

EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE

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

June 27, 2014

COMMITTEE MEMBER ATTENDEES:

Mary Adcox, Consumer Member
Kevin Amorebieta, Advanced EMT Member
Kevin Bollar, EMT-Paramedic Member
Juan Bonilla, Idaho Fire Chiefs Association Member
Les Eaves, County EMS Administrator Member
Greg Gilbert, EMT Basic Member
William Holstein, Private EMS Ambulance Service Member
Brent Jennings, Idaho Transportation Department Member
Casey Meza, Idaho Hospital Association Member
Megan Myers, Fire Department Based Non-Transport Member
Kathy Stevens, Idaho Chapter of the American Academy of Pediatricians Member
Murry Sturkie, DO, Idaho Medical Association Member
Christopher Way, Career Third Service Member

COMMITTEE MEMBERS ABSENT:

Jim Allen, Third Service Non-Transport Member
Denise Gill, Idaho Association of Counties Member
Gretchen Hayes, Volunteer Third Service Member
Jamie Karambay, Idaho Chapter of ACEP Member
Catherine Mabbutt, Board of Nursing Member
Jim Massie, EMS Instructor Member
Mike McGrane, Air Medical Member
Bill Morgan, Committee on Trauma of the Idaho Chapter of ACS Member
Mark Urban, Pediatric Emergency Medicine Member

VACANT MEMBER SEATS:

OTHER ATTENDEES:

Justin Clemons	Dean Philbrick	Bill Spencer
Chris Johnson	Dave Reynolds	Ben Suttlemyer
Bill Keeley	Mary Sheridan	Greg Vickers

EMS STAFF ATTENDEES:

Mindi Anderson	Kay Chicoine	Dean Neufeld
Barb Blakesley	John Cramer	Janna Nicholson
Cheryl Brower	Corrine Dalzell	Denise O'Farrell
Ricky Bowman	Wayne Denny	Erin Shumard
Michele Carreras	Brian Esslinger	Season Woods
Bruce Cheeseman	Tara Knight	

General

Introduced new member Juan Bonilla, Idaho Fire Chiefs Association.

Three members are expiring:

Kevin Amorebieta, Advanced EMT
Les Eaves, County EMS Administrator
Mark Urban, Pediatric Emergency Medicine

Upcoming EMSAC meetings:

October 16-17, 2014, SpringHill Suites ParkCenter
February 4-5, 2015, Oxford Suites Boise

Date for next June meeting was set for June 24-25, 2015

Minutes from the February 2014 meeting were approved.

IWISE Updates – Tara Knight

Providers can now track CEUs in IWISE by clicking on the “Continuing Education” tab and selecting their current license level. Providers can also print a report of their CEUs.

If you are using an Internet Explorer version higher than 8 you should use compatibility mode which can be found in Tools.

Agencies can also look up CEUs for their providers/staff to track them or to add CEUs for them. Agencies should have a standard operating procedure of only one person to manage CEUs for their agency, to minimize duplications/redundancies. There is currently no way to prevent redundancy in the CEU tracker in IWISE.

Agencies can run a report to get their agency roster. It will open in a new tab and you might need to turn off pop-up blocker. Agencies can also run a report on CEUs for agency personnel. Each page of this report will look like a provider’s individual CEU tracker. Report pages will only generate if the provider has entered CEUs.

There is currently not a way to categorize agency personnel by shift.

Committee members made the following recommendation:

- Have the Provider CEUs page default on the current license cycle.

Megan Myers asked if a time will come when Providers just click a button and their renewal application submits to the Bureau, rather than having to write or print it all out and send it in.

Tara explained that this type of automation is coming. License applications will probably be submitted to your agency manager rather than the Bureau, but we are getting closer.

Bureau Chief Wayne Denny expressed that our goal is to be “paper free.” The Bureau would like to have a system that will identify when an application is complete and then automatically print out a license.

Tara will be attending conferences in order to educate the EMS community on how to use IWISE.

TRAIN Idaho – Ricky Bowman

Ricky Bowman, Bureau of EMS & Preparedness, gave a general overview of TRAIN Idaho. It is a web-based learning management system administered at the Idaho Department of Health and Welfare specific to meeting training needs of public health, safety and emergency preparedness.

Agency administrators can create a training plan that is specific to a position or employee using existing courses. TRAIN has a catalog of courses that you can find by using the search engine. Administrators can also verify if users have completed courses and/or passed these courses.

TRAIN can also be a place where administrators post training and conference opportunities to their subgroups; post tailored announcements to a specific subset of learners; send e-mail messages to their subgroups; share documents securely; and generate customized reports.

TRAIN transcripts can go with you wherever you go (even to another state)

Tara explained that if you can't find courses like LZO or EA on TRAIN, you might have failed to put yourself into the correct grouping.

TSE – Wayne Denny

The Time Sensitive Emergency (TSE) legislation passed and is effective July 1, 2014.

It is the hope of the Bureau that TSE will increase available EMS training, case reviews, best practices, and protocols. It should also improve coordination within regions, support teamwork among prehospital and hospital-based providers, and improve patient outcomes.

TSE Council Members are as follows:

- Dr. Bill Morgan Saint Alphonsus Regional Medical Center, Boise
- Jami Thomas, RN Eastern Idaho Regional Medical Center, Idaho Falls
- Dr. Marshall F. Priest St. Luke's Regional Medical Center, Meridian
- Harry Eccard Ada County Paramedics, Boise
- Bill Spencer Syringa Hospital, Grangeville
- Mike McGrane Air St. Luke's, Boise
- Jon Ness Kootenai Health, Coeur d'Alene
- Carl Hanson, Minidoka Memorial Hospital, Rupert
- Greg Vickers Portneuf Medical Center, Pocatello
- Dr. Kelly McGrath, Clearwater Valley Hospital, Orofino
- Drew Forney, citizen, Boise

The TSE Council will to develop bylaws, outline regions, and write rules. They will also set up protocols for regional site visits. The first TSE Council meeting will be July 9.

Town Hall Review of Priorities – Wayne Denny

Senate Concurrent Resolution 131 was a collaborative solution targeted at developing a better understanding of the issues that might hinder recruitment and retention of rural EMS volunteers.

The legislature asked the Bureau to conduct town hall meetings across the state during the evening hours and within 50 driving miles of rural volunteers.

The Bureau held 16 meetings in April, May and June and collected a vast amount of information from them. After sifting through the data and classifying it into categories, they found nine general categories of concerns.

- Regulation Policy
- Lack of Access
- Communication
- Political
- Lack of Support
- Training Programs
- Demographics
- Leadership
- Funding

The Bureau of EMS has worked towards resolving the issues discussed during the town hall meetings including, but not limited to: adding a NFIRS module for PERCS, holding evening webinars and Fisdap workshops, creating an ORTI pilot program which provides free on-line EMS training, increasing our training equipment bank to 3 full sets, plans to hold Educator Conferences and create a public service announcement to recruit volunteer EMS personnel, creating an EMS Facebook page to increase communication.

The Bureau has also changed the agency site visit process in an attempt to make it more meaningful to agencies. EMS Compliance Specialists are now EMS Field Coordinators and they will cover a list of topics that will help keep agencies informed of what is happening in the EMS community. The list will be updated to ensure that the information is contemporary.

EMSAC Rules Discussion – Wayne Denny

EMSAC currently has 22 seats. These seats address agency and provider types but there seem to be representations that are missing. For example, there is no tribal seat. EMSAC can add seats or remove them as they see fit. Perhaps we could add a tribal seat, an association of cities seat, and an educational program administrator seat. This is something the committee might want to consider.

Bilingual POST – Wayne Denny

Physicians Order for Scope of Treatment (POST) bilingual version

A resolution to pursue a bilingual POST is on the agenda for the Idaho Medical Association (IMA) House of Delegates meeting on July 18-20.

If the resolution passes, the IMA will likely pursue legislation to mandate a bilingual Idaho POST/DNR form.

Previous discussions on this topic resulted in not supporting a bilingual form as it would be longer and more complex and thus potentially confusing.

The committee should be prepared for the potential that the legislation will go through.

Interstate Compact – Wayne Denny

It is a constitutionally granted right of the states to enter into multistate agreements for their common benefit.

An interstate compact creates a multistate governmental authority to regulate and manage interstate policy concerns.

Some benefits of being a member of an interstate compact are:

- Invest all member states with the authority to hold EMS personnel accountable through the mutual recognition of member state licenses
- Facilitate the exchange of information between member states regarding EMS personnel licensure, adverse action and significant investigatory information
- Promote compliance with the laws governing EMS personnel practice in each member state
- Increase public access to EMS personnel
- Enhance the states' ability to protect the public's health and safety, especially patient safety
- Encourage the cooperation of member states in the areas of EMS personnel licensure and regulation
- Support licensing of military members who are separating from an active duty tour, veterans and their spouses

If the compact is joined, it becomes law and creates a commission of state representatives that write the rules and govern the compact.

An interstate compact will preserve state sovereignty and collective control and create a system of self-regulation by the states whereby national policy can be put into place but remain flexible enough to change as needed to remain viable in the EMS industry. The Bureau would develop an interstate compact working closely with CSG's National Center for Interstate Compacts.

The effects of an interstate compact are:

- States extend a privilege to practice to individuals from other compact States as though they were licensed in their state

- States gain authority over EMS personnel from other compact states when practicing in their state
- Compact States form a governmental “Commission” to promulgate universal rules
- Commission is home to a national database

What’s next? Idaho would have to get legislation to pass it and we would have to have 10+ states to join our interstate compact.

NEMSIS Update – Brent Jennings

The Data subcommittee last met on May 7, 2014.

The NEMSIS 3 Task Force is working on transitioning to the new data program by 2016. They are currently in the process of reviewing data elements and building a recommended Idaho-specific data set that meets the needs and challenges of the user community.

The final Task Force meeting is in October 2014.

Education Subcommittee – Bill Holstein for Jim Massie

There is a new process for EMS course program approval. Each program will establish one account for the purpose of managing student access to the NREMT certification exam.

The Bureau will approve the NREMT accounts for programs that are in good standing and have students enrolled in active courses. Education programs who do not offer continuous or ongoing classes will have their NREMT program account deactivated *60 days* after course completion.

The program can be reactivated for administrative purposes by request or upon completing an education program update application to conduct a subsequent course.

Education programs that conduct training courses on a continuous basis will complete an annual education program update application to verify resources and demonstrate compliance with the education standards. This may include a site inspection.

An online Instructor Orientation course is being developed to put into TRAIN.

The Online Rural Training Initiative (ORTI) pilot program will be coming to a close in July 2014. To date nine ORTI students have taken the cognitive, written exam and eight passed the first time. 19 students have taken the practical exam and 15 of these passed the first time. Additional data will be gathered and analyzed once the program is completed. The Bureau would like to build on the pilot program and offer it again.

The EMS Bureau just purchased a new cache of EMS equipment to lend out for training that makes a total of three available to agencies for training purposes. Included in the newest set is an Airway Larry that has the capability to include LMA, King, Combi-tube, OPA, NPA. Bureau staff will look into the availability of a pediatric manikin.

The Bureau is considering sponsoring an Annual Educator’s Conference. The goal is to engage, encourage, and assist those that teach EMS courses in order to maintain their enthusiasm and desire to teach. Feedback from the subcommittee was positive and workshops related to scenario development and simulation lab development were requested. Subcommittee members expressed interest in this type of workshop. They want to encourage vendors such as Simulaids and those that sell moulage make-up to attend.

The logistics of date, time and duration of the conference were considered, to coincide with regional conferences.

Grants Subcommittee – Greg Gilbert

The committee was presented with statistics from the last grant cycle.

An overview of the Grant process was given and the current grant applications were distributed along with scoring sheets.

The question was raised as to the appropriateness of equipment that agencies are requesting. (i.e. if it is above their agency’s floor skills level, should it be approved?) The committee planned to review this question.

New committee members asked if they could seek assistance from other members in understanding medical terminology and equipment purposes. It was also explained that they could discuss medical aspects of the applications with other members but could not collaborate on scoring decision-making. It was clarified that the grant applications are scored based on financial need and data on the agency’s financial need can be found in the applications.

Motion

Chris Way motioned to review application regarding the Zoll E Series Cardiac Monitor.

Bill Holstein seconded.

Motion carried with majority. Les Eaves dissented.

Community Health EMS Subcommittee – Kevin Bollar

Summaries of various Community Paramedicine programs were given. Mark Babson for Ada County Community Paramedics, Dave Reynolds for Moscow Fire Department, and Robert Veilleux for Teton Valley Community Paramedic Program. Each program has its own unique story but all seem to be successful in finding alternative ways for Paramedics to provide care that is needed in their communities.

Mike Mikitish from Idaho State University shared information on a new Bachelor of Science program in Health Sciences with an EMS concentration. The program is 100% on-line. They currently offer four tracks – Leadership/Management, Clinical, Education,

Community Paramedic (CP).

Mary Sheridan of the Bureau of Rural Health & Primary Care is working on a State Healthcare Innovation Plan (SHIP) and has an opportunity to apply for a model testing grant. If she receives this grant, it will allow her Bureau to implement a training and education plan for Community Health EMS (CHEMS) in Idaho. If the state is funded it will begin January 1, 2015 and it is a 4-year grant. During its 4 year span, this grant will include Community Paramedic training, CHEMS program development for BLS and ILS levels, and ongoing technical assistance via on-site mentoring and tele-health technology.

EMSC Subcommittee – Kevin Bollar for Mark Urban

Pediatric Equipment Grants results and distribution maps were presented to show that grant monies were given to a wide area of the State to improve the emergency care of children.

Traditionally, EMSC has provided training through Emergency Pediatric Care (EPC) courses, conferences, and Idaho Simulation Network (ISN) simulation-based training. Some of these modes are very labor-intensive in terms of man hours, and Erin asked for feedback from the committee to find viable alternatives that are less labor-intensive. Potentially, the Bureau could have agencies seek out their own training and apply to EMSC for funding to cover it. This would place the burden of coordinating on the agencies or providers themselves. Kevin Bollar recommended that the EMSC program specialist reach out to the EPC instructors throughout the state and rely on them to perform more of the course coordination tasks instead.

The Intermountain Regional EMSC Coordinating Council (IRECC) has been working on creating a training program for EMS providers on Family Centered Care for the last couple of years. The difficulties in getting this project completed have been getting legal approval from Primary Children’s Hospital to use interview footage taken in the late 1990’s of several families discussing their experiences. Primary Children’s lawyers think we may be able to use the audio from the interviews, provided the patients are not identifiable. IRECC’s Utah members are working to resolve this.

Handouts were distributed to committee members titled, “Safe Transport of Children in Ground Ambulances.” This is a synopsis and a flowchart that Erin put together from the NHTSA publication “Working Group Best-Practice Recommendations for the Safe Transportation of Children in Emergency Ground Ambulances.” The handouts were well-received and the potential for putting together a webinar on this subject was discussed.

Agency Licensure Subcommittee – Bill Holstein

New Agency Licensure rules (16.01.03) will be effective as of July 1, 2014. The Bureau will be transitioning all agencies whose expiration dates are after July 1st.

The process is still the same - we will send out a renewal application and a transition application. As per rule, they are required to be sent back within the 60 days prior to the expiration date. Field Coordinators will review minimum requirements for each license type requested by the agency by assigning the license types to agencies as described in

rule. They will help agencies to complete the new/transition application.

The most significant change is in license type which includes service type, clinical levels and operational declarations throughout a self-declared geographical response area. Each license type will need to be staffed at the clinical level declared and be available 24/7 for anticipated call volume.

There is an updated minimum equipment list associated with the new rule however, the equipment inspection for this cycle will be based on the old rule requirement.)

The Bureau can authorize modifications to an agency's minimum equipment lists through "exceptions" and "exemptions." Exceptions are used when circumstances and available alternative equipment are considered. Exemptions are used when there is no anticipated need for the equipment. The request must be submitted by the agency Medical Director and must include clinical and operational justification. Both requests require review by EMSAC and EMSPC.

All newly acquired used vehicles and response vehicles involved in a crash will require DOT inspection in order to be placed back into service. The definition of crash would be any occurrence that requires an accident report.

Written Patient Care Integration Agreements are now required between agencies that have overlapping geographic response areas. Written agreements are also required for Non-transport agencies.

There is a new section of rule that describes the requirements and agreements needed between chief agency officials and medical directors for Planned Deployment. Agreement criteria are listed in rule.

The Bureau will make every effort to help agencies to have a smooth transition to the new rule.