# IDAHO EMSPC MEETING MINUTES

## May 14, 2010

A meeting of the Idaho Emergency Medical Services Physician Commission (EMSPC) was held on this date at AmeriTel Inns, Pocatello, Idaho, 83705. Chairman Sturkie called the meeting to order at 9:56 a.m.

| **Members Present:** | **Member's Position:** |
|---|---|
| Adam Deutchman, M.D. | American College of Surgeons Committee on Trauma- via teleconference |
| Curtis Sandy, M.D. | State Board of Medicine |
| David Kim, M.D. | Idaho Medical Association |
| Debra McKinnon, D.O. | Idaho Fire Chiefs Association - via teleconference |
| James Alter | Citizen Representative |
| Keith Sivertson, M.D. | Idaho Hospital Association |
| 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 - via teleconference |

| **Members Absent:** | **Member's Position:** |
|---|---|
| Pat Galvin | Citizen Representative |

| ***Vacant Seats:*** | N/A |
|---|---|

| **Others Present:** | **Other's Position:** |
|---|---|
| Dia Gainor | Idaho EMS Bureau Chief |
| Diana Hone | Idaho EMS Bureau Administrative Assistant |
| Justin Clemons | Idaho EMS Bureau Education & Certification Specialist |
| Marc Essary | Idaho EMS Bureau Licensing Supervisor |
| Wayne Denny | Idaho EMS Bureau Standards and Compliance Manager |

Chairperson Sturkie called the meeting to order at 9:50. The meeting started late due to airplane engine problems for those who came from Boise, including Chairperson Sturkie.

### Approval of Minutes from February 10, 2010 Meeting

**Commissioner Bramwell, American Academy of Pediatrics, Idaho Chapter, moved to accept the draft minutes as submitted.**
**Commissioner Masar, Idaho Association of Counties, seconded.**
**Motion passed unanimously.**

## Optional Modules Implementation Update

Justin Clemons reported that the optional module curriculum is ready for review by the state health officer. Her approval must be obtained before the program can be implemented

Bruce Anthony from the Firth Fire Department had questions concerning training and testing of "first responders" for the immobilization optional modules (OM). It was explained that the Firth emergency medical responders (EMR) may not need additional hours of training if they have already been taught the skill in their unit. Once the optional module program is activated, they may "test out" of the training if they can demonstrate competency by passing the state exam and then be credentialed for that skill by their EMS medical director. The state can bring the exam to the Firth area when requested.

It was noted that there is a difference between the awareness of immobilization that is taught in an EMR course compared to the actual skill level taught to "basic" emergency medical technicians (EMT). To perform the immobilization OM skill(s) in the field, the EMR will have to pass the EMT level competency test(s) for immobilization and be credentialed by their medical director.

## EMS for Children (EMSC) Draft Language for Standards Manual

As discussed at the February 2010 meeting Rachael Alter submitted draft language to be added to the EMSPC Standards Manual to help EMSC meet federal pediatric grant performance measures for off-line and on-line medical direction.

"The EMS medical director shall demonstrate appropriate training and/or expertise in adult and pediatric emergency medical services." will be added as item #4 under "The EMS medical director must:" on page 6.

Item #1 in the list of what indirect (off-line) supervision includes on page 9 will be changed to: "Written standing orders and treatment protocols for both adult and pediatric patients including direct (on-line) supervision criteria;"

Language addressing proposed item #1.a. in this same section will be included in the EMS Licensure Standards Manual rather than the EMS Physician Commission Standards Manual. (1.a. "Written standing orders and treatment protocols are to be carried on the ambulance in written or electronic form;")

"Designated on-line physicians and clinicians shall have appropriate training and/or expertise in adult and pediatric emergency care." will be added to the end of section C. Director (on-line) medical supervision. on page 10

**Commissioner Masar, Idaho Association of Counties, moved to make the proposed changes to the EMS Physician Commission Standards Manual as edited above.**
**Commissioner Bramwell, American Academy of Pediatrics, Idaho Chapter, seconded.**
**Motion passed unanimously.**

These changes will appear next year in the 2011-1 edition of the EMSPC Standards Manual.

## Pediatric AED Guideline

Commissioners agreed that removing the contraindication of "Patients suffering from major traumatic injury" as requested by Pat Tucker at the February meeting was acceptable in the new pediatric AED guideline.

## Standards Manual – AEMT Advanced Airway Equipment List

Since AEMTs may only perform advanced intubation on pediatric patients over 12, the Commissioners agreed to remove the requirement to carry pediatric blades sized 2,3,4 from the equipment requirements in Appendix B, page 25. These blades may be carried but are not required.

**Commissioner Sivertson, Idaho Hospital Association, moved to remove the requirement for pediatric blades on page 25 of the EMSPC Standards Manual.**
**Commissioner Kim, Idaho Medical Association, seconded.**
**Motion passed unanimously.**

## EMS Medical Director Education Subcommittee

Dean Neufeld was able to determine that EMSPC access to the Critical Illness and Trauma Foundation (CIT) website is good through October 2010 and that it is working correctly. The Critical Access Hospital (CAH) federal grant fund can pay for next year's access to this on-line course for all Idaho EMS medical directors. In addition, there is approximately $11,000 in the CAH fund to pay for development of the Idaho specific modules and delivery method but it must be used by the end of September 2010.

Idaho EMS medical directors will be reminded of the availability of the course, how to access it without a charge and that if they complete the course by the end of September they will qualify for the four-volume NAEMSP "Emergency Medical Services: Clinical Practice and Systems Oversight" text book drawing.

## Airway Management Data Collection

Commissioner Kim reviewed the data collected since January 1st. Commissioners desired:

1. Quarterly contact with EMS agencies to ensure data submission. EMS agencies will be given a list of submitted records for the previous quarter and will be asked to reconcile the list with their intubation records. If two (2) crew members attempted intubation on the same patient, the airway database should have two (2) records for that one (1) patient.
2. Annual data report for agencies that will also include statewide aggregate data. The first annual agency report will include data for the first 6 months of 2010. An explanatory sentence will be included on each slide of the report. Commissioner Kim and Bureau staff will determine which slides to include.
3. Agencies can request more frequent reports (e.g., quarterly, twice a year).
4. Agencies can request custom date report once per year.
5. If requests for numbers 3 and 4 are frequent, this "policy" may be changed.
6. The EMSPC would like to see an airway data report twice a year. Commissioner Kim felt the report should include the previous 6 months as well as cumulative data from 1/1/10.

The report will be sent to the EMS agency as well as their medical director.

**Commissioner Sivertson, Idaho Hospital Association, moved that the EMSPC would like to see the airway management data twice a year with cumulative information.**
**Commissioner Masar, Idaho Association of Counties, seconded.**
**Motion passed unanimously.**

Dia Gainor, Bureau Chief, reported that the Bureau is contemplating providing a grant for two (2) ruggedized video laryngoscopes to assess their usage in the prehospital setting. The agency(s) selected to participate, in addition to other study requirements, would have to upload the video along with their airway data submission.

## Statewide Protocol Subcommittee Report

Subcommittee Chair Kim reported 100% participation for their teleconference meeting.

As a result of the presentation by Pat Tucker at the February meeting, the EMSPC agreed to review the medical supervision plan requirements. As the subcommittee did this they determined that #14 of section "B. Indirect (off-line) medical supervision." on page 9 of the standards manual should include a reference to when a provider does not have to initiate resuscitation and when they can terminate resuscitation. Discussion followed.

**Commissioner Kim, Idaho Medical Association, moved to add "termination of resuscitation" to #14 on page 9.**
**Commissioner Sivertson, Idaho Hospital Association, seconded.**
**Motion passed unanimously.**

The situation described by Pat Tucker also included a first-on-scene bystander declaring themselves as a health care provider and the EMS personnel following that person's recommendation without performing an evaluation of the patient themselves. The subcommittee asked, "How does the EMS system integrate bystander providers?" EMSPC rules address physicians, but not bystanders. Chairperson Sturkie recommended adding a #20 to the list on page 9 to address this.

**Commissioner Kim, Idaho Medical Association, moved to add having a policy on the recognition and utilization of bystander providers that are not credentialed by the local EMS system as #20 on page 9.**
**Commissioner Bramwell, American Academy of Pediatrics, Idaho Chapter, seconded.**
**Motion passed unanimously.**

## Carbon Monoxide Monitoring Protocol

The Statewide Protocol Subcommittee submitted a new draft for Carbon Monoxide Monitoring. Commissioners approved it with the only change being to make it a Protocol not a Guideline, therefore changing the heading and the footer.

**Commissioner Masar, Idaho Association of Counties, moved to adopt the submitted Carbon Monoxide Oximetry guideline as a protocol.**
**Commissioner Sandy, State Board of Medicine, seconded.**
**Motion passed unanimously.**

The Statewide Protocol Subcommittee determined they would like the Idaho protocols to be formatted similar to North Carolina with a QA/QI section similar to Pennsylvania. They have not determined priorities, nor assigned any specific protocols for development yet. Subcommittee members and other commissioners will need the Microsoft VISIO program to develop and collaborate on these protocols. The Bureau will have to research the ability to purchase this software using EMSPC funds for non-state computers. Commissioners would like 6 to 9 licenses.

**Commissioner Kim, Idaho Medical Association, moved to authorize the expenditure of about $500 to purchase at least 6 licenses of Microsoft VISIO for use in developing statewide EMS protocols.**
**Commissioner Sivertson, Idaho Hospital Association, seconded.**
**Motion passed unanimously.**

## Nitropaste - AEMT

Can an AEMT monitor a patient with Nitropaste on an interfacility transfer? Is this part of the AEMT scope of practice?

Consensus of EMSPC after discussion was: No, it is not within the AEMT scope of practice. It is the sending physician's responsibility to provide appropriate medication, equipment and personnel.

## Medical Supervision Plan (MSP) Subcommittee – Guidance Document

Commissioners Deutchman and Kim were able to meet by teleconference. After trying to determine what type of document would be useful to help medical directors develop their MSPs and also help the EMSPC evaluate them when submitted, they found they were possibly changing the original concept of what this document should be. They started creating a sequence of questions. Some could be answered with a yes or no. Other sections would require a narrative paragraph or perhaps an upload of the corresponding document. The medical director would create and keep the MSP, but they would submit answers to the questionnaire for the EMSPC to evaluate or spot check certain sections. The questionnaire would help the medical director and the commission evaluate the adequacy of the MSP.

Commissioners discussed whether the questionnaire would or could be changed from year to year or every so often to get a sense of Idaho specific items or to zero in on something that has surfaced nationally. The goal is to assist the medical directors rather than burden or overwhelm them, so perhaps they could get advance notice of which section was going to be focused on that year. Subcommittee Chair Deutchman had no objection to having a forward statement about how these evaluation tools would be used.

Commissioner Sivertson felt a structured approach to the MSP is still the way to go and that it should have two signatures on the bottom: the medical director and agency director.

**Commissioner Masar, Idaho Association of Counties, moved to have the subcommittee proceed and clarify this concept.**
**Commissioner Kim, Idaho Medical Association, seconded.**

**In favor: Commissioners Bramwell, Sturkie, Deutchman, Masar, Sivertson, Kim, Sandy, Curtin and Alter**
**Abstain: Commissioner McKinnon**
**Motion passed.**

## Idaho Volunteer Fire & Emergency Services Association (IVFESA)

The IVFESA wants to teach the ACLS-EMT Basic Course. Commissioners were concerned that focusing on ALS aspects is a distraction from appropriate EMT responsibilities. Although additional knowledge and awareness is usually good, it must be stressed that EMTs cannot do things that are outside of their scope of practice just because they learn about them. Another concern is that using training time for this course may be a detriment to the continuing education required for competencies an EMT needs for their relicensing requirements, which this course does not meet.

Chairperson Sturkie will write a letter to IVFESA informing them that the EMSPC only recommends this training after fulfilling their basic educational responsibilities (CEU's) and the EMSPC does not authorize or sanction any EMT to exceed his/her scope of practice.

## Critical Care Modules

Commissioner Sandy asked two questions regarding the paramedic critical care (CC) optional modules:

1. Will paramedics have to be tested on the critical care optional modules after they take a state course or are the paramedic optional modules going to be medical director driven?
2. How does the state view the University of Maryland, Baltimore Campus (UMBC) CC EMTP course certificate? If a paramedic has taken this course do they still need to take the state critical care optional module? What about other CC EMTP courses?

Bureau Chief Dia Gainor answered: The curriculum guide the state developed in 1996 is actually quite comparable to the content of the UMBC course. The curriculum guide was developed to prevent creating a monopoly for that one program outlet. The bureau would have no basis to dismiss what a certificate from the UMBC program represents. It would be equal to or exceed the state curriculum standard because we know the person took the entire course. Whereas, the state curriculum can be done in a modular approach and portions of the course can be omitted. An objective comparison of other programs would have to be done before answering this same question for them.

Commissioner Sandy asked: If a paramedic comes into his agency with a UMBC certificate does this mean that provider can be considered CC personnel without taking state optional modules?

Chairperson Sturkie further asked: Since there is no specific curriculum other than the guidelines, will the bureau require the medical director to submit what curriculum was used to train for that skill? Or is the medical director credentialing of that individual all the state requires?

Dia responded: The bureau requires that the agency and medical director attest to the fact that the education the individual was subjected to is equivalent to what is in the curriculum guide published by the bureau. The bureau does not evaluate programs. It is the medical director's responsibility to ascertain the capability of that individual.

Commissioner Kim asked that the CC curriculum be updated so that it is organized by skill rather than the way it is currently formatted. He also suggested that there may be some modules that everyone should take regardless of what skill they want to perform. Currently it is virtually impossible to tease out the specific objectives for an individual skill from the curriculum because it is not set up that way. Dia replied that the bureau is already planning for the upcoming CC curriculum to be skill by skill because of the EMSPC scope of practice grid.

Commissioner Sivertson noted that many of the CC skills are device specific so that has to be taken into consideration also. Agencies will have to keep records indicating who received device specific training and when. They are not required to submit this information to the bureau however.

## EMSPC Strategic Plan

Chairperson Sturkie submitted a "Strategic Plan Outline" listing some of the projects the commission is working on. He asked, "Where do we want to go as a commission? What are our goals and how do we accomplish them? What is the cost and time frame for things such as developing state protocols? Does the Bureau have enough staff and resources to accomplish and support our goals and projects? Perhaps we need an FTE for an administrative assistant to help with our goals and projects. Should we look at an executive director paid for by the EMSPC? The idea is to make ourselves more self sufficient and justify what we need." Chairperson Sturkie asked the commissioners to review the projected plan and come up with some ideas to discuss in more detail at the next meeting.

## Financial Report

There is a balance of approximately $8500 to be spent before the end of this fiscal year on June 30, 2010.

Commissioners asked if they could contract and pay for some clerical help with this money now and have the help for perhaps the next six months. This person could help with the statewide protocol subcommittee and the medical direction course development. Perhaps they could contact the 40 people who started but did not complete the on-line medical director course to determine what prevented them from finishing it. It was determined that there was not enough time to have such a contract in place before the end of this fiscal year. Commissioners decided to redirect the $4995 of the CAH money away from renewing the subscription, as talked about earlier in the meeting, to these evaluation and quality assessment activities. Renewal of the subscription would come out of EMSPC fund. The remainder of the CAH money will be used on development and purchase of the Idaho specific medical director elements to be included with the CIT course.

Chairperson Sturkie reported that the Idaho Simulation Network (ISN) is currently working with EMS for Children to set up several outreach programs for teaching EMS agencies and critical access hospitals. There are three programs scheduled this year. The EMSPC is a charter member of ISN. They are still growing and maturing into what they are going to be. Commissioner Kim recommended continued support of the ISN by renewing that membership because it has potential for giving back quite a bit to EMS applications in the future.

$5000 to CIT
$2000 to ISN
VISIO for the Statewide Protocol development
If there are any funds leftover they would be used to purchase NREMT testing vouchers for volunteer EMTs again. This has been a very popular and helpful program.

Commissioners briefly discussed ways of supporting and identifying EMS medical directors with bumper stickers, patches, bags or ID cards because what they are doing is important and should be recognized.

Commissioners expressed frustration over again having to decide in May how to use the money by the end of the month. It was hoped that next year the plan could be developed sooner. Chairman Sturkie noted that this was a big part of the reason for his strategic plan outline presented earlier: What money do we need and what can we allocate toward those things?

Commissioners discussed changing the EMSPC funding to a dedicated fund rather than a receipts fund. This would allow funds to be carried forward and accumulate to cover the costs of some of the bigger projects. With the receipts type fund all of the money received must be spent each fiscal year. Funds not spent at the end of the fiscal year go into the general fund where EMS cannot use it. With a receipts type fund the EMSPC has not been able to accrue enough money to accomplish the projects talked about in the strategic plan. The commissioners themselves cannot do all the work on a volunteer basis and the Bureau does not have sufficient staff to accomplish and support all the tasks either. Therefore, funds are needed to hire or contract some of the work to be accomplished by others.

Dia reminded the commissioners that any legislative idea must first be approved by the Department of Health and Welfare and the governor before going to legislature. She was not sure of any possible down sides of changing to a dedicated fund

**Commissioner Kim, Idaho Medical Association, moved to authorize the expenditure of $5000 on renewal of the CIT subscription, $2000 for continued membership in the Idaho Simulation Network, VISIO software for statewide protocol development and any remaining funds for NREMT testing vouchers for volunteer agencies.**
**Commissioner Bramwell, American Academy of Pediatrics, Idaho Chapter, seconded.**
**Motion passed unanimously.**

**Commissioner Kim, Idaho Medical Association, moved that the EMSPC explore the feasibility of creating a dedicated fund for the commission that is funded by personnel licensure fees.**
**Commissioner Sandy, State Board of Medicine, seconded.**
**Motion passed unanimously.**

## EMS Rule Writing Update

The Bureau will be taking the newly drafted EMS Rules to town hall meetings across the state starting the week of May 17th. Wayne Denny briefly highlighted the sections that interface with the EMS Physician Commission. The new concepts of a Certificate of Eligibility for personnel who do not have agency affiliation and operational declarations for agency licensure were discussed.

Commissioners were invited to submit comments via e-mail to Wayne.

## Approve Proposed Rule Docket

**Commissioner Masar, Idaho Association of Counties, moved to approve Proposed Rule Docket No. 16-0202-1001 which changes the EMSPC Standards Manual version to 2011-1. Commissioner Alter, Citizen Representative, seconded.**
**Motion passed unanimously.**

## Election of Officers

**Commissioner Deutchman, American College of Surgeons Committee on Trauma, nominated Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, to serve as Chairperson.**
**Commissioner Sandy, State Board of Medicine, seconded. Commissioner Sivertson, Idaho Hospital Association, moved to close the nominations.**
**In favor – Unanimous**

**Commissioner Bramwell, American Academy of Pediatrics, Idaho Chapter, nominated Commissioner Deutchman, American College of Surgeons Committee on Trauma, to serve as Vice Chairperson.**
**Commissioner Sandy, State Board of Medicine, seconded and moved to close the nominations.**
**In favor - Unanimous**

## Upcoming meetings

The National Association of State EMS Officials (NASEMSO) meeting will be coming to Boise in October of 2012. This means state EMS medical directors from all over the west will be here.

In an attempt to increase attendance at the EMSPC meetings held outside of the Boise area the Bureau will send a notice of the meeting to all EMS personnel in that area, rather than to the agency administrators and medical directors only.

September 10, 2010 - Cambria Suites, 2970 W. Elder Street, Boise
November 12, 2010 - Cambria Suites, 2970 W. Elder Street, Boise
February 11, 2011 - Boise
May 13, 2011 – perhaps Challis

**Commissioner Bramwell, American Academy of Pediatrics, Idaho Chapter, moved to adjourn. Commissioner Masar, Idaho Association of Counties, seconded.**

**Adjournment 4:11 pm**

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Murry Sturkie, Chairperson
Idaho Emergency Medical Services Physician Commission