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IDAHO EMSPC MEETING MINUTES

September 12, 2008

A meeting of the Idaho Emergency Medical Services Physician Commission was held on this date at the Cambria Suites, 2970 W. Elder, Boise, Idaho. Chairman Kim called the meeting to order at 9:36 a.m.

Members Present:

Adam Deutchman, M.D.
Bat Masterson
Cay Berg
Curtis Sandy, M.D.
David Kim, M.D.
Debra McKinnon, D.O.
Kenny Bramwell, M.D.
Murry Sturkie, D.O.

Member's Position:

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

Members Absent:

Cay Berg
Keith Sivertson
Pat Galvin
Scott French, M.D.

Member's Position:

Idaho Emergency Medical Services Bureau
Idaho Hospital Association
Citizen Representative
Idaho Association of Counties

Others Present:

Barbara Blakesley
Dia Gainor
Diana Hone
Grant Hamilton
Jerry Poplin
Jill Hiller
John Hunt
Larry Manring
Mary Lou Davis
Neeki Larsen
Loralei Sturkie
Michele Carreras
Richard Krause
Roy Allen
Russ Pierson
Scott Lossman
Season Pierson
Tawni Newton
Tom Allen
Val Navo

Other's Position:

Idaho Department of Health & Welfare
Idaho EMS Bureau Chief
Idaho EMS Bureau Administrative Assistant
PFFI
NHTSA OEMS
Cascade Rural Fire & EMS
Northern Lakes Fire
Fort Hall Fire & EMS
Fremont County EMS
Idaho EMS Bureau Systems Development Manager
Idaho EMS Education Consultants
Idaho EMS Bureau State Communications Manager
Cascade Fire & EMS
Pocatello Fire
Idaho EMS Bureau Compliance Specialist
Micron EMS
Idaho EMS Bureau Regional Consultant
Idaho EMS Bureau Credentialing Manager
Nampa Fire Department/ IFCA
Fort Hall Fire & EMS District

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Wayne Denny
William F. Powell

Idaho EMS Bureau Standards and Compliance Manager
Idaho Department of Health & Welfare

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9

Approval of Minutes

10 **Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved and**
11 **Commissioner Masterson, Citizen Representative, seconded the motion to accept the draft**
12 **minutes as submitted.**

13 **Motion passed unanimously.**

14

Timing of Commission Nominations

15 Mrs. Pat Galvin has been appointed to the EMS Physician Commission (EMSPC) as a citizen
16 representative to replace Elmer Martinez, who resigned. Her appointment is through August 1, 2011.
17 All commissioners whose terms were up have been reappointed and their new terms will expire August
18 1, 2011. Those commissioners are: Murry Sturkie, D.O., American College of Emergency Physicians,
19 Idaho Chapter; Adam Deutchman, M.D., American College of Surgeons Committee on Trauma; Debra
20 McKinnon, D.O., Idaho Fire Chiefs Association; Curtis Sandy, M.D., Idaho State Board of Medicine.
21

22

23 The timing for nominating and appointing commissioners is a bit awkward because of officer elections
24 and meetings such as the National Association of State EMS Officials (NASEMSO) that the EMSPC
25 Chairman needs to attend in September. The commissioner appointment date is August 1st. Officers
26 serve for one year beginning in August. Officer elections cannot be held in the spring to prepare for
27 August because it is not known at that time who the returning commissioners or new commissioners
28 will be. When officer elections are held in September, technically, there are no officers for a month and
29 a new chairperson would not have time to prepare for the annual NASEMSO meeting that month. If
30 the nomination process is started in the fall, so the appointments can be made by January for the
31 following August, officer elections could be held in May, giving a new chairperson time to prepare for
32 the September meeting and NASEMSO, etc.

33

34 **Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved and**
35 **Commissioner Bramwell, American Academy of Pediatrics, Idaho Chapter, seconded, to ask the**
36 **EMS Bureau to start the nomination process by September 30, with nominations being**
37 **submitted to the Governor's Office by November 30.**

38 **Motion passed unanimously.**

39

Election of Officers

40 Current officers are David Kim, Chairman; Scott French, Vice Chairman.

41

42
43 **Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, nominated**
44 **Commissioner Kim to serve as Chairman. Commissioner Deutchman, American College of**
45 **Surgeons Committee on Trauma, seconded.**

46 **Motion carried unanimously and position was accepted.**

47

48 **Commissioner Sandy, State Board of Medicine, nominated Commissioner Sturkie for Vice**
49 **Chairman.** Commissioner Sturkie said he would accept if Commissioner French did not want to serve
50 any longer.

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52 **Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, nominated**
53 **Commissioner French for Vice Chairman if he wants to continue serving in that position.**

54 A phone call was made to Commissioner French. He accepted the nomination.

55 Commissioner Sturkie withdrew acceptance of his nomination.

56 **It was agreed by acclamation that Commissioner French would continue as Vice Chairman for**
57 **another year.**

58

59 **Code Task Force Report**

60 Commissioner Sturkie reported that the EMS Code Task Force is seeking support for the proposed
61 EMS System (EMSS) District legislation by presenting the material to and answering questions of
62 various groups. A meeting independent from the Bureau is scheduled for October 9th with stakeholders
63 and lobbyists to determine how to move the legislation forward with legislators.

64

65 The Medical Authority in the legislation is complementary to the requirements of the EMSPC by
66 requiring counties that have more than one medical director to work together and elect a chairman to
67 represent them on the district board. There is a system-wide protocol requirement (page 9 of the v.2.8.2
68 draft legislation). There is the option for every agency to have a medical director, but all the medical
69 directors within the EMSS district must create a medical committee or EMSS Medical Authority. They
70 would choose a chairman of this committee to represent them on the EMSS Administrative Authority.
71 By working together on the medical authority committee, protocols and all other requirements of the
72 EMSPC would be developed as one voice from the medical authority for all agencies within the
73 district. A EMSS district could also choose to have only one medical director for their entire system.

74

75 The EMSPC will need to take a stand on this legislation at their November meeting. Support, Neutral,
76 Oppose? Chairman Kim requested the latest draft be distributed to commissioners at least two (2)
77 weeks before the November meeting. Commissioner Sturkie noted that a new draft would only have
78 minor changes from the one they have before them (v.2.8.2).

79

80 **Medical Director Education**

81 The three (3) EMS Medical Supervision Workshops were well attended with good feedback from the
82 administrators and medical directors. (Pocatello 30, Moscow 18, McCall 45) More administrators
83 attended than doctors. Appreciation was expressed to Mary Sheridan of the State Office of Rural
84 Health for helping fund the workshops.

85

86 The on-line medical director course is not up yet. The goal is for the on-line course to include some
87 Idaho specific content. Eventually medical directors will be required to take that course and the
88 commission will hold subsequent workshops. Chairman Kim asked the subcommittee to ensure the
89 Idaho specific items include scope of practice issues and the medical supervision plan. Chairman Kim
90 also requested the subcommittee stay on top of advanced planning for upcoming workshops and to
91 check with Mary Sheridan on available funding. Funding may not be available for workshops next
92 year.

93

94 Commissioner McKinnon asked if the EMSPC is going to require a course, will it accept other
95 courses? For instance, if someone new is coming in and has taken an EMS medical director course in
96 another state before he comes, is that acceptable? Chairman Kim asked to hold off on this until
97 discussion of Medical Director Certification topic later on the agenda.

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99 **Wildland Fire**

100 No site visits occurred; no type 1 or 2 fires in Idaho this year.

101

102 Dia reported the Incident Emergency Medical Task Group's business plan has been posted on their
103 website. <http://www.nwccg.gov/teams/shwt/iemtg/index.html> A subcommittee is compiling protocols
104 from the National Park Service, Cal-Mat teams that are used at wildland fires, the Alaska fire medic
105 program, the U.S. Forest Service incident medical specialist program, etc. as an indicator of scope of
106 practice. They are using grids and documenting the scopes of practice for EMT and paramedic levels
107 by all those agencies to define what practical skills are being applied in those settings. They are also
108 looking at the BLM smoke jumpers whose EMTs have medications with them. Once that is developed
109 a different committee with a larger physician contingent will develop protocols and guidelines to
110 present back to the federal agencies and others who use or employ EMS personnel at wildland fires in
111 consideration of adoption of a uniform standard.

112

113 Chairman Kim stated he was more concerned about issues such as training, competency assessments,
114 oversight, accountability and supervision than a specific scope of practice (SoP). Commissioner
115 Sturkie was concerned that EMS physicians be involved from the beginning of the SoP process.

116

117 **2008-1 Scope of Practice Education / Training Modules**

118 Neeki Larsen reviewed the progress of the Idaho EMS Educational Consultants on the education
119 modules they are developing for the SoP changes in the EMSPC 2008-1 Standards Manual. Phase I are
120 the modules for the required skills. These modules are projected to be completed by January 2009.
121 Phase II are the modules for the optional skills and are projected to be done by the end of the grant
122 period which is June 2009.

123

124 **Chempack Guideline.** Lengthy discussion and research resulted in modifications to the proposed
125 guideline presented by Neeki Larson. It was determined the SoP grid also needed to be changed in the
126 standards manual to accommodate different injectors, e.g. Mark I, Duo Dote. This created a question
127 for Frank Powell, Dept of Health and Welfare Rules Unit. It was determined later in the meeting that
128 these minor changes could be made to the 2008-1 Standards Manual and it would be renamed 2008-1a
129 in the new proposed Rule.

130

131 **Commissioner McKinnon, Idaho Fire Chiefs Association, moved to clarify that Atropine & 2-**
132 **Pam Chloride may be delivered by any commercially available FDA approved auto injector**
133 **device. Commissioner Masterson, Citizen Representative, seconded.**

134 **Motion passed unanimously.**

135

136 **2008-1 Standards Manual Pending Rule Approval – Summary of Changes**

137 It was determined to make minor changes to the standards manual and rename the version to 2008-1a.
138 These changes will show when the Amendment to Pending Rule publishes in the November
139 Legislative Bulletin. This would require further explanation to go along with the Summary of Changes
140 document.

141

142 *Changes to the proposed Summary of Changes (2007-1 to 2008-1)*

143 3rd sentence in General #2 - change "outside" to "above"

144 Change all headings of "Addition of Mark-I auto-injector" to "Additions of Atropine / 2 Pralidoxime
145 Chloride auto injectors (e.g. Mark I, DuoDote)"

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146 Change all headings of “Addition of Epi-Pen auto-injector” to “Additions of Epinephrine auto injector
147 (e.g. Epi-pen)”

148 Change “utilize” to “use” throughout document

149

150 *Changes to 2008-1 Standards Manual (2008-1 to 2008-1a)*

151 Lines 156-158 of the SOP grid on page 26: Atropine & 2-Pam Chloride (e.g. Mark-I, Duo Dote) rather
152 than Mark-I specific to correspond to changes made to Chempack Guideline above, to make it
153 generic rather than proprietary.

154 Line 149 change 2x to X only

155 Line 5 BiPAP 2,OM in purple

156 Line 41 PEEP 2,OM in purple

157

158 **Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved to**

159 **1. Make the following changes to the 2008-1 Standards Manual:**

160 **a. Lines 156-158 of the SOP grid on page 26: Atropine & 2-Pam Chloride (e.g.**
161 **Mark-I, Duo Dote),**

162 **b. Line 149 change 2x to X only,**

163 **c. Line 5 BiPAP 2,OM in purple,**

164 **d. Line 41 PEEP 2,OM in purple**

165 **2. Approve the Summary of Changes document as amended**

166 **3. Amend the Pending Rule to change the standards manual version from 2008-1 to**
167 **2008-1a with the changes noted above. Commissioner Sandy, State Board of Medicine,**
168 **seconded.**

169 **Motion passed unanimously.**

170

171 **Transfer of authority for EMS certification fees from EMS Bureau to EMSPC**

172 The proposed idea to transfer fee setting authority from the EMS Bureau to the EMSPC was stopped
173 by the Deputy Director of the Department of Health and Welfare, Richard Schultz. An e-mail from
174 Deputy Director Shultz regarding this issue was in the commissioners’ packets. Chairman Kim had a
175 lengthy discussion with Deputy Director Shultz and Jane Smith, Idaho State Division of Health
176 Administrator, about this and other issues. If the commission wants to pursue this law change in the
177 future, they will need to explain in more detail exactly what the money would be used for and why it is
178 needed. When the commission talked about needing fee setting authority they were thinking of future
179 projects that would probably require some additional monies, it was trying to plan ahead.

180 Commissioner Sturkie asked if this restricts the commission from requesting fees for device reviews
181 since the commission cannot set fees. Chairman Kim responded that the current proposal was just for
182 transfer of authority for setting certification fees. The concept of charging fees for medical director
183 certification or for drug and device review, etc., would be a completely different item to bring up with
184 the 2010 legislature, if desired.

185

186 **Medical Supervision Plans – Due November 1st**

187 There are 86 EMS medical directors that will be submitting plans. It was determined that all medical
188 supervision plans will be reviewed by the nine (9) EMSPC physicians. A check list of all required
189 elements needs to be developed for this review. Notes about exceptional or interesting sections could
190 be listed on the back. Examples will be compiled and shared with all medical directors in the future.

191 Commissioners will not review their own plans and will recuse themselves from reviewing a plan if
192 they feel there is a conflict of interest. Agencies should be supplied with a review noting areas where
193 they were deficient along with examples to assist them in making the corrections. The EMSPC is

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194 looking to help EMS medical directors and agencies instill and verify competency through the medical
195 supervision plans.

196
197 The Commission asked the EMS Bureau to remind agency directors and medical directors that the
198 medical supervision plans are due November 1st. This reminder could be included in the airway
199 management reporting letter.
200

201 **Medical Director Certification**

202 Chairman Kim asked if the commission is ready for this. Commissioner Sandy stated that the end goal
203 of the Medical Director Education Subcommittee would be for the EMSPC to eventually establish
204 educational requirements and develop our own certification program for EMS medical directors. This
205 could be 2, 3, 5 years down the road but gives the Education Subcommittee a direction. This item was
206 deferred to the Medical Director Education Subcommittee to come up with more detail.
207

208 **Statewide Pandemic Flu Planning and Scope of Practice**

209 Neeki Larsen explained that the state received a baseline grant from the Centers for Disease Control
210 and Prevention (CDC) for pandemic influenza planning. The grant process requires a report that is
211 graded by CDC and the score determines funding. There are a few questions that may apply to the
212 EMSPC such as requesting scope of practice changes for EMS providers in declared emergency
213 situations. The commissioners did not appreciate the need for any scope of practice changes based on
214 the information that was presented. They felt the changes that would occur in a declared disaster would
215 be more operational such as modifying dispatch or destination, moving assets from one area to another
216 that is harder hit, quarantine, etc. These things would be handled at the local level rather than EMSPC.
217

218 Ms. Larsen informed the commission that the state is creating a Continuity of Operations Plan (COOP)
219 which will be aggregated in the spring. COOP may bring forth medical questions that would involve
220 the EMSPC.
221

222 As the discussion continued, there was concern that other entities planning for pandemic flu or
223 disasters may be expecting to use EMS personnel to disseminate medications or vaccines that are
224 outside their scope of practice or to man aid stations. It was emphasized that this is impractical, as the
225 EMS personnel will already be maxed out and overloaded with their normal duties of transporting
226 patients and working within their legal scope. There will still be car crashes, heart attacks, etc. The
227 EMSPC encourages the pandemic flu and emergency disaster planners to expand their base of
228 volunteers to people such as retired nurses and physicians for these situations and leave EMS
229 personnel available to do what they are trained to do within their scope of practice. Barbara Blakesley
230 and Mary Lou Davis indicated these options are part of the planning as well. The commissioners
231 reemphasized that EMS personnel are a long way from being physicians or nurses in their level of
232 training and patient assessment capabilities.
233

234 Chairman Kim requested clarification on the specific scope of practice questions. What do they want
235 exactly? The question seems to be, “What is the EMSPC going to do about credentialing, oversight and
236 scope of practice in a declared disaster?” Chairman Kim asked Ms. Larsen to try to bring what other
237 states are doing about allowing reasonable movement of personnel and equipment, medical oversight,
238 scope of practice, and credentialing for review at the November meeting. He felt the commission
239 would be hard pressed to create a solution that would work statewide.
240

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241 Commissioner Sandy suggested perhaps a disaster situation policy needs to be developed to allow
242 EMS personnel to work in a different county under the supervision of a different medical director but
243 maintain the scope of practice that they are credentialed under in their home county or agency.
244 Commissioner Sturkie suggested expanding the medical supervision plan to cover events like this. The
245 example offered was the Special Olympics where medics moved from one county to another under
246 their own protocols and operated under the medical director for that area with the authorization of their
247 home medical director.

248
249 Another problem discussed was whether anyone has authority to compel EMS volunteers to put
250 themselves at risk in another area of the state? Perhaps asking each county to develop a team of people
251 that would be willing to be deployed to another area could be an approach.
252

253 **Emergency Medical Dispatch (EMD)**

254 There was lengthy discussion about entities doing EMD without medical direction and quality
255 assurance. Commissioners Sandy and Sturkie committed to have a conversation with the Emergency
256 Communications Commission to see where they are heading with this. A report will be made at the
257 November meeting and the EMSPC will further discuss what action, if any, they want to pursue at that
258 point.
259

260 **Ryan White Act**

261 In response to the request from Commissioner Sturkie at the last EMSPC meeting, the EMS Bureau
262 sent a letter and the National Association of State EMS Officials (NASEMSO) Position Paper
263 regarding the Ryan White Act to all Idaho EMS agencies. These were reviewed and it was noted that
264 the letter included a website link to information for anyone that wants to be more involved.
265

266 **Glucagon and Glucometry Guidelines**

267 A few modifications were made to the final forms, including the addition of the “Note” sections at the
268 bottom, therefore they were presented to the EMSPC for final approval. Additional changes were
269 made:
270

271 Glucometry – Indications

272 DELETE: “Known or suspected diabetes”
273 ADD bullet points: “OR Sweating and rapid heart rate”
274 “OR Focal nureologic deficit”
275 “OR Behavioral changes”
276

277 **Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved to**
278 **approve the Glucometry guideline as amended. Commissioner Masterson, Citizen**
279 **Representative, seconded.**
280 **Motion passed unanimously.**
281

282 Glucagon - Indications

283 Need number on which to act. ADD “(less than 80)”
284

285 **Commissioner McKinnon, Idaho Fire Chiefs Association, moved to approve the Glucagon**
286 **guideline as amended. Commissioner Deutchman, American College of Surgeons Committee on**
287 **Trauma, seconded.**
288 **Motion passed unanimously.**

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289 **Drug and Device Approval Form**

290
291 **Commissioner Bramwell, American Academy of Pediatrics, Idaho Chapter, moved to approve**
292 **the Requests for Device and Medication Approval application as presented. Commissioner**
293 **McKinnon, Idaho Fire Chiefs Association, seconded.**
294 **Motion passed unanimously.**

295 296 **Advanced Airway Management Data Gathering**

297 Commissioners reviewed a draft letter to be sent to EMS agency directors and EMS medical directors
298 regarding the new advanced airway management data collection. The Reporting Sheet, Appendix F in
299 the EMSPC 2008-1 Standards Manual, will be sent along with the letter. The EMS Bureau also
300 developed a computer based electronic tool that can be used for reporting rather than the paper form.
301 The letter and the electronic tool were reviewed. The following changes were requested:

302
303 Update the sentence in the second paragraph to read: "...if they attempt any *additional* advanced
304 airway management procedures, *which are listed in question #3*.

305
306 Add a reminder about the need to submit medical supervision plans by November 1.

307
308 It was noted that the form needs to be filled out by the EMS provider.

309
310 **Commissioner Masterson, Citizen Representative, moved to approve the letter as amended.**
311 **Commissioner McKinnon, Idaho Fire Chiefs Association, seconded.**
312 **Motion passed unanimously.**

313
314 Rachael Alter, EMS Bureau, took the questions from the form and created a computer-based survey
315 monkey tool that will be posted on the EMSPC website for advanced airway data collection. The data
316 submitted using this tool can be downloaded into an Excel file for analysis. Wayne Denny went
317 through the tool, noting a few changes the commission requested.

318
319 **Commissioner Bramwell, American Academy of Pediatrics, Idaho Chapter, moved to approve**
320 **the form and survey monkey tool as amended. Commissioner McKinnon, Idaho Fire Chiefs**
321 **Association, seconded.**
322 **Motion passed unanimously.**

323
324 The next EMSPC meeting will be held in Lewiston at Lewis & Clark State College, November 13,
325 2008. The February 13, 2009 meeting is scheduled for Boise at the Cambria Suites.

326 327 **Adjournment**

328
329 **MOTION: It was moved by Commissioner Masterson, Citizen Representative, and seconded by**
330 **Commissioner McKinnon, Idaho Fire Chiefs Association, to adjourn the September 12, 2008**
331 **Idaho Emergency Medical Services Physician Commission meeting at 5:10 p.m. The motion**
332 **passed unanimously.**

333
334
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336

David Kim, Chairman
Idaho Emergency Medical Services Physician Commission