

IDAHO EMSPC MEETING MINUTES

September 14, 2012

A meeting of the Idaho Emergency Medical Services Physician Commission was held on this date at Steele Memorial Medical Center Conference Room, 203 S. Daisy Street, Salmon, Idaho.

Members Present:

Adam Deutchman, M.D.
Curtis Sandy, M.D.
Eric Chun, M.D.
James Alter
Keith Sivertson, M.D.
Murry Sturkie, D.O.
Veronica Mitchell-Jones

Member's Position:

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

Members Absent:

Maurice Masar, M.D.
Mark Urban, M.D.

Member's Position:

Idaho Association of Counties
American Academy of Pediatrics, Idaho Chapter

Vacant Seats:

Idaho EMS Bureau
Idaho Medical Association

Others Present:

Bill Aresenault
Chris Stoker
Dave Reynolds
Kody Dribnak
Mark Zandhuisen
Randy Sutton
Season Woods
Wayne Denny

Other's Position:

Wildland Fire
Idaho EMS Bureau Standards & Compliance Section Manager
Moscow Fire
Idaho EMS Bureau EMS Operations Coordinator
Bonner County EMS
West End Fire
Idaho EMS Bureau EMS Operations Coordinator
Idaho EMS Bureau Chief

Chairman Sturkie called the meeting to order at 8:41 a.m.

Commissioner Deutchman, 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 Chun, Idaho Fire Chiefs Association, moved to come out of executive session. Commissioner Deutchman, American College of Surgeons Committee on Trauma, seconded the motion.

Motion passed unanimously.

Chairman Sturkie welcomed the audience back into the room.

License Action Report

Commissioner Alter, Citizen Representative, moved to accept actions taken in closed session.

Commissioner Chun, Idaho Fire Chiefs Association, seconded the motion.

Motion passed unanimously.

Approval of Minutes from 5-11-12

Commissioner Alter, Citizen Representative, moved and Commissioner Chun, Idaho Fire Chiefs Association, seconded the motion to accept the draft minutes as submitted.

Motion passed unanimously.

Medical Director Education Subcommittee Report

Subcommittee Chair James Alter reported that the overall response to the Medical Supervision Workshops was very positive. They thanked us for coming to the rural areas. The workshops helped to put a face on the EMS Physician Commission (EMSPC) and opened the lines of communication. Commissioner Alter felt that the physicians who attended will be more likely to contact the commission if needed. The workshops provided an opportunity for the medical directors to meet and interact with their contemporaries and in some instances they began brainstorming together at the workshop.

Soda Springs- 27 in attendance, 3 medical directors, 2 commissioners and 3 bureau staff

Shoshone- 18 in attendance, 3 medical directors, 2 commissioners and 3 bureau staff

Melba- 20 in attendance, 1 medical director, 1 commissioner and 4 bureau staff

Kellogg- 23 in attendance, 3 medical directors, 2 commissioners and 2 bureau staff

Commissioner Alter thanked the Bureau for their work in planning and coordinating these events. He felt the only thing that perhaps was lacking was some kind of formal feedback report from the physicians who attended. What did they gain and what changes would they suggest?

The Bureau updated the MSP Planning Guide from the 2008 workshops. These new “Idaho EMS Medical Supervision Development Guides” were distributed at the workshops in draft form. Chairman Sturkie asked that the date and version be added to the cover page.

Commissioner Chun, Idaho Fire Chiefs Association, moved that the Idaho EMS Medical Supervision Development Guide be taken out of draft form and make it available on-line.

Commissioner Alter, Citizen Representative, seconded.

Motion passed unanimously.

When future workshops are scheduled the commission needs to budget approximately \$2000 each. Commissioner Alter expressed his desire to continue serving on the commission and was willing to remain as chair of this subcommittee.

Medical Supervision Plan (MSP) Subcommittee Report

Subcommittee Chair Commissioner Masar was not able to be present. Newly appointed Commissioner Veronica Mitchell-Jones volunteered to join this subcommittee. (Note: It was suggested at the May meeting that a MSP workgroup with commissioners and bureau staff be formed, similar to the statewide protocol workgroup.)

Chairman Sturkie asked what direction the commission would like this subcommittee to take now? What would they like to do with MSP reviews and improvement processes?

Commissioner Sivertson suggested that each agency be surveyed annually at license renewal time concerning their MSP. Perhaps the workgroup could develop four to six questions that could be sent to the agency prior to the inspection. The questions would be reviewed by the Bureau at the site visit and if there are any glaring defects then those MSPs could be brought to the EMSPC for review.

Possible questions could be: Do you have a MSP? Can we see it? Who is your medical director? Why would you contact him/her? How do you contact your medical director? If they say they call him but they can't find the number, then that shows there is a problem. What kinds of things does your medical director want to know about contemporaneously, weekly, monthly? Tell us how your medical supervision really works. The items asked about could change from year to year. The objective is to make sure the medical directors are engaged and actually providing supervision, not to create another box and check form to fill out. If there is a glaring problem, the EMSPC needs to communicate quickly with the medical director and not wait until the next EMSPC meeting to be made aware of the problem.

Statewide Protocols & Procedures Subcommittee Report

Commissioner Sandy has agreed to take over as Chair of this subcommittee. They will hold another work meeting to finalize the protocols before the November EMSPC meeting. Hopefully by February 2013 the protocols and procedures will be available for distribution to use on a voluntary basis and provide feedback to the EMSPC. Hopefully by the end of next summer the needed revisions can be made. The commission will continue to face issues of having the necessary resources to maintain and update the protocols and procedures after they are finalized.

EMS Bureau Update

The bureau has updated the optional module (OM) process and a new form has been posted on the website to assist agencies to clearly identify which optional modules they want to adopt at each provider level. This form may be submitted as the required medical supervision plan (MSP) OM addendum. Agencies do not have to use this form; it is a tool which can be used.

Summary information of all approved OMs is now included in the agency license renewal report and will be reviewed annually at the time of the site visit by the bureau field coordinator. The bureau will be submitting compiled OM reports to the EMSPC starting with the November meeting.

The EMT On-line Transition Course housed on CentreLearn is now live. This is a tool that can be used for the classroom portion of a transition course. A lot of agencies have already applied to use it as one of their instructors. The course sponsoring physician and agency are still responsible to make sure all

transition materials are covered adequately and that the students prove competency. Medical directors should review the content before using this tool for part of their transition course.

Wildland Fire Medical Response Units

During the off season, the message the EMS Bureau conveyed to the Idaho Department of Lands, the Forest Service, and Bureau of Land Management regarding operations and licensing regulations for Wildland Fire Medical Response Units was that Idaho licensed EMS personnel can only function within their agency's geographical response area, under their agency's MSP, under their medical director. This could include planned deployment authorized by their agency medical director. Out-of-state providers must apply for Limited Request for Recognition (LRR) to provide care.

The new LRR and Planned Deployment forms were reviewed. Commissioner Sivertson noted a problem with being named as a supervising physician on an LRR without his consent. It was determined to revise the form to provide contact information for the named physician so the bureau can verify their consent. Commissioner Sandy felt the Planned Deployment form needs to include authorization from their agency as well as the agency medical director because it is a contractual agreement the agency may have with the government that the medical director may not be aware of on a day to day basis.

There was much discussion about proper supervision, security of narcotics, licensure, liability and immunity for providers and supervising physicians, return to work issues and who can release them, differing scopes of practice, and independent contractors. Chairman Sturkie asked that the subcommittee meet before the next EMSPC meeting and come up with some ideas of what the commission should address, possibly in a follow up letter to the National Wildfire Coordinating Group of the Incident Emergency Medical Task Group (NWCG/IEMTG).

The EMSPC reminds all EMS providers and their agencies that an **Idaho EMS license only entitles a provider to respond while being supervised by their agency medical director within the confines of their agency medical supervision plan.** When a provider is outside of their agency's jurisdiction and not functioning simply as a Good Samaritan they are outside of their licensure. This means camps, theme parks, wildland fire, etc., must be according to a planned deployment, *authorized and supervised* by their agency and agency medical director, if they want to use their EMS scope of practice.

Operational Specific Scopes of Practice

There was a lengthy discussion about the possible need for Operational Specific Scopes of Practice to cover specialty situations such as hazmat, wilderness search and rescue, wildland fire, etc. because the National Scope of Practice Model was not built around frontier medicine and the lack of ALS resources in extended transport and extended evacuation times.

Due to the lack of time and resources available to Commissioners it was determined that this project could possibly be addressed in more detail in the future, but for now, agencies that need specialty variance should apply under the EMSPC variance process already in place.

New Law: Idaho Code § 33-1625. Youth Athletes – Concussion and Head Injury Guidelines and Requirements

Commissioners discussed the new law regarding youth athletes with head injuries, specifically Section 5 of Idaho Code § 33-1625:

(5) An athlete may be returned to play once the athlete is evaluated and authorized to return by a qualified health care professional who is trained in the evaluation and management of concussions. For the purposes of this section, "qualified health care professional" means and includes any one (1) of the following who is trained in the evaluation and management of concussions:

- (a) A physician or physician assistant licensed under chapter 18, title 54, Idaho Code;
- (b) An advanced practice nurse licensed under section 54-1409, Idaho Code; or
- (c) A licensed health care professional trained in the evaluation and management of concussions who is supervised by a directing physician who is licensed under chapter 18, title 54, Idaho Code.

Sports medicine requires specific training. EMTs are not trained in concussion.

Commissioner Sivertson, Idaho Hospital Association, moved in reference to Idaho Code § 33-1625. YOUTH ATHLETES – CONCUSSION AND HEAD INJURY GUIDELINES AND REQUIREMENTS: The position of the EMS Physician Commission is that the Scope of Practice does not allow EMS providers to authorize “return to play” following the performance of any assessment. Commissioner Deutchman, American College of Surgeons Committee on Trauma, seconded.

Motion passed unanimously.

Scope of Practice

The question was raised at the February meeting that if AEMTs can give nitroglycerin sublingual, why not nitroglycerin paste?

Commissioner Sivertson, Idaho Hospital Association, moved that Nitroglycerin paste may be treated as equivalent to sublingual administration for the purpose of protocol development. Topical administration will be added as an OM for the AEMT-2011. Commissioner Sandy, State Board of Medicine, seconded.

Motion passed unanimously.

Clarification was requested for AEMT use of pediatric LMA for advanced airway management.

Commissioner Sandy, State Board of Medicine, moved that the EMT-2011 OM, AEMT-85, and AEMT-2011 supraglottic airway skill is restricted to adults only. Commissioner Sivertson, Idaho Hospital Association, seconded.

Motion passed unanimously.

Prichard-Murray request for additional AEMT-2011 OMs

Prichard-Murray Volunteer Fire Department requested that the EMSPC consider adding intravenous epinephrine for cardiac arrest victims and intramuscular anticonvulsant medication for seizure patients as optional modules to the AEMT-2011 scope of practice.

After discussion it was noted that the scientific evidence for these interventions is under scrutiny at this time and the EMSPC will continue to follow both of these issues.

Review 2013 Standards Manual Changes

Because of changes in the medication formulary and vascular access optional modules

Commissioner Alter, Citizen Representative, moved to modify the scope of practice grid to include:

IM administration for the EMR-95 and EMR-2011 as 2 OM (line 93);

IO medication administration for Adult and Peds for the EMT-2011 (line 95 & 96).

Commissioner Chun, Idaho Fire Chiefs Association, seconded.

Motion passed unanimously.

Budget

Because the Idaho Simulation Network (ISN) invoice was not received before the end of the fiscal year (FY) in 2012 they were not paid. The Commission may want to consider supporting the ISN with \$4000 in FY 2013 to cover both years. However, with the new EMT-2011 optional modules commissioners are concerned about future revenue due to the possibility of AEMT-85s transitioning to EMT-2011s because they do not pay licensure fees. It is impossible to predict the budgetary impact at this time. The Commission may need to seek EMT licensure fees or an increase to paramedic fees in the future.

Commissioners discussed issuing appreciation plaques to commission members when they retire from the commission. Currently there are 10 former commissioners this would apply to. The Bureau was directed to research Idaho made plaques under \$50. (Black versus wood w/logo in color) In appreciation of services rendered, Term dates, Chair/Officer (Gem State Trophies) They also suggested a plaque at the EMS Bureau with names of past Chairs that could be added to as years go on.

Commissioners requested EMSPC business cards and possibly polo shirts with the EMSPC logo on them. Business cards can be arranged and information about purchasing their own clothing with the EMSPC logo will be provided.

Commissioners asked that reflective bumper stickers for all EMS medical directors be printed and distributed for National EMS Week in May.

Trauma System

Chairman Sturkie informed the commissioners that there is movement afoot to create an Idaho trauma system. The focus has been on trauma patients only. Therefore, Chairman Sturkie introduced a draft letter that would come from the EMSPC to encourage those involved to include STEMI and stroke to the system, rather than trying to add these other time sensitive emergencies to the system later.

Commissioners were in agreement and approved the letter.

Commissioner Sivertson, Idaho Hospital Association, moved to adjourn. Commissioner Deutchman, American College of Surgeons Committee on Trauma, seconded.

Adjournment 3:20 pm

Murry Sturkie, Chairman
Idaho Emergency Medical Services Physician Commission