

EMSAC General Session Meeting Minutes

February 11, 2010

COMMITTEE MEMBER ATTENDEES:

Vicki Armbruster, Volunteer Third Service Member
Matthew Avidan, Career Third Service Member
Ken Bramwell, Emergency Pediatric Medicine Physician Member
Denise Gill, Idaho Association of Counties Member
Dennis Godfrey, County EMS Administrator Member
Robert Hansen, Fire Department Based Non-Transport Member
Lloyd Jensen, Idaho Chapter of the American Academy of Pediatricians Member
Mark Johnson, Private Agency Member
David Kim, Idaho Chapter of ACEP Member
Scott Long, Idaho Fire Chiefs Association Member
Catherine Mabbutt, Board of Nursing Member
Mike McGrane, Air Medical Member
Tom McLean, EMT-Paramedic Member
Travis Myklebust, EMS Instructor Member
Gary Showers, Advanced EMT-A Member
Murry Sturkie, DO, Idaho Medical Association Member
Pat Tucker, Consumer Member

COMMITTEE MEMBERS ABSENT:

Victoria Alexander-Lane, Idaho Hospital Association
Frederick Foss, Committee on Trauma of the Idaho Chapter of ACS
Gary Gilliam, Third Service Non-Transport Member
Michelle Priestley, EMT Basic Member

VACANT MEMBER SEATS

None

EMS STAFF ATTENDEES:

Rachael Alter	Barbara Freeman
Justin Clemons	Dia Gainor
Wayne Denny	Tara Knight
Marc Essary	Dean Neufeld
Tom Fogg	Tawni Newton

Other Attendees:

Bill Arsenault, Wildland Fire and Rescue	Lynette Sharp, Air Idaho Rescue
Teresa Abbott, Vital Stats, ID Health and Welfare	Bill Thorn, Life Flight Network
Pam Holmes, Portneuf Life Flight	Dave Reynolds, Moscow Ambulance
Jim Lemieux, Sawtooth SV	

Discussion	Decisions/Outcomes
WELCOME	
<p>Welcome to new members, Michael McGrane (Air Medical) and Pat Tucker (Consumer). Kenny Bramwell and Travis Myklebust were reappointed. Terms that will be expiring this year are: Denise Gill, Scott Long, and Gary Gilliam. Marc Essary was introduced as the EMS Bureau Licensing Supervisor.</p> <p>Upcoming meetings: June 24-25, 2010 Oct 21, 2010 Feb 3, 2011</p> <p>Minutes approved.</p>	
RULE WRITING	
<p>Wayne Denny updated the Committee about the status of the rule writing project that was initiated to support the revisions made to the EMS Act (Title 56) that became effective July 2009. The current rules are declaratory and can be difficult to understand. The new format will be Question & Answer. The task force is focusing on anticipating what stakeholders may need to know.</p> <p>Stakeholder groups participating are:</p> <ul style="list-style-type: none"> • Association of Idaho Cities • Air Medical • Idaho Association of Counties • Idaho Commission on Aging • Idaho EMS Chiefs Association • Idaho Fire Chiefs Association • Idaho Hospital Association • National Ski Patrol • Professional Fire Fighters of Idaho • Seasonal/Industrial EMS • Third Party/Private EMS • Tribal EMS • Volunteer EMS • Regional EMS Associations • Idaho Sheriffs Association <p>The Personnel Licensure Rules Taskforce (PLRT) membership is as follows:</p> <ul style="list-style-type: none"> • Ron Anderson, Meridian Fire Department • Jean Albers, Back Country Medics • Commissioner Lan Smith, Gem County • Cathy Hart, Idaho Commission on Aging • Harry Eccard, Ada County Paramedics • Scott Long, Idaho Falls Fire Department 	

- Nanette Hiller, Idaho Hospital Assn
- Terry La Liberte, National Ski Patrol Assn
- Eric Paul, Coeur d'Alene Fire Fighters
- Travis Crystal, INL Fire Fighters
- Bill Arsenault, Wildland Fire EMS
- Val Navo, Fort Hall Fire & EMS
- Jan Hyslop, Silver City Fire & Rescue

Some issues discussed were:

- Requiring background checks on a more frequent basis
- Retaining the current frequency of renewal. No reason to change
- Defining requirements of affiliation. Still being discussed
- Initiating the use of a certificate of eligibility to a licensure candidate eligible for licensure. (Similar to nurses' licensing.)
- Increasing fees or keeping current fee structure. Would need to define how the funds would be used.
- Incorporating scope of practice and authorized actions issues.

The Agency Licensure Rules Taskforce (ALRT) membership is as follows:

- Randy Howell, Boise Fire Department
- Dominic Pomponio, Back Country Medics
- Commissioner Roger Christensen, Bonneville County
- Donna Denney, Idaho Commission on Aging
- Bill Spencer, Syringa General Hospital Ambulance
- Scott Tucker, Canyon County Paramedics
- Ty Smith, D.O., Syringa General Hospital Ambulance
- Mark Niemeyer, Meridian Fire Department
- Mike McGrane, Air St Lukes
- Sheriff Brian Brokop, Lewis County
- Aaron Hummel, Boise Fire Department
- Mike Medellin, Micron Technology
- Val Navo, Fort Hall Fire & EMS

ALRT is creating a more descriptive licensing model that would include:

- Service Type: Ambulance/Non-Transport
- Clinical Level
- Operational Declarations
 - Prehospital/911
 - Prehospital/911 Support
 - Transfer
 - Critical Care Transfer

- Standby
- Limited Duration
- Seasonal
- Industrial
- Wildland Fire
- Rescue

Note: The Air Medical licensing model has already been defined.

Extrication Concepts being discussed are:

- Licensed Personnel Provide Patient Care
- Scene Safety and Immediate Life Threats
- Planned Deployment
- Endorsement from EMS Agency
- Written Plan/Agreement

Reporting Requirements are like a “3 legged stool” and include Cost & Revenue, Clinical Benefits, and Response Time.

ALRT discussed a licensure cycle that would be distributed throughout the year in a geographic fashion with the inspection as part of the renewal process.

Licensure models are being considered for non-traditional EMS.

The rules will also include requirements for submitting data and an equipment list matrix.

Town hall meetings for public comment will be scheduled for June-July with a submission date for legislative consideration by August 27, 2010.

General Session Discussion

David Kim asked about clinical benefits and whether there would be language that excludes the increasing number of paramedics unrelated to clinical benefit type of licensing and if notification to surrounding stakeholders that would be affected benefits is being considered. Who will be signing off on clinical benefit? Dia Gainor asked Dr. Kim for clarification about whether his question was suggesting patient centric or resource centric focus. His reply was that the patient outcome needs to be the focus.

The question was raised about whether the Physician Commission should be a stakeholder involved in the rule writing. The reply was that questions are being brought back to the Idaho EMS Physician Commission (IEPC) and they will review the draft rules.

Discussion followed about EMS personnel in a hospital setting. ALRT's unanimous opinion is that these personnel need to affiliate with an EMS agency in order to maintain an EMS personnel license.

There has been a lot of discussion about extrication. ALRT is of the opinion that there should be some certainty that licensed EMS personnel are present to provide patient care during extrication activities.

DISCIPLINARY PROCESS

Tawni Newton gave a status report of investigations for the current fiscal year. (26 Cases to Date / July 2009 - January 2010)

FY2010 - 14 Cases Closed

- 10 = Local Resolution
- 1 = Dismissed Without Action
- 1 = License Expired
- 1 = Administrative License Action
- 1 = Referral to Other Jurisdiction

FY2010 – 12 Cases Open

- 4 Course Audits / Fraudulent Documents /Education Programs
- 3 SOP/ Patient Care
- 2 EMS Agency Personnel Licensure / SOP referred to Medicaid Program
- 2 Use of Ambulance Based Clinicians
- 1 Termination from Agency referred to Law Enforcement

Collaborations

- ID Board of Education / Proprietary Schools
- ID EMS Physician Commission
- Law Enforcement
- Criminal History Unit
- Medicaid Program Integrity Unit

EMS Education Course Audits - Based on authority from:

- Education Standards Manual
 - Attendance Records – each session
 - Skill Evaluations - pass/fail
 - Exam/Quiz - pass/fail criteria & score
- IDAPA 16.02.03.200 – 201, 205, 225-229
 - Approved Curricula
 - Access to Training Equipment
 - Access to Clinicals/Patient Contacts
 - Qualified Instructors
 - Consistency with Scope of Practice

Results of Peer Reviews 9/09

- Suspension of EMT license for 1 year & Instructor approval revoked for 1 year
- Retain EMT license with conditions
 - Must submit a personal relicensure/CEU record keeping plan & audit of next 2 relicensure applications
- Retain AEMT license with conditions & Instructor approval revoked for 1 year
 - Must submit a record keeping plan-personal and department.
- Suspension of AEMT license for 1 day
- Retain Paramedic license with conditions
 - Patient care documentation chart reviews– submit 3 charts requiring ALS interventions, one of which is a code - for EMS Peer Review by June 2010
 - Self-remediation online course/documentation
 - Renew Advanced Cardiac Life Support Certification

Potential Future Peer Reviews

- Course related
- Fraudulent documents
- Unqualified Instructors
- “Amended rosters”
 - Instructor(s), assistant & students
 - License action
 - Instructor approval/revocation

The Rules, **IDAPA 16.02.03**, regarding investigations needs to be updated and Tawni will be tackling this in the near future. Topics will focus on:

- Authority
- Priority
- Agency & personnel performance indicators
- Peer reviews
- Administrative license action/outcomes
- Retain/suspend/revoke

SCOPE OF PRACTICE

Justin Clemons presented concerns that he uncovered while reviewing the education material for the Emergency Medical Responder (EMR) optional modules. When comparing the training required for the same skill in both the EMR and the Emergency Medical Technician (EMT) materials, the optional module training for the EMR is considerably less than what is required for an EMT. The skills in question are:

- C-Collar Application = 3 hours
- Long Board Immobilization = 3 Hours
- KED Application = 2 Hours
- Extremity Splinting = 2 Hours
- Approximately 30.5 hours in the EMT course (bridge course) specifically refers to the foundation knowledge that is needed for these four skills

Justin suspected that these skills would require more base training than what was in the current curriculum. He asked EMSAC whether the curriculum should be returned to the contractor for a re-work.

Background on the change in curriculum content began when the National Highway Traffic Safety Administration (NHTSA) developed the National Standard Curriculum. The Curriculum defined the Scope of Practice and then education modules were designed to match the scope. Justin identified 11 skills for which the EMR's competency is currently not being tested.

General Session Discussion

Murry Sturkie stated that the Physician Commission intent was that the EMR was not a sole, independent provider, but to assist the EMT.

David Kim disagreed with the intent. EMR was developed for law enforcement or those who first come upon an incident. These skills don't need to be taught to the EMR. Adding considerably more hours will be unpopular. The airway management training is there, but not with the same depth. The EMR can do the same skills, but not with the same understanding.

The decision was made to hold a teleconference with the education subcommittee for further discussion.

Extrication Awareness Program Development

Emergency Services Training (EST) established a committee of six subject matter experts. The primary goal was to rewrite the Extrication Operations Course. A secondary goal was to plagiarize the Operations Course and develop an Awareness course. While EST assisted in its development, its purpose is solely for the EMS Bureau. It will be managed by the EMS Bureau.

Instructors do not need to meet EST instructor requirements. Instructor applicants must show formal Extrication training from a third party:

- 4-6 hour course
- No hands on training
- Does NOT provide the student with anything more than an awareness of hazards
- Does NOT provide the student with the requisite knowledge to perform extrication

General Session Discussion

Is this a licensure requirement? When? (TBD)

Definition: Removing the vehicle from around the patient.

Review of course objectives sample. Available on the optional module website as a resource. Trying to get funding for an internet based interactive training. There is no test at this time. Could be developed.

PRE-HOSPITAL ELECTRONIC RECORDS COLLECTION SYSTEM (PERCS)

John Cramer gave a status report of the PERCS program.

Definition of terms.

- NEMSIS – National EMS Information System and the associated data standard.
- PERCS – Idaho Pre-hospital Electronic Record Collection System
- Image Trend – Developer and contractor for PERCS

John outlined a brief history of the formation of NEMESIS and Idaho's incorporation of the PERCS program which is NEMSIS "Gold" compliant.

It is anticipated that Idaho will go fully electronic for data collection in 2011. The use of paper forms is cost prohibitive due to colored inks and precision required for 'scanned' forms. In 2012 NEMSIS ver. 3 is coming out. See www.NEMSIS.org. The data dictionary has been required since 2004 when President Bush signed an executive order to move to electronic health records, creation and development of registries for stroke, trauma, STEMI and cardiac, diabetes, seizure registries, etc.

Gold compliant – should be able to easily exchange information with 428 elements. Silver compliant has 88 elements. The software by Image Trend is being used by 22 states. PERCS is HIPAA compliant and uses 256 bit SSL encryption for security.

The old bubble sheet had only 40 data points for evaluation while PERCS is now providing Idaho with 140 data elements for analysis and comparison. Every element required by Idaho is defined in the NEMSIS data dictionary.

The Idaho EMS system showed a vastly improved compliance difference from 2007 to 2010 from the low to mid 80% up to 99+%. Out of the 12 agencies using their own data systems, only 3 to date have successfully passed validation and been cleared for direct export to PERCS.

Key values and strengths of using PERCS software are:

- Web-hosted solution is available for use by Idaho licensed agencies at no cost.
- Web access – reduces paper shuffle and readily accessible from any computer with an internet connection
- Free-standing client package available (Field Bridge) for installation on laptops or for use in areas without broadband internet connection
- Ability to attach files (*.pdf, *.jpeg, *.mp3, proprietary monitor/defib files)
- Same software used by Washington, Alaska, Wyoming and currently being piloted in Oregon.
- Consensus driven elements and definitions
- Essentially real time data (PCR forms have historically trickled in months and years after the incident)
- Brings focus of data review and continuous quality improvement back to agency and not the EMS Bureau
- Provides the end-user reporting tools with wealth of predefined reports and report generator for

custom reports – potentially all NEMSIS fields are available for reporting purposes.

- Transferrable to registries

The number of EMS agencies submitting is at 98, 64 of which are transport agencies. About 60% of the Idaho licensed transport agencies are submitting.

General Session Discussion

Is records submission a licensure requirement? Rules related to data collection date to 1976. If the Bureau was to hold an agency strictly to the rule, it wouldn't be NEMSIS compliant. Need new rules to bring everyone into compliance. Large agencies are using proprietary software usually geared to facilitate billing. The new EMS law that became effective July 1, 2009 requires new or changing agencies to submit NEMSIS compliant records.

How do we get compliance? Right now use of PERCS is voluntary for all agencies. The Bureau is moving toward making it a legal requirement.

Travis Myklebust related his experience in meeting with EMS system stakeholders in Washington. They were impressed with Idaho's PERCS program which is miles ahead of Washington's data collection.

EMSC SUBCOMMITTEE REPORT

Sub-Committee Report

Hospital Recognition

- Federal Performance Measure to implement a statewide standardized system that is able to stabilize and/or manage pediatric **traumatic** injuries
- Discussions are occurring at the hospital level regarding a statewide trauma system
- Will work with Nanette Hiller from the Idaho Hospital Association to formulate a questionnaire to take to regional hospital meetings to gauge interest/feasibility of a pediatric component to a trauma system volunteer

End of Grant Year Update

- Emergency Pediatric Care (EPC) course held in Shelley for 13 Basic and Intermediate Life support providers from Shelley QRU, Central Fire District and Fort Hall Fire/EMS. The class was well received. Two more classes being scheduled for Chubbuck and Challis
- In the process of sub-granting money to the Idaho Hospital Association's Research and Education Foundation. Money will be used to train three critical access hospital emergency rooms – using Idaho Simulation Network training resources
- Equipment purchased includes pediatric backboards, pediatric ALS jump kits, training DVDs, and Broselow equipment. EMSC will hold on to current equipment and will use to incent agencies to respond to survey and/or wait for survey responses to discover where the need is.

Family Centered Care

- Family representative from Utah and EMSC Program Manager from Montana visited to discuss family-centered care and the importance of the concept and how to bring training to providers state-wide.

GRANTS SUBCOMMITTEE REPORT

Travis Myklebust has been reappointed as the subcommittee chair. Bob Hanson is a new member representing fire-based non-transport services.

Equipment Review – Ineligible Items & Set Price Caps

- Reviewed eligible/approved equipment
 - Discussed the ineligible list- no changes
 - Motion to make no changes, 2nd & carried
 - Discussed possibility of adding car seats. Will explore this topic further at October EMSAC meeting.

Subcommittee Motion

Motion to recommend

- Increasing price cap on gurneys to \$5,000
- Decreasing price cap on extrication package to \$10,000
- Decreasing price cap on pulse oximeter to \$500
- All other price caps to remain the same

Motion was seconded and carried.

Vehicle Review – Set Price Caps

Special Presentation by Jim Lemieux- Sawtooth Emergency Vehicles. There are several items adding to the cost of vehicles with an increase of nearly 10% in base cost.

Subcommittee Motion

A motion was made to recommend the following changes to Vehicle Price Caps:

- Increase Ambulance Cap to \$104,500
- Leave Non-Transport Cap @ \$55,000
- Increase Chassis Remount Cap to \$66,000

Motion was seconded and carried.

FY2011 Grant Application

Draft copies of the application and instructions were presented for review.

General Session Motions

On next page

<p style="text-align: center;">Subcommittee Motion</p> <p>A motion recommending that those agencies that are deemed compliant with patient record submission are eligible to apply for the grant was seconded and carried.</p> <p style="text-align: center;">Status of FY10 Awards</p> <ul style="list-style-type: none"> • Vehicle awards granted – 13 • Total vehicles in service – completed process – 5 (West Cassia QRU, Bruneau QRU, Potlatch Ambulance, Gem County EMS and Idaho Falls Ambulance) <ul style="list-style-type: none"> ○ Unused funds returned - \$4,107.96. (Gurney not purchased and radio installation came in under bid.) • Equipment grants awarded – 45 agencies • Agencies that have completed their purchase – 14 • Total pieces of equipment purchased with grant funds – 35 • Unused funds returned - \$47.31 <p style="text-align: center;">General Session Discussion</p> <p>Dedicated grant rules allow EMSAC to make recommendations to spending unused funds. There is currently about \$4,000. The unused money does return back to the dedicated grant fund. So, it is a question of awarding this year or returning back to the fund.</p>	<p style="text-align: center;">General Session Motions</p> <p>Motion to recommend</p> <ul style="list-style-type: none"> • Increasing Price Cap on gurneys to \$5,000 • Decreasing Price Cap on extrication package to \$10,000 • Decreasing Price Cap on Pulse Oximeter to \$500 • All other price caps to remain the same <p>was seconded and carried.</p> <p>A motion was made to recommend the following changes to Vehicle Price Caps:</p> <ul style="list-style-type: none"> • Increase Ambulance Cap to \$104,500 • Leave Non-Transport Cap @ \$55,000 • Increase Chassis Remount Cap to \$66,000 <p>was seconded and carried.</p> <p>A motion recommending that those agencies that are deemed compliant with patient record submission are eligible to apply for the grant was seconded and carried.</p> <p>A motion to recommend awarding unused grant funds to the next eligible recipient from this year's grant was seconded and carried.</p>
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Air Medical

<p style="text-align: center;">Subcommittee Report</p> <ul style="list-style-type: none"> • Motion to recommend for personnel licensure rule that provider: <ul style="list-style-type: none"> • Must complete didactic course (provided by instructor who is a subject matter expert) with each initial licensing cycle. • First renewal cycle requires a hands on course. • Didactic or live course each cycle. • Live training at least every other cycle. • No fault clause if the live training is not available. <p>Goals:</p> <ol style="list-style-type: none"> 1. Teleconference with EMS Bureau 2. Review data elements 3. Reach agreement on submission process. 4. Focus on safety initiatives. 	<p style="text-align: center;">General Session Motions</p> <p style="text-align: center;">On next page</p>
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5. Comply with weather turn down information.

General Session Discussion

Discussion items included:

- how to better provide the “live” courses
- licensure rules to incorporate the air medical segment
- communication needs for air medical system
- OnStar and how air medical fits in
- status availability for air medical

General Session Motions

A motion to recommend that:

- A provider must complete didactic course (provided by instructor who is a subject matter expert) with each initial licensing cycle.
- First renewal cycle requires a hands on course.
- Didactic or live course each cycle.
- Live training at least every other cycle.
- No fault clause if the live training is not available.

was seconded and carried.

OTHER

A member asked about the status of the Idaho State Police (ISP) and StateComm merger. The decision by directors of DHW and ISP was to suspend the budget request for the 2010 legislative session.