

# IDAHO EMSPC MEETING MINUTES

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August 8, 2014

A meeting of the Idaho Emergency Medical Services Physician Commission (EMSPC) was held on this date at Oxford Suites, 1426 S. Entertainment Ave., Boise, Idaho.

**Members Present:**

Mark Urban, M.D.  
Murry Sturkie, D.O.  
James Alter  
Veronica Mitchell-Jones  
Maurice Masar, M.D.  
Ian Butler-Hall, M.D.  
Curtis Sandy, M.D.

**Member's Position:**

American Academy of Pediatrics, Idaho Chapter  
American College of Emergency Physicians, Idaho Chapter  
Citizen Representative  
Citizen Representative  
Idaho Association of Counties  
Idaho Medical Association  
Idaho State Board of Medicine

**Members Absent:**

Brian O'Byrne, M.D.  
Paul Johns, M.D.  
Eric Chun, M.D.  
Keith Sivertson, M.D.

**Member's Position:**

American College of Surgeons Committee on Trauma  
Idaho Bureau of Emergency Medical Services & Preparedness  
Idaho Fire Chiefs Association  
Idaho Hospital Association

**Vacant Seats:**

None

**Others Present:**

Brent Jennings  
Brian Esslinger  
Chris Way  
Darla Christian  
Dave Reynolds  
David Jackson  
Dean Neufeld  
Diana Hone  
Janna Nicholson  
Jeff Swenson  
John Cramer  
Kevin Bollar  
Larrin Sant  
Mark Phillips  
Mikel Walker  
Season Woods  
Troyce Miskin  
Wayne Denny  
William Keeley

**Other's Position:**

Idaho Transportation Department  
Idaho Bureau of EMS & Preparedness - EMS Field Coordinator  
Kootenai County EMS  
Idaho Transportation Department  
Moscow Fire Department  
Nampa Fire Department  
Idaho Bureau of EMS & Preparedness - Licensing Supervisor  
Idaho Bureau of EMS & Preparedness – Administrative Assistant<sup>2</sup>  
Idaho Bureau of EMS & Preparedness - EMS Field Coordinator  
Emergency Response Ambulance  
Idaho Bureau of EMS & Preparedness – Business Operations and Support Section Manager  
INL  
Lincoln County EMS  
Emergency Response Ambulance  
Madison Fire Department  
Idaho Bureau of EMS & Preparedness - EMS Field Coordinator  
Madison Fire Department  
Idaho Bureau of EMS & Preparedness - Bureau Chief  
Kootenai County EMS System

Chairman Sandy called the meeting to order at 8:30 a.m.

**Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved and Commissioner Alter, Citizen Representative, seconded the motion to move into closed executive session to review confidential material involving EMS personnel in accordance with Idaho Code § 67-2345(1)(b&f).**

**Motion passed unanimously.**

**Commissioner Urban, American Academy of Pediatrics, Idaho Chapter, moved to come out of executive session. Commissioner Masar, Idaho Association of Counties, seconded the motion.**

**Motion passed unanimously.**

### **Election of Officers**

**Commissioners Sturkie, American College of Emergency Physicians, Idaho Chapter, moves to nominate Chairman Sandy for 2<sup>nd</sup> year. Commissioner Butler-Hall, Idaho Medical Association, seconds. There were no other nominations.**

**Motion passed unanimously. Chairman Sandy accepts.**

**Commissioners Sturkie, American College of Emergency Physicians, Idaho Chapter moves to nominate Commissioner Urban, Idaho Medical Association, as vice chair. Commissioner Alter, Citizen Representative, seconded. Motion passed unanimously. Commissioner Urban accepts.**

### **Bylaw Update**

Update “certified EMS personnel” to “licensed EMS personnel” in sections 1.2, 1.3.

Update “EMS Bureau” to “Bureau of EMS & Preparedness” in section 1.2.

Leave 3.2 Terms as written.

Commissioners want to return to holding elections in May. Commissioners discussed changing to three (3) meetings a year rather than the four (4) quarterly meetings, but decided to continue with quarterly meetings.

**Commissioner Masar, Idaho Association of Counties, moved to adopt the three listed changes.**

**Commissioner Butler-Hall, Idaho Medical Association, seconded.**

**Vote taken by uplifted hand. Motion passed unanimously.**

### **License Action Report**

**Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved to accept actions taken by Peer Review and by the Bureau as discussed in closed session regarding cases 2013-27 and 2013-30. Commissioner Urban, Idaho Medical Association, seconded.**

**Motion passed unanimously.**

## **Approval of Minutes from 5-9-14**

**Commissioner Masar, Idaho Association of Counties, moved to accept the draft minutes as submitted. Commissioner, Butler-Hall, Idaho Medical Association, seconded. Motion passed unanimously.**

## **Medial Director Education Subcommittee Report**

Audience members and commissioners who have attended the three (3) Medical Supervision Roundtables held this year feel they are successful and helpful.

Twin Falls 5/8/14: 6 Medical Directors, 6 Agency Administrators, 7 Commissioners and bureau staff  
Pocatello 7/17/14: 5 Medical Directors, 10 Agency Administrators, 8 Commissioners and bureau staff  
Boise 8/7/14: 6 Medical Directors, 10 Agency Administrators, 9 Commissioners and bureau staff

The next Roundtable will be held on May 7<sup>th</sup> in Idaho Falls the night before the Commission meeting.

Administrators were asked what they would like included if some of the training were directed towards their needs as well as the medical supervision topics discussed. One suggestion was to clarify law and statutes because they get questions from providers regarding things like FSLA, ACA, HIPAA updates, PERSI with volunteers, and workman's comp for volunteers. They also discussed the possible need for two tracks, one for high volume agency administrators and one for low volume, rural volunteer agency administrators. It was noted that the fire chiefs are looking at holding an agency administrator conference. Commissioners stated they would be willing to present regarding agency administrator medical oversight.

The Subcommittee will try to have a draft of the introduction letter for new medical directors by the November meeting.

## **Medical Supervision Plan (MSP) Subcommittee Report**

Dean Neufeld observed that more agencies are reporting an increase of satisfaction with medical direction and fewer are saying their medical director is not involved.

Chairman Sandy asked what the bureau staff is finding as they include this survey in their annual inspections. One of the main concerns is when there are medical director changes. The activity level of a new medical director is an extreme concern. A change in medical director involvement can affect the ability of an agency to maintain certain levels of licensure. It often takes one or two years for a new medical director to evolve to the strength and level of understanding that the predecessor may have had. They need to know about protocols, optional modules, medical supervision plans, policies, credentialing, etc. It needs to be a formal handoff to the new medical director so they know what the issues are. A new issue is that medical directors are not aware of the new agency licensing rules and how that affects their agency. Medical directors often feel that they have to go along with the agency's licensure level and allow providers to operate at that level. However, under the EMSPC rules, although an agency may be qualified for a certain level of licensure, the medical director has the authority to have personnel function at a lower clinical level.

Dean feels that the Roundtables put on by the Commission with the Bureau seem to elicit a broader and more concerned audience than when done separately. Historically, when the bureau has held agency administrator workshops they have had limited success and haven't seemed to produce an impact of change because

people aren't collaborating and combining efforts. Some felt the FITCH workshops held a couple of years ago were too sophisticated for what the rural needs were.

There is another \$300 on-line course for Rural EMS Managers, like the medical director course put on by CIT. The bureau has offered to pay for it. It walks them through the high level stuff, what to consider for HIPAA, all of those things.

Chairman Sandy acknowledged the need for strong, dedicated, knowledgeable agency administrators that understand EMS, medical direction, credentialing, commitment to quality, etc. The Commission wants to help support and train them and asked that the bureau continue to include the survey questions in the agency renewal process.

### **Optional Module (OM) Usage Report**

- Reporting: The reporting is getting better. Agencies are beginning to understand that they are to report only those instances when the skill was performed as an optional module, not as a floor skill of the provider.
- Equipment: Agencies must have the same minimum equipment needed for an OM skill as an agency licensed to use it as a floor skill. Next year's agency renewal inspections will include an OM minimum equipment check to see that they have the minimum equipment needed for the OMs they have credentialed. This will probably result in some OMs being removed from some agencies lists.
- Credentialing: Agencies have a lot of "adopted" OMs that have not been credentialed, which means they are not to be used until credentialing has been submitted to the Bureau. Reporting OM usage on the agency renewal application helps find opportunities to clarify this. Recently an agency reported OM usage of a skill that should have been tested by the bureau before use, but was not. This provided an opportunity to educate and correct the error.
- Training: Some agencies still do not understand that OM training requirements are to be the same as what are used for the floor skill at the higher level. It is up to the agency and their medical director to understand the curriculum and requirements and train to that. Field Coordinators continue to educate to this policy.

It was suggested that these things be covered at the Medical Supervision Roundtables.

### **Wildland Fire Update**

Last year we had over 200 EMS personnel deployed to fires in Idaho who were not Idaho licensed. This year the Department of Lands worked to get licensed people, working under Idaho agencies, on their ROSS system to be deployed as a matter of business. It looks like this preparation has decreased the percentage of those coming in from out of state. More Idaho providers are working under Planned Deployment with their anchor agency. Level 1 site visits are still needed to monitor compliance.

### **Time Sensitive Emergency (TSE) Update**

The TSE council has met twice and the rules are in final draft form. The Regional Committees need to be formed to review the rules to make sure they will work. This will be considered the negotiated rule making

step. The Regional Committees initial make up is laid out in law. Each area has a TSE Council member who is charged to start putting the Regional Committees together.

Subcommittees are working on designation criteria.

The EMSPC has expressed a desire for each region to have a regional medical director. A regional medical director could serve as a resource for the EMS medical directors and interface with the EMSPC. Wayne Denny noted that each region will have to make that determination as they start dealing with the EMS agencies in their area.

### **NASEMSO Statewide Implementation of an Evidence-based Guideline Project Update**

Brian Esslinger reported that as soon as he receives the answers back from the commissioners on the last three questions he can finalize the report which will complete our commitment to NASEMSO.

Commissioners were invited to watch the YouTube training video for this pain management guideline. It is an example of something that could be done for other projects in the future since it was created in the bureau by Tara Knight and Rachel Alter.

### **Emergency Medical Dispatch (EMD)**

Administrators are requesting a targeted best practices statement for EMD. They have found that when interacting with agencies such as dispatch, law enforcement, radio communications, etc., that it works well to use a best practices format to get ideas out. It gives them a standard they can shoot for while doing what they can afford and buy in on.

The Commissioners reviewed the NAESMP Position Paper on EMD and discussed possible points for a best practices position statement for Idaho.

Draft EMSPC position statement ideas:

- EMD is an essential component of any emergency medical services
- EMD should be provided to all patients who request 911 medical services
- EMD should be provided by continuously licensed emergency medical dispatchers with appropriate medical oversight
- EMD should be provided using nationally accepted programs
- There should be appropriate quality assurance measures in place (QA/QI)
- Representation of EMS at the dispatch center to facilitate formal input at local level

It was reiterated that the statement should be in a “best practices” format so it doesn’t seem like another unfunded mandate.

Commissioner Urban, Chairman Sandy and Commissioner Butler-Hall will formulate a best practice position statement for November.

## 2015 EMSPC Standards Manual Changes

### ➤ *EMT – Intranasal Naltrexone/Naloxone*

Chairman Sandy reported from the NASEMSO meeting last year that there is a big push, nationwide, to allow lay people, law enforcement, fire, untrained personnel to push intranasal Narcan, to the point that it has gone to legislatures outside the EMS realm to allow everyone to carry Narcan if wanted.

The Governor's Taskforce on Drug Abuse contacted Chairman Sandy to ask if the Commission had considered allowing EMTs to use intranasal Naloxone with the thought that this may be a way to reduce deaths from opioid overdoses.

After much discussion the Commissioners and audience agreed that they were not in favor of adding this procedure to the EMT scope of practice due to numerous negative aspects. They agreed that the best practice is to support the airway and transport the patient to the hospital.

There may be further action from the Governor's taskforce due to the fact that in many states laypeople are allowed to obtain and carry Narcan without a subscription.

### ➤ *AEMT – Lidocaine Infusion IO*

The EMSPC looked at this last year and chose not to include it in their scope of practice. However, at the Medical Supervision Roundtable in Pocatello an EMT asked that it be reevaluated because he had received an IO with fluids through it with no lidocaine and it was extremely painful.

The recommendation from the manufacture for EZ-IO is that if used on a conscious patient, an initial infusion of lidocaine should be pushed to help with the pain.

The audience and Commissioners reported incidents where unconscious patients have woken up due to this type of painful stimuli. We are teaching providers that if they can't get IV access they are to go to the next step and use IO, but we are not allowing them to provide pain relief.

**Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved to include the lidocaine infusion for IO procedure. Commissioner Masar, Idaho Association of Counties, seconded.**

**Motion passed unanimously.**

Add Lidocaine to the formulary grid as "Lidocaine - for IO initiation only" as 4OM for EMT-2011, AEMT-85 and AEMT-2011 (Include in Protocol/Procedure 10 milligrams for peds, 40 mg for Adult )

The lidocaine push would be included in the IO training for the AEMT scope of practice.

### ➤ *EMT providing vaccinations during an emergency*

Wayne Denny reported that this request came from a meeting with the health districts and preparedness programs. During the pan-flu incident several years ago, they would have loved to have had EMS providers with the ability to administer vaccines during an emergency. EMTs and EMTs have the OM for intramuscular (IM), but do not have anything about vaccinations.

**Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved to allow any licensed provider credentialed in intramuscular (IM) medication administration to administer**

**vaccines at the request of the public health district. Commissioner Masar, Idaho Association of Counties, seconded.**  
**Motion passed unanimously.**

### **NEMSIS 3 Data Project – Review Data Points**

To help with the transition from NEMSIS 2 to NEMSIS 3 the commissioners reviewed the data points and gave their recommendations to Brent Jennings, chair of the EMS Advisory Committee (EMSAC) Data Subcommittee. After the subcommittee has collected the recommendations from various stake holder groups, they will present the recommended data set at the October EMSAC meeting. The EMSPC will be asked for a final review at their November meeting before the Bureau moves forward with the implementation process.

### **Approve Proposed Rule Docket**

**Commissioner Butler-Hall, moved to approve Proposed Rule Docket 16-0202-1401 as submitted, which includes changing the standards manual to version 2015-1 and the addition of the definition of EMS. Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, seconded.**  
**Motion passed unanimously.**

### **Budget**

**Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved to spend the \$2000 for the ISN subscription for another year with the caveat that we see more interaction in northern and eastern Idaho. Commissioner Masar, Idaho Association of Counties, seconded.**  
**Motion passed unanimously.**

It is hoped that simulation training will be another issue that the TSE regional committees can address. Chairman Sandy noted that in the states that have mature regions, the regions run the system.

The EMSPC representative has been Commissioner Sturkie; therefore, a replacement needs to be selected and presented to the board for approval. Chairman Sandy will attend the next meeting on Sep 24 @ 12:00 at Idaho Hospital Association. Commissioner Sturkie noted that there is teleconferencing if the representative can't be there in person.

### **Strategic Plan**

- EMD Best Practice
- IO Lidocaine Procedure
- Build relationship with TSE and EMSAC as TSE progresses

**Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved to adjourn. Commissioner Masar, Idaho Association of Counties, seconded.**  
**Motion passed unanimously.**

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Curtis Sandy, Chairman  
Idaho Emergency Medical Services Physician Commission