IDAHO EMSPC MEETING MINUTES

February 12, 2010

A meeting of the Idaho Emergency Medical Services Physician Commission was held on this date at Cambria Suites – Sawtooth Room, 2970 W. Elder, Boise, Idaho, 83705. Chairman Sturkie called the meeting to order at 8:40 a.m.

Members Present:	**Member's Position:**
Adam Deutchman, M.D.	American College of Surgeons Committee on Trauma
Curtis Sandy, M.D.	State Board of Medicine via teleconference
David Kim, M.D.	Idaho Medical Association
Debra McKinnon, D.O.	Idaho Fire Chiefs Association
James Alter	Citizen Representative
Kenny Bramwell, M.D.	American Academy of Pediatrics, Idaho Chapter
Maurice Masar, M.D.	Idaho Association of Counties
Murry Sturkie, D.O.	American College of Emergency Physicians, Idaho Chapter
Sarah Curtin, M.D.	Idaho EMS Bureau

Members Absent:	**Member's Position:**
Keith Sivertson, M.D.	Idaho Hospital Association
Pat Galvin	Citizen Representative

Vacant Seats:	N/A

Others Present:	**Other's Position:**
Bill Arsenault	Wildland Fire Rescue
Dean Neufeld	Idaho EMS Bureau Compliance Specialist
Denise Gill	Gooding County EMS
Dia Gainor	Idaho EMS Bureau Chief
Diana Hone	Idaho EMS Bureau Administrative Assistant
Janna Nicholson	Payette County Paramedics
Jill Hiller	Cascade Rural Fire/EMS
Justin Clemons	Idaho EMS Bureau Education & Certification Specialist
Lori Henneman	EMS Bureau State Communications
Lou Anne Johnson	Idaho National Laboratory Fire Department
Lynette Sharp	Air Idaho Rescue
Marc Essary	Idaho EMS Bureau Licensing Supervisor
Mark Johnson	Idaho National Laboratory Fire Department
Pat Tucker	Citizen
R. Dave Reynolds	Moscow Ambulance
Rachael Alter	Idaho EMS Bureau EMS for Children Program Specialist
Season Woods	Idaho EMS Bureau Compliance Specialist
Scott Long	Idaho Fire Chiefs Association / Idaho Falls Fire Dept
Wayne Denny	Idaho EMS Bureau Standards and Compliance Manager

Chairman Sturkie called the meeting to order at 9:39. New commissioners were welcomed and introductions were made.

Approval of Minutes from 11-13-09

Commissioner Kim, Idaho Medical Association, moved and Commissioner McKinnon, Idaho Fire Chiefs Association, seconded the motion to accept the draft minutes as submitted.
Motion passed unanimously.

Optional Modules Implementation Update

Justin Clemons briefly reviewed the history of emergency medical services (EMS) scope of practice development and recommendations over the last few decades in America. He discussed the ramifications of the optional modules training that will soon be implemented in conjunction with the scope of practice set by the Idaho EMS Physician Commission. He noted the necessity of evaluating the personnel that will be trained to do these optional skills, which are outside the normal scope of practice training and testing they receive. After reviewing the time commitment that will be required to accomplish this appropriate training, he asked the Commission to reconsider the appropriateness of the optional modules.

The commissioners agreed that they want the optional module training rolled out as quickly as possible. A time commitment was expected which was the reasoning behind the skills being optional. Commissioners felt there had been a ground swell request for these skills from the field and many feel they will be very beneficial, especially in the rural areas.

With the addition of optional modules, medical supervision plans will need to be updated.

A password will be required to access the optional module training curriculum website. Instructions for this will be coming from the bureau.

The Extrication Awareness curriculum is complete and will be included on the website with the optional modules. This is solely an EMS Bureau program; therefore, it will be managed the same way as any other EMS Bureau education program. The instructors do not need to meet Emergency Services Training (EST) instructor requirements. However, instructors must have taken formal extrication training, an outside course, no matter how many years they have been an agency's extrication expert or trainer. This will provide an outside resource and a broader level of understanding of the entire extrication process. Extrication Awareness will be a 4 to 6 hour course. The variance will depend upon the instructor. There will be no hands on training. It provides students with an awareness of vehicle extrication hazards only. It is all about safety.

The EMS Bureau is trying to receive a grant to make the Extrication Awareness course internet based. This would provide more options for agencies who cannot afford to pay an instructor to come out and teach the course.

The question was asked about ongoing education or maintaining the understanding. Justin answered that it may become a refresher course that personnel are expected to have during each re-licensure cycle.

SOP – Technique of Medication - Rectal

It was noticed recently that under "Technique of Medication" the "Rectal" line had inadvertently been left off the scope of practice grid in the standards manual. The skill was in the working and draft copies but somehow was dropped from the actual grid that made it into the standards manual.

Commissioner McKinnon, Idaho Fire Chiefs Association, moved to add rectal administration of medication to the scope of practice at the paramedic level. Commissioner Kim, Idaho Medical Association, seconded.
Motion passed unanimously.

Patient Care Treatment Guidelines or Protocols

The scope of practice grid in the standards manual states that skills marked with a 4 require an EMSPC "protocol." However, the EMSPC approved documents say "guideline" and that the medical director can modify them.

It was determined that the Blood Glucose Monitoring, Glucagon, Carbon Monoxide Monitoring, Epinephrine Auto Injector and Chempack should all be labeled as "protocols" and are to be followed without variance below the paramedic level. Therefore, the wording on the bottom should be changed and the following wording should be added to the top of the documents: "This protocol may not be modified by the Medical Director except at the paramedic level."

Commissioner Kim, Idaho Medical Association, moved to change the language in the footer of EMSPC protocols to: The Idaho EMS Bureau has taken extreme caution to ensure all information is accurate and in accordance with professional standards in effect at the time of publication. This protocol must be followed by EMR, EMT and AEMT personnel. This protocol may not be modified by the Medical Director except at the Paramedic level. It is recommended that care be based on the patient's clinical presentation and on authorized policies and guidelines. Commissioner McKinnon, Idaho Fire Chiefs Association, seconded. Motion passed unanimously.

Diana was directed to make appropriate adjustments according to the specific protocol because the above wording will not fit each protocol exactly as each protocol applies to the various levels of provider differently.

Carbon Monoxide Monitoring Protocol

Another draft protocol for CO Monitoring was reviewed. Some commissioners requested that the protocol not be device specific. There was much discussion about the use of this device being applied to patients versus firefighters being evaluated to return to fire fighting. Commissioner McKinnon stressed that there are very specific fire rehab guidelines that are followed and this is another tool to be used to help guarantee fire fighter safety. She felt that a fire fighter becomes a patient when he or she has symptoms and needs to be evaluated. Several commissioners did not feel this protocol was specific enough to be used as fire rehabilitation / return to work and do not feel it is appropriate to use this device in that way. Chairman Sturkie suggested putting a

comment at the top to say it is only to aid in the assessment of potential carbon monoxide exposure. Concern was also expressed about general “treat and release” evaluations as well.

Commissioner McKinnon, Idaho Fire Chiefs Association, moved to revise the current draft of the Carbon Monoxide Monitoring Protocol for consideration at the next meeting. Commissioner Sandy, State Board of Medicine, seconded.
Motion passed unanimously.

Commissioners Kim and Masar volunteered to work up a new draft for patient care only.

Commissioner McKinnon, Idaho Fire Chiefs Association, moved to have a Fire Rehab Carbon Monoxide Monitoring Guideline developed for consideration at the next meeting. Commissioner Kim, Idaho Medical Association, seconded.
Motion passed unanimously.

Commissioner McKinnon volunteered to work on this.

Statewide Protocol Subcommittee

Commissioner Kim reported that the subcommittee recognizes development and maintenance of statewide protocols will be time consuming and painful. However, to improve the consistency and quality of protocols being submitted the subcommittee feels statewide protocols are needed. Commissioner Kim felt the first step would be to decide upon a format and then prioritize which are most urgent to be worked on first, developing them one at a time. Working copies of North Carolina and Pennsylvania’s protocols have been made available for Idaho use.

Commissioner Curtin, EMS Bureau, moved that the subcommittee move forward with the development of statewide protocols. Commissioner Bramwell, American Academy of Pediatrics, Idaho Chapter, seconded.
Motion passed unanimously.

EMS Medical Director Education Subcommittee

For the benefit of the new commissioners, Dean Neufeld reviewed the history of this subcommittee: The Bureau, in conjunction with the State Office of Rural Health, has used funding and support as outreach to medical directors and EMS agency administrative staff to help promote the quality of EMS medical direction. This has taken different forms over the years such as: resources published for medical directors to adopt and look at, town hall meetings for the new EMSPC rules and code, the purchase of an on-line medical director training program which is one of the projects that is still being promoted, round table workshops across the state, etc. Currently there is not a working subcommittee because the members are either no longer on the commission or at the bureau.

The on-line medical director program is hosted by the Critical Illness and Trauma Foundation (CIT). State specific items can be posted or linked to this program. Some states have simply linked back to their specific state requirements. The program is a walkthrough of best practices and what medical direction could and should be according to national guidelines. Only 4 of the

40 who have signed in from Idaho have completed the course. The Bureau is working to find out more information about why this is the case.

Last May the subcommittee did draft end-point objectives for desired outcomes from an Idaho specific program. They did not think simply reposting of the state requirements was a legitimate educational opportunity. The subcommittee did not decide on a delivery method nor the specific objectives for those end points. The subcommittee was hoping to have something that could be embedded in the CIT site as a true educational offering but also as a standalone disc that could be promoted by the EMSPC as an opportunity for medical directors and agency administrators to utilize separately. Because the funding is from the State Office of Rural Health we must work within their parameters, which are to help guide rural EMS administrators, providers and medical directors.

A new subcommittee was formed with commissioners Masar, Curtin and Deutchman. Dean Neufeld from the EMS Bureau will act as lead for this subcommittee.

Last year the Commission purchased three (3) sets of the NAEMSP four-volume text "Emergency Medical Services: Clinical Practice and Systems Oversight." Commissioners agreed to establish a drawing for medical directors who complete the CIT Medical Director on-line training by 30 June 2010. Three winners of the drawing will receive one copy of the NAEMSP four-volume text set. EMS Medical Directors will be notified via email and postcard about the training and the drawing.

Gooding County Expanded AEMT Scope of Practice

Gooding County EMS has been using an expanded AMET scope for ten (10) years. Director Denise Gill distributed updated data including call volume, transports, non-transports, etc. so the commissioners could get an idea of what the agency does on an annual basis. The average transport time for patients who received the expanded scope is 40 minutes. This is from the time the agency is paged until the patient arrives at a hospital. All run reports with expanded scope usage are reviewed by the medical director. The protocols have been updated as requested by the Commission last year.

Commissioner Kim, Idaho Medical Association, moved to continue the Gooding County EMS expanded scope for two years. Commissioner Alter, Citizen Representative, seconded. Commissioners Deutchman, Sandy, Kim, Alter, Curtin, McKinnon, Bramwell approved. Commissioner Masar opposed.
Motion passed.

EMS Code Task Force report

Chairman Sturkie reported that the original Code Task Force proposal fell apart because all parties involved could not support it. Some members came back together and focused primarily on the medical direction section. Eventually the Association of Counties led the formation of the current proposal which has been submitted to be printed as a routing slip which will get a hearing to consider printing it as a bill. The EMSPC would be interested in the medical direction portion which starts with 31-5937. Commissioner Curtin asked how this would change what agencies

are doing now. Chairman Sturkie answered that it gives some authority in law rather than just relying on cooperation.

Commissioner Masar, Idaho Association of Counties, moves to support the EMS System Authority proposed legislation. Commissioner Bramwell, American Academy of Pediatrics, Idaho Chapter, seconded.
Motion passed unanimously.

EMS for Children language in Standards Manual

Rachael Alter asked that language be added to the EMSPC Standards Manual to help her meet the federal pediatric grant performance measures for off-line and on-line medical direction.

Commissioner Bramwell, American Academy of Pediatrics, Idaho Chapter, moved to add pediatric specific language to the EMSPC Standards Manual and the EMSPC guidelines/protocols to satisfy the EMSC requirements. Commissioner McKinnon, Idaho Fire Chiefs Association, seconded.
Motion passed unanimously.

Rachael, with the help of Chairman Sturkie, will bring specific language to the next meeting for approval.

Citizen Pat Tucker – EMS Treatment of Minors Proposed AED Protocol

Ms. Pat Tucker's daughter, Cady, was killed at the age of 11 in a highway crash in Montana. Ms. Tucker is from Idaho Falls and is sharing Cady's tragic story in an effort to highlight and remind EMS providers of the absolute necessity that every victim receive appropriate evaluation and emergency care regardless of what someone else, who may have been first on the scene, tells them. She urged the commission to change existing protocols to require, when possible, emergency response personnel to provide at least five (5) minutes of emergency treatment to children who are victims of motor vehicle crashes. She was hopeful that down the road an education campaign could go along with this. After hearing her story, commissioners discussed the use of CPR and AEDs in blunt trauma situations, along with several other issues brought up by this case.

Commissioners agreed to review the medical supervision plan requirements in their standards manual in an effort to make sure the topics discussed as a result of Ms. Tucker's tragedy are brought to the attention of EMS medical directors and agency administrators. Topics of concern included:

- All patients, including pediatric, receive appropriate evaluation and care.
- The resiliencies of pediatric patients are not discounted.
- Every agency has protocols that deal with death in the field.
- EMS personnel are trained to deal with on-scene providers that are self declared.
- EMS personnel are trained to interface with other EMS agencies in terms of transfer of care, trauma protocols and transport.
- EMS personnel are trained and retrained to the protocols. When was the last time agency protocols were reviewed or discussed?

- Efforts must always be guided by data and research. Evidence based treatments, which have been proven to be the most effective, are the best use of limited resources.
- Responsible triage is vital.

Dia Gainor asked if the Commission was in support of removing language that prohibits the application of an AED to a pediatric patient in cases of blunt trauma. If opposed to removing this language, why are we promoting it for the child who gets hit in the chest with a baseball?

Chairman Sturkie asked the Statewide Protocol Subcommittee to look at the wording in the Standards Manual and bring suggestions to the next meeting or possibly a guideline for trauma care.

These issues will be included in the meeting "Highlights" which go to all EMS agencies and medical directors.

Airway Management Data Collection Tool

Commissioner Kim reviewed the data collected in the first month, January 2010. Data will be sent to agencies periodically so they can double check to make sure all events were reported to this collection tool in addition to their PCR. The data will be used to help the Commission make decisions on intubation. It will also be helpful for agencies in their quality control and training. Commissioners requested this info be distributed on a regular basis to the agencies and medical directors.

2009 National EMS Education Standards – SOP Grid questions

A few months ago when the Bureau compared the 2009 National EMS Education Standards Gap Analysis Template, which is a tool to help states compare their scope of practice with the National Scope of Practice Model, there were several discrepancies with what the EMSPC had projected their scope to be in the future when the National scope is in place. Clarification was needed in order to keep the working grids as accurate as possible.

Quarterly vs. Annual Rules – Approve PARF

The EMSPC will not be making changes to their standards manual on a quarterly basis in the future. All changes will be tracked throughout the year and submitted to the Legislature as a standards manual edition change once a year. The new standards manual will become effective sine die of that Legislature the following spring. To start the process to allow for the change in rule of the standards manual edition for the 2011 Legislature, the Proposed Administrative Rules Form (PARF) needs to be approved now.

Commissioner Alter, Citizen Representative, moved to approve the Chairman filing the required forms to allow rules to be reviewed by the 2011 Legislature with an effective date of sine die. Commissioner Masar, Idaho Association of Counties, seconded.
Motion passed unanimously.

MSP Guidance Document Development

The Commission has been concerned about the consistency and quality of many of the medical supervision plans (MSP) that have been received so far. The EMSPC has a desire to help medical directors improve the quality of their medical supervision plans but was unsuccessful in finding an outside contractor to help develop a guidance document or template. The commissioners are also hopeful that their review of MSPs could be standardized by such a template or guidance document.

A subcommittee was formed to start work on this project. Commissioner Deutchman agreed to be the chair with commissioners Kim, Alter and Bramwell on the committee.

Future Business

The next EMSPC meeting will be in Pocatello on May 14th. It will start at 9:00 rather than 8:30 because of the flight. Officer elections for Chair and Vice Chair will be held at that meeting.

Commissioners want to pursue the process to seek an increase in EMS personnel licensing fees so the EMSPC can have the funds needed for projects such as statewide protocols, the evaluation of medical supervision plans and tracking them, medical director education, etc. Chairman Sturkie will work on acquiring specific projected costs.

Commissioner Sandy requested critical care modules be added to the next agenda because of the University of Maryland's CCEMTP course that is now available.

Commissioner Deutchman asked how Idaho is going to deal with ski patrol functions since the state Good Samaritan Law does not cover them. He felt the Commission should be proactive in some way. Either pushing for inclusion in the EMS scope of practice, or exclusion, or a recommendation for alternative legislation as they have done in Colorado and Montana. Chairman Sturkie asked the Bureau to bring back a report from their rule writing session that will be held February 17-18th which will include this topic.

Commissioner Deutchman, American College of Surgeons Committee on Trauma, moved to adjourn. Commissioner Bramwell, American Academy of Pediatrics, Idaho Chapter, seconded.
Motion passed unanimously.

Adjournment 4:33 pm

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Murry Sturkie, Chairman
Idaho Emergency Medical Services Physician Commission