

IDAHO EMSPC MEETING MINUTES

February 6, 2013

A meeting of the Idaho Emergency Medical Services Physician Commission (EMSPC) was held on this date at the Owyhee Plaza, 1109 Main Street, Boise, Idaho.

Members Present:

Murry Sturkie, D.O.
Brian O'Byrne, M.D.
Mark Urban, M.D.
James Alter
Veronica Mitchell-Jones
Maurice Masar, M.D.
Eric Chun, M.D.
Keith Sivertson, M.D.
Curtis Sandy, M.D.

Member's Position:

American College of Emergency Physicians, Idaho Chapter
American College of Surgeons Committee on Trauma
American Academy of Pediatrics, Idaho Chapter
Citizen Representative
Citizen Representative
Idaho Association of Counties
Idaho Fire Chiefs Association
Idaho Hospital Association
Idaho State Board of Medicine

Members Absent:

Member's Position:

Vacant Seats:

Idaho EMS Bureau
Idaho Medical Association

Others Present:

Bill Aresenault
Chris Stoker
Dave Reynolds
David Jackson
Dean Neufeld
Dia Gainor
Diana Hone
Elke Shaw-Tulloch
Hans Ohme
Jan Peterson
Jill Hiller
Kelland Wolf
Kevin Bollar
Kody Dribnak
Les Eaves
Mark Zandhuisen
Melonie Skiftun
Mikel Walker
Paul Johns
Randy Sutton
Season Woods

Other's Position:

Wildland Fire / U.S. Forest Service
Idaho Bureau of EMS & Preparedness - EMS Section Manager
Moscow Fire Department
Nampa Fire Department
Idaho Bureau of EMS & Preparedness - Licensing Supervisor
National Association of State EMS Officials
Idaho Bureau of EMS & Preparedness - Records Lead
Department of Health & Welfare
McCall Smokejumpers
Idaho Bureau of Land Management
Cascade Rural Fire & EMS
Wood River Fire & Rescue
INL
Idaho Bureau of EMS & Preparedness - EMS Field Coordinator
Clearwater County Ambulance
Bonner County EMS
Donnelly Ambulance
Madison Fire Department
INL Medical Director
West End Fire & Rescue
Idaho Bureau of EMS & Preparedness - EMS Field Coordinator

Troyce Miskin
Wayne Denny

Madison Fire Department
Idaho Bureau of EMS & Preparedness - Bureau Chief

Chairman Sturkie started the meeting at 8:34 a.m. by introducing the new commissioner, Dr. Brian O'Bryne, from Idaho Falls, representing the American College of Surgeons Committee on Trauma.

Commissioner Sivertson, Idaho Hospital Association, moved and Commissioner Alter, Citizen Representative, seconded the motion to move into closed executive session to review confidential material involving EMS personnel in accordance with Idaho Code § 67-2345(1)(b).

Motion passed unanimously.

License Action Report

Commissioner Sivertson, Idaho Hospital Association, moved to accept actions taken in closed session:

2011-30 A, B, C D – Retain with Conditions

2012-35 – Revoke

2013-10 – Revoke

2013-11 – Suspend with conditions

2013-12 – Issue without conditions

Commissioner Alter, Citizen Representative, seconded the motion.

Motion passed unanimously.

Season Woods reported that, when possible, the Bureau plans to hold peer reviews the day or evening before EMSPC meetings to lesson travel trips for commissioners and Peer Review Committee members. The peer review held on February 5th was the first evening meeting and seemed to allow more of the subjects to attend. Additional Peer Review Committee members need to be chosen due to attrition. If you are interested in serving, please let Season know.

Approval of Minutes from 11-16-12

Commissioner Sivertson, Idaho Hospital Association, moved and Commissioner Mitchell-Jones, Citizen Representative, seconded the motion to accept the draft minutes as submitted. Motion passed unanimously.

Statewide Protocols Subcommittee Report

The workgroup met again on February 5, 2013. Subcommittee Chair Sandy reported that first draft review of all protocols in Visio format has been completed. It is hoped that final formatting will be complete by the end of February. When this is complete, the subcommittee will review them again for any blatant errors before distribution.

Commissioners discussed distribution and feedback. The Commission undertook this project to standardize care across the state and to have protocols that are up-to-date and evidence-based available to all agencies in Idaho.

It was agreed to post the Protocols and Procedures on the website in PDF form for anyone to print. They will be posted as one complete document and also broken up into smaller sections. Agencies

that wish to receive the Visio version for editing may request it from the Bureau. However, *the Commission needs to SEE any desired changes or suggestions from every agency. Desired changes need to be clearly marked on the original version and submitted to the EMSPC for review.* The Subcommittee will review all of the feedback and update the Protocols and Procedures as appropriate for future editions. Agencies should keep in mind that these Protocols and Procedures may be prescriptive in the future and variations will not be allowed at that time without applying for a variance. Therefore, the Commission strongly encourages all agencies to review, implement, and provide input towards the Statewide Protocols and Procedures. Feedback can be submitted to EMSPPhysicianComm@dhw.idaho.gov or fax 208-334-4015.

Commissioner Sivertson, Idaho Hospital Association, moved to support the actions discussed and recommended by the subcommittee. Commissioner Chun, Idaho Fire Chiefs Association, seconded.

Motion passed unanimously.

Medical Director Education Subcommittee Report

The Commission requested that the Bureau start asking agencies about medical supervision during their annual agency inspections to help the Commission identify areas of concern that might be added to the medical supervision workshops or addressed in other ways. They received the first of these responses. Responses were very brief and most credentialing examples submitted were inadequate. Again it is evident that the small rural agencies and their medical directors need more guidance and support.

The Bureau will continue to forward these responses to the Medical Director Education Subcommittee for review. The subcommittee will determine if something should be added to the workshop topics. It was suggested that a credentialing tracking sheet be made available as an example at the site visits.

Commissioner Sivertson noted that he has been in discussions with Dieter Zimmer at the Idaho Simulation Network (ISN) about setting up some type of skills verification certificate program. The idea is that the Commission would approve a list of acceptable programs that could issue skills verification certificates when using simulation (SIM) manikins. This would provide one more tool for credentialing. If a provider participated in SIM at a conference or school they would receive a certificate, approved by the EMSPC, which could be used by medical directors towards credentialing. At this time skills verification for EMR and EMTs may be delegated; so with this, skills verification could be delegated to SIM for AEMT and Paramedics from the approved institutions.

Commissioner Sandy was in favor of a program that would make SIM manikins more accessible. He feels that the manikins that were bought with grant money to make SIM more available for rural access did not help in his areas because the 5 SIMS at ISU are never available. As a medical director he would want to know what the provider actually did, so the certificate would need to be descriptive such as: “5 intubations at CSI” or “passed on 5th attempt.”

The Commission would like ISN to help improve access to the high-fidelity simulation manikins that are around the state. ISN will be invited to the August EMSPC meeting to discuss this further.

Lifepack 12 Defibrillators

The Bureau approached the Commission for clinical guidance regarding the use of automated external defibrillators (AED) on pediatric patients. Some concern had been expressed to the Bureau by an EMS agency that utilizes Lifepack 12 defibrillators. These devices are multifunctional and are deployed by various agencies across the state. The issue that was identified is that the Lifepack 12 is only compatible with pediatric AED pads in the manual defibrillation mode and not the AED mode. The manual mode is outside of the EMR, EMT and AEMT scopes of practice. After some discussion, the Commission concluded that the current ACLS guidelines offer the most current clinical guidance. AEDs may be used in children 1 to 8 years of age (and older). For children 1 to 8 years of age, rescuers should use an AED with a pediatric dose-attenuator system if one is available but could use the adult configuration if not.

State-Wide Implementation of an Evidence-Based Guideline

Idaho has been chosen as one of five (5) states to participate in a project to determine what states would need to facilitate implementation of national evidence-based guidelines for EMS. Dia Gainor, Executive Director of the National Association of State EMS Officials (NASEMSO), presented an overview of the project. NASEMSO was awarded the grant for the project from the U.S. Department of Transportation National Highway Traffic Safety Administration, which is where the National EMS Advisory Council resides. Arizona, Wyoming, Tennessee, and Kansas were the other states chosen to participate in the project.

There has been a significant amount of work at the national level towards developing evidence-based guidelines; therefore, the next step was to determine what it would take to implement one at the state level. This project is not a clinical study. It is not about studying the effects of the use of the guideline, it is about the logistics and process states would have to endure to implement a new guideline. The goal is to create a model tool kit. They want to determine what states need to do and need to have in order to facilitate the implementation of federal evidence-based guidelines. They want to know of any barriers and assess the feasibility. More information will be available as the project progresses.

Optional Module

The Commission and Bureau have been discussing the need for additional continuing education (CE) hours for the new EMT optional modules, which will be available July 2013, since those skills require extra CE at the AEMT level to maintain. The Bureau has determined that they do not have authority to require extra CE towards license renewal for optional modules. The EMSPC has authority to implement optional modules as part of the scope of practice; therefore, they will need to address additional CE as part of credentialing for authorization of optional modules in their standards manual. Commissioner Sivertson reiterated that the lower level provider must maintain the same competency level as the higher level provider, which has the skill in their floor.

A lengthy discussion followed regarding competency based skills verification and credentialing versus hourly based continuing education.

Commissioner Sivertson, Idaho Hospital Association, moved that continuing education (CE) and skills validation for optional modules (OM) be competency based under the direction of the Medical Director. Commissioner Chun, Idaho Fire Chiefs Association, seconded.

The discussion continued with the Bureau making the point that if an agency cannot devote more hours to train and maintain the optional skills they should not be doing “optional” skills. Another problem is the lack of criteria to be used for auditing competency based skills verification or credentialing.

Commissioner Masar, Idaho Association of Counties, moved to amend the motion to include: Hours used to maintain OM credentialing will not be used to meet the CE hours for personnel license renewal. Commissioner Urban, American Academy of Pediatrics, Idaho Chapter seconded. Commissioners Sivertson and Chun agreed to the amendment.

Commissioners felt that hourly requirements do not necessarily equate to improvement and agreed that competency has to be owned by the medical director. The medical director is required to verify competency of OMs and to determine the additional hours his/her people will need to maintain their optional skills. Chairman Sturkie clarified that CE, skills verification and credentialing OMs would be maintained at the agency level and would be subject to audit separately from license renewal to maintain OM authorization.

Motion passed unanimously.

The Bureau will perform random audits of OM credentialing records during agency license renewal inspections. The agency will be notified 30 days prior to the annual inspection to provide documentation. These audits will provide a pulse check for the EMSPC to continue to monitor OM viability. The EMSPC Medical Supervision Plan Subcommittee will review the audit materials and make recommendations to the Commission at their quarterly meetings. Letters of Concern, suspension or termination of OM authorization may be issued when warranted.

An agency implementing OMs must refer to the minimum equipment list for the agency with the next highest clinical capability and service type in the current Bureau equipment list. The EMSPC standards manual should reflect this reference.

The Bureau will bring draft language to the May EMSPC meeting to update the Standards Manual to include this decision.

Wildland Fire Subcommittee Report

Subcommittee Chairman Sivertson thanked Bill Aresenault for his work on the draft document: *“Wildland Fire EMS – Guidance and Pre-season Checklist for Idaho based EMS agencies that participate/support wildland fire operations.”* The Bureau was asked to check the document for compliance with regulatory requirements and authority and then to distribute it, along with the Limited Request for Recognition, within 60 days to help every agency be prepared for the next fire season. This checklist will be a helpful tool to organize and administer wildland fire medical units.

Bill Aresenault was asked to share the guidance document with the National Wildfire Coordinating Group (NWCG) Incident Emergency Medical Subcommittee (IEMS) to show the direction Idaho is moving.

Commissioners again discussed wildland fire medical director responsibilities, liability, insurance coverage, handling of controlled substances, fire rehab, back to work assessments, the need to have

the ability to link a physician to each patient, etc. Commissioner Sivertson asked Jan Peterson with IEMS to encourage NWCG to reach out to underwriting groups to see if they can help with this.

Standards Manual Changes

To clarify the intention of the first grid line in the EMT-2011 through Paramedic Scope of Practice **Commissioner Sivertson, Idaho Hospital Association, moved to add “Advanced” in front of “Airway devices not intended to be inserted into trachea” on the scope of practice grids. Commissioner Alter, Citizen Representative, seconded. Motion passed unanimously.**

Since the layout of the scope of practice grids changed to displaying each license level separately rather than viewing all levels across the page, it was determined to simplify and clarify the Paramedic “Medication Formulary” by listing only the line that states: “Medical Director Approved Medications” and to make a new category for the blood product OMs entitled: “Blood and Blood Products.”

Commissioner Masar, Idaho Association of Counties, moved to create a new scope of practice category called “Blood and Blood Products” for the Paramedic grid and make the changes to the Medication Formulary as stated above. Commissioner Sivertson, Idaho Hospital Association, seconded. Motion passed unanimously.

Approve PARF for 2014 changes.

Commissioner Chun, Idaho Fire Chiefs Association, moved to approve the Proposed Administrative Rules Form (PARF) to initiate rulemaking to change the standards manual edition to 2014-1 to be effective July 1, 2014. Commissioner Sivertson, Idaho Hospital Association, seconded. Motion passed unanimously.

Other Business

Commissioner Veronica Mitchell-Jones agreed to act as the EMSPC Treasurer.

Commissioners changed the February 14, 2014, meeting date to Feb 7th because of Valentine’s Day.

Commissioner Masar, Idaho Association of Counties, moved to adjourn. Commissioner Alter, Citizen Representative, seconded. Motion passed unanimously.

Adjournment 3:57 p.m.

Murry Sturkie, Chairman
Idaho Emergency Medical Services Physician Commission