

IDAHO EMSPC MEETING MINUTES

September 16, 2011

A meeting of the Idaho Emergency Medical Services Physician Commission was held on this date at Kootenai Medical Center, Health Resource Center, Fox Room 3, Coeur d'Alene, Idaho.

Members Present:

Adam Deutchman, M.D.
Curtis Sandy, M.D.
David Kim, M.D.
Eric Chun, M.D.
James Alter
Keith Sivertson, M.D.*
Maurice Masar, M.D.
Murry Sturkie, D.O.
Sarah Curtin, M.D.

Member's Position:

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

*attended via teleconference

Members Absent:

Member's Position:

Vacant Seats:

American Academy of Pediatrics, Idaho Chapter
Citizen Representative

Others Present:

Barb Pyle
Bill Keeley
Dave Reynolds
Diana Hone
Larry Simms
Les Eaves
Marc Essary
Mark Zandhuisen
Melissa Howard
Melonie Skiftun
Ryan Asher
Season Woods
Travis Myklebust
Veronica Jones
Vicki Eld
Wayne Denny

Other's Position:

Donnelly Fire
Kootenai County Fire & Rescue
Moscow Fire
Idaho EMS Bureau Administrative Assistant
Hauser Fire
Clearwater County EMS
Idaho EMS Bureau Licensing Supervisor
Bonner County EMS
Worley Fire District
Donnelly Fire
Kootenai County Fire & Rescue
Idaho EMS Bureau Education & Exams Specialist
Lewiston Fire
Kootenai County EMS
Donnelly Fire
Idaho EMS Bureau Chief

Chairman Sturkie called the meeting to order at 8:32 a.m.

Commissioner Masar, Idaho Association of Counties, moved to go into closed executive session to review confidential material involving EMS personnel in accordance with Idaho Code § 67-2345(1)(b). Commissioner Deutchman, American College of Surgeons Committee on Trauma, seconded.

Motion passed unanimously.

Commissioner Deutchman, American College of Surgeons Committee on Trauma, moved to come out of executive session. Commissioner Curtin, Idaho EMS Bureau, seconded.

Motion passed unanimously.

9:00 a.m. Chairman Sturkie invited everyone in the room to introduce themselves and acknowledged the new EMSPC Commissioner, Dr. W. Eric Chun from Coeur d'Alene, who is representing the Idaho Fire Chiefs Association.

Election of Officers

Commissioner Masar, Idaho Association of Counties, moved to nominate Murry Sturkie as chairman of the Idaho EMS Physician Commission. Commissioner Deutchman, American College of Surgeons Committee on Trauma, seconded. Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, accepted the nomination.

**Commissioner Deutchman, American College of Surgeons Committee on Trauma moved to close nominations for chair. Commissioner Curtin, Idaho EMS Bureau, seconded.
In favor – Unanimous.**

Commissioner Curtin, Idaho EMS Bureau, moved to nominate Adam Deutchman as vice-chair of the Idaho EMS Physician Commission. Commissioner Chun, Idaho Fire Chiefs Association, seconded. Commissioner Deutchman, American College of Surgeons Committee on Trauma, accepted the nomination.

**Commissioner Alter, Citizen Representative, moved to close nominations. Commissioner Masar, Idaho Association of Counties, seconded.
In favor – Unanimous.**

Approval of Minutes from 5-13-11

**Commissioner Masar, Idaho Association of Counties, moved to accept the draft minutes as submitted. Commissioner Alter, Citizen Representative, seconded.
Motion passed unanimously.**

License Action Report

**Commissioner Sandy, State Board of Medicine, moved to accept the motion made in the closed executive session regarding Case #2011-50. Commissioner Curtin, Idaho EMS Bureau, seconded.
Motion passed unanimously.**

**Commissioner Masar, Idaho Association of Counties, moved to accept the motion made in the closed executive session regarding Case #2011-53. Commissioner Chun, Idaho Fire Chiefs Association, seconded.
Motion passed unanimously.**

Statewide Protocols Subcommittee Report

Commissioner Kim reported that the two subcommittee workgroups have continued their work on development of statewide protocols since their retreat in April. They are taking the North Carolina protocols as a template and transforming them to meet Idaho standards. Several protocols have been completed but many more still need to be transformed. They took the summer off, but plan to have significant progress to report in November. The subcommittee is hopeful to have all of the protocols ready by June of 2012.

Commissioner Kim said the greatest difficulty is taking what the subcommittee decides on and squeezing that down to make it flow correctly on a one-page Visio document with decision points in the correct places, etc. They are hopeful the EMS Bureau can provide support in the form of an individual who can help with this step of the process.

**Commissioner Kim, Idaho Medical Association, moved to allocate up to \$4000 in funds toward the statewide protocol development process including two additional retreats. Commissioner Deutchman, American College of Surgeons Committee on Trauma, seconded.
Motion passed unanimously.**

Medical Supervision Plan / Medical Director Education

At the May meeting the EMSPC approved a survey to be used to focus on certain elements of compliance in medical supervision plans (MSP) with the hope that this approach would provide light-bulb moments for the medical directors filling out the survey, identify areas of need and provide educational opportunities for guidance. Bureau Chief Wayne Denny did not feel a survey was the appropriate tool to use for MSP compliance or education.

After lengthy discussion the EMSPC determined to abandon the survey concept and refocus their time and efforts on education to help medical directors improve their MSPs. The Bureau will work on a multiple choice template for MSP development.

The Medical Director Education Subcommittee was directed to:

1. Move forward with development of core content for face to face workshops which will include MSP development guidance.
2. Explore other delivery methods such as webinars.
3. Explore the possibility of having one annual workshop - holding it in the same month each year so people could plan for it, but rotating the location to different parts of the state.
4. Explore having a Bureau representative and a Commissioner attend area association or system meetings on a more regular basis to be available to answer questions or give mini workshops.

5. Update 2008 Medical Director Resource Book. Commissioner Sandy will try to obtain access to the one he helped develop for another state.
6. Determine funding needs and sources for the workshops.
7. Determine how to qualify for CEs for the medical directors who attend workshops.

2012 Standards Manual Changes

- Section VIII “Description of Professions” - The wording is consistent with the National Education Standards and is not listed elsewhere in Idaho rule or statute; therefore, commissioners felt it should remain in the standards manual.
- Section VI. #2 page 13: To be consistent with changes made to MSP submission requirements in Section IV page 8 at the May meeting strike ~~annually and~~ changing this section to read - “The EMS Bureau will provide: 2. The Commission with EMS agency Medical Supervision Plans upon request.”
- Section VIII page 14 first paragraph: Change 2011 effective date to 2012
- Section VIII page 14 third paragraph: Add “EMS personnel will transition to the 2012-1 scope of practice according to the timeline outlined in the EMS Personnel Licensing Requirements rule IDAPA 16.01.07.116.”
- Scope Grid - Technique of Medication – Inhaled: Change ~~self~~ to patient and yes it should be in Paramedic 2011 scope.
- Scope Grid correction – Ventilators – Automated Transport (ATV): EMT should only be for non-intubated patients. AEMT should have both boxes checked.
- Clean up * in key at end.

Education Standards Manual

Chairman Sturkie expressed concern about the equipment requirements listed in the new Education Standards Manual for training programs to teach the new curriculum.

Areas of concern:

- Onerous burden of expense for some of the equipment
- Access availability to such equipment
- Impact of new equipment requirements on educational programs around the state
- Is teaching didactic objectives enough? Need access to device to teach psychomotor skills.
- Is hands-on training needed for each device or just awareness with hands-on device-specific training taking place at the agency level?
- If floor skill, all need the training

- Possible testing problems if not taught hands-on. Not sure at this point what will be included in NREMT exams. Probably cost prohibitive to have the devices as part of the practical, but they probably will be part of the written.
- Bureau conundrum as to where to draw the line for training equipment requirements if it is a floor skill in the scope of practice.

After lengthy discussion the Bureau indicated that this topic will be discussed again with the EMS Advisory Committee (EMSAC) Education Subcommittee during their meeting in October. Chairman Sturkie asked for a report in November.

Critical Care Provider

Commissioner Sandy, State Board of Medicine, moved to recommend the EMS Bureau update the educational standards for critical care modules and that they remain as individual optional modules per agency and medical director discretion. Commissioner Masar, Idaho Association of Counties, seconded. Motion passed unanimously.

Advanced Airway and IVs

➤ **AEMT Orotracheal OM / I-85 Scope – ET/DL tubes**

Because orotracheal intubation at the AEMT level is outside the National Scope of Practice Model the Idaho EMS Physician Commission (EMSPC) has attempted to collect data on advanced airway interventions over the last two years to determine whether it is necessary or appropriate to continue this skill as an optional module. Intubation in general is a controversial topic. Many studies report adverse patient outcome. Even paramedic agencies are now using other advanced airway devices rather than endotracheal intubation.

Commissioner Kim reviewed the survey report which includes 2010 and the first 7 months of 2011. It must be noted that even though reporting to the survey is an Idaho requirement for advanced airway management, there is no way to guarantee all incidents were reported. 600 providers reported in 2010. About 340 more had reported for 2011 so far.

The reporting indicates that it is uncommon for an AEMT to be doing intubation and when they do it is mostly on deceased patients. Commission concerns are:

- Success rates are low.
- Skills maintenance - How do providers keep their competency up when they have so few opportunities to perform the skill?
- Most of the Idaho agencies who reported that they allow AEMT intubations on their license renewal applications have not submitted any attempts for the last 19 months, which is an issue in and of itself. (50 out of 62 ILS agencies indicated that their AEMTs were intubating. 22 out of 36 ALS indicated they allow AEMT intubation. Only 22 agencies had AEMT providers report.)
- Deviating from the National Scope of Practice Model
- There are other options which are much easier to insert
- Concern about poor quality chest compressions when they are focused on airway, which is of much less significance. Concerned with aspiration with those attempts, etc. Training time could be much better spent.

Several agencies testified in favor of keeping orotracheal intubation as an optional skill at the AEMT level. They feel they have good luck with it, do a lot of training and feel it is needed in the long transit rural settings. They are also very concerned about losing this skill for interfacility transfers. Several of the Commissioners felt this was very inappropriate anyway because the AEMT could not replace a tube if it became dislodged in transit since they are not allowed to sedate a patient.

Another issue raised during the discussion is that since Orotracheal Intubation became a 2,3OM for AEMTs in 2008 the Bureau has not received any OM applications from agencies for this skill. The new process for approving OM courses using the state approved curriculum began in the fall of 2010. Dr. McKinnon felt that most agencies with AEMTs intubating would have been using this skill for years and probably did not realize they needed to apply for “new” OM approval to continue.

Commissioner Masar, Idaho Association of Counties, moved to discontinue AEMT intubation as an optional module in the 2012-1 Standards Manual. Commissioner Kim, Idaho Medical Association, seconded.

Agencies again pled their case for interfacility transfers and that intubation is a better way to protect an airway in a long transit in rural areas.

Commissioner Sandy stated that he felt interfacility transport of an intubated patient by an AEMT is completely inappropriate. An AEMT cannot provide sedation if that tube becomes dislodged. RSI would be needed to re-intubate that patient. He felt it is problematic at best and that intubated patients should be transported by a helicopter in the first place or by a dedicated critical care transport team. You can't decompress a chest. Relying upon an ATV is not appropriate for most patients. The inability to provide sedation is criminal for a patient that is intubated in his opinion. If that patient starts waking up and you cannot do anything to re-sedate that patient, he feels it is criminal, unethical and immoral.

Commissioner Sandy noted that this is going to force everyone in the state to address interfacility transfers on the ground level and not live by a lower standard just because we live in Idaho.

Commissioner Alter, Citizen Representative, moved to make substitute motion to notify all medical directors involved with AEMT intubation with our intent to withdraw, seek comment and explain the alternatives we are considering. Commissioner Masar, Idaho Association of Counties, seconded.

In favor: Alter, Masar, Curtin

Opposed: Deutchman, Sandy Chun, Kim, Sturkie

Substitute motion failed.

Vote on original motion:

In favor: Sandy, Kim, Masar, Chun, Deutchman, Sturkie, Sivertson

Opposed: Alter, Curtin

Motion to remove Orotracheal Intubation as an OM from the AEMT scope passed.

The above discussion did clarify the need to define Automated Transport Vent (ATV) usage. Commissioner Chun agreed to research all the alternatives and what the National Scope of Practice Model says. This topic will be on the November agenda.

➤ **EMT OM for Airway and IV**

Because of questions and concerns expressed to the EMS Bureau regarding I-85s transitioning to the new AEMT level a possible solution was proposed: New 2011 EMTs be given IVs and Advanced Alternative Airways as optional modules. This would effectively allow the future scope EMT the same function as the current I-85 AEMT.

The discussion that followed included:

- Are other states allowing EMTs to do this and what is their experience?
- Does data substantiate success and safety for the patients?
- What would educators think the time requirement would be to teach these skills with all the necessary advanced assessment and other components necessary for EMTs to safely and competently do these as optional modules?
- How many IVs are required for competency?
- This could help those I-85's who do not want to transition to AEMT-2011. But it could also discourage those that were willing to transition. Is having 2011 EMTs with these optional modules a good replacement for AEMT-2011s? How would this effect patient care?
- How long would it take the state to develop the optional module training?
- How would this effect billing and collection practices?

Commissioner Sandy, State Board of Medicine, moved to include EMT IV access and fluid administration as an optional module in the 2012-1 Standards Manual. Commissioner Masar, Idaho Association of Counties, seconded.

Several commissioner expressed concern that they were acting to quickly on this topic since it was the first time it was brought up. They wanted more time to think about it, consider the consequences and see if there is data from other states about this.

Agencies were concerned about the effect this would have on the morale of AEMTs who have put in a lot of extra education and training hours to improve their skills and become "Advanced" EMTs. The title means something to people. It is not just a label, it is credibility in their agency, it is seniority in their agency, it is a difference in the way they are dispatched, etc. So there is a lot of trickle down to a decision like this. These people have put in an enormous amount of extra time and this would down grade their effort.

Dr. McKinnon noted that when the EMSPC originally started this whole new scope of practice, one of the things they wanted to do, even if they had to go outside of the national scope, was to protect the Intermediate or Advanced EMT because of their important skill set. So if the Commission does this, what is the difference between an EMT and AEMT if you take away intubation and give the EMTs IV and alternative airways? She also stated that IV access has potentially less damage to the patient, but it is a skill that is hard to maintain.

Chairman Sturkie clarified that the proposed optional modules would make the new 2011-EMT equivalent to the I-85 but not to the new scope 2011-AEMT, which includes even more skills. So it expands these particular skills to a greater portion of the population.

Marc Essary stated this discussion was started as a “what if” from meetings he had in Salmon, Challis and others regarding the upcoming AEMT transition. He heard from numerous stake holders that they probably would not move up the new AEMT level because of the time issues and difficulties, etc., but they were very protective of their IV and do Advanced Airway skills.

Season Woods further stated that if we don’t move these skills to the EMT level, there is a potential that new scope EMTs will not be able to transfer patient care to an I-85 because there are interventions that the new EMT can perform that the I-85 can’t.

Vote for: Masar, Chun, Deutchman, Sandy
Opposed: Alter, Kim, Curtin, Sivertson, Sturkie
Motion failed.

Commissioner Sandy, State Board of Medicine, moved to research success stories, literature review and implications from other states that currently use EMT alternative airway devices. Commissioner Chun, Idaho Fire Chiefs Association, seconded.
Motion passed unanimously.

➤ **Continuation of collection survey**

Continuation of the airway management data collection survey was discussed. It was decided to continue the data collection for now and perhaps change the focus and questions at some point.

Scope of Practice Transition

- Informational brochures are being sent to every level licensed provider, to educators, educational institutions, agency administrators, and medical directors regarding the scope of practice transition. They explain what is required of currently licensed EMS personnel, educators, and medical directors.

The Bureau requested a letter from EMSPC to medical directors regarding the scope of practice transition and what their role is going to be. Chairman Sturkie asked the bureau to draft it since they have a better idea of what needs to be said.

- The Bureau is hosting webinars every 2nd Tuesday for the next few months about the scope transition. The schedule and topics are posted on the website www.idahoems.org under the Education tile. The webinars are also recorded and posted on the website for viewing (or reviewing) if the actual webinar date and time is not convenient for people.

The EMSPC agreed to participate by presenting the transition webinar for medical directors on December 13th.

- Because there is such a large gap in content and skills between the current I-85 and future scope AEMT, they must take an exam to transition. The new scope AEMT certification exam will have 10 stations. The current I-85 exam has 4 stations. The bureau is trying to determine if the transition exam for an AEMT-2011 should be the entire 10 stations or if it should simply be the 6 stations not previously tested. If we choose to use the NREMT's exam and only pull out the 6 stations people need to be tested on, NREMT will give us the materials (*is this only skill sheets?*) but they won't give us the scenarios and they won't grade the exam. If we choose to do the full 10 station exam, NREMT will give us all the materials including the scenarios and will score the exam. In addition, the 10 station exam will result in national registration at the new scope AEMT level and a 6 station exam will not.

Commissioner Sandy, State Board of Medicine, moved to recommend the 10 station NREMT exam for the AEMT transition. Commissioner Alter, Citizen Representative, seconded.

Motion passed unanimously.

- The Bureau's licensing supervisor, Marc Essary, did several area meetings around the state this summer with ILS agencies regarding upcoming scope transitioning. The Bureau is now sending out a follow-up survey to try to further clarify what agencies are planning as far as transitioning from currently licensed I-85s to the new scope AEMTs. Are they planning on transitioning? Yes, No, Uncertain. The Bureau wanted to know if there were any questions the EMSPC would like asked. There were no suggestions from the Commission.

Optional Module PERCS Reporting Requirement

At the May meeting the Commission interpreted their optional module PERCS reporting requirement to mean that agencies who are not submitting PERCS reporting on all their runs for various reasons, could meet the PERCS reporting requirement for optional modules by submitting paper report sheets on the runs that involved the OM. This issue was to be revisited at the September meeting. The Bureau reported that they have not received any OM applications since the May meeting. Kootenai County and Boise Fire both reported they are not going to do it because it is too cumbersome. Wayne noted some agencies have recently reported progress in their validation process to become PERCS compliant. Review again at next meeting.

Legislation

- Define the Practice and Provision of EMS – The legislative idea has been submitted but the Bureau has not received a definitive yes or no about going forward yet. Right now the law defines EMS as the system that provides care but it does not define the difference between First Aid and EMS. This definition is necessary to support the whole regulatory structure in which the EMS Bureau lives.

- Subpoena Authority - Every piece of legislation submitted this year that was requesting subpoena authority was killed. The Governor's Office is not looking to grant subpoena authority to state agencies. The fallback is that our Deputy Attorney General thinks the subpoena authority that the Director of the Department of Health and Welfare may apply to our investigation needs. The previous Deputy AG was of the opinion that the Board of Health and Welfare could subpoena records but could not then give them to the EMSPC. The current Deputy AG agrees

but also believes that because the Director has subpoena authority, separate from the Board of Health and Welfare, his may work. The Deputy AG is still researching this.

➤ Rules - All of the Temporary rules put forward by the Bureau will go as proposed rules this legislative session: 16.01.07 Rules Governing EMS Personnel Licensure; 16.01.12 Rules Governing EMS Complaints, Investigations and Disciplinary Action; what is left of 16.02.03 Rules Governing EMS after removing those sections. Minor changes will be made to the EMSAC composition in 16.02.03 taking the seat that used to belong to Board of Medicine, before the EMSPC existed, and giving that to the Office of Highway Traffic and Safety at the Idaho Transportation Department.

This next year the Bureau plans to work on the Education and the Agency rules again, to have them ready for the 2013 legislature. The Grant rules also need to be updated.

Association PowerPoint Presentation

President Jim Olson from the Idaho State Fire Commissioners Association said they would welcome a presentation by the EMSPC at their November 11th meeting in Boise. Commissioners requested 30 minutes in the morning.

The Idaho Association of Counties responded that their meeting is first week of February in Boise.

Pending Rule Docket

Commissioner Masar, Idaho Association of Counties, moved to make the above listed changes to the 2012-1 Standards Manual. Commissioner Sandy, State Board of Medicine, seconded.

Motion passed unanimously.

Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved to approve Pending Rule Docket 16-0202-1101 to change the standards manual to 2012-1. Commissioner Chun, Idaho Fire Chiefs Association, seconded.

Motion passed unanimously.

Budget

\$4000 statewide protocol development

\$5000 train the trainer for instructor transition to new curriculum

NAEMSO Medical Directors Council - Chairman's expenses to annual meeting approx \$2000 each year (Sept 24-30, 2012 in Boise!)

Medical Director Education Subcommittee - determine how much it will cost to do medical director handbook by November.

Commissioner Deutchman asked for budget spread sheet at each meeting.

Commissioner Curtin, Idaho EMS Bureau, moved to accept tentative budget.

Commissioner Masar, Idaho Association of Counties, seconded.

Motion passed unanimously.

2012 Meeting Schedule

February 10, 2012 – Boise - Ada County Paramedic facility

May 11, 2012 – Boise

Sep 14, 2012 – Salmon

Nov 9 change to 16th - Boise

Commissioner Sandy asked that EMD and ECC be included on November 18, 2011, agenda.

Commissioner Sandy, State Board of Medicine, moved to adjourn. Commissioner Alter, Citizen Representative, seconded.

Motion passed unanimously.

Adjournment 4:30 pm

Murry Sturkie, Chairman
Idaho Emergency Medical Services Physician Commission