

IDAHO EMSPC MEETING MINUTES

October 30, 2006

A meeting of the Idaho Emergency Medical Services Physician Commission was held on this date in the Idaho Room of the Oxford Inn and Suites at 1426 S. Entertainment Avenue, Boise Idaho. Chairman Kim called the meeting to order at 9:06 a.m.

Members Present:

Adam Deutchman, M.D.
Bat Masterson*
Curtis Sandy, M.D.
David Kim, M.D.
Hon. Elmer Martinez*
Keith Sivertson, M.D.*
Murry Sturkie, D.O.
Scott French, M.D.

Member's Position:

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

*Participated in meeting remotely via teleconference and web conferencing.

Members Absent:

Cay Berg, M.D.
Debra McKinnon, D.O.
Kenny Bramwell, M.D.

Member's Position:

Idaho EMS Bureau
Idaho Fire Chiefs Association
American Academy of Pediatrics, Idaho Chapter

Vacant Seats:

N/A

Others Present:

Dia Gainor
John Cramer
Michele Carreras
Nick Nudell
Tawni Newton
Valerie Fend-Boehm
Wayne Denny

Other's Position:

EMS Bureau Chief
EMS Bureau System Information Manager
EMS Bureau StateComm Manager
EMS Bureau Regional Operations Manager
EMS Bureau Certification & Licensure Manager
EMS Bureau Administrative Assistant
EMS Bureau System Development Manager

Approval of Minutes:

Motion: Commissioner Deutchman, American College of Surgeons Committee on Trauma, moved and Commissioner Masterson, Citizen Representative, seconded to accept the draft minutes as amended. Motion passed unanimously.

Draft Rule review

The EMSPC began their final discussion of the draft rules, version 2.7, by reviewing the document with a broad perspective. Most of the discussion and edits were to enhance consistency, clarification and formatting. Some wording was also modified to better align the statements in rule with the Commission's overall intent.

Commissioner French reported he forwarded the draft rules to the Board of Nursing. The Board will discuss the draft rules at their meeting on November 2nd and 3rd and provide feedback to the EMSPC after that time. Nick Nudell, Idaho EMS Bureau, reaffirmed, in response to EMSPC inquiries, that some changes to the draft rules could be made in the coming weeks, as long as the substantial document remained. Commissioner Martinez reminded the Commissioners that the Legislature could alter the draft rules during the rule review process and reinforced the need for dialogue with other interested parties.

Commissioner Sandy led the Commission in inserting language to rule ensuring the local medical director authority over the local credentialing process. Included in credentialing is the ability for the medical director to assign operating procedures at, or below, the EMSPC designated scope of practice for a provider as he or she deems appropriate. This addition led to discussion of concerns with capturing whether providers maintain multiple affiliations. The EMSPC encouraged the EMS Bureau to consider distributing to medical directors all affiliations of providers for purposes of disciplinary action and for the medical director's knowledge.

Commissioner Masterson, with support of the EMSPC, again expressed concern of people working as EMTs outside of the EMS system in Idaho. Dia Gainor, Idaho EMS Bureau Chief, acknowledged the enforcement limitations and reinforced that promulgation of the EMSPC rules will allow the EMS Bureau to close some of the loop holes and attend to problems not addressed under the old rules.

Commissioner Sandy also suggested the need to add rule relating to dispatch and response guidelines pertaining to EMS. Chairman Kim supported the idea as an element of EMS system design. Ms. Gainor and the EMSPC expressed a vital need for working with the Idaho Sheriff's Association and local Public Safety Answering Points to create appropriate response plans. The language included in the rule as a component of the in-direct (off-line) supervision plan was: "The appropriate level of emergency response based upon dispatch information provided by the designated Public Safety Answering Point(s)."

Motion: Commissioner Deutchman, American College of Surgeons Committee on Trauma, moved and Commissioner Masterson, Citizen Representative, seconded to approve draft rules as amended. Motion passed unanimously.

Chairman Kim led the Commission in determining the effective date of the draft rules. In the discussion following Commissioner Sturkie's motion, the EMSPC, led by Commissioner Deutchman, expressed concern over allowing enough time to prepare resources, guidelines, and support for agencies and medical directors, as well as enough time for the agencies to comply without undue hardship.

Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved and Commissioner Masterson, Citizen Representative, seconded to make the effective date of the temporary rules February 1, 2007, with the medical supervision plan to be submitted prior to November 1, 2007.

Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, amended motion to change date from November 1, 2007, to November 1, 2008. Motion passed unanimously as amended.

Overview of IT Capabilities:

Commissioners Masterson, Sandy, Martinez, and Sivertson participated in the EMSPC meeting remotely during all or part of the time via the EMS Bureau teleconferencing bridge.

Commissioners Sandy, Masterson and Martinez also used document sharing capabilities provided by the EMS Bureau. Nick Nudell, Idaho EMS Bureau, introduced GoToMeeting, the provider of the web conferencing and document sharing capabilities the EMSPC charged the EMS Bureau with facilitating.

Commissioner French, Idaho Association of Counties, moved and Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, seconded that the EMSPC direct EMS Bureau to enter into an agreement with GoToMeeting.com with a cost not to exceed \$500 per year. Motion passed unanimously.

Scope of Practice for EMS Providers

Chairman Kim invited Wayne Denny, Idaho EMS Bureau, to initiate the Scope of Practice (SoP) discussion with an overview of the SoP grid provided for the Commission. The EMSPC focused on discussion points posted on the agenda.

Commissioners French, Sturkie, and Kim all listed their support of the additional training program required for Epi-pen use by First Responders (FR). The Commissioners present reached a general consensus, expressed by Chairman Kim, to leave Epi-pen use by FR in the SoP if the FR opts to attend additional training. Chairman Kim expressed support for a similar opt-in program for Mark-I use on self or peer. Commissioner Deutchman questioned whether agencies with programs already in place could 'grandfather' into the rules and the EMSPC felt that all agencies would have to comply by the effective date.

Commissioner French expressed strong support for awareness of challenges to rural EMT personnel throughout the SoP discussion. Motivated by circumstances where FRs are likely to be the only providers on a scene for over 30 minutes in his area, Commissioner French,

supported by Commissioner Deutchman, initiated discussion of allowing FR to carry and assist with over the counter and prescribed medications such as nitroglycerin, aspirin, or benadryl. Commissioners Sturkie, Kim and Masterson expressed concern over the amount of training required to correctly utilize medications. Commissioner Sturkie also suggested that expanding the scope of the FR is not beneficial to an EMS system where the EMT-B is the standard. Chairman Kim reminded the Commission there will be logistical issues of training and testing when the Idaho SoP differs from the national SoP. General consensus promoted not including medication use by FR in the SoP.

Commissioner Sturkie summed the discussion of finger tip glucose strip interpretation and automated blood sugar glucometry as maintaining the current SoP. The current Idaho scope aligns the future National SoP and relies on the medical directors' judgment to determine use by agencies.

The EMSPC weighed the positives and negatives of allowing the EMT-Basic SoP to include carrying aspirin and other over the counter medications such as benadryl. Chairman Kim cautioned of the issues raised by deviation from the National SoP, but also suggested being cognizant of the expressed desire of many EMT's to be able to carry some medications. Commissioner Sturkie expressed his support of the expanded scope. Further discussion leaned toward providing a list of allowable medications which the agencies and medical directors could then choose to carry or not.

Discussion on use of pulse oximetry exposed the Commissioners' concern with some uses of the device and suggestions for review. General consensus promoted including pulse oximetry in the SoP when the National SoP is finalized while keeping an open mind to alternatives and combined devices.

Chairman Kim initiated debate AEMT-A intubation use by strongly advocating against including intubation in the SoP given the growing body of evidence. Commissioners Masterson, Martinez, and Kim all expressed concern with the level of training and time required to maintain the intubation skill and the broader effects of requiring more training hours on a volunteer population. Mr. Nudell, at the request of Commissioner Deutchman, reported that in 2004, there were 947 reported advanced airways in the State of Idaho. Mr. Nudell cautioned however, that there is no way to differentiate between intubation by EMT-Ps and AEMT-As. Commissioner Deutchman requested the literature Chairman Kim cited be available to the EMSPC and public at the next EMSPC meeting. A short discussion of blood glucose monitoring followed during which the EMSPC expressed support to maintain the current level of practice.

EMSPC discussion of CPAP and Bi-PAP by paramedics agreed to add these skills to the state SoP when the National SoP comes into effect. Surgical cricothyrotomy for EMT-Ps was not generally supported by the Commission given the maintenance of skill required. Chairman Kim suggested allowing it for the more advanced critical care paramedic and supporting EMT-Ps in pursuing the enhanced training. Commissioner Deutchman agreed and suggested exposing EMT-Ps to the theory of surgical cricothyrotomy during their training without condoning use. The Commission expressed support for needle cricothyrotomy.

Conversations of oral tracheal intubation with paralytic by EMT-Ps were both ardent and ongoing. Commissioners Masterson, Kim, Sturkie, and French were in agreement that intubation requires RSI as well as strong medical oversight and increased training. Chairman Kim expressed concern whether the EMS System is capable of providing the high level of oversight required to perform the skill adeptly. Commissioner Masterson expressed his awareness that many EMT-Ps feel the skill should remain in the SoP, but with increased training. Commissioners Sturkie, French, Martinez and Sandy all expressed support for Chairman Kim's suggestion of allowing oral tracheal intubation with paralytic by EMT-Ps as a supplementary opt-in, conditional upon completion of an additional training program.

Future Meeting Schedule

EMSPC availability survey results indicated a preference for meeting Monday or Friday so a reoccurring date of the second Friday of the month was chosen. The Commission decided to meet monthly through March, and then bi-monthly. Future meeting dates are December 8th, January 12th, February 9th, March 9th, May 11th, and July 13th with the option of cancellation. Meeting time will remain 9am-5pm and be convened at the Oxford Inn and Suites, unless unavailable.

Adjournment

MOTION: It was moved by Commissioner French, Idaho Association of Counties, and seconded by Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, to adjourn the October 30, 2006 Idaho Emergency Medical Services Physician Commission meeting at 4:14 p.m. The motion passed unanimously.

David Kim, M.D., Chairman
Idaho EMS Physician Commission