

IDAHO EMSPC MEETING MINUTES

August 9, 2013

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

Members Present:

Murry Sturkie, D.O.
Brian O'Byrne, M.D.
Mark Urban, M.D.
James Alter
Veronica Mitchell-Jones
Ian Butler-Hall, 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 Medical Association
Idaho State Board of Medicine

Members Absent:

Maurice Masar, M.D.
Eric Chun, M.D.
Keith Sivertson, M.D.

Member's Position:

Idaho Association of Counties
Idaho Fire Chiefs Association
Idaho Hospital Association

Vacant Seats:

Idaho EMS Bureau

Others Present:

Bill Aresenault
Chris Stoker
Chul Ehe
Dave Reynolds
Dean Neufeld
Diana Hone
Dieter Zimmer
Jill Hiller
Kevin Bollar
Kody Dribnak
Lynette Sharp
Marion Constable
Mark Gilbert
Mark Zandhuisen
Melonie Skiftun
Mikel Walker
Paul Johns, M.D.
Rick Welch
Rob Vawser
Season Woods
Susan Giddin

Other's Position:

Gem County Fire / EMS
Idaho Bureau of EMS & Preparedness - EMS Section Manager
Idaho Simulation Network
Moscow Fire Department
Idaho Bureau of EMS & Preparedness - Licensing Supervisor
Idaho Bureau of EMS & Preparedness - Records Lead
Idaho Simulation Network
Cascade Rural Fire & EMS
INL
Idaho Bureau of EMS & Preparedness - EMS Field Coordinator
Air Methods
Idaho Simulation Network
Franklin County Ambulance Association
Bonner County EMS
Donnelly Fire / Ambulance
Madison Fire Department
INL
Gem County Fire / EMS
Air St. Lukes
Idaho Bureau of EMS & Preparedness - EMS Field Coordinator
Idaho Simulation Network

Tammy Erdmann
Troyce Miskin
Wayne Denny

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

Chairman Sturkie called the meeting to order at 8:35 a.m.

Commissioner O’Byrne, American College of Surgeons Committee on Trauma, 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.

Commissioner Alter, Citizen Representative, moved to come out of executive session. Commissioner O’Byrne, American College of Surgeons Committee on Trauma, seconded the motion.

Motion passed unanimously.

License Action Report

Commissioner Butler-Hall, Idaho Medical Association, moved to accept actions taken in closed session on cases 2013-02, 2013-07, 2013-22 thru 26, and 2013-28. Commissioner Alter, Citizen Representative, seconded the motion.

Motion passed unanimously.

Approval of Minutes from 5-10-13

Commissioner Mitchell-Jones, Citizen Representative, moved and Commissioner O’Byrne, American College of Surgeons Committee on Trauma seconded the motion to accept the draft minutes as submitted.

Motion passed unanimously.

Election of Officers

Commissioner O’Byrne, American College of Surgeons Committee on Trauma, nominated Commissioner Curtis Sandy, Idaho State Board of Medicine, for Chairman. Commissioner Butler-Hall, Idaho Medical Association, seconded.

Unanimous consent

Commissioner Alter, Citizen Representative, nominated Commissioner Murry Sturkie, American College of Emergency Physicians, Idaho Chapter, for Vice-Chairman.

Commissioner Mitchell-Jones, Citizen Representative, seconded.

Unanimous consent

Wildland Fire Update

A letter was submitted to the Deputy Attorney General regarding liability protection for supervising physicians under Idaho Code 56-1014. The Bureau hopes to have a response for the November meeting.

Dean Neufeld reviewed the current activity for wildland fires, Limited Requests for Recognition and the ongoing education of medical units about the need for a supervising physician.

Wayne Denny briefly discussed the continuing work of the National Association of State EMS Officials (NASEMSO) Wildland Fire workgroup to allow recognition of EMS personnel before the fires start. They continue to work with the Incident Qualification and Certification System (IQCS) (which is the system the wildland fire community uses to track individual qualifications) to implement modifications to their program to track and recheck license expiration dates; so that, if a provider is in their Resource Ordering and Status System (ROSS), Idaho would be assured that the provider has a current license in some state.

Wayne also noted that the Department of Homeland Security (DHS) is working on EMS specific inter-state compacts. There are some concerns with these and Idaho might have to make some code changes to make it work, but he will continue to monitor the progress of this work. Medical direction, scope of practice, protocols, employees versus contractors, are a few of the problematic issues.

Medical Director Education Subcommittee Report

Commissioner Alter reported that two more Medical Supervision Workshops were held - July 10th in Sandpoint with 2 medical directors and 14 providers in attendance; July 18th in Midvale also had 2 medical directors in attendance with 17 providers. Attendees express appreciation for the workshops. They like short evening meetings rather than weekends.

One issue that was brought up as a challenge is the fact that some of the physicians (family practice doctors) that cover the ER in the local communities are not EMS oriented and not supportive of the EMS personnel when they deliver a patient to their ER. They asked if the Commission could do some type of orientation to help with this.

Commissioners discussed the fact that very few ER docs in general are EMS oriented, not just family practice docs in the rural setting filling these positions. The transient nature of these positions in the small hospitals is an on-going problem as well because they do not have time to train and they are not always available. Subcommittee Chairman Alter was asked to add on-line medical direction training and orientation to the subcommittee work.

Commissioners discussed whether the content of the workshops needs to be changed or updated. More work will be done on this in future meetings.

Medical Supervision Plan Subcommittee Report / Credentialing

The field coordinators continue to ask the questions about medical supervision and credentialing as they do their annual agency inspections for license renewal. Commissioners were furnished with copies of the responses gathered this quarter. It was suggested that perhaps the wording on the second question should be changed to get the information the Commission is really looking for. Commissioner Mitchel-Jones commented that she thinks the Commission is getting the exact answers they were looking for because now they know that many administrators do not understand what credentialing means and that this requires further education.

After some discussion it was agreed to change the second question to: “How does the medical director assure competency (credentialing) of your personnel?”

The Bureau was asked to highlight the credentialing form/template in the newsletter article when it comes out.

It was asked if the Bureau could add credentialing to the database in the future so the medical director could see the date of skills review every year.

INL – Potassium-Iodide

Dr. Paul Johns, medical director from the Idaho National Laboratory (INL), requested Potassium-Iodide or Thyro Block be allowed on their ambulances for patient use. It is used to block the uptake of radioactive iodine in the event of exposure. Potassium-Iodide is offered as a self-administered medication on site and is on the ambulance for the crew, but they would like to be able to offer it to patients in case of exposure also. It would still be self-administered. If used within two hours of the uptake of radioactive iodine, it reduces the uptake by the thyroid gland by 90%.

Commissioner Sturkie noted that it is within the medical director’s authority to add medication to the formulary and he was in support.

Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved to allow Potassium-Iodide on the ambulance for patient use. Commissioner Urban, American Academy of Pediatrics, Idaho Chapter, seconded. Motion passed unanimously.

Physician Reporting Legislation

Commissioner Sturkie shared correspondence from Pat Tucker, who is an advocate for patient care of trauma victims regarding possible legislation requiring reporting of seizure disorders, including hypoglycemia, by physicians. This is not a requirement in Idaho at this time, but it is in some states. The proposal would have an impact on EMS providers; therefore, the commission needs to be aware that this may be coming. The commission did not want to make any comment on this topic at this time.

Statewide Protocols

Dean Neufeld brought the first printed copy of the Protocols for the commissioners to review. The half sheet size was recommended by the EMS Advisory Committee (EMSAC). The final version will be printed on polyester waterproof, tear proof, paper. The Procedures will be added before the printed copies go out to agencies and medical directors. Additional copies will be available if agencies want to adopt them and supply them to their providers. The electronic PDF version that will be posted on the website will be searchable and hyper-linked to each other.

The copyright on the Introduction page indicates they can be copied for non-commercial training purposes but any changes must be approved by the Idaho EMSPC.

Chairman Sandy expressed his and Commissioner Sivertson's feelings that these are some of the best evidence-guided protocols in the country. He expressed the Commission's strong desire for feedback to see if they are workable or not. Does everything make sense? Do we need to change something around?

These protocols do meet the requirements for paramedic utilization criteria and protocols.

The commission will work to keep them current and updated.

In looking at the Overdose / Toxic Ingestion Protocol 26-2013, Commissioner Mitchell-Jones noticed that the Technique of Medication Administration for IV Push on the scope of practice grid for AEMT-2011 is only for "D50/concentrated dextrose solutions"; however, Naloxone (Narcan) is listed in the Medication Formulary and on this protocol for AEMT-2011. It was determined that this was an oversight and that Narcan should be added to the IV Push line with the D50/concentrated dextrose solutions for AEMT-2011.

Air St Luke's App for Protocols - Rob Vawser presented information on the new Air St. Luke's mobile app that they will be rolling out at the Southern Idaho EMS Conference in October. The app will be provided free to all users. It will be compatible with Android or Iphone but not Blackberry. St. Luke's would like to load the EMSPC Statewide Protocols on their mobile app as a PDF which would be available as a reference document for any user. When changes are made to the protocols, the new version would be uploaded to the app to replace the old one and the provider would be notified to download the new version when they access the protocols the next time. There was concern from the Bureau and Commission that the protocol version be kept current. Rob said he would monitor that.

Dean noted that he has a copy of the Protocol PDF on his phone without an app and it works well.

The Commission is in favor of having the protocols disseminated and used in every way possible as long as they are labeled correctly and are not used for commercial gain. This would apply to everyone wanting to post the protocols.

Time Sensitive Emergencies System Workgroup

Wayne Denny informed the Commission about the work currently underway to develop legislation for a Time Sensitive Emergency System for trauma, stroke and STEMI in Idaho. The Department of Health and Welfare was directed to convene this workgroup by a House Concurrent Resolution. Idaho is one of only a few states that does not have an organized trauma system at this time. The group is working well together and progressing rapidly. Frequently Asked Questions are available upon request from the Bureau and will be distributed with the next Bureau newsletter.

Commissioner O'Byrne noted that the Idaho Hospital Association is participating in this workgroup. In the past they opposed designation of trauma centers in Idaho on behalf of the smaller CAHs, but they are now in support. There will be many more CAHs than regional trauma centers; it is like a pyramid turned upside down. This system will be designed to be voluntary and inclusive, such that all receiving facilities will participate to the level of their expertise. They will be encouraged to do so and supported. Both Montana and Utah have voluntary, inclusive systems that work. The hospital association has moved from a position of opposing, to neutral, to support.

A CEO from a Level 5 CAH hospital in Utah spoke to the workgroup about their recent designation and the increased revenue it actually generates because of activation charges for these time sensitive trauma events which offset any additional costs. It allows these facilities, particularly the CAHs to be in the black. They are excited about the increased level of patient care the system creates.

Chairman Sandy feels the system is much needed and should have been in place 20 years ago. It is going to raise the demands on EMS, however. Wayne agreed that it will raise the expectations on what EMS does, but will also strengthen the relationship between EMS organizations and the hospitals. Part of the system plan requires increased cooperation and training opportunities.

The EMS Physician Commission supports the development of the Time Sensitive Emergency Trauma System and feel it would be a great benefit to patient care in Idaho.

ISN presentation

Commissioners Sturkie and Sivertson talked to the Idaho Simulation Network (ISN) about helping Idaho EMS agencies with skills validation and credentialing by providing certificates to providers when they successfully complete skills through simulation at a conference or event.

Dietre Zimmer and Marion Constable reviewed the background and mission of ISN. They brought a team to illustrate how a simulation event works and that the physician can monitor the event remotely. However, as the presentation progressed it became apparent that ISN thought the EMSPC wanted to help them develop scenarios that they could then issue successful completion certificates for.

Chairman Sandy noted that medical directors already have a route to verify skills. They can certainly arrange with ISN or others to use simulation for this. However, he felt that it would not be within the EMSPC scope or authority to act as scenario validation experts. ISN could find their own medical director to develop scenarios, which they could then offer to individual agency medical directors.

Dietre stated that a certificate would merely be a validation that a particular task was performed and witnessed. ISN would not be saying whether the participant did it correctly or not, that would be for the medical director to determine. This is not what Commissioner Sivertson was hoping for when he presented this idea in February, but the commissioners agreed with Chairman Sandy that scenario validation was not within the scope of work and authority of the EMSPC.

The outcome was that when ISN schedules an event in a rural community, they will contact the local EMS agencies to see if they want to add a tag-on session the evening before for skills validation/credentialing. This would be under the direction of the EMS agency medical director. ISN has done this in the past successfully, but they will be more proactive about it in the future.

It was acknowledged that simulation is a great tool and is definitely the way of the future to help improve and standardize skills across the state.

It was noted that Simulation is not listed as a venue for EMS continuing education; therefore, providers are confused about where they can use simulation on their grids. It was suggested that

perhaps Simulation needs to be added to the Rule to heighten its acceptance as a valid learning methodology. *Note from the Bureau* - Simulation can be recorded as part of: Structured classroom sessions (something planned by your agency), Regional or national conferences, Agency medical director approved or directed study (something planned by your medical director).

Agency Optional Module (OM) Usage Report

The data is being collected retrospectively for the past calendar year as the field coordinators go out on the annual agency renewal inspections. The updated data for 2012 was presented to the commission. It is not complete yet. Dean Neufeld reported that the Bureau is finding that not many agencies are actually using OMs. A lot are registering for them, maybe training on them, but they may not have the equipment or have not implemented them into their protocols yet.

Dean reiterated that the Bureau does not approve OMs (he has recently modified the language in the notification letter to alleviate some confusion). The Bureau simply tracks them for the sake of getting data at the end of the day for the Commission to make decisions from. The Bureau's process has continued to evolve and is an effort to keep agencies informed about whether they are meeting the EMSPC requirements for OM usage which are:

1. Medical Supervision Plan Addendum (form on website can be used)
2. PERCS compliant (alternate method expires 7/1/2014)
3. Report credentialing to Bureau before utilizing

Chairman Sandy noted that the Usage Report is not very accurate because with his Bannock County agency he only had 1 EMR in 2012 and they wouldn't have done 247 C-Collars and Long Boards. Same with Glucagon, all 8 of these were probably given by paramedics because his BLS ambulances don't even carry glucagon, etc. This points out the problem of collecting data by individual provider in a system that has 5652 calls per year. Dean acknowledged that the larger systems, especially the mixed systems, are having the most difficulty reporting actual OM usage versus the smaller agencies that can use a white board with tick marks.

Concern was expressed that the Commission might make decisions based on inaccurate and skewed data. Commissioners reassured the audience members that the Commission is aware of the limitations of the current method of data collection and it would not be the driving force behind any changes.

Dean noted that this is the first year of collecting data in this manner and therefore is an educational process for the agencies as well. The Bureau will continue to work on the process and try to communicate that they should only report those interventions that were performed as a BLS OM, not those same skills when performed by ALS providers as part of their floor scope of practice.

2, OM curricula, training and exams

2, OM: "Requires completion of training that meets or exceeds specified state-wide training content established by the EMS Bureau". Originally the Bureau had curricula developed and published for the 2, OMs. However, the Bureau has found that they cannot maintain those, nor keep up with the demand for new ones. The updated Education Standards Manual will contain this policy:

- A. All training identified by the Idaho EMS Physician Commission as an optional module with specific training required (2, OM) must be conducted according to the approved standards and curriculum for the level where the 2, OM interventions exists as a floor skill.
 1. The training must provide for all didactic, psychomotor, lab and clinical learning over the knowledge and skills as described in the National Education Standards and the Idaho EMS Curricula (IEC).
 2. The student must be trained and evaluated to the depth and breadth of competency for the level of training where the skill exists as a floor skill.
 3. Formal psychomotor exams are required for all OM skills where the exam is required for certification as a floor skill. Skill exam criteria are published in the “BLS Psychomotor Exam Users Guide”.
 4. Agencies conducting OM training must maintain student and program records consistent with section IV D.

The commissioners reviewed the proposed 2, OM Exam registration form. The agency medical director will authorize a student to take the exam by signing the exam application verifying that the candidate has completed all of their training and meets minimum competency according to the approved curriculum. The candidate will also need to give the Bureau authorization to share their exam results for the listed OMs with the medical director to be used as part of their credentialing process.

For clarification purposes: If an AEMT-85 reverts to an EMT-2011, they do not have to retest skills such as Supraglottic Airway to retain them as a 2, OM skill, because they already tested for that skill when they took their initial AEMT-85 exam.

2014 Standards Manual Update

Medical Director Qualifications – Air Medical pg. 6

As discussed in May, the air medical community asked that additional qualification criteria be added to medical directors for air services when the agency rules were being developed a few years ago. As those rules were being worked on again recently it was determined that this would more appropriately belong in the EMSPC Standards Manual than agency rules. Commissioners asked that the language be checked against the Accreditation of Air-Medical Services (CAAMS) requirements. Those requirements were supplied to the commissioners and the language presented on page 6 of the draft 2014-1 EMSPC Standards Manual.

Correction: Insert the word “in” ... must have training and experience in emergency medicine...

**Commissioner Butler-Hall, Idaho Medical Association, moved to adopt the wording as presented with the insertion of the word “in”. Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, seconded.
Motion passed unanimously.**

Optional Module (OM) requirements pg. 14-15

The question an agency medical director had regarding reporting OM credentialing was answered earlier in the meeting and by the handout supplied.

AEMT-2011 scope grid

Commissioner Butler-Hall, Idaho Medical Association, moved to add Narcan to the IV Push scope line for AEMT-2011 as noted earlier during the protocol discussion. Commissioner Urban, American Academy of Pediatrics, Idaho Chapter, seconded. Motion passed unanimously.

NASEMSO – Statewide Implementation of an Evidence Based Guideline

Chris Stoker distributed Idaho's response to the latest questionnaire from NASEMSO. He also received the "next steps" from Rachael Alter that morning which indicate that at some point a local steering committee will be convened. Commissioner Urban volunteered to participate on the steering committee when the time comes as the pediatric M.D.

Budget FY 2014

The Commission will look at scheduling Medical Supervision Workshops on the eastern side of the state next spring and should know if any other funds will be available by the November meeting.

Strategic Plan

Commissioner Sturkie brought to the Commission's attention that the Board of Medicine is willing to consider recognition of EMS Medical Director as a supervising physician position. It may mean a possible credentialing process which would produce some type of card. Once that is established perhaps it could be incorporated into our statute.

Chairman Sandy noted that the Commission has now been in existence for seven (7) years now and perhaps it is time to start thinking outside the box about what the Commission wants to do going forward. We have built what we built, what do we want to do next from a proactive standpoint? There will still be the recurring themes of medical director education, protocols and protocol development, medical supervision plans, and such, but what is next? Ideas:

- Time Sensitive Emergency (TSE) System Development – put time, support and possible budget for meeting attendance behind this effort
- Regional medical director – With the additional burdens TSE will put on EMS, Chairman Sandy feels it is a prime opportunity to look at the regional medical director concept within these regions. They can serve as resources, over site, help keep everybody on the same page to a certain extent. They could help with the whole system development design and really be a resource in the region. He feels that if Idaho is ever going to do regional medical direction this TSE system/structure is the prime opportunity to do it.
- Mentor / grow medical directors – As we get more and more professionalism in the EMS physician world, with board certification this year, etc., we will see a shift between the EMS physician and the rural EMS medical director because of opportunities for growth and development. The Commission needs to help elevate the medical direction standards across the state. At some point there will need to be mandatory training for EMS medical directors.
- Credentialing EMS medical directors through the Board of Medicine as mentioned by Commissioner Sturkie

- Help Bureau with operational, tactically specific, equipment lists for new rule agency licensing types. (Chairman Sandy also expressed concern that agencies licensed under the new system as a tactical team, for example, actually have appropriate training for such a license designation.
- Review, monitor, and disseminate information on new clinical advancements and appropriate treatments.

**Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved to adjourn. Commissioner Jones, Citizen Representative, seconded.
Motion passed unanimously.**

Adjournment 3:29 pm

Curtis Sandy, Chairman
Idaho Emergency Medical Services Physician Commission