training, standards, or protocol
  - Specific skills information on the EMSPC website (Linked to www.idahoems.org)

## **TIMELINE**

- National Registry
  - Jan 1, 2012: EMR & EMT- Tested on National Scope of Practice
  - Jan 1, 2013: AEMT & Paramedic- Tested on National Scope of Practice
- Idaho Scope Transition
  - Gradual changes over many years
  - New Scope put into practice end of 2012 legislative session
    - ✓ Complete required Education
    - ✓ Competency Assessment
    - ✓ State Licensing
    - ✓ MD Credentialing

Currently licensed personnel have a lot longer to transition. Transition deadlines for licensed personnel depend on their current license dates. No currently licensed EMR, EMT, or Paramedic will be required to transition prior to March 31, 2014. Again, magic number here is March 31, 2014. If a license expires before that date, the provider will have at least one additional licensure cycle to meet transition standards.

## **HOW TO START**

## **New Students**

- Current standards (Idaho Standard Curriculum ISC) licensed before Dec 31, 2011
  - o Will be required to transition in future cycles.
- New standards (Idaho EMS Curriculum) licensed after Jan 1, 2012
  - o Includes new scope education
- Current Providers
  - o Take a transition course taught by qualified instructor
  - o Submit transition application requesting new license

Find new scope courses at www.idahoems.org

#### **Instructors**

- Who Can Teach
  - o EMT & AEMT instructors must transition before teaching
  - Paramedic instructors authorized to teach EMR, EMT, and AEMT courses can do so without transitioning

- o Authorized and proficient healthcare professionals
- Update Instructor Status with EMS Bureau
- Set up a Course
  - o Identify qualified educators (Doctors, Nurses, Paramedics, etc)
  - o Submit a transition course application & outline
  - o Once approved, hold transition course (CE)
- Submit ending roster & physician competency verification

## INFORMATION ON TRANSITION

- www.idahoems.org
- Transition Webinar Series (2<sup>nd</sup> Tuesday of every month)
- Instructor Orientations / Bureau Site Visits
- FAQ / Transition Guides

## **DISCUSSION**

There were questions about the status of the AEMT-85. Valerie Fend Boehm clarified that the Scope of Practice for the AEMT-85 is set and even if they take an EMT transition course, they would be out of scope. AEMT-85 scope is under discussion at EMSPC meetings.

Wayne Denny clarified that there will not be a national standard curricula. Now we need to follow the scope of practice.

The exam deadlines with NREMT are firm and there will be no grace period.

Doug Mazza asked whether there is any allowance for students who have recently taken a course and need to take the exam soon? Season Woods replied that NREMT has set a hard date and it's also in rule. If a student needs to test after Jan 2012, the test will be on new requirements. It would be advantageous to finish a transition course before testing. The 24 hour refresher course is no longer required for licensure in Idaho.

Murry Sturkie asked whether the health care professional who teaches a transition topic needs to be licensed in Idaho? Does the health care professional need to be currently licensed? Season said that this will be a discussion in the next Bureau staff meeting and the decision added to the FAQs.

The Bureau asked how the members felt the transition materials were being communicated. Room for improvement. Providers have received the transition materials before the training was settled. Agencies being flooded with concerns from providers. The Bureau has had to make changes to the education plan to accommodate stakeholders' concerns. A pilot would have been effective. Season Woods stated that there are always new questions and scenarios and the Bureau is adjusting.

Denise Gill commented that as an EMSAC member she has been learning after repetition at the EMSAC meetings, but wonders how the general provider is processing the information. The Bureau members need to go out to the field to answer questions. Marc Essary talked about the newly created webinars being presented on a monthly basis to present transition topics.

# Focus Groups - Valerie Fend-Boehm

The Bureau conducted two focus groups about internet usage and interaction with the Bureau to determine EMS agency and provider needs and preferences in communication methods. This information will be used in developing an interface with the Bureau's IWise database and information collection methods for various applications (such as license and grant applications).

# **Future of EMSAC – Wayne Denny**

Wayne asked EMSAC members to start thinking about evaluating the way EMSAC works. What is the best use of EMSAC's expertise?

This topic will be discussed further in future meetings.

#### **AEMT Practical Exam Recommendations – Season Woods**

In June, EMSAC discussed the options for the AEMT practical exam. The Physician Commission met in September and voted to adopt the 10 station practical exam from NREMT.

The stations include:

- Patient Assessment and Management Trauma
- Intravenous Therapy
- Ventilatory Management (Alternative or Supraglottic Airways)
- Random Basic Skill
- Patient Assessment and Management Medical
- AED
- Medication Administration
- IntraOsseous Medication Administration
- Pediatric Respiratory Compromise
- Spinal Immobilization of a Supine Patient

With the 10 station exam, NREMT will give Idaho all of the materials. The 10 station exam will also give AEMTs an NREMT card. This exam will be for AEMTs who choose to transition.

## Webinar Announcement - Season Woods

Season Woods announced the monthly transition webinars being presented the  $2^{nd}$  Tuesday of each month. Completed webinars will be posted on the EMS Bureau website for review.

#### **Train the Trainer – Season Woods**

Season Woods has been exploring "train the trainer" possibilities. There is some funding from the Physician Commission but quotes from training institutions make this type of training out of reach.

Some of the larger agencies and counties will be developing training and are willing to share their courses with neighboring agencies. Bonner County is going to deliver courses in the 5 northern counties. Other participating areas are Ada, Canyon, Moscow Fire (Madison), Lewiston Fire, Idaho Falls Fire and Pocatello Fire.

#### Transition Instructors – Season Woods

There have been changes to the transition instructor qualifications as a result of feedback to the Bureau. See the FAQs for current requirements.

## **Grants Subcommittee – Tom Fogg**

## **Parking Lot Issues Discussed**

## Price Cap for gurneys

Due to the increased request for power gurneys there is a need to discuss a price cap. General consensus was to leave the cap for gurneys, whether power or manual at the current \$5,000. Further specific cap discussion will take place at the February EMSAC meeting

**Video Technology vs. Digital Camera** (specifically addressing the Glydescope which came up last grant cycle). General consensus was that this is not a "floor" piece of equipment and that the purpose of this grant program was to fund the "floor" items and not the "Cadillac" editions.

#### **Auto BP Cuffs/Monitors**

There has been an increase in requests for this equipment. This has been an optional module, however, will now be "floor" equipment with the new scope of practice.

The subcommittee discussed that all equipment that will soon be "floor" equipment according to the new standard should be covered through the Dedicated Grant. A motion was made to this effect. However, after discussion it was decided that this is a "mission and goal" statement and a motion was not necessary. Further discussion on this will be held during a conference call in January and February 2012 EMSAC meeting.

# **Epinephrine Injectors**

This has been an issue of discussion due to the increasing cost, short shelf life and lack of use. General consensus was that this program should be included with other equipment requests and not considered as a separate request automatically awarded. It would be cheaper to do Epinephrine IM Injections which is currently an Optional Module. Further discussion will be held at the February EMSAC meeting.

# **Lucus-2 Chest Compression Device and CO-Oximetry**

These items are nice items to have, however, are not needed to perform basic EMS. Review of these items and the ineligible list will be discussed at the January conference call. February is the meeting where agencies can discuss new items before the committee and justify their need at that time.

# **FY13 Application**

The Bureau is transitioning to an electronic version of the Dedicated Grant Application. Changes to the application were discussed:

- Will have drop-down menus for areas requiring specific information (areas frequently completed incorrectly)
- Duplicated questions will be removed
- Known data (from agency database) will not be asked on the application but rather they will be asked to confirm accuracy.
- Draft Application will be provided to Grant Subcommittee Members for a trial run prior to February's release to all agencies

#### **Best Use of Committee Members**

Overall the EMS Bureau seems to be doing well. It was suggested to hold a Webinar prior to the next grant cycle that would assist agencies in completing the application.

The value of reports provided to the committee by the EMS Bureau was discussed. There was agreement that they are valuable tools. Additional reports that would help:

- 1) Past years awards available at time of review;
- 2) Agencies consistently applying and not receiving an award.

## **FY12 Awards Update**

- 11 Agencies failed to return their signed contract by the due date.
- One agency failed to return contract.
   Numerous attempts were made, funds forfeited.
- Inkom QRU is the first agency to complete their equipment purchase for the FY12 Grant and has submitted all necessary documents

# **Wrap Up Discussion Questions**

- West Side Fire District and Lapwai granted vehicles: West Side will be going to Bonner County EMS & Lapwai will be going to Clearwater County EMS.
- Silver City Granted Vehicle- Grand View Ambulance has now expressed interest.
- Vendors at the February EMSAC. Consensus was to only have select vendors.
- Conference call will be held for subcommittee members in January 2012.
- Webinar for all EMS providers will be presented prior to the FY13 Grant Cycle.
- Electronic version of FY13 Application will be piloted by Grants Subcommittee prior to release and any adjustments made.

## **Subcommittee Motions**

A motion to recommend funding equipment/devices, where feasible, that will be floor skill in the next grant cycle. Motion was not seconded.

A motion to ask for a recommendation on Epinephrine IM use from the Physician Commission before the February EMSAC Meeting was seconded and carried.

#### **General Session Motions**

A motion to recommend accepting the subcommittee motion was seconded and carried.

## **EMSC Subcommittee – Erin Shumard**

Erin Shumard introduced herself and described the experience that she brings to the EMSC program specialist position.

# **School Nurse Representation on EMSC Subcommittee**

A Boise School District nurse has expressed interest in joining the EMSC Subcommittee. The subcommittee agrees this representation would be beneficial. Erin will continue to contact the school district to secure a representative for the subcommittee.

## **Equipment Gaps**

The majority of Idaho EMS units carry MOST of the minimum equipment. Frequently missing equipment includes:

- Pediatric Lower Extremity Traction Devices
- Pediatric AED Pads
- Pediatric Nasal Cannula
- Pediatric Magill Forceps

Erin will explore purchasing equipment to bridge these gaps.

## **Units Carrying Pediatric Protocols**

Only 50.7% of BLS/ILS agencies and 84% of ALS agencies carry pediatric protocols on the vehicles or personnel. Erin will look into causes and how to help get these numbers closer to the 90% National EMSC goal and will research whether the agencies want printed copies or electronic copies on jump drives.

## **Pediatric Training**

More than 90 students attended a Emergency Pediatric Care (EPC) course in Idaho Falls. Several other agencies are interested.

There are several regional conferences scheduled that will contain pediatric topics: CSI (October 7 & 8, 2011), Rescue Me (October 21 & 22, 2011), and St. Al's Ski & Mountain Trauma in Sun Valley (November 4 & 5, 2011.)

ISN Simulation Training is occurring throughout the State.

Subcommittee discussed current EMSC Program activities including locating a school nurse representative for the subcommittee, EZ IO Needle replacement, plans for equipment purchase, and upcoming pediatric training.

# **Licensure Subcommittee – Marc Essary**

Marc Essary presented the latest statistics on personnel licensure.

Out of 115 EMRs, 76 or 66% did not renew. There were 39 renewals for a rate of 34%.

Out of 618 EMTs, 257 or 42% did not renew. There were 361 renewals for a rate of 58%.

Out of 314 I-85s, 84 or 27% did not renew. There were 230 renewals for a rate of 73%

Out of 287 paramedics, 47 or 16% did not renew. There were 240 renewals for a rate of 84%.

As of 10-18-2011 there are 363 licensed EMRs, 2,619 EMTs, 930 I-85s, 637 paramedics for a total of 4,549 providers.

The members asked for more statistics about EMS licenses in Idaho.

The Bureau will work on suggestions to improve site visits to include more town hall type meetings.

#### **Education Subcommittee – Season Woods**

## **Epinephrine OM Curriculum**

Reviewed OM Curriculum, lesson plan and psychomotor objectives evaluation form.

## **Critical Care Paramedic Curriculum**

EMSPC has asked that we review and revise the current curriculum and create an OM curriculum for each of the skills in the critical care paramedic Scope of Practice

#### **Education Standards Manual**

Revision of this manual is underway and the Bureau will keep EMSAC posted.

**BLS Exam Revision** is temporarily on hold until the skill sheets are published.

The subcommittee discussed instructor transition options.

#### **Subcommittee Motions**

Epinephrine Optional Module Curriculum A motion to recommend approving curriculum as written was seconded and carried.

A motion to recommend approving lesson plan as amended was seconded and carried.

A motion to recommend approving psychomotor objective evaluation form as amended was seconded and carried.

#### **General Session Motions**

A motion to recommend approving the above subcommittee motions was seconded and carried.