

IDAHO EMSPC MEETING MINUTES

November 12, 2010

A meeting of the Idaho Emergency Medical Services Physician Commission (EMSPC) was held on this date at Oxford Suites, 1426 S. Entertainment Ave., Boise, Idaho, 83709.

Members Present:

Curtis Sandy, M.D.
David Kim, M.D.
Debra McKinnon, D.O.
James Alter
Keith Sivertson, M.D.
Lois Bauer
Murry Sturkie, D.O.

Member's Position:

State Board of Medicine via teleconference
Idaho Medical Association
Idaho Fire Chiefs Association
Citizen Representative
Idaho Hospital Association
Citizen Representative
American College of Emergency Physicians, Idaho Chapter

Members Absent:

Adam Deutchman, M.D.
Kenny Bramwell, M.D.
Maurice Masar, M.D.
Sarah Curtin, M.D.

Member's Position:

American College of Surgeons Committee on Trauma
American Academy of Pediatrics, Idaho Chapter
Idaho Association of Counties
Idaho EMS Bureau

EMS Bureau Staff:

Dia Gainor
Diana Hone
John Cramer
Marc Essary
Season Pierson
Wayne Denny

Position:

Bureau Chief
Administrative Assistant
Systems Information Manger
Licensing Supervisor
Compliance Specialist
Standards and Compliance Manager

Audience:

Chris Fogg
Janna Nicholson

Representing:

Ada Boi, Inc.
Payette County Paramedics

Chairman Sturkie called the meeting to order at 9:34 a.m. Welcomed new Citizen Representative Commissioner, Lois Bauer, replacing Commissioner Pat Galvin who was not able to complete her term of service.

Approval of Minutes from 9-10-10

Chairman Sturkie noted a clarification needed on page two (2) of the September draft minutes. An addendum to the medical supervision plan (MSP) must be submitted for an optional module request, not the entire MSP:

“Justin explained that agencies must submit an addendum to their medical supervision plan (MSP) with optional module requests. The Bureau will review the MSP to see that the OM’s are included but will not evaluate them for correctness or appropriateness; that would be up to the EMSPC. ~~After the Bureau acknowledges receipt of the MSP with OM’s included, the agency may then submit course applications. When~~ After a course application is approved, the agency will receive a user name and password to access the curriculum on the website. They will receive beginning and ending course documents. The agency will do the training and return the documents to the Bureau along with their medical director’s credentialing record.”

Commissioner Kim, Idaho Medical Association, moved to accept minutes as amended. Commissioner Sivertson, Idaho Hospital Association, seconded the motion to accept the draft minutes as amended. Motion passed unanimously.

Medical Supervision Plan Subcommittee Report

At the September meeting commissioners discussed the possibility of asking agencies to submit certain protocols for review. The process for accomplishing this was further discussed keeping in mind the commissioners limited time and resources and that the goal is to help agencies. Commissioners reviewed which protocols they would like to see at this time, what standard they would be reviewed by, what kind of feedback the agencies would receive, how the timeliness of this request fits with the statewide protocol project, how to share best practices, etc.

Commissioner McKinnon, Idaho Fire Chiefs Association, moved that twice yearly, ten (10) agencies (random selection from volunteer and non-volunteer) be requested to submit a protocol for review by the EMSPC. The first protocol will be patient destination. The same agency will not be selected twice in one year. The EMSPC will provide best practice examples to all agencies. Commissioner Alter, Citizen Representative, seconded. Motion passed unanimously.

Chairman Sturkie will put together the request.

Airway Management Data Collection

The EMS Bureau has agreed to create and send an EMS agency specific report out in early 2011 based on data submitted beginning January 1, 2010. The purpose would be to get the information out to the agencies and also get a better idea of how onerous and complicated putting together these agency specific reports will be for the bureau. A cover letter was presented and approved. Commissioners reviewed the agency specific report format. Marc Essary reported that there are 44 Advanced Life Support (ALS) and 69 Intermediate Life Support (ILS) agencies.

Statewide Protocols Subcommittee Report

The subcommittee met three (3) times since the September EMSPC meeting. After reviewing the Wood River and Moscow protocols, which are based on the North Carolina model, it was determined that using agency protocols would not save time. The North Carolina documents were divided up and assigned to subcommittee members to work on. It was hoped this would speed up review at the actual subcommittee meetings. There are about 70 protocols and 70 procedures, which does not include those that will need to be created from scratch. The subcommittee was still only able to review four (4) protocols at their second meeting and one (1) at the third meeting. It is evident that the problem of time and manpower remains an obstacle to accomplishing this task.

The subcommittee suggested that the most efficient way to produce a nice set of statewide protocols and procedures in a timely manner would be to sequester a small number of interested commissioners for several days and write the protocols. This would require financial support from the commission to pay for travel expenses, working room facilities and equipment, and perhaps a stipend. Someone with experience in manipulating Visio, perhaps Tom McLean or Dave Reynolds would be very helpful also.

Commissioner Sivertson expressed his concern that if the statewide protocols are not going to be mandatory for everyone to use, then it would not be worth the commissioners' time and expense to create them. It was confirmed that at the September 2009 EMSPC meeting commissioners stated that statewide protocols would be mandatory, and agencies would have to apply for an exemption if they did not want to use them. Once the protocols are developed there will be a period of time for input from the medical directors before they are implemented.

Commissioners were in support of the subcommittee moving forward with this working group idea.

Tensed Ambulance Medical Supervision

Commissioner McKinnon reported that she had been receiving correspondence from Richard Andersen, an Advanced EMT at Tensed Ambulance, regarding his concerns about improving patient care, inadequate medical supervision and continuing education. Inland Northwest Health Services was recently hired to do the training courses. He approached Dr. McKinnon because she is an EMS medical director and a commissioner. The EMS Bureau has also corresponded with Mr. Andersen over the last several years.

Tensed Ambulance president, Paul Daman, called Commissioner McKinnon recently to discuss the issues. They are a very small unit and he felt some of the policies and protocol requirements did not apply to their rural volunteer operation. Commissioner McKinnon explained they needed to develop protocols and a medical supervision plan (MSP) to fit their situation. Mr. Daman was under the misunderstanding that the statewide protocols would be available soon. He also stated that they have had difficulty getting a medical director to supervise them because of their location. Tensed Ambulance did submit their medical supervision plan and protocols with their agency renewal application this fall.

The Commission and Bureau's role in issues like this were discussed. Commissioner Sivertson stated that the goal or vision of the EMSPC should be to help physicians involved with these small agencies, and to help the small agencies. Commissioner Alter agreed that establishing communication with medical directors would be key to solving some of these internal problems. It was determined that the EMSPC Chair would send a letter to the medical director, thanking them for volunteering to be an EMS medical director, and guide them to the requirements and resources available.

Cardiac Level I Program Update

The Cardiac Level One Program is a broad-based group of stakeholders who want to optimize the care of cardiac patients, particularly ST Elevation Myocardial Infarctions (STEMI) in the state of Idaho. The program is sponsored by the Department of Health and Welfare through a federal grant. The EMS subcommittee of the Cardiac Level One Program is nearing completion of an EMS medical director toolkit. Commissioner Kim reminded members that the EMSPC modified the MSP requirements to include certain elements referring to STEMI patients at the encouragement of the American Heart Association. To help EMS medical directors and agencies make that happen this subcommittee has created a toolkit that includes a number of very useful items including a prehospital protocol, a checklist of things to look into as medical directors put together their STEMI plan, training recommendations, etc. The subcommittee intends to offer the toolkit to the EMSPC to incorporate in EMSPC EMS medical director education efforts. A lot of agencies contributed to this tool kit and a lot of hours have gone into its development. Commissioner Kim asked the commission to look at their plan for EMS medical director education and decide how to integrate this toolkit.

Commissioners want to add the toolkit as one of the Idaho-specific components to the medical director on-line course. They want to post it on their website for MSP development and to use it at face to face medical director workshops in the future. Commissioner McKinnon asked if it could have a free CME component.

Provider Identification Requirement

The question from the September meeting regarding EMS providers wearing identification of their level of licensure when on scene was posted on the EMS ListServ. There did not seem to be any objection. Most people were in favor and are already doing it. This would help the personnel and public identify EMS personnel.

It was suggested that the language already used for the hospital setting in Section V on page 10 of the standards manual be added to Section III. EMS Personnel Authority to Act on page 4: "When on duty, visibly display at all times identification specifying their level of EMS licensure."

The desire to have EMS licenses be photo-IDs was discussed. The Bureau will check into connecting to the Department of Motor Vehicle system and what this would cost. It would be desirable for EMS medical directors to have a photo-ID badge as well. Photo-IDs for EMS personnel and medical directors would be a great benefit in times of catastrophe.

Commissioner Alter agreed with identification but was concerned that a clip-on name tag could be problematic. He was concerned that they may not always have a clip-on name tag with them.

Commissioner Sivertson, Idaho Hospital Association, made a motion to move to a system of photo ID of Idaho licensed providers and EMS medical directors. Commissioner McKinnon, Idaho Fire Chiefs Association, seconded.

After further discussion including whether the current rules and law could support requiring a photo ID license, the motion was tabled.

Commissioner Sivertson, Idaho Hospital Association, moved to require all licensed EMS personnel (while responding) to wear some type of identification that shows name and level of EMS licensure. Commissioner Bauer, Citizen Representative, seconded.

Commissioner Alter again expressed his concern about requiring responders to wear their identification because of responders coming to the scene without their turnout gear. He agreed with having a requirement that they have some type of identification available, but it could be a card in their pocket. Commissioners agreed that the identification could be a patch, a badge, something printed directly on clothing, etc.

Motion passed.

In favor: Bauer, Sivertson, McKinnon, Sturkie, Kim

Abstain: Alter

Commissioner Sivertson, Idaho Hospital Association, made a motion to move to a system of photo ID for Idaho licensed EMS providers and EMS medical directors. Commissioner McKinnon, Idaho Fire Chiefs Association, seconded.

The Bureau will look into the law and rule and bring back feasibility findings including the cost.
Motion passed unanimously.

Standards Manual changes 2011-1

Optional Module – Section VIII.

Change “and” to “or” in the last sentence of the paragraph beginning with “Skills and interventions designated by “OM” in Appendix A...” The sentence reads: “...Physician must take an active role in verifying competency in optional skills and interventions since state EMS licensing will not address optional skills ~~and~~ or interventions.”

Following that paragraph add new language:

“When an EMS Medical Director, Hospital Supervising Physician or Medical Clinic Supervising Physician desires to incorporate an OM, they must:

1. Report patient care response data to the Idaho Prehospital Electronic Record Collection System (PERCS) directly or by way of an Idaho validated export from a National EMS Information System (NEMSIS) compliant software application.
2. Submit an addendum to their medical supervision plan to the EMS Bureau that indicates which OM(s) they want to adopt.

3. Submit verification of credentialing to the EMS Bureau prior to utilization of OM skills or interventions.”

Commissioner McKinnon, Idaho Fire Chiefs Association, moved to incorporate the above optional module language into the EMSPC 2011-1 Standards Manual. Commissioner Sivertson, Idaho Hospital Association, seconded. Motion passed unanimously.

Scope of practice transition language in Section VIII.

The original scope of practice effective date language from the 2008.1 standards manual was not update in subsequent editions of the standards manual. The language in the paragraph: “EMS personnel will transition to the 2008.1 scope of practice by the end of their *current* licensure period or June 30, 2010, *whichever is later.*” creates the problem of never ending transitions.

New language will strike 2008.1. The effective date of the 2011-1 scope of practice will be sine die of the 2011 legislative session.

The above mentioned paragraph will be changed to:

“EMS personnel will transition to the 2011-1 scope of practice no later than September 30, 2014.”

Commissioner Sivertson, Idaho Hospital Association, moved to accept these language changes regarding scope of practice effective dates in Section VIII of the 2011-1 EMSPC Standards Manual. Commissioner McKinnon, Idaho Fire Chiefs Association, seconded. Motion passed unanimously.

Scope of practice grid

Change “Demand Valve – Oxygen powered” to “Demand Valve – Manually triggered ventilation”

Commissioner Sivertson, Idaho Hospital Association, moved to accept the 2011-1 scope of practice grid as presented including the demand valve language noted above. Commissioner Bauer, Citizen Representative, seconded. Motion passed unanimously.

Commissioner Sivertson, Idaho Hospital Association, moved to accept the 2011-1 standards manual as amended on November 12, 2010. Commissioner McKinnon, Idaho Fire Chiefs Association, seconded. Motion passed unanimously.

Audience member Mr. Fogg had a question concerning the absence of any reference to ambulance based clinicians in the standards manual under Paramedic - Description of the Profession. It states that “The Paramedic is *the minimum licensure level* for patients requiring the full range of advanced out-of-hospital care.”

Commissioner Kim stated that the language in this section was an extraction from the National Scope of Practice document and probably needs to be reworked. The EMSPC does not provide

oversight of an ambulance based clinician because it is not a level of EMS licensure nor of certification. It is a clinical designation. “EMS” probably should be inserted before “licensure level” to clarify that sentence. Commissioners will take a look at this entire section next year for the 2012 edition.

EMS Bureau Proposed Rule Withdrawal

Wayne Denny reported that after receiving public-comment concerns on elements of the proposed EMS agency rules that were to go before the legislature this session, our deputy Attorney General (AG) felt the Bureau did not have statutory authority to have a hearing officer give feedback on opposed agency licensure applications, nor to create unlicensed extrication endorsement organizations. Therefore, the docket was pulled.

It was the deputy AG’s opinion that the Bureau has the authority to license organizations, but has no authority to create some sort of cooperative agreement. The deputy AG did not feel the Bureau could create this cooperative agreement between licensed EMS agencies and an unlicensed organization. This potentially comes back to defining “what EMS is and is not” in the statute.

Because there were no public comment objections to the proposed personnel rules, and there were several positive elements such as the continuing education changes, the certificate of eligibility, etc., the Bureau feels comfortable going forward with those. The Bureau is working hard to get the personnel sections put into a temporary rule that would be effective July 1, 2011.

Office of Performance Evaluation EMS Report

The Office of Performance Evaluation (OPE) will be delivering their EMS report on November 30, 2010 to Joint Legislative Oversight Committee (JLOC). OPE was tasked to do a study and report on the governance of EMS in Idaho. The legislators wanted an unbiased view of what methods are being used and what methods are absent in the state’s regulatory processes, as well as at the local levels. The recommendations are related to what the legislature should do in regard to the conditions of EMS in Idaho.

It is customary for any state agency whose functions are covered in an OPE report to file an initial response to the report. The EMSPC Commissioners expressed a desire to be a part of that response. They requested the names of the legislators on JLOC.

Define the “Practice of EMS”

What is the practice of EMS? What are we licensing? What are we supervising? As mentioned earlier by Mr. Denny, Chairman Sturkie stated that this question has not been fully answered in statute. This issue comes up in various aspects of licensure questions, specifically in wild land fire responses, ski patrol, specialty intervention teams, funding, etc. The question was actively discussed at the medical director subcommittee meeting of the National Association of State EMS Officials (NASEMSO). Chairman Sturkie was assigned by the NASEMSO subcommittee to come up with a position paper about the practice of EMS, how it affects medical practice, and why it is actually licensed. Chairman Sturkie asked commissioners for their input. The Bureau needs to know what they are licensing, who they are licensing, why some people are licensed and not others who provide the same service, etc.

Commissioner Sivertson referenced a 2001 National Highway Traffic Safety document that has a good definition of EMS as a start. He also cautioned that the way EMS is defined will have a significant impact on EMS in Idaho because of the way it is funded.

Several aspects were discussed including the May 2010 deputy attorney general opinion regarding the question of licensure for ski patrollers as EMS personnel. When the deputy AG reviewed the Idaho EMS Act, he found a deficiency in association with the definition of EMS and specifically where no fee is contemplated. Commissioners requested a copy of this deputy AG opinion for review.

Commissioner Sivertson questioned how this would relate to physicians and nurses who don't expect to be paid in certain volunteer situations. Would the Board of Medicine or the Board of Nursing think that physicians or nurses do not need to be licensed because they are working as a volunteer. It is hoped that the EMSPC can work together with the Board of Nursing and Board of Medicine to resolve the issue of the definition of EMS in statute.

Chairman Sturkie noted that ski patrol is not the issue. The "practice of EMS" as defined in statute is the issue. Chairman Sturkie has talked with the Board of Medicine about this and a meeting with the Attorney General's Office and the Department of Health and Welfare has been scheduled.

Bureau Chief Gainor stated that a possible solution to get rid of the loophole would be to add the phrase "with the exception of those personnel who are otherwise governed under Title 56, Chapter 10" (which is the EMS law) to subsection 1h of the Board of Medicine Medical Practice Act.

Initiative for AEDs in all schools

Chairman Sturkie wanted the commissioners to be aware that Ms. Pat Tucker is circulating a petition to have AEDs placed in all schools. This may go before the legislature this session to get funding to purchase them for the schools.

Commissioner Sivertson moved that the EMSPC declare that current data does not support blanket placement of AEDs in schools. (Reference: American Academy of Pediatrics (AAP) 2004 thru 2008 policy statements.)

No second.

Idaho Simulation Network involvement

The EMSPC has contributed \$2000 for membership in the Idaho Simulation Network (ISN) the last couple of years. They are still growing and expanding their efforts to bring high fidelity manikin training throughout the state. Chairman Sturkie raised the question: Does the Commission want to continue to support this financially? The EMSPC membership in ISN allows all Idaho EMS medical directors to have access to ISN training, their purchasing discounts, etc. However, there has not been much communication from ISN to the medical directors or the EMSPC about these offerings.

EMS Bureau Compliance Specialist, Season Woods, reported that in the September EMS personnel license renewal cycle a lot of CEUs referenced SimMan training. Chairman Sturkie replied that the Air St. Lukes REAL Simulation program that is providing the training is not the same as ISN.

Commissioner Kim said he has seen e-mails where ISN has offered training for how to create a simulation program. He thought they had some on-going course offerings which members of the network could attend but the information does not seem to be getting to the medical directors. It may be due to the nature of the Commission's membership that the information is not getting down to the medical director level. Chairman Sturkie will bring it up at the next ISN steering committee meeting. EMS for Children is a member of ISN and recently held three (3) simulation programs in northern Idaho with very good feedback.

It was determined that financial support should be conditional on ISN demonstrating that they have a menu of items that are of interest to EMS medical directors and they have a valid mechanism of communicating those opportunities to the EMSPC.

Medical Director Education

The drawing for the three (3) sets of NAEMSP four-volume text "Emergency Medical Services: Clinical Practice and Systems Oversight" was made from the EMS medical directors who completed the Critical Illness and Trauma Foundation (CIT) on-line training course, "*Guide for Preparing Medical Directors*," by September 30, 2010. The winners are:

- ***Mikael Bedell, M.D.***
- ***H. Stuart Willis, M.D.***
- ***Ian Butler-Hall, M.D.***

Congratulations!

Commissioner Alter agreed to chair the Medical Director Education subcommittee. They need to work on transitioning the on-line course from CIT to the Idaho State University Learning Management System, check to see about the continuation of CME credit once it moves, direct development of Idaho-specific content to add to the on-line course information, include the Cardiac Level One toolkit when it is available, explore scheduling face to face regional workshops again for the in-depth Idaho-specific information, and determine funding sources for all of this. The ISU-LMS is currently being upgraded; therefore, the transition should wait until after this occurs. The other members of this subcommittee are commissioners: Masar, Curtin and Deutchman.

CDC Site Visit Request

The National Center for Injury Prevention and Control Division of Injury Response Centers for Disease Control and Prevention (CDC) developed a 2006 Field Triage Decision Scheme. They are interested in visiting several states to see why they have not adopted it. It was determined that the EMSPC should be involved in the Idaho meeting because this type of protocol consideration falls within the purview of the Commission. Commissioners requested the meeting be scheduled on May 12, 2011, the day before their usual EMSPC meeting on May 13th so the commissioners can participate.

Strategic Plan

Statewide protocols

Medical director education

Future Meeting Dates

February 11, 2011 – Boise - Oxford Suites

May 13, 2011 – Boise w CDC meeting the day before on May 12

September 9, 2011 – Coeur d'Alene

November 11, 2011 – change to November 18th because of Veteran's Day - Boise

Adjournment 4:43 pm

Murry Sturkie, Chairman
Idaho Emergency Medical Services Physician Commission