

## EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE

Ameritel Spectrum, 7499 Overland Rd., Boise, ID

December 9, 2004

### **COMMITTEE MEMBER ATTENDEES:**

Lynn Borders, County EMS Administration  
Ken Bramwell, Emergency Pediatric Medicine  
Jeff Furner, Career Third Service Member  
Kallin Gordon, EMT-Basic Member  
Pam Humphrey, Air Medical Member  
Karen Kellie, Idaho Hospital Association Member  
Mary Ellen Kelly, State Board of Nursing Member  
David Kim, Idaho Chapter of ACEP Member  
James Kozak, EMT-Paramedic Member  
Robert D Larsen, Private Agency Member  
Warren Larson, EMS Instructor Member  
Scott Long, Idaho Fire Chiefs Association Member  
Cindy Marx, Third Service Non-Transport Member  
Ethel Peck, Idaho Association of Counties Member  
Ken Schwab, Advanced EMT-A  
Murry Sturkie, DO, Idaho Medical Association Member

### **COMMITTEE MEMBERS ABSENT:**

Vicki Armbruster, Volunteer Third Service Member  
David Christensen, Idaho Chapter of the American Academy of Pediatricians  
Hal Gamett, Fire Department Based Non Transport Member  
Leonard Harlig, Consumer Member  
Mary Leonard, State Board of Medicine Member

### **VACANT MEMBER SEATS**

ID Chapter of ACS Member, Committee on Trauma

### **EMS STAFF ATTENDEES:**

Tricia Burns	Dia Gainor
Larry Carmona	Scott Gruwell
Doug Carrell	Shana Munroe
John Cramer	Dean Neufeld
Brandi Creamer	Tawni Newton
Andy Edgar	John Sanders
Barbara Freeman	

### **Other Attendees:**

Allen, Roy	McGrane, Michael
Allen, Tom - Nampa Fire Department	McKinnon, Debra - Latah County EMS
Anderson, Kay - Priest Lake Ambulance	Murphy, K.C.
Day, Michael -	Rose, Stan - Life Flight (St. Alphonsus)
Hutchens, Jim	Sandy, Curtis - Portneuf Life Flight
Iverson, Hal	Sheldon, Ken
Lewis, Allen - Moscow Fire	Sharp, Lynette - Air Idaho Rescue
Long, Jeff	Stewart, Brad - Clearwater County
McCoy, Carrie	Vickers, Greg - Portneuf Life Flight

Discussion	Decisions/Outcomes
Introductions, Minutes, Housekeeping	
<p>Minutes approved.</p> <p>Introduce new members: Lynn Borders and Ken Schwab.</p> <p>Requests for volunteers for NEDARC on site session to assist with strategic planning for data collection and analysis projects. Feb 16.</p> <p>FYI. Legislation was being considered to propose mandating epi-pen for every EMT. Last year the Bureau's policy was clarified that the epi-pen use was authorized with medical direction and enrollment in the Bureau agency Epi Pen Program. Dia Gainor, Tawni Newton and Dick Schultz met with 3 legislators and advised them about the logistics, storage and costs issues. The outcome of the meeting was the legislation will not be re-introduced again this year in exchange for the Bureau's marketing and monitoring of the volunteer program and the promise to make some dedicated funds available for epi-pens.</p> <p>Do we now know the level of compliance in the volunteer program? The Bureau has asked organizations to file with us when they fully implemented the program. 27 agencies out of 164 (excludes paramedics). The license renewal this fall asked the agencies to self declare. 61 said yes. Might be a problem with the wording of the question.</p> <p>Other possible legislation concerns the Medal of Honor for meritorious heroism for firefighters and law enforcement might be extended to get EMS personnel.</p> <p>Legislation to close loopholes in extending PERSI benefits to all levels of EMTs is being proposed. (Currently only paramedics have been eligible). There was a suggestion to ask Legislators to name EMTs as public officers so that they are eligible for death benefits.</p> <p>Rep Jacquet noted an apparent conflict of interest of compensated EMT provider and public offices. Problematic because of the lack of definition of compensated provider.</p>	

Discussion	Decisions/Outcomes
<b>Bureau Reorganization</b>	
<p>Discussed the current EMS Bureau organization that originated in 1993. A position review was conducted earlier this year and the outcome was that only one EMS position was eligible for an upgrade. When compared with the other Division of Health positions, the EMS positions were graded the lowest. The Bureau had inadvertently built silos and Dia realized that they weren't well coordinated. This led to the creation of a new position, Systems Development Section Manager and the logical coordination of program managers.</p>	
<b>EMS Bureau Annual Report</b>	
<p>Dia presented. The Bureau will be migrating to a Balanced Scorecard format.</p>	
<b>Access Cardio AED Recall</b>	
<p>Access Cardio Systems went out of business and recalled their AEDs. This is the company from which we purchased and granted 131 AEDs. The groups that will be affected are those federally granted, those who bought off the state contract with their state grants, and those who privately bought from the state contract. Federal funds will be used to replace the AEDS previously purchased with federal grants.</p> <p>Tricia will swap out those AEDs with the new AEDs from DeFib Techs. Those entities that were to receive new AEDs with this year's grant will drop off the recipient list until funds are available. 131 will be replaced.</p>	
<b>Air Medical Utilization Criteria Task Force Update</b>	
<p>Have developed the first draft of the final rule. Air Medical subcommittee gave input about landing zone criteria. Still on track to conclude in February or March. Rumor control: The Bureau will not grab the 11<sup>th</sup> hour draft and rush it through the 2005 Legislative session. It is too late to file. The draft rules won't be sent for Legislative consideration until 2006.</p>	

Discussion	Decisions/Outcomes
<b>Training Survey Results</b>	
<p>Dia discussed the survey results. Good geographic, demographic representation in the responses. The second most frequent need was quality improvement. Instructor resources and training manikins were the most requested equipment need. The second and third most difficult aspect of planning training programs is funding and finding an instructor. The most difficult aspect of hosting continuing education was getting the providers to attend. Funding for training is a big challenge. There was little awareness of college/university sponsored training programs.</p>	
<b>Air Medical Subcommittee Report</b>	
<p style="text-align: center;"><b>Key Points</b></p> <p><b>State Comm SOP – Aircraft Emergencies</b></p> <p>Recommendations</p> <ul style="list-style-type: none"> <li>• The committee request to be asked for notification of State Aeronautics.</li> <li>• State Comm will assist with any air med emergency requests.</li> <li>• State Comm will contact State Aeronautics to find out what their procedure is once notified. Shana M. will bring back to next committee meeting.</li> <li>• Development of a Statewide Air Medical Safety Committee</li> <li>• Air Med operators will participate in safety committee outside of EMSAC.</li> </ul>	
<b>Medical Direction Subcommittee Report</b>	
<p style="text-align: center;"><b>Key Points</b></p> <p>Membership Structure</p> <ul style="list-style-type: none"> <li>• EMS Bureau staff will find a medical director from region 3/4 to participate on the committee</li> <li>• The committee would like an Emergency Department Director to participate – the Regional EMS offices will be asked to find such a person</li> </ul> <p>Medical Direction Course Update</p>	

Discussion	Decisions/Outcomes
<ul style="list-style-type: none"> <li>• Funding from EMS-C</li> <li>• Next course projected for October 2005</li> </ul> <p>Board of Medicine Rules Project Update [04-07B]</p> <ul style="list-style-type: none"> <li>• Remove references to EMS personnel working in a hospital</li> <li>• No motions or recommendations to the EMS Bureau</li> </ul> <p style="text-align: center;"><b>Discussion</b></p> <p>David Kim discussed the rules. Original draft rules addressed certified EMTs in a hospital setting, especially in areas that have a low call area to help maintain skills. The Board of Medicine (BOM) is adamant in certain aspects to the point where the subcommittee thought promoting the rules as the BOM had recommended would be worse than no rules. The new rules would be confusing.</p> <p>The subcommittee decided to take out all references to hospital setting for EMS personnel. If the goal is to allow EMTs to work in the hospital setting, there are ways for the hospital to accomplish this without getting involved in rules promulgation. The hospital could craft a job description with paramedic equivalent qualifications. If the hospital has this authority, there would not be a need for the rules. There was a suggestion to investigate the hospital's authority to define personnel. There was no subcommittee motion until there is clarification about the hospitals' authority.</p> <p>There is a concern about the BOM's understanding of off-line and on-line medical direction.</p> <p>How do we communicate with the BOM? They have declined our request to appear at the BOM's board meeting and denied us access to the physicians?</p> <p>Does the Board of Nursing have views on the rules? Mary Ellen Kelly has communicated with them, but not in depth.</p> <p>There are two issues: Hospital personnel configuration (replacing RNs with paramedic type personnel) and liability.</p> <p>Concern if we fail to answer Dr. Murphy's original training question. The proposed rules are totally unrelated to training, but are a patient care issue.</p>	

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<p>What would an ideal rule address? Are we making decisions because of the challenges of dealing with the BOM? Clarifying training issues in the hospital is the role of the Bureau. Yes, until the training practices become actual patient care. The Bureau can't grant the scope of practice to an individual. The current authority is silent to training.</p> <p>Are we sidestepping other important issues? EMT-I is going to force the issue.</p> <p>Are we aware of other instances of controversy? If not, let it go. There are known instances of hospitals being reticent when EMS organizations approach the hospital for the use of their facilities for certain training activities. Any time any one who is practicing medicine while in training, the responsibility is with the proctor or trainer. They're not practicing medicine while in training.</p> <p>Does didactic training fall under the Department of Education instead of the Board of Medicine?</p> <p>Does EMSAC want to recommend a response to the BOM? Can we appeal to the Governor? Someone did already. The Bureau received notice that the issue has already gone to the Governor's office. The caller had concern about some rules out there that would stop the paramedics from functioning in the hospital. The Bureau discussed its failure to get an audience with the BOM. This inquirer was very unhappy and stated that the BOM is a gubernatorial entity and their non-response is disturbing. Should this committee communicate with the Governor's office? The challenge is that EMSAC exists to give advice to the State Health Officer, Dick Schultz. EMSAC members represent agencies and groups, all of whom have the right to contact the Governor's Office.</p> <p>David Kim commented that EMS will be better off by being silent.</p> <p>Are you asking the Bureau to do another draft and make a counter proposal back to the BOM? Yes, if that is the most effective. However, wanted to clarify the hospital's authority to define hospital personnel.</p>	<p>Motion to recommend the Bureau submit amended rule back to BOM removing references to EMS personnel within the hospital setting was seconded and carried unanimously.</p>

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<b>Membership Task Force</b>	
<p>Murry Sturkie presented.</p> <p style="text-align: center;"><b>Key Points</b></p> <p>Policy Manual Development Key Points</p> <ul style="list-style-type: none"> <li>• Review of Motion from September EMSAC</li> <li>• Continued discussion of ad hoc members. Definition of ad hoc, duration of membership, and who holds the fiscal responsibility of participation?</li> </ul> <p>Review of EMSAC Membership Handbook</p> <ul style="list-style-type: none"> <li>• Task force will review and send comments/additions/corrections to Tricia prior to next meeting.</li> </ul>	
<b>EMSC Subcommittee</b>	
<p>Ken Bramwell presented.</p> <p style="text-align: center;"><b>Key Points</b></p> <p>Pediatric Education 5 Year Plan</p> <ul style="list-style-type: none"> <li>• Collaboration with Institute of Rural Health</li> <li>• Sim-Man and Sim-Infant Project</li> <li>• Research Study of Knowledge Retention</li> <li>• Proposed project alliance with College of Southern Idaho (CSI), St. Al's, and St. Luke's</li> <li>• Mobile Training Unit and staff to house Simulation mannequins</li> <li>• Sponsor annual PPC classes managed by CSI</li> <li>• Offer free PPC courses to school nurses</li> <li>• Co-sponsor annual medical director's conference</li> <li>• Sponsorship of one-time Mother's and Infant's class in eastern Idaho</li> <li>• Marketing (EMSC emblems on rigs, EMSC Mouse Pads, EMSC Anniversary advertisement in April)</li> </ul> <p>E-Learning Platform</p> <ul style="list-style-type: none"> <li>• Idaho Preparedness Learning Management</li> </ul>	

Discussion	Decisions/Outcomes
<p>System @ <a href="http://www.idahoprepares.com">http://www.idahoprepares.com</a></p> <p>IRECC Conference Report</p> <ul style="list-style-type: none"> <li>• Idaho report to IRECC members</li> <li>• Current activities and Future projects</li> <li>• Update on 2005 Grantee meeting and EMSC anniversary celebration from the National Resource Center</li> <li>• Discussed feasibility of EMSC Parent Representatives (The EMSC Parent representative for the state has been the EMSAC consumer representative.)</li> </ul> <p>Medical Director's Meeting Update</p> <ul style="list-style-type: none"> <li>• Educated medical director's on importance of pediatric emergency care</li> <li>• Gained support from medical directors to allow research participants to use only the suggested protocols during the study of knowledge retention among EMT-B's</li> </ul> <p>NEDARC On-Site Visit</p> <ul style="list-style-type: none"> <li>• Data System Development/Improvement Planning (DSDIP)</li> <li>• Requesting volunteers to attend one day planning session</li> </ul>	
<b>Licensure Subcommittee</b>	
<p><b>BURLEY FIRE DEPARTMENT INITIAL BLS NON-TRANSPORT</b></p> <p>Key Points</p> <ul style="list-style-type: none"> <li>• Tax ID # needed on application</li> <li>• In county protocols, need to clarify off line medical direction and remove language about level II trauma center</li> </ul>	<p style="text-align: center;"><b>Subcommittee Recommendation</b></p> <p>Motion made and carried to recommend licensure contingent on verification of certification of personnel, equipment inspection, and AED equipment seconded and carried.</p> <p style="text-align: center;"><b>General Session Recommendation</b></p> <p>Motion made and carried to recommend licensure of Burley as BLS non transport.</p>
<p><i>Note: The following license applications are a result of Big Sky Paramedics quitting business in North Idaho.</i></p>	
<p><b>SCHWEITZER FIRE/RESCUE DISTRICT BLS TRANSPORT</b> - Change of transport designation from BLS Non-Transport to BLS Transport</p> <p style="text-align: center;"><b>Key Points</b></p> <ul style="list-style-type: none"> <li>• Bonner County experiencing major system</li> </ul>	<p style="text-align: center;"><b>Subcommittee Recommendation</b></p> <p>Motion made and carried to recommend licensure change to BLS transport was seconded and carried.</p> <p style="text-align: center;"><b>General Session Recommendation</b></p> <p>Motion made and carried to recommend licensure of Schweitzer from Non-transport to Ambulance</p>

Discussion	Decisions/Outcomes
<p>changes due to loss of Big Sky Paramedics as primary transport agency.</p>	<p>was seconded and carried.</p>
<p><b>BIG SKY PARAMEDICS BLS TRANSPORT -</b> Change of clinical designation from ALS Transport to BLS Transport</p> <p style="text-align: center;"><b>Key Points</b></p> <ul style="list-style-type: none"> <li>• License already issued, downgrade in service. Issued when medical direction was lost to maintain service briefly. May not be running at all now.</li> <li>• If still running, name not appropriate</li> </ul> <p style="text-align: center;"><b>General Session Discussion</b></p> <p>There is not an EMS specific rule about misleading marketing by using a closed business name. Might be in other rule.</p> <p>Is there a license update process for the instance when an agency changes boundaries, personnel, etc. What activities would occur between annual license renewals? Currently, the Bureau only investigates if there is a complaint or rumor. Need a more pro-active monitoring process.</p>	<p style="text-align: center;"><b>Subcommittee Recommendation</b></p> <p>Motion made and carried to recommend revoking licensure of Big Sky Paramedics. One abstained from voting.</p> <p>Motion made and carried to recommend the Bureau investigate a process of continuing assurance of compliance of licensure in conjunction with annual licensure. One abstained.</p> <p style="text-align: center;"><b>General Session Recommendation</b></p> <p>Motion made and carried to recommend to revoke Big Sky’s license.</p> <p>Motion made and carried to recommend the EMS Bureau investigate a process for continuing assurance of compliance with licensure.</p>
<p><b>NORTHWEST EMS – SANDPOINT INITIAL ALS TRANSPORT</b></p> <p style="text-align: center;"><b>Key Points</b></p> <ul style="list-style-type: none"> <li>• Reinspection needed to determine current status</li> <li>• Determine if Sandpoint fire is operating at current license designation or should be downgraded</li> </ul> <p>This agency is being formed by the Big Sky staff. Provisional licenses are issued to agencies that have everything in place, but need to operate before the next EMSAC meeting.</p> <p>Can issue conditional licenses, but the conditions need to be observable/measurable conditions.</p>	<p style="text-align: center;"><b>Subcommittee Recommendation</b></p> <p>Motion made and carried to recommend licensure contingent upon 24/7 availability and capability to provide service as required in laws and rules. One abstain.</p> <p style="text-align: center;"><b>General Session Recommendation</b></p> <p>Motion made and carried to recommend licensure for Northwest EMS contingent upon 24/7 and capability to provide service as required in laws and rule.</p>
<p><b>BONNER COUNTY SHERIFF’S OFFICE</b> Name Change to Bonner County Emergency Medical Services</p> <p style="text-align: center;"><b>Key Points</b></p> <ul style="list-style-type: none"> <li>• The agency’s request for tabling of issue until March EMSAC not heeded due to confusing county system issues needing to</li> </ul>	<p style="text-align: center;"><b>Subcommittee Recommendations</b></p> <p>Motion made and carried to recommend Sandpoint Fire be inspected to determine appropriate usage of vehicles and equipment and possible failure of agency to be acting in capacity of current ILS transport status and license be possibly downgraded accordingly.</p>

Discussion	Decisions/Outcomes
<p>be resolved</p> <p><b>General Session Discussion</b></p> <p>This application is actually for a new agency and not a re-vamp of the current Bonner County Sheriff's Office license. We aren't denying a license, but declaring the application as inadequate . A license was erroneously issued, even though a provisional was requested. The agency requested that the application be tabled and the provisional extended to the March EMSAC meeting. The Bureau chose to have it discussed today. Bonner County EMS is asking for licensure just in case the other area agencies are not able to respond. These are also significant operational changes, not just a name change.</p> <p>What would be the effect on the agency? Given press coverage and scrutiny, denial could reflect poorly on the applicant.</p>	<p>Motion made and carried to recommend denial of licensure to Bonner County seconded and carried One abstain. Letter of explanation to explain deficiencies and possible resubmission of application.</p> <p>Motion made and carried to recommend reclaiming the erroneously generated license to Bonner County EMS was seconded and carried.</p> <p><b>General Session Recommendation</b></p> <p>Motion made and carried to recommend Sandpoint FD be inspected for compliance with vehicle response and licensure level was seconded and carried.</p> <p>Motion made and carried to recommend to return license application from Bonner County EMS with review comments advising applicant was seconded and carried.</p> <ul style="list-style-type: none"> <li>• EMSAC considers this a new application for licensure</li> <li>• An initial application should be submitted.</li> <li>• The ERT license may be resubmitted</li> </ul> <p>Motion made and carried to recommend the Bureau reclaim the erroneous license issued to Bonner County EMS.</p>
<p><b>LICENSURE RENEWAL COMPLIANCE</b></p>	<p><b>Subcommittee Recommendation</b></p> <p>Motion made and carried to recommend that agencies that do not comply with licensure deadlines will lose licensure. All available restrictions and penalties, seizing of granted equipment and freezing current grant funds will be engaged. Action will be taken within 30 days notice as of 12/9/04.</p> <p><b>General Session Recommendation</b></p> <p>Motion made and carried to recommend that agencies who do not comply with licensure renewal deadlines will lose licensure. In addition, all available restrictions and penalties will apply, including seizure of grant equipment and freezing of current grant funds. Action will be taken within 30 days of notice for current late applicants and after 30 days of due date in subsequent years was seconded and carried.</p>

Discussion	Decisions/Outcomes
<b>Grant Subcommittee</b>	
<p>Presented by Robert Larsen. Authorization to completely restrict eligibility for grants may require a rule change. There is language in code about grant guidelines. May be things other than outright restriction. Concerns about Legislative report. We are submitting the 5 year report to the 2005 Legislative session to set the stage to change code.</p> <p>How does call volume affect the grants? There are 9-10 factors and the applicant is submitting each with a point values. Need to check the formulas. We use call volume is a factor in equipment but not in vehicles. Wear and tear on the vehicle could be a factor as well as the age of the vehicle. Call volume is an indicator of population..</p>	<p style="text-align: center;"><b>General Session Recommendation</b></p> <p>The subcommittee needs to take a hard look at the grant code and rules in March and get ready to submit in June or July 2005. Partnership with other entities submitting rule changes.</p> <p>Motion made and carried to limit eligibility for grants to agencies who are in compliance with Rules governing EMS.</p> <p>Motion made and carried to have item(s) purchased with grant funds be returned if, within the 5 year grant agreement:</p> <ul style="list-style-type: none"> <li>• The agency does not renew license</li> <li>• Changes licensure inconsistent with the original intent of the awarded item(s)..</li> </ul>
<b>TRAC Update</b>	
<p>Presented by John Cramer. The Trauma Registry Advisory Committee (TRAC) selected an all inclusive RFP and contract for operation and management of the system. Held a requirements session to define what the management of the contract should look like. 48 requirements were defined. Reached a milestone for the committee of developing specifications for a trauma registry. Discussed the future role of the committee while moving into implementation.</p> <p>Social marketing to hospitals and users is one of the objectives. Targeting to have a finalized contract by 5/16/04. The first year will be a voluntary pilot by the hospitals. Rules will be submitted in the 2006 Legislative session. Have been able to secure funds. Now the question is the implementation of the rules. Dick Schultz wants to be assured that the system will work before rules are implemented.</p> <p>Rules can be initiated anytime between April and December. Will we be ready to submit to the November 2005 Board of Health and Welfare? Will probably be a phased project with a potential 2 year pilot period.</p> <p>Exciting to be at the juncture of being able to link multiple sources of records, IDT, law enforcement, hospital, PCRs, etc.</p>	

Discussion	Decisions/Outcomes
<b>National EMS Scope of Practice Model Project</b>	
<p>Comments due to the contractor by January 2005. Tawni presented.</p> <p>Maximum allowable skills or would it be better to define minimum skills with additional skills with medical direction. Didn't come to consensus. If we support the maximum levels, you're actually restricting some current practices.</p> <p>The model will drive future educational tools, standards and exams. It would hinder future generation.</p> <p>This will lower current skills of the EMT. Who is going to pay for the paramedic skills in Idaho? Will actually reduce service.</p> <p>Doesn't fit rural Idaho. Scary! The FR and Basic wouldn't have the necessary skills. Minnesota focused on the EMT who is alone on a call for an hour scenario. Is it a floor or a ceiling that should be established? This model is both. Important concern.</p> <p>Need a base not a maximum. Need to voice Idaho's concerns. Big step between advanced EMT and paramedic.</p> <p>National certification used to be a modular approach so that different levels of certification could select specific modules to build the appropriate skills for an individual. The EMT could select modules from the paramedic textbooks.</p> <p>Need the intermediate level in rural areas. Dia: Suggested that rural intermediates in other states would look similar and we should reveal those commonalities.</p> <p>What is our comment about the level between EMT and Paramedic? The model has omitted the intermediate level and it needs to be there.</p> <p>Incredible advantages to have standard certification levels. Adding a few more skills to the EMT basic can preserve many of the benefits. The EMT B can be better.</p> <p>Need to look at what is common and what is different in the national levels. Where do the nurse and nurse practitioner fit in? They haven't been</p>	

Discussion	Decisions/Outcomes
<p>asked yet. The project is targeting consensus in EMS system first.</p> <p>EMT-B scope of practice has been downgraded. Perhaps the project has made specific prohibitions to EMT-B intentionally. We need to speak for the rural situation and get a level that works. Either remove the ceiling or create a new intermediate level.</p>	<p>David Kim nominated to draft first letter. Tawni will send compilation of today's meeting to David Kim. Circulate draft letter and ask for comments.</p> <p>EMSAC agreed to use the "floor" minimum approach.</p>