



## EMS Advisory Committee

### Minutes

**Location:** Fremont County Annex Building  
 125 N Bridge St  
 St. Anthony, ID

**Date:** May 10<sup>th</sup>, 2018

**Time:** 1000-1600

#### Committee Members

Chris Way, Chairman	Bob Hansen, Volunteer Third Service	Mike McGrane, State Board of Nursing	Steve Silcock, Third Service Non-Transport
Jeff Cappe, Health Districts	Dr. Britani Hill, Committee of Trauma of the Idaho Chapter of American College of Surgeons	Dr. Kari Peterson, Idaho Chapter of the American College of Emergency Physicians	Dr. Mark Urban, Pediatric Emergency Medicine
Valerie Fend-Boehm, Consumer	Randy Howell, Fire Department Based Non-Transport	Zachary Peterson, Advanced Emergency Medical Technician	Mike Weimer, Air Medical
Denise Gill, Idaho Association of Counties	Steve Isaacson, Idaho Fire Chief's Association	Mark Phillips, Private EMS Ambulance Service	Kirstin Weldin, Idaho Transportation Department
Bob Foster, Career Third Service	Dr. Martin Mangan, Idaho Medical Association	Tim Powers, Idaho Hospital Association	Vacant, EMT
		Edward Schauster, Paramedic	Vacant, Idaho American Academy of Pediatricians
			Vacant, EMS Instructor

#### Bureau Attendees:

Wayne Denny, Chief	John Cramer	April Nezirevic	Debby Surjan
Brenda Gully	Heather Griffin		



Time Allotted	Discussion (Key Points, Decisions, etc.)	Action Required	Responsible Person
1000-1010	<p><b>Motion</b> to approve the November 2017 minutes and the February 8, 2018 minutes.            Steve Isaacson and Zach Peterson seconded.</p>		
1010-1020	<p><b><u>EMS Personnel Update</u></b>            Agency affiliation decline personnel licensure.            Typically, 30%,            Clarify certificate of eligibility and provide this information in the website redesign,            Clarify and discuss @ roundtables and chats with the chief to get the public the information.            Discussion on hospitals being able to license therefore counting those ED Techs that work in the Hospital ERs.</p>		
1020-1030	<p><b><u>EMS Agency Update</u></b>            2017 Data presented. 1 new air agency licensed in April 2018, 1 completed agency application pending Paramedic licensure.</p>		
1030-1040	<p><b><u>TSE Update</u></b>            The TSE Program has a new website.            TSE has received 37 applications for designation. 30 approved by the Council, 6 applications are in various stages of completion.            TSE has taken Stop the Bleed education throughout the State. RTTDC courses are being scheduled.</p>		
1040-1050	<p><b><u>EMS Physician Commission Update</u></b>            July 1, 2018 Medical Director Training mandatory goes into place.            July 1, 2018-June 30, 2019 will complete on line medical director course by above date.            May 2019 EMSPC MTG will get a report on who and ho has not completed it.</p>		
1045-1050	<p><b><u>TSE Update</u></b>            - New TSE Website            - TSE Agency Designations</p>		



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	<ul style="list-style-type: none"> <li>- March 31, 2018 National Stop the Bleed Day</li> <li>- RTTDC in Region 5 – April and Region 1 – June</li> </ul>		
1050-1105	<i>A.M. Break</i>		
1105-1120	<p><b><u>Investigations Update</u></b>            3 cases closed since February 8, 2018 EMSAC.            3 cases currently opened – 1 2017, and 2 open cases for 2018.            1 patient care case in appeal status open since February 2017.            1 provider case opened in March 2018.            1 case opened and in April 2018, license was suspended.</p>		
1120-1135	<p><b><u>EMS QI Project Update</u></b>            Streamline the process for Field Coordinators and training being put into place.            We are currently working on a Site Visit Packet, developing FC a Training Manual, FAQ, Website redesign, IGEMS Process and post site visit survey.            This should be ready in about 30 days for a pilot.</p>		
1135-1150	<p><b><u>Temporary Rule EMR</u></b>            Temporary rule will allow for EMR to obtain an EMR Ambulance Certification. This will be temporary rule when passed. Rule will be in effect on July 1, 2018. Permanent rule after the first of the year in 2019. This does not create a new scope of practice and will simply be EMRs with Optional Modules.</p>		
1150-1200	<p><b><u>ALS Agency Support of BLS Agencies (medical direction, training, etc.)</u></b>            Discussion on establishing the relationship between a larger agency and smaller rural agencies. Per Chris Way, this is an opportunity for EMSAC and EMPSC to come together and create a position statement. Position statement will be presented at EMSPC.</p>	Position statement complete	
1200-1230	<i>Working Lunch – Small group discussions of action items from morning session and prepare for afternoon session</i>		
1230-1245	<b><u>Subcommittee Report: Education</u></b>	Determine location and all details	Heather Griffin



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	Upcoming October 2018 Educator Conference possibly move outside Boise, to either Lewiston or Moscow.		
1245-1300	<b><u>Subcommittee Report: Communications</u></b>		
1300-1325	<b><u>Subcommittee Report: Grants</u></b> Due May 31, 2018. We will then go through them, rank them and award them by June 19 <sup>th</sup> at a meeting held in Boise. TSE Council through awareness – is there an opportunity through the grant process and take 25% of that and earmark it for a statewide project. (per Mike W) Per John Cramer 550 ambulances in the state. The other 300 are fire. <b>**DISCUSS AT AUGUST SUBCOMITTEE – TSE GRANT FUNDING 25%**</b>		
1325-1345	<b><u>Subcommittee Report: Data and Quality</u></b> <b>(Howell and Weldin) 2 via phone Mangan and Fend-Boehm) guest Kelly Campbell, John Cramer</b> Brainstorming ideas based on February EMSAC input. *Naloxone usage with a geospatial component. *Information for agencies (operational/staffing, clinical, or fiscal information); *Information for Medical Directors (info and resources being a MD contact list) Provider Attrition – historically labor intense, but with IGEMS and PERCS: - Age and time of lapse, gender, years of service, volunteer status, geographic, level of time of lapse.		
1345-1400	<b><u>Subcommittee Report: Administrative</u></b> Recognition program for people that have been certified/licensed in Idaho. Developing a formal recognition program for people that have served the state of Idaho for incremental periods. Beginning to look at the ambulance construction standards and what rules to follow. Currently three sets of ambulance standards. Finding some standardization. August meeting begin the ambulance standards discussion and November to speak to the entire group about ambulance standards. (per Ed S, please be sensitive to the rural agencies who have an older model ambulance with low		



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	miles) ... could we make a series of recommendations on the vehicle itself without having to go out and replace a whole truck vs. a new ambulance.		
1400-1415	<b><u>Subcommittee Report: Clinical</u></b> Completed project, looking for something new.		
1415-1430	<b><i>P.M. BREAK</i></b>		
1430-1440	<b><u>TSE Designation for EMS</u></b> TSE Designations for EMS work started about 6 months ago. TSE council designated EMSAC as the Authorizing Body for TSE Designations. EMSAC discussed a way for EMS to be engaged. When an agency applies, they would do this through the Bureau and then through the EMSAC Administrative or Clinical Integration Subcommittees. Each agency would be required to have a local QI process and demonstrate that it includes Trauma, Stroke, and STEMI care. There will need to be collaborative relationships with their agencies and TSE designated hospitals. Agencies will need annual training on TSE Standards and Protocols. Agency will need to have medical director involvement in achieving TSE standards. The application process will roll out in 2019 and Field Coordinators will interact with an agency on a weekly/monthly basis. The Field Coordinator that does the site visit with an agency seeking designation will bring the information to EMSAC for approval.		
1440-1510	<b><u>Critical Care Transport Update – Survey &amp; Meeting Results</u></b> <b>April 16, 2018 Mid-Level Provider Meeting</b> – update on topics for toolkit to include: Definition of critical care, a clear statement of need, policies and procedures, example of transfer agreement, with a financial agreement included, equipment agreement, as well as a recommended list of appropriate equipment, interdisciplinary training, EMTALA education for providers, such as a legal memo discussing risk and addressing FAQs.  We obtained \$48,000 to visit hospitals. Bring examples of policies and procedures to the table for view. We need minimum set of standards for the nurse in the back of the ambulance. A new ABC Curriculum is being developed. June 19 <sup>th</sup> is the next meeting.	Brenda to email a copy to EMSAC members if they would like to see the outcome of the meeting.	Brenda Gully



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1510-1525	<p><b><u>Patient Integration Agreement Discussion</u></b> Development of patient care integration agreement and this example could apply to numerous agencies.</p> <ul style="list-style-type: none"><li>- When an agency is providing some level of standby, wildland fire, rodeo, motocross events. An agency coming in who is not the primary for the geographic coverage area. Who is the guest in the county will not transport, but will hand off to the 911 system? Both agencies have an inter-agency agreement and the intent is that there is a smooth handoff of patient care. Provide a minimum list of and possibly from a pic list in IGEMS. Administrative rule is sited, minimum requirements of the agreement, minimum number of items that would need to be addressed in the agreement. The intent of this that it will be created in IGEMS.</li></ul> <p>Let's figure out what to call the document so we are not using the word agreement. Patient Integration Plan</p> <p><b>Motion to change the name of Patient Care Integration Agreement to Patient Care Operational Plan made by Mark Phillips, Zach Peterson seconded.</b></p> <p>This process to be submitted through IGEMS through two agencies. Derek to build IGEMS piece imported and presented for review at November EMSAC meeting. Meet minimum objectives.</p>	Build Agreement in IGEMS	Derek Coleman
1525-1540	<p><b><u>ABC as 911 provider</u></b> Sharlene from North Custer Hospital District is in attendance for EMSPC. Sharlene discussed staffing at their facility. Discussed the need for allowing people with higher licensure levels, like PA's and NP's, to have the ability to do more in the back of an ambulance. Sharlene will be an ADHOC member on the Clinical Integration Subcommittee.</p> <p>Discussion around how to allow these providers to practice at a higher SOP in the back of an ambulance. Commissioner Urban mentioned quality oversight and questioned who would do that. Chairman Sandy suggested that those providers took the NREMT ALS Exam. Sharlene proposed concerns for billing. More discussion was had around renaming ABC's and referring to them as Pre-hospital(PH) RN's, PHPA, PHMD.</p>		



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1545-1600	Review Action Item Assignments & May 2018 Agenda Items		
	<p><b><u>Upcoming Meetings</u></b></p> <ul style="list-style-type: none"> <li>• <u>Upcoming Meetings</u></li> <li>• August 8, 2018 – EMS Advisory Committee Subcommittee Meetings, 1-5pm Boise Idaho State Historical Society &amp; Bureau Conference Room</li> <li>• August 9, 2018 – EMS Advisory Committee Subcommittee Meetings 8-10am, Boise Oxford Suites</li> <li>• August 9, 2018 – EMS Advisory Committee, Boise Oxford Suites</li> <li>• August 10, 2018 – EMS Physician Commission Meeting, Boise Oxford Suites</li> <li>• November 7, 2018 – EMS Advisory Committee Subcommittee Meetings, 1-5pm TBD</li> <li>• November 8, 2018 - EMS Advisory Committee Subcommittee Meetings, 8-10am TBD</li> <li>• November 9, 2018 – EMS Physicians Commission Meeting, Boise Oxford Suites TBD</li> </ul>		
1600	<p>Adjournment  <i>Chairman Way moved to adjourn the meeting at 4:00 pm. Kari Peterson seconded the motion. Motion passed unanimously.</i></p>		Chris Way