

Emergency Medical Services Advisory Committee Newsletter

The Emergency Medical Services Advisory Committee, established by IDAPA 16.02.03.100

A statewide committee appointed by the Director of the Department of Health and Welfare "to provide counsel to the Department in administering the EMS act"

Legislation will propose establishing an EMS Physician Commission in Idaho

EMS systems have evolved extensively in Idaho over the last thirty years. The increasing complexity and volume of issues associated with scope of practice and medical direction are worthy of governance by EMS-knowledgeable physicians from throughout the state. The medical direction sub-committee of the state EMS Advisory Committee recognized that EMS issues have become increasingly challenging and time-consuming; yet resolution of these issues is essential to assure the safety of the public and patients who are in the care of EMS providers.

Over the last few years, the productivity and accomplishments of the EMSAC medical direction sub-committee has increased dramatically as the EMS Bureau has sought greater

physician-driven decision making in the EMS system. In late 2003 a very ambitious goal of rewriting the rules related to the EMS providers' scope of practice and medical supervision requirements was undertaken with the blessing of the Board of Medicine. A physician task force, including EMS medical directors from rural areas in Idaho, accomplished this mission. The group wrote comprehensive and contemporary language and refined it extensively. Several important EMS system components were addressed in those draft rules, including parameters for the current practice of EMS providers' functioning within hospitals, transition of the detailed lists of procedures and interventions that can be performed by EMS providers to "standards manuals" that can be updated



more rapidly than rules when medical advancements or new devices emerge, and duties and responsibilities of physicians who serve as medical directors of local EMS agencies.

The culmination of these efforts has resulted in the Physician Commission legislation that will

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Meeting Dates

- EMSAC, Mar. 16, 2006

Hilton Garden, 7699 West Spectrum Street, Boise, ID

- EMSAC, June 22, 2006

Ameritel Inn-Boise Spectrum 7499 Overland Rd., Boise, ID

Call your regional EMS office for more information

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Idaho Emergency Communications Commission Dispatch Center Survey results show only 51% of all centers use EMD

An Executive Summary of the Idaho Emergency Communications Commission Dispatch Center Survey, prepared by administrative staff at the Ada County Sheriffs Office, was presented to EMSAC by Dia Gainor. The survey was designed to assist in determining county dispatch status in the use of 911 and other various dispatch

technologies. The survey results are available for use by the Idaho Emergency Communications Commission to help define where efforts to help local governments should be focused. The data will also be available to the Statewide Interoperability Executive Committee.

The number of Public Safety

Answering Points (PSAPs) responding to the survey was 47. This included 40 counties, 1 multi-county and 6 city locations. The average number of 911 calls placed in Idaho per month was approximately 41,913. Traditional phone line calls totaled 68% of calls, with 32% coming in on cell phones

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EMS Physician Commission

close the gap on issues of medical supervision requirements and responsibilities. Currently the Board of Medicine rules have language related to these requirements that are unclear. Different generations of the Board of Medicine leadership have interpreted them differently.

The language in the draft legislation makes several assurances pivotal to the Commission's success:

- All positions are appointed by the Governor and must include equitable geo-

graphic and rural representation

- Dedicated funding from certification fees paid by EMS personnel will be continuously appropriated exclusively for the Commission
- Rulemaking authority belongs to the Commission itself
- Supportive relationship of the EMS Bureau, placing the Commission close to where the rest of the EMS administrative and policy issues are managed

The concept has been developed with the guidance of several very dedicated EMS medical directors from across the state, including those with rural and frontier jurisdictions. The Board of Medicine will not oppose the draft legislation and it has already received the approval of the Governor's Senior Health Policy Analyst and the State Health Officer. The legislation is prepared for introduction during the 2006 legislative session, and rulemaking would commence immediately thereafter. This proposal may be one of the most significant changes in the Idaho EMS system in the last fifteen years.

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State Communications Survey

and 12% from an undetermined source. Many dispatch centers are not equipped to be able to locate wireless callers.

Additional information gleaned from the survey on the state PSAPs in Idaho included:

- Most are using Computer Aided Dispatch (CAD), at 31 locations, but 16 are not.
- 25 use some type of an Emergency Medical Dispatch (EMD) system, and 22 do not
- Only 14 are using Geographical Information Systems (GIS)
- 2 use Automatic Vehicle Location (AVL), Ada County and City of Twin Falls
- Most use some type of Records Management Sys-

tem (RMS) at 38, and 9 do not

- Backup Dispatch Centers (BUD) are not operated at 26 of the PSAPs reporting

Dispatcher information in Idaho was also captured:

- There are 467 full-time dispatchers and 86 part-time dispatchers in Idaho
- Typical dispatch shifts are from 8 to 12 hours
- Dispatcher training varies widely, averaging about 6 weeks, with 2 weeks each for law enforcement, fire and EMS modules
- 9 PSAPs do not provide any formal training

Financial information was largely unreported in the survey, however those responding reported:

- Operational costs ranged from \$290,000 to \$200 a month
- PSAP income came from wireline and wireless phone fees
- 10 centers use 911 user fees for payment of dispatch salaries, 36 do not and 1 was unknown

This is the first survey of its kind of PSAPs in Idaho. The information will facilitate better decision making by statewide councils and commissions. The information can also facilitate comparisons about service delivery for 911 centers considering improvements.



Trauma Registry pilots software and processes in 11 hospitals

John Cramer of the EMS Bureau, and Ginger Floerchinger-Franks DrPH of the Idaho Trauma Registry (ITR) presented an informational update on the ITR to EMSAC. John began by presenting an overview of progress made in the past year. Trauma Registry system and contract requirements were finalized, a Request for Proposals (RFP) was developed and proposals scored, and a contract was awarded to the Idaho Hospital Association to operate and manage the ITR on behalf of the Department of Health and Welfare. The initial contract is for a term of 2 years with two 1 year extensions available based upon performance. The

contract was signed on September 12th, and IHA has been busy hiring staff and beginning work on necessary infrastructure to support the contract.

The initial phase is a pilot of the registry software and processes to include eleven hospitals. The pilot will include the 4 larger hospitals with pre-existing trauma registries; 2 medium hospitals; and 4 rural hospitals requiring manual data submission with abstraction and keying into the registry being handled by IHA as a part of the contract services.

Ginger then continued the presentation providing an overview

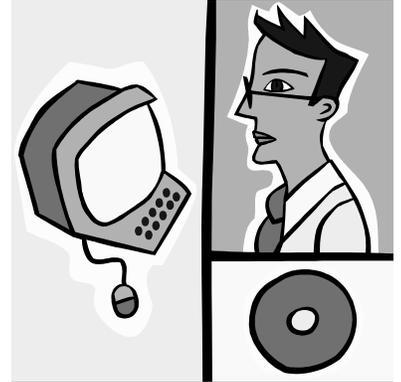
of the ITR including:

- Purpose of the Registry
- Definition of Trauma
- Participants in the initial pilot
- Overview of Data Flow and Data Linkages
- Next Steps in the development of the registry.

Critical milestones for the coming year are:

- Finalization of Data Dictionary,
- Completion of Software Customization,

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Idaho 2006 Legislative agenda to include three EMS proposals

The 2006 Legislature agenda will include three important EMS proposals.

Idaho Counties Risk Management Program discovered their liability insurance does not include coverage for off-line EMS agency medical directors, so this will be added.

The Idaho Medical Association may introduce legislation that is the result of a group of physi-

cians recognizing trauma as the leading cause of death in Idaho for residents aged 1-44. They are seeking to create dedicated funding that would be used for acquisition of equipment related to trauma care for hospitals and EMS agencies and for trauma care specific education programs.

The final proposal is the Idaho EMS Physician Commission

(see Page 1 article).

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New Arrivals

EMSAC

Catherine Mabbutt—Board of Nursing

Lloyd Jensen—Idaho Chapter of the American Academy of Pediatricians

EMS Bureau

Barbara Loehr—Administrative Assistant in Region 6/7

Coleen Wallace—Administrative Assistant in Region 3/4

Arriving January 23rd

Nick Nudell—Regional Operations Manager



Disciplinary Sub-committee



Instructor revocation review results: An instructor revocation recommended at the September EMSAC was reviewed at the request of the instructor involved, with a letter and fax providing additional information. A motion was made to recommend acknowledgement of receipt and review of the additional information, but the original decision stands as made in September.

Epi-Pen usage results: An agency enrolled in the Epi program submitted a PCR to the

EMS Bureau after an agency-carried Epi-pen was used. Areas of concern regarding poor documentation of the patient past history, physical exam findings and patient disposition were noted. A letter was sent to the agency medical director for internal follow up.

Alleged DNR disregard investigation final outcome: A Certificate Action of 1 day EMS certification suspension was issued to both paramedics involved in the call for failing to look for a DNR bracelet.

EMSC Sub-committee

Federal Grant requires assessment of percentage of pre-hospital providers with on-line and off-line pediatric medical direction

The Sub-committee reviewed the following FY06 Federal EMS for Children (EMSC) Grant goals:

- Assess the percentage of pre-hospital providers with on-line and off-line pediatric medical direction
- Assess the percentage of hospitals with pediatric interfacility transports
- Establish a standardized system that recognizes hospitals that stabilize pediatric medical emergencies and traumas
- Establish an EMSC advisory committee with all recommended members
- Establish a state funded EMSC coordinator position
- Integrate EMSC priorities into existing EMS and hospital regulations

- Ensure that 90% of EMS agencies meet American Academy of Physicians (AAP)/American College of Emergency Physicians (ACEP) minimum pediatric equipment guidelines
- Create and implement pediatric education requirements for recertification of paramedics

Learn more about EMS for Children at www.ems-c.org

Vehicle Decal



This vehicle purchase was made possible by the citizens of Idaho through the Idaho EMS Dedicated Grant program

Grants Sub-committee

Training grants totaling \$62,237 have been awarded. The budget amount available this year was significantly lower than usual. Unsigned/unreturned contracts total \$12,670.

FY07 available funds for Dedicated Grants are likely to be less than in the past few years due to the fluctuation in incom-

ing drivers license fees.

Applications for Dedicated Grants will be sent out in January, 2006.

All applications will require review by the Regional Consultant prior to submission to the Bureau. This new review process is aimed at reducing errors and ineligible applications due to

errors and/or omissions of required information.

New decals with the EMS Bureau logo and state funding acknowledgement were sent to FY04 and FY05 grant vehicle recipients.

Licensure Sub-committee

EMS Agency Licensure Renewal Review for 05-06

- 173 EMS agencies relicensed
- 11 agencies received provisional licenses, until March 31, 2006, to obtain off-line medical directors

7 agencies lapsed/expired, letters were sent advising they have until January 31, 2006 to renew their license. The letters

advise these agencies that after January 31, the EMS Bureau will suspend their license, request return of any grant funded equipment or vehicles, advise personnel they have no affiliation and require reapplication to reinstate, including agency inspection.

Jerome County Paramedics dba Divine Medical Services—Initial Application ALS 2. Recommendation that the Bureau issue a

license.

Meridian Fire Department upgrade from BLS non-transport to ALS-5. Recommendation that the Bureau issue a license.

*173 agencies
relicensed
11 provisional
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licenses*

Medical Direction Sub-committee

Recommendation was made for EMSAC to write a letter of support for the EMS Physician Commission legislation.



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Trauma Registry Pilot*

- Conduct a Hospital Resource Survey,
- Recruit Pilot Sites,
- Web Site development for Internet queries,
- Implementation of the Pilot,
- Fine tune Data Entry,
- Develop Data Linkages,
- Fine tune CQI processes, and

Development of Reports

While the Pilot is being conducted, administrative rules will be proposed for consideration by the 2007 legislative session. These rules will address participation, and data submission requirements as a result of Idaho Code Title 57, Chapter 20. After the pilot is concluded, and administrative rules passed, the registry will be rolled-out statewide to all licensed hospitals for implementation.



Consumer member needed for Emergency Medical Services Advisory Committee. We need you now!

Help Wanted

Attend EMSAC quarterly meetings in Boise, Idaho

Represent Idaho Consumers on EMSAC



Interested parties call
208-334-4000

Idaho EMS
Bureau

Emergency Medical Services Advisory Committee

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