

EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE

SpringHill Suites, 424 E. ParkCenter Blvd., Boise, 83706

October 17, 2014

COMMITTEE MEMBER ATTENDEES:	SUBCOMMITTEE MEETINGS ATTENDED:
Mary Adcox, Consumer	Agency Licensure; Provider Licensure; Air Medical; EMS for Children
Kevin Bollar, EMT-Paramedic	Data; Agency Licensure; Provider Licensure; Air Medical; EMS for Children; CHEMS; Education
Juan Bonilla, Idaho Fire Chief's Association	Education; CHEMS
Les Eaves, County EMS Administrator	Grants; Agency Licensure; Provider Licensure; Air Medical; CHEMS; Education
Greg Gilbert, EMT Basic	Grants; Agency Licensure; Provider Licensure; Air Medical; Education
William Holstein, Private EMS Ambulance Service	Grants; Agency Licensure; Provider Licensure; Air Medical; EMS for Children; CHEMS; Education
Brent Jennings, Idaho Transportation Department	Data; CHEMS
Jamie Karambay, Idaho Chapter of ACEP	Data; Grants; Agency Licensure; Provider Licensure; Air Medical; EMS for Children; CHEMS; Education
Mike McGrane, Air Medical	Air Medical;
Chet Pugmire, EMT-Advanced	CHEMS; Education
Kathy Stevens, Idaho Chapter of the American Academy of Pediatrics	EMS for Children
Murry Sturkie, DO, Idaho Medical Association	Data
Christopher Way, Career Third Service	Grants; Agency Licensure; Provider Licensure; Air Medical; CHEMS

COMMITTEE MEMBERS ABSENT:

Denise Gill, Idaho Association of Counties
 Gretchen Hayes, Volunteer Third Service
 Catherine Mabbutt, Board of Nursing
 Casey Meza, Idaho Hospital Association
 Bill Morgan, Committee on Trauma of the Idaho Chapter of ACS
 Megan Myers, Fire Department Based Non-Transport
 Steve Silcock, Third Service Non-Transport
 Mark Urban, Pediatric Emergency Medicine

VACANT MEMBER SEATS:

EMS Instructor

OTHER ATTENDEES:

Mark Babson	Chris Johnson	R. Dave Reynolds	Greg Vickers
Steve Boyenger	Shelby Lowe	Steve Rich	Mike Weimer

Rebecca Coulter	Casey Meza (call-in)	Lynette Sharp	Darby Weston
Cheryl Hansen	Dean Philbrick (call-in)	Ben Suttlemyre	Mark Zandhuisen
Hal Iverson			

EMS STAFF ATTENDEES:

Mindi Anderson	Corrine Dalzell	Dean Neufeld
Jennifer J. Brown	Wayne Denny	Janna Nicholson
Michele Carreras	Brian Esslinger	Erin Shumard
Bruce Cheeseman	Tara Knight	Christian Surjan
Kay Chicoine	Season Woods McClelland	Patti Thorn
John Cramer		

General Business

New members were introduced: Chet Pugmire (EMT-Advanced) and Steve Silcock (Third Service Non-Transport). Mr. Silcock was not present.

Kathy Stevens, Idaho Chapter of the American Academy of Pediatrics – term expired

EMS Education Member, Jim Massie passed away. Juan Bonilla is our new Education Subcommittee Chair.

Upcoming EMSAC Meeting Dates:

Wed. & Thurs., February 4-5, 2015 (Directly preceding EMSPC)

Wed. & Thurs., June 24-25, 2015

Thurs. & Fri., October 8-9, 2015

Minutes from the June 2014 meeting were approved.

Time Sensitive Emergency Update – Christian Surjan

The new Time Sensitive Emergency (TSE) program manager, Christian Surjan, was introduced. Christian is a paramedic with a background in education and management in both in-hospital and pre-hospital EMS settings. He moved to Idaho from Pennsylvania. Christian gave a brief overview of the TSE program. The Bureau would like everyone to be a part of the TSE system that we are developing. There is a new website where you can get information, www.TSE.idaho.gov. There is also a link to the draft rules on the website. Our proposed rules will be submitted to the State Legislature in January of 2015. TSE is currently conducting regional meetings to gather input. Our goal is to improve patient outcomes. Hospitals will be given guidelines and will fill out information that will

allow the Bureau to designate levels based on nationally accepted standards.

Exams Discussion – Bruce Cheeseman

The Bureau proctors practical exams all across the state. The inefficient use of Bureau field coordinators' time due to exam issues was discussed. Issues included: repeat visits to the sites within a short period of time; difficulties in getting proper level evaluators; and, lack of sufficient space to hold exams. The concept of having regional exam hosts/sites could remedy the issues mentioned. Committee members expressed a willingness to coordinate such exams. Once the agency has gathered the resources needed to hold the exam, the Bureau could publicize the availability of the exam to EMS students in that area.

Another issue has been agencies or schools that schedule exams but when field coordinators arrive to proctor them, they are not adequately staffed or set up. It was suggested that the Bureau write into rule the ability to impose negative consequences on entities that conduct business in this manner.

Chat with the Chief Update – Bruce Cheeseman

Wayne Denny and Bruce Cheeseman traveled the state this past summer to get feedback from the EMS Community on concerns or issues. Many providers expressed concerns that the provider licensure renewal process was too cumbersome. Continuing Education venues and categories were specific issues. Bruce assured the committee that the concerns were being addressed. New emergency rules are being written and submitted in the upcoming weeks that should remedy these concerns.

POST/DNR Yearly Update – Bruce Cheeseman

The State's Deputy Attorney General has recommended that a bilingual (English/Spanish) POST form be created.

Motion

There was a motion to accept the POST/DNR form as it currently exists and to work on creating a bilingual (Spanish) version as suggested by the Deputy Attorney General.

Motion was seconded and carried unanimously.

NASEMSO Update – Bruce Cheeseman

The Annual NASEMSO meeting was held in Ohio on October 6-10. Bruce Cheeseman gave a brief overview of the highlights from this meeting. The National Highway Transportation Safety Administration (NHTSA) has awarded NASEMSO a grant to enable military EMS personnel to obtain state EMS licenses more easily. There was also a discussion of Evidence-Based Guidelines at the NASEMSO meeting as well as ambulance crashes and ways to prevent injury/further injury in these circumstances. It

was noted that many states do not have good relationships with their Office of Highway Safety and that Idaho is fortunate to have a very good relationship with theirs.

EMSAC Composition – Bruce Cheeseman

This topic of discussion was postponed to the next EMSAC meeting due to Wayne Denny being called away from the EMSAC meeting on another pressing matter.

Data Subcommittee – Brent Jennings

The Data Subcommittee Task Force has had the ultimate goal of determining which pieces of information are appropriate for the State of Idaho to collect and submit to NEMSIS. The Task Force was a cross-section of the industry that met several times throughout the past year. They included input from the EMS Physician Commission in August and have discussed needs and challenges with the NEMSIS community. They have scheduled to meet with the newly formed Time Sensitive Emergencies (TSE) section and will get a report back with recommendations sometime in November. The next steps for the Data Subcommittee are to prepare for rule making and implementation.

Grants Subcommittee – Greg Gilbert

A review of the FY2014 Grant cycle awards was presented by Kay Chicoine from the Bureau. There was a discussion on the difficulties in obtaining compliance with requirements for vehicles that were awarded to agencies. Some agencies did not properly title and insure their vehicles in a timely manner. The question of how to gain compliance was discussed. There was a suggestion to add wording to the grant contracts that would make a non-compliant agency ineligible for grants for a period of time. They also agreed that repossessing a vehicle and/or equipment should be considered if necessary and threatening this action be part of the language to encourage compliance.

It was noted that the majority of the FY2014 Grant awards went to higher cost items. The committee was asked if they found this acceptable. They agreed that patient and provider safety should be the goal that determines how grant money is spent, rather than costs.

Both the grants application form and process were reviewed. Chris Way expressed a desire to award grant money based on need not want. Wayne Denny from the Bureau explained that changing the determining factors for awarding grants would require a reworking of the current rules. It was noted that if you go from objective to subjective in how the State awards grants, many more issues may arise. The committee will review the current process and try to determine if there are any potentially beneficial updates that should be made.

It was stated that the purpose of this month's meeting was to start thinking about ideas or changes to the grants process and recommendations for changes that could be made at the next meeting which is in February 2015.

John Cramer from the Bureau asked the committee to consider whether grant money could be used to purchase equipment for optional modules. Historically the subcommittee only funded the minimum equipment standards for floor level skills. Would they consider

awarding funds for equipment needed for optional module skills? No decision was made on this topic.

The idea of focus grants was brought up by Wayne Denny. Focus grants would be awarding money to go to specific items/specific purposes to improve patient care. Agencies would have to demonstrate how their purchases would accomplish this goal.

Agency Licensure Subcommittee – Bill Holstein

Dean Neufeld of the Bureau gave an overview of the Agency License Transition process. Renewal/transition applications are sent out about 80 days prior to agency license expiration. Field coordinators set up site visits 30-60 days from expiration. The Bureau is currently about 25% complete with transitioning agencies to the new licensure model.

The Bureau is also holding one or two regional meetings each month to review the new license model and new requirements with agencies in that area. We are working to align agencies to the new model based on what they currently have. We are also working with the agencies during their annual site visits to assist them in filling out the new forms.

New rules require applications to be returned 60 days prior to expiration, however, the Bureau will not enforce this requirement until the next license cycle.

The new draft agency licensure application was handed out and reviewed. Dean explained that the form would be used for new applicants, initial renewal applicants and for agencies that are changing their license type.

Minor changes to the form were suggested and discussed. Recommended changes included making the Budget Summary Projections for First Year to be Operating Costs, Capital Costs and Personnel Costs (no additional categories.)

Provider Licensure Subcommittee – Bill Holstein

Concerns regarding the Bureau's current license renewal process were discussed. Some of the issues were: continuing education costs too high, difficult to track, and cumbersome to maintain records (categories and venues are confusing); too many pages for providers and medical directors to sign. The current system makes it difficult to verify courses and allows for fraudulent record keeping, which the Bureau deters by random audits.

Dean Neufeld of the Bureau stated that the goal is to adjust the criteria for license renewal in order to better meet the needs of the EMS community. Proposals to accomplish this goal were discussed and included: agency developed education system targeted to the individual with medical director oversight; accepting NREMT renewal verification and criteria; modifying category and venue formatting to be simplify the process; decrease pages that need medical director signature; have the Bureau create a required course list or to approve courses for renewal. Aligning the Bureau's requirements with the NREMT requirements for certification was also discussed, however, the issue came up that not all EMS providers maintain their NREMT certifications as it is not a current requirement in Idaho.

Mark Zandhuisen stated that his agency has designated personnel to track their providers'

continuing education. The committee agreed that agencies could and should be willing to approve and monitor courses that their providers can take to meet renewal requirements. Changes to our renewal process would involve rule writing. The Bureau could implement a more timely change through emergency temporary rules and thereby, hopefully, reduce provider attrition.

Air Medical Subcommittee – Mike McGrane

Dean Neufeld, of the Bureau, explained the new rules that went into effect on July 1st of this year which contain new minimum equipment lists. Now agencies don't have to stock their vehicles with every piece of medical equipment on the minimum equipment list, but it must be *available* for each response. Item specifications are numbered and are indicated on the list. Requirements in the new license model do not go into effect until an agency has transitioned. The Bureau field coordinators will bring the new lists to the site inspections, go over the list, and then evaluate the agency on it for the next license cycle.

Dean also gave a quick review of the new rules (16.01.03) as they pertain to Air Medical. Landing Zone Officer training is being updated by Tara Knight of the Bureau. Guidance has been received from Hal Iverson and Lynette Sharp. New helicopters may make additional updates to course content necessary.

The issue of "weather shopping" was discussed. Weather shopping is when a requesting facility or EMS agency contacts an air medical facility and is turned down due to weather; then facility (or agency) calls around to see who will fly/answer the call. It is difficult to end this behavior due to competition for business among air medical agencies and the urgency that EMS personnel feel to get their patients moved. The potential exists that EMS agencies are not necessarily "shopping" but are calling multiple air medical agencies to see if the weather that prohibits one from safe travel, may not be prohibiting another agency. It was suggested that the Bureau resend the air medical "helicopter shopping" letter addressing the dangers of this practice to hospitals, rural clinics, Public Safety Answering Points and EMS Administrators. The letter should include endorsement/signatures from all Idaho air medical agencies.

There was a discussion on cataloging designated landing sites to meet requirements of time sensitive emergencies (TSE) legislation. Regions should create a system that is consistent with the other regions in order to reduce confusion. Hal Iverson noted that a unified system could also benefit the state when CAMTS comes in and asks us to validate the safety of our landing zones. This is a very large project and the Bureau of Aeronautics is willing to assist us. The idea of having StateComm as the state's central helicopter dispatch was discussed. A more efficient, central dispatch system is desired. It was agreed that further discussion on this subject is warranted.

The current Ebola situation and the complexities in finding suitable transport for Ebola patients were discussed briefly. Information on this topic can be found on the CDC website.

EMSC Subcommittee – Erin Shumard

This year the EMS for Children Annual Meeting was attended by John Cramer of the Bureau and Mary Adcox, EMSC Family Advisory Network (FAN) Representative. Data updates from the annual meeting indicate an upward trend in national pediatric readiness of EMS agencies. The average Idaho EMS agency carries over 98% of the nationally recommended pediatric equipment. This high percentage is due, at least in part, to the generous pediatric grant awards of our EMS for Children program.

The National EMS for Children program has been reauthorized (subject to appropriations) for another five years at the \$20,000,000 level.

Mary Adcox shared her experience of attending her first EMS for Children national meeting. While there, Mary had opportunity to meet with other FAN representatives and learn of projects they are working on. One FAN project is a website that gives EMS workers guidance on how to communicate with parents who have just lost children. EMS providers are often the first to talk with parents after an emergency in which a child has died outside of the hospital setting. The website is called “Compassionate Options for Pediatric EMS” (COPE).

Erin Shumard is now the Program Specialist for the TSE section of the Bureau and will need to split her time between EMS for Children and TSE. Erin reviewed her projects which include: Family-Centered Care Training, Transportation of Children in Ground Ambulances and scenario-based training for EMS agencies and Critical Access Hospitals with the Simulation Network that includes a pregnant mom and small child.

The next pediatric grant application will be a progress report and HRSA is trying to simplify the process.

Community Health EMS Subcommittee – Kevin Bollar

Mark Babson gave an update on the Ada County Community Paramedics (ACCP) Program. They applied for a grant from Pacific Source, were denied, but were encouraged to try again. Mark feels that Pacific Source has an interest in community paramedicine in this area.

ACCP projects include the Involuntary Mental Hold Emergency Department Diversion Program which is currently in Phase II – diverting patients from the ER. They are also holding Mobile Seasonal Flu Vaccines for Ada County employees. A value added portion of their vaccine clinics has been to do blood pressure (BP) screenings. They are also holding vaccination clinics for Pacific Source members who are 65 and older. They include value added BP screenings, “Get

General Session Motion

Motioned to form a task force to assist interested agencies in how to create a Community Health EMS program for their area.

Motion was seconded and carried unanimously.

Up and Go” tests, and pharmacy consults. Data gathered is used to compare with biometrics screenings and to potentially adjust benefits packages to meet health needs.

ACCP is now in its third year. Currently, they are working with St. Luke’s Hospital on a transitions program for heart patients and are working with St. Alphonsus’ Hospital to establish a similar pilot program with them.

Mindi Anderson from the Bureau, gave an overview of the International Roundtable on Community Paramedicine (IRCP) Conference she attended on September 3-5 in Reno, NV. It was the largest IRCP conference to date with 7 countries represented. There were several examples on how other areas are utilizing community paramedics (CPs). Arizona is using them at some of their larger fires; Canada used them during a flood incident in 2013. The result of using CPs in these types of incidents is the ability to divert patients from having to go to the ER. CPs also helped with medication support for evacuees.

Medstar Mobile Healthcare (MBH) in Ft. Worth, TX is a mobile integrated health program where patients are flagged by the payer. MBH steps in and offers the payer services to address the patient’s needs for a specified cost. They have found that they can save payers millions of dollars.

Due to California recently receiving a failing grade in the way they provide EMS in the state, UCLA awarded a contract/grant to develop curriculum for an associate’s degree program for a community paramedicine course. This program will focus on 7 different modules: role in the healthcare system; social deterrents of health; public health and primary role; cultural competency; role within community; personal safety and

wellness; clinical experience. It is important to note that a community paramedicine program will have more focus on cultural and social aspects of care than EMS does.

The Institute for Healthcare Improvement (IHI) is researching our country's healthcare system. They focus on a "Triple Aim" of: Experience of Care, Health of Population; Per Capita Cost. Our country's costs are extremely high. The Triple Aim Model uses an integration of resources into Healthcare, Public Health, and Social Services. Community Paramedicine falls under the Public Health category. IHI is monitoring the nation for CHEMS/Mobile Integrated Health (MIH)/CP and is looking at pilot programs to determine their effectiveness in meeting the "Triple Aim" focus.

Mary Sheridan of the Bureau of Rural Health, applied for the State Health Innovation Program (SHIP) Grant. Her primary focus was on education and training. A response from SHIP should come in mid-November.

There is also a Critical Access Hospital (CAH) Flex Grant currently open for applications. The Bureau has sent information on this grant out to all of the agencies. When applying, agencies should mention how their plan to use the grant money will improve something in relation to Critical Access Hospitals.

The subcommittee chair, Kevin Bollar, expressed a need to establish a leader that can direct interested agencies in how to create/establish a Community Health EMS program. Determining what each community's needs are is a "daunting task." It was agreed that there should be a task force established whose goal would be: "To examine CHEMS/Community Paramedicine best practices as they have been piloted in Idaho, and elsewhere, with

the goal of capitalizing on these best practices to create a framework of a statewide community health program that serves small, medium and large cities and the citizens of Idaho. The work of this task force would be accomplished in one year and will further define what CHEMS would look like in Idaho.”

Education Subcommittee – Juan Bonilla

Janna Nicholson, from the Bureau, reviewed the new education rules. Each education program will establish one account for the purpose of managing student access to the NREMT certification exam. The Bureau will approve the NREMT accounts for programs that are in good standing and have students enrolled in active courses. Education programs who do not offer continuous or ongoing classes will have their NREMT program accounts deactivated *60 days* after course completion. Programs can be reactivated by request for administrative purposes or upon completing an education program update application to conduct a subsequent course. Education programs who conduct training courses on a continuous basis will complete an annual education program update application to verify resources and demonstrate compliance with the education standards. This may include a site inspection.

An update on the Bureau’s Online Rural Training Initiative (ORTI) was given. The pilot closed at the end of July 2014. To date, 15 students have taken the cognitive exam with 14 passing on their first try. 19 have taken the practical exam with 15 passing on their first try. 9 students have obtained their EMT licenses.

We still need to collect and evaluate data and plan for ORTI implementation. We have been talking with different learning platform vendors and are hoping to have ORTI out by 2015. One of the biggest issues we found with ORTI was having educators who were not able to integrate the online cognitive learning with the “hands-on” practical aspect. This led to the topic of the Bureau holding an Educator’s Conference. Dates, times, course durations, and course topics were discussed. It was agreed that course offerings should be diverse. It was requested that the conference offer 8 options and have instructors be able to choose 4. It was stated that the goal for educators should be to offer competency based education that integrates technology. It was suggested that the conference be recorded and put on the internet.

Kevin Bollar, Bill Holstein and Juan Bonilla volunteered to assist Janna in getting the Educator’s Conference planned.

The Bureau currently has three sets of EMS Equipment to loan out to interested agencies to assist with their training. There is also an Instructor Orientation course that is being built by the Bureau to be uploaded onto TRAIN Idaho. This has helped to get courses started in a more expedient manner.