



The Idaho Bureau of EMS and Preparedness

2224 E. Old Penitentiary Rd.
Boise, ID 83712



Annual
Report
2018

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IDAHO DEPARTMENT OF
HEALTH & WELFARE





1 | EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Idaho is divided into several distinct geographic and climatic regions. These regions are comprised of rugged mountain ranges, canyons, high grass valleys, arid plains, fertile lowlands, and abundant forested terrain. Forests cover approximately 21.5 million acres, meaning 40% of our state is covered in trees¹ and 8.4 million acres are without roads². Geography, distance, and accessibility greatly impact the facilitation of public safety, public health, and the delivery of healthcare. Idaho's emergency medical providers and statewide preparedness programs face significant challenges when planning, preparing, recovering, and responding to the communities they serve.

With a land area of over 82, 643 square miles and a population of 1, 675, 054³ to serve, timely response and efficient coordination is vital to saving lives. The fluidity is dependent upon strong partnerships amongst agencies, volunteers, healthcare organizations, medical professionals, public health districts, and state, local, and federal partners.

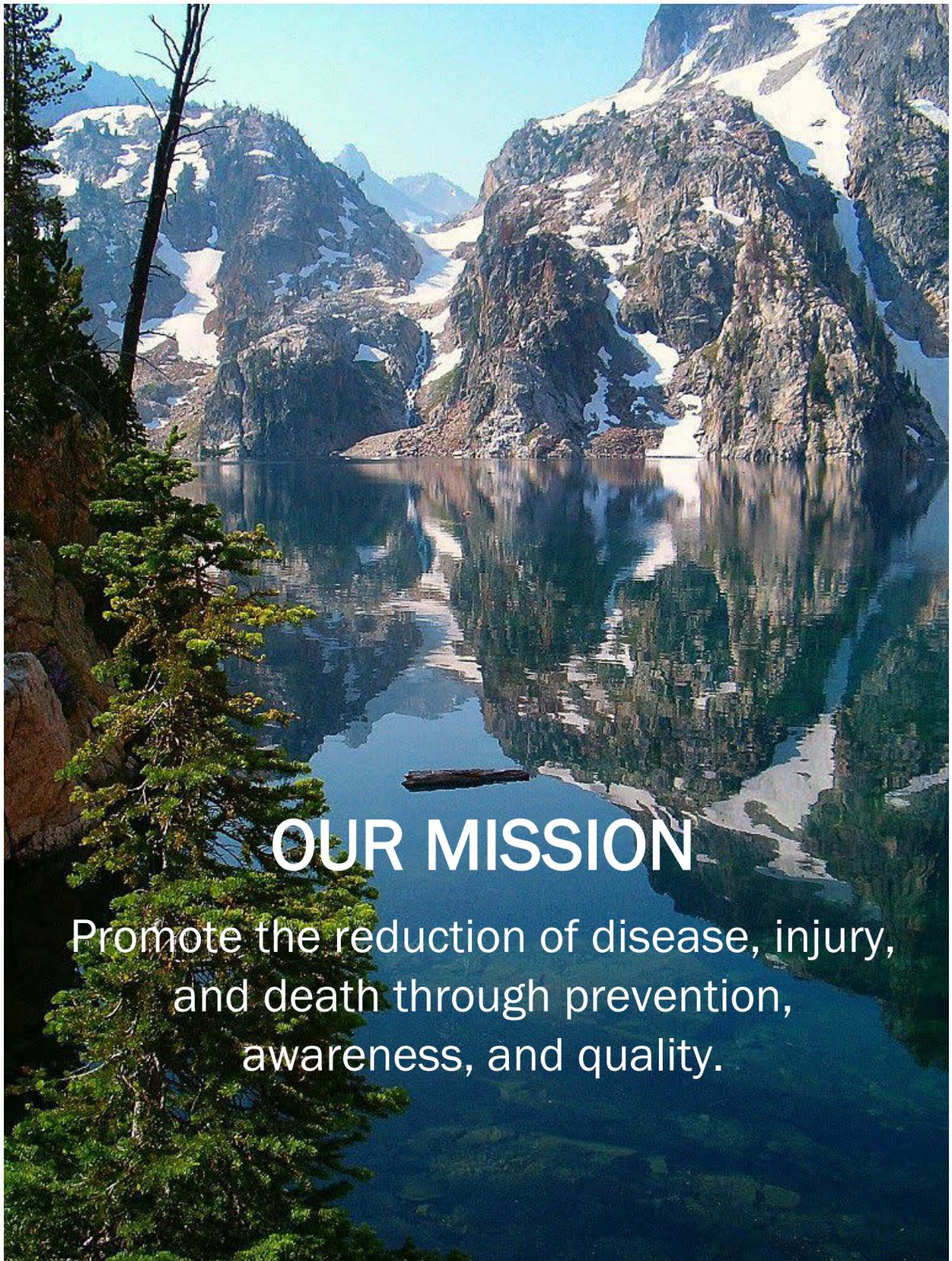
The Bureau of Emergency Medical Services and Preparedness (hereafter referred to as "the Bureau") is committed to supporting systems of emergency, trauma, and preparedness through prevention efforts, leadership, accountability, and strong partnerships. The Bureau is comprised of five sections: Emergency Medical Services, Time Sensitive Emergency, Public Health Preparedness and Response, Business Operations and Systems Support, and the State Communications Center.

Each section works collaboratively and collectively to remain committed to our mission.

¹ Idaho's Forest Archives

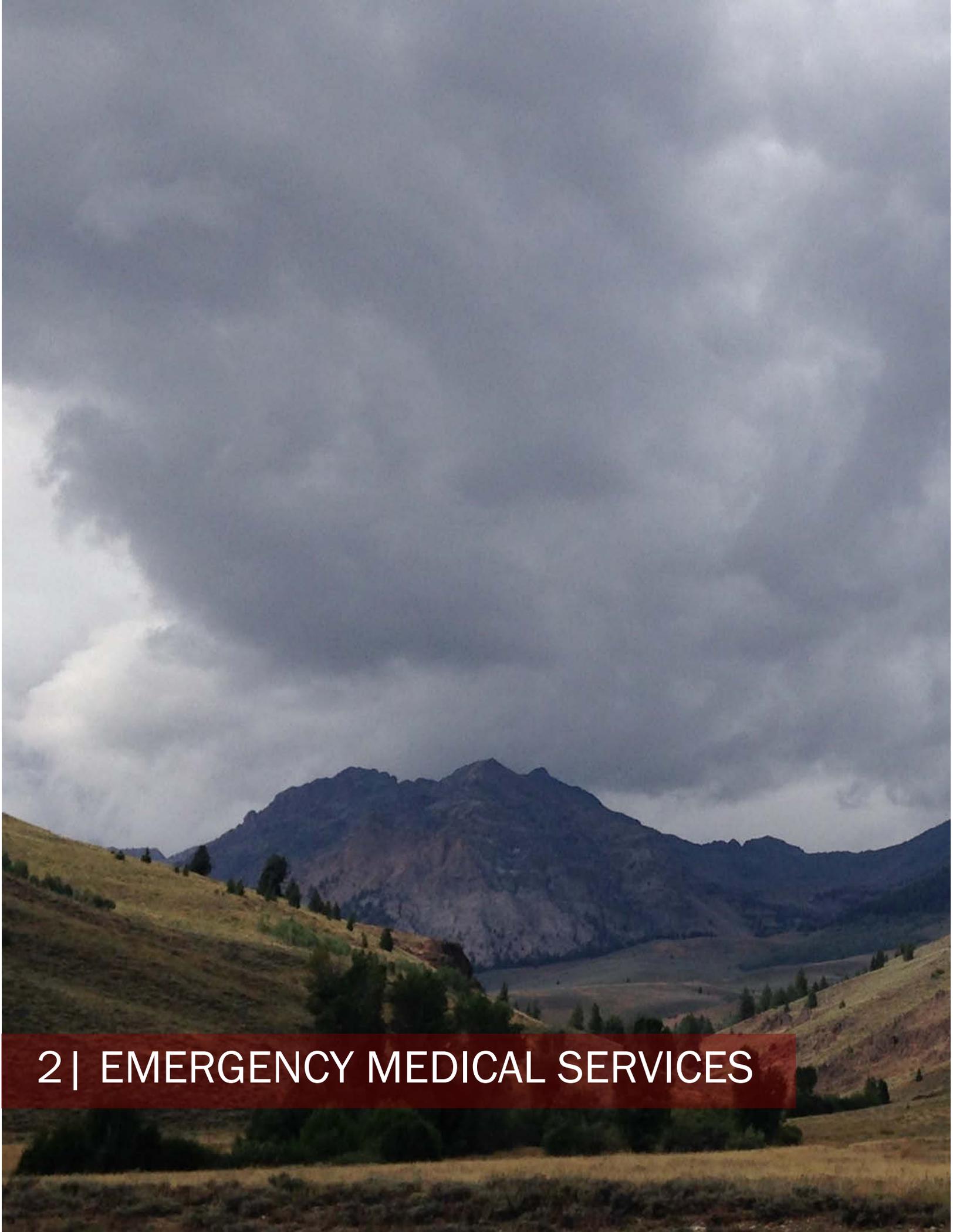
² 2016 FastFacts about the Idaho Forest

³ U.S. Census Bureau QuickFacts: Idaho



OUR MISSION

Promote the reduction of disease, injury,
and death through prevention,
awareness, and quality.



2 | EMERGENCY MEDICAL SERVICES

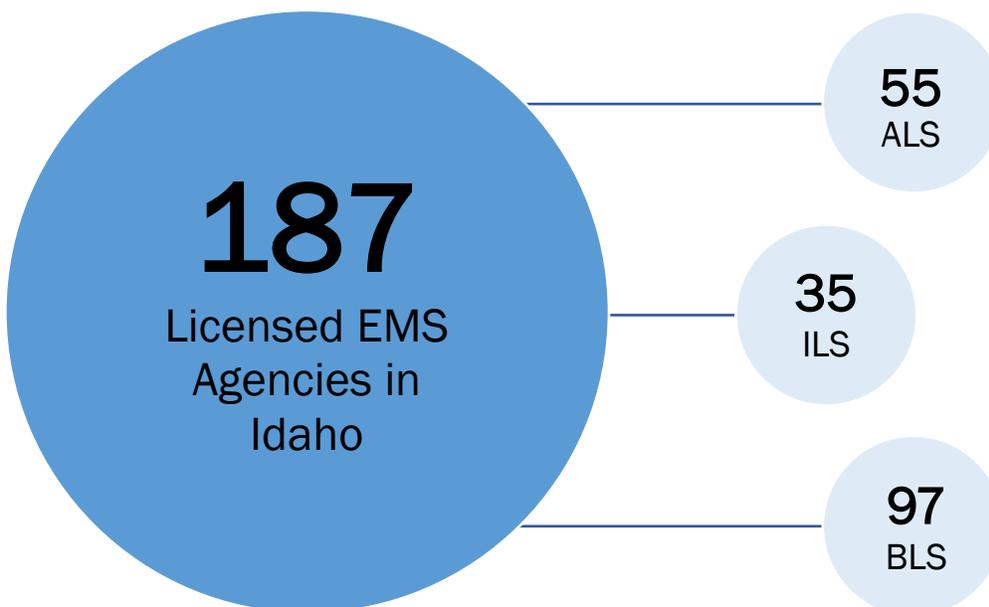
EMERGENCY MEDICAL SERVICES (EMS)

EMS

The EMS section of the Bureau is responsible for licensing agencies and personnel that provide patient care and transport to or between hospitals or provide patient care at an emergency scene. Those agencies who provide patient care but do not transport patients to hospitals are licensed as non-transport agencies and those who provide patient care and transport services are licensed as ambulance or air medical, depending on the vehicle of transport or both.

Agency Licensure – Licensing is based on the agency’s ability to meet minimum standards. Agencies are licensed by skill level of their personnel, transport capability, and the ability to respond to medical emergencies within their agency’s self-declared geographic response area. Each agency must also meet certain standards established by the Bureau such as medical supervision, around the clock coverage, and access to dispatch.

Idaho recognizes agencies as either basic life support (BLS), intermediate life support (ILS), or advanced life support (ALS). Licensure is dependent upon transport status and declared clinical capability of services. In 2018, Idaho recognized the following:



Personnel Licensure – any individual who provides emergency medical care must procure and maintain a current EMS personnel license issued by the Bureau. Idaho recognizes the following personnel licensure levels:

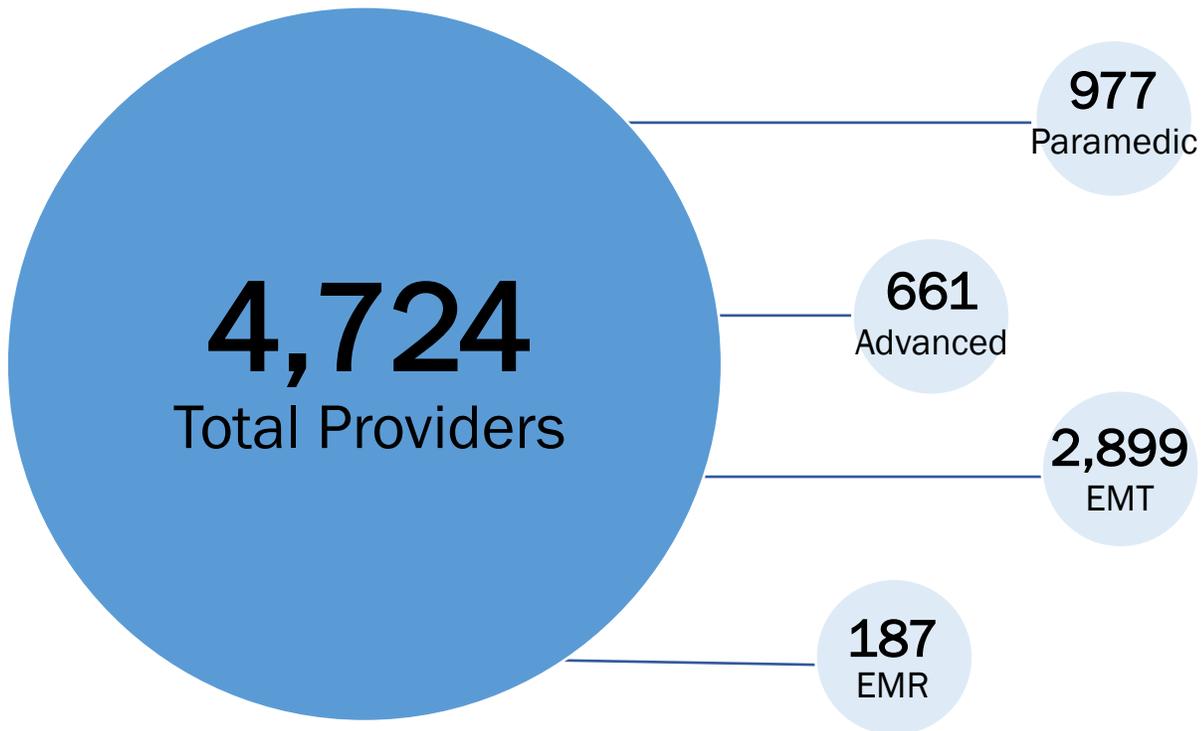
Emergency Medical Responder (EMR) – the EMR initiates and performs immediate lifesaving care to critical patients who access the emergency medical system. The individual possesses the basic knowledge and skills necessary to provide lifesaving interventions while awaiting additional EMS response and to assist higher level personnel at the scene and during transport. EMRs function as part of a comprehensive EMS response under medical oversight and perform basic interventions with minimal equipment.

Emergency Medical Technician – EMTs primary focus is to provide basic emergency medical care and transportation for critical and emergency patients who access the emergency medical system. EMTs function as part of a comprehensive EMS response, under medical oversight. EMTs perform interventions with basic equipment typically found on an ambulance.

Advanced Emergency Medical Technician (AEMT) – the AEMT provides all of the same services as the EMR and EMT with additional limited advanced emergency medical interventions.

Paramedic – the paramedic is an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergency patients. This individual possesses the complex knowledge and skills necessary to provide patient care and transportation of the most critically ill and injured patients.

In 2018, Idaho recognized the following EMS providers by licensure level.



Of the providers in 2018, the following either renewed their license or new licenses were initiated.



Volunteers – As mentioned previously, Idaho’s EMS system faces significant challenges due to the state’s geographic complexities. This system relies heavily on volunteer providers. Volunteers play an integral role in responding to emergencies and optimizing prehospital care. Many volunteers exist outside of an urban setting; however, volunteer services are not exclusively confined to rural communities. Per IDAPA 16.01.02 rule definitions, Idaho recognizes two volunteer types:

1. **Compensated Volunteer** – an individual who performs a service without promise, expectation, or receipt of compensation other than payment of expenses, reasonable benefits or a nominal fee to perform such services. This individual cannot be a part-time or full-time employee of the same organization performing the same services as a volunteer and employee.
2. **Uncompensated Volunteer** – An individual who performs a service without promise, expectation, or receipt of any compensation for the services rendered. An uncompensated volunteer cannot be a part-time or full-time employee of the same organization performing the same services as a volunteer and employee.

Idaho recognized 1,713 volunteers, of those 55% were uncompensated with the remaining 45% receiving a stipend or compensation in 2018.



Audits – To confirm that continuing education (CE) renewal requirements have been met, the Bureau reserves the right to perform audits on CE records. Historically, manual audits were performed on 10-20% of all licensed personnel that renewed in a cycle. Due to the implementation of IGEMS, 2018 paved the way for automated audits. Between the National Registry of Emergency Medical Technicians and the internal processes built into the Bureau’s license management system (LMS), known as Idaho Gateway for EMS (IGEMS), roughly 80% of all licensed personnel that renew in a cycle can be audited for the accuracy of their CE hours. Automation has decreased the time in which it takes to perform an audit and has increased the percentage of CE hours/personnel audited.

Investigations – If there is a complaint or allegation that indicates a potential violation of rule or code, an investigation may be initiated. If a violation of rule or code is discovered, the Bureau may take license action.

In 2018, 20 investigations were conducted. All but one was closed, and license action was taken in one case.



EMS Advisory Committee (EMSAC) – The Director of the Department of Health and Welfare appoints an advisory committee to assist the Bureau with administering EMS in Idaho. EMSAC consists of twenty-three seats and representation from the following: EMS agencies, fire departments, Idaho governmental agencies, physician associations, hospitals, health districts, and others. Members meet quarterly to review current practices and procedures and to make recommendations to the Bureau about personnel training, licensing, and general policies and procedures.

EMSAC’s responsibilities include gathering data and information on industry trends, national standards, clinical developments, regulatory agencies, and additional sources of information affecting EMS agencies around the state of Idaho and the Nation. EMSAC utilizes this data to advise the Bureau.

Idaho EMS Physician’s Commission (EMSPC) – The governor appoints an 11-member Physician Commission to establish standards for scope of practice, medical protocols, medical supervision of licensed EMS personnel who are licensed by the Bureau. EMSPC is dedicated to serving EMS systems and providers throughout Idaho with EMS specific medical expertise. The meetings are open to the public, and anyone who practices, serves with, or has interest in Idaho EMS is encouraged to attend.



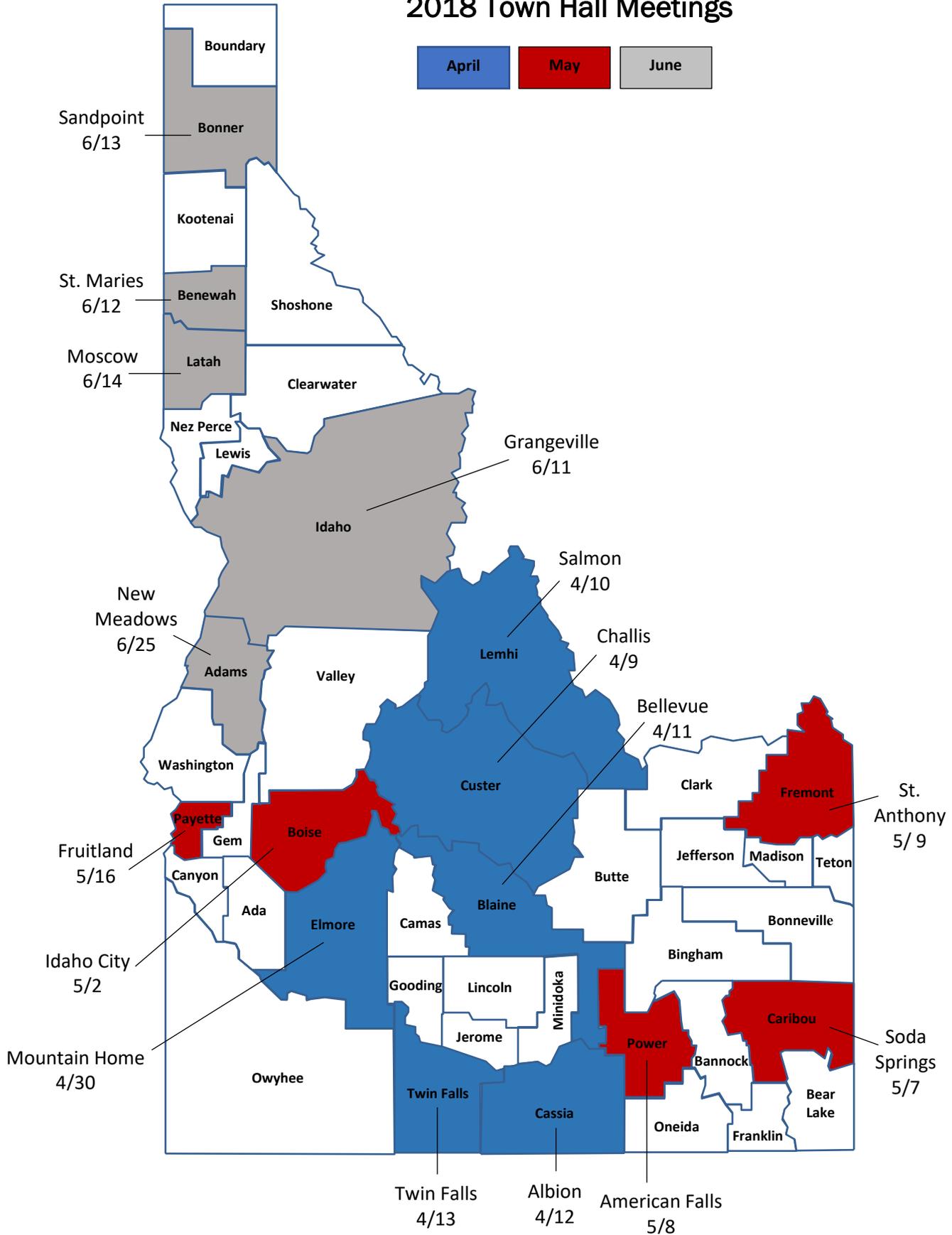
Town Hall Meetings – at the request of the 2018 Legislature, the Bureau conducted town hall meetings throughout the state to seek input from stakeholders on potential solutions to the challenges inherent to the recruitment and retention of volunteer EMS personnel. Each meeting had a slightly different focus, but 28 common topics were discussed at most of the meetings. The recommendations (summarized on the following page) range in complexity and associated costs. The potential solutions could come from a variety of sources including public/private partnerships, local involvement, state investment, etc. All the recommendations are worth exploring in more depth to determine which combination will best assure the continued viability of Idaho’s volunteer EMS workforce. A map consisting of meeting dates and location is located after the findings summary. For anyone who would like additional information, a 2018 Volunteer EMS Town Hall Meeting Report was published in December of 2018 and can be found on the Bureau’s website, www.idaho.ems.org.

Category	Subcategory	Recommendation	Est. \$ Requirement		Frequency One Time/Annual
			Low	High	
Recruitment	Public Awareness	Marketing Tools	\$150,000	\$250,000	One Time
	Age Demographics	High school EMS/Dual credit, etc.	Unknown		
	Military Veterans	Identify willing veterans	Unknown		
	Non-Response Personnel	Include in public awareness material	Unknown		
Initial Education	Financial Aid	Scholarships, college credit, financial aid, loan forgiveness and tuition reimbursement grant	Unknown		
	Alternative Educational Models	Access to broadband internet	Unknown		
	Clinical Experience Opportunities	Requires further study	Unknown		
	Instructor Development	Preserve funding for the educator conference	Unknown		
Certification Examination		Continue on-going work, to include analyzing student success rates to identify specific areas where future work should be focused			
	Training	Create a dedicated	\$200,000	\$400,000	Annual

Continuing Education	Equipment	grant account specific to EMS education			
	On-Line CE	Explore alternative delivery options			
	Conferences	Assuring the conferences continue	\$7,000	\$14,000	Annual
		Providing support to attendees	\$240,000	\$360,000	Annual
		Record speakers at conferences	\$3,000	\$5,000	One-Time
		Professionally created training video content	\$20,000	\$100,000	Annual
Licensure Process	Licensure Process	Continue to make paper application processes available when required			
Pay and Benefits	Health Insurance	Access to health insurance and Employee Assistance Program (EAP)	\$1,600,000	\$2,380,000	Annual
	Retirement	Retirement Benefit	Unknown		
	Tax Incentives	Explore the various factors and formulate a recommendation for future consideration by the Legislature	Unknown		
	Uniforms	Clothing incentive for volunteer EMS personnel (initial)	\$160,000		
		Clothing incentive for volunteer EMS personnel	\$96,000		
	Direct	Provide a per-call	\$645,000	\$1,900,000	Annual

Pay and Benefits (Cont'd)	Financial Incentive	payment to currently uncompensated volunteers			
Unit Administration	Unit Administration	Add leadership development opportunities at the beginning or end of regional EMS conferences	\$15,000	\$25,000	Annual
Employer Recognition	Employer Recognition	Recognition program for employers that allow employees to respond	Unknown		
Volunteer Recognition	Volunteer Recognition	Recognition program for volunteer EMS personnel	Variable		
Expanded Role	Community Health EMS (CHEMS)	Fund pilot CHEMS programs in several rural communities	\$30,000	\$120,000	Annual
Communication Systems Coverage	Radio Coverage	Install additional mountain top radio base stations in currently uncovered area(s)	\$12,000	\$30,000	One time
	Satellite Phones	Communication Equipment grant program	Variable		

2018 Town Hall Meetings

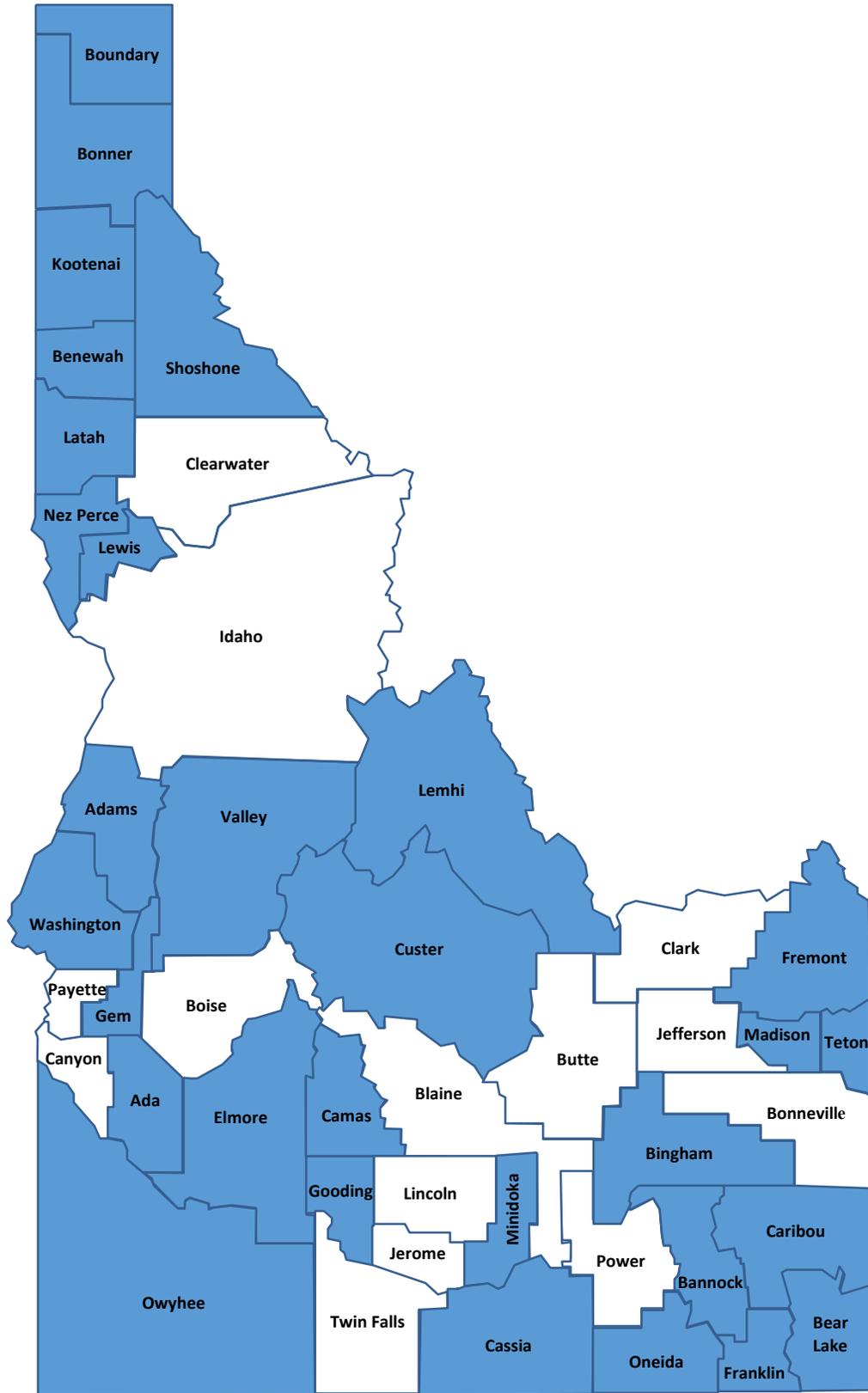


Emergency Medical Services for Children (EMSC) Program – the EMSC program originated in 1984 when the U.S. Congress enacting legislation to authorize the use of federal funds to provides states grant money to help improve EMS services for critically ill and injured children and to reduce childhood death and disability. EMSC aims to ensure state of the art emergency medical care is provided to all children and adolescents, and to ensure that pediatric service is well integrated into the EMS system. This requires access to optimal resources and the assurance that the entire spectrum of emergency services, including primary prevention of illness and injury, acute care, and rehabilitation, is provided to children and adolescents.

The grant is supported by the Department of Health and Human Services, Health Resources and Services Administration (HRSA). Since October of 1999, Idaho EMS agencies have had the opportunity to apply for grant funds to purchase pediatric equipment. In 2018, 36 agencies were awarded various pediatric equipment items, among those items include pediatric jump kits, pediatric backboards, pediatric restraints for transport, pediatric CPR mannequins, and E-IO (Intraosseous fluid administration) kits. The map on the following page highlights the counties in which the agency resides that received an award.



2018 EMSC Grant Awards

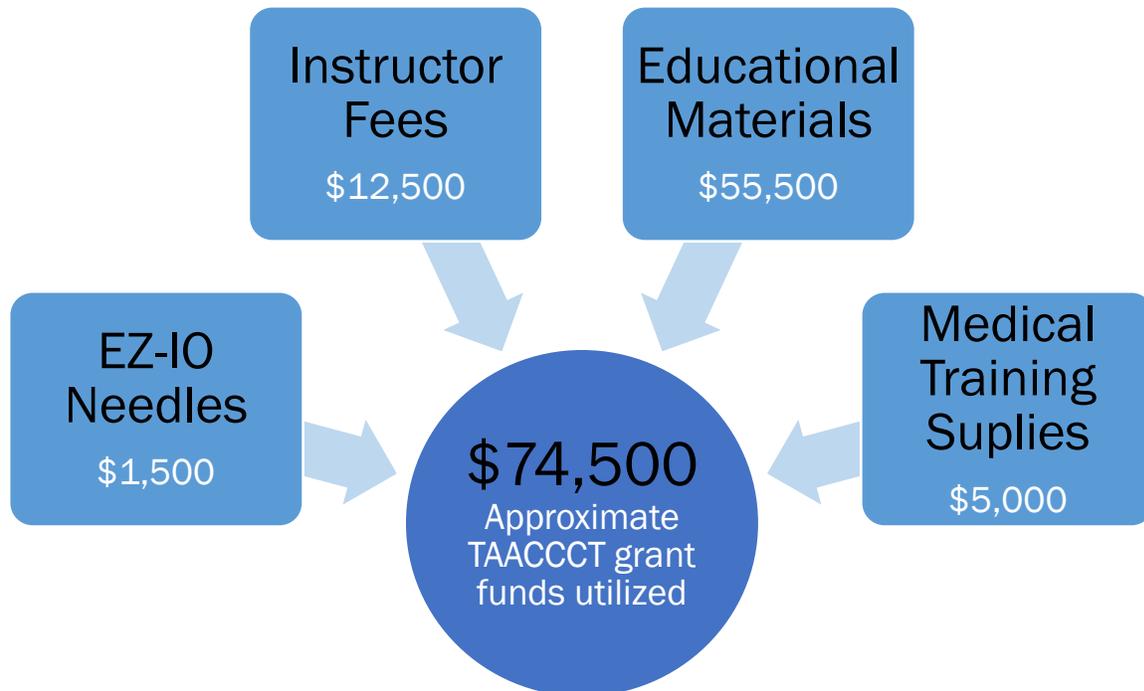


The following are the current Idaho EMSC performance measures:

PM 01.	All EMS agencies in the state will submit NEMSIS version compliant patient care data to the state EMS office for all 911 initiated EMS activations by 2019.
PM 02.	90% of EMS agencies in the state or territory have a designated individual who coordinates pediatric emergency care.
PM 03.	90% of EMS agencies will have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment.
PM 04.	25% of hospitals are recognized as part of a statewide, territorial, or regional standardized program that can stabilize and/or manage pediatric medical emergencies by 2022.
PM 05.	50% of hospitals are recognized as part of a statewide, territorial, or regional standardized system that recognizes hospitals that are able to stabilize and/or manage pediatric trauma by 2022.
PM 06.	All hospitals in the state or territory have written interfacility transfer guidelines that cover pediatric patients and that include specific components of transfer.
PM 07.	All hospitals in the state or territory have written interfacility transfer agreements that cover pediatric patients.
PM 08.	To maintain permanence of EMSC in the Idaho EMS system.
PM 09.	To maintain established permanence of EMSC in the Idaho EMS system by integrating EMSC priorities into statutes and regulation.

Trade Adjustment Assistance Community College Career Training (TAACCCT) grant - since December 2016, the TAACCCT grant has provided funding to expand knowledge, skills, and training opportunities for Idaho EMS communities that may have not had the time or resources to participate in traditional EMS training and education programs.

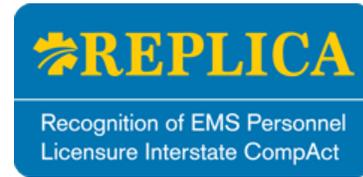
Throughout 2018, the grant funds allowed the purchase of the following:



Educator Conference - the Bureau began conducting an annual Educator Conference in order to address the need for continuing EMS Instructor development. The Educator Conference provides Idaho EMS Instructors with the eight hours of CE that they must complete in addition to the 24 hours of classroom teaching time during the three- year Instructor certification cycle.

The Bureau hosted its third Educator Conference in 2018. The conference offered a variety of sessions, presentations, and topics catered to adult learning styles. Over 80 EMS instructors attended.

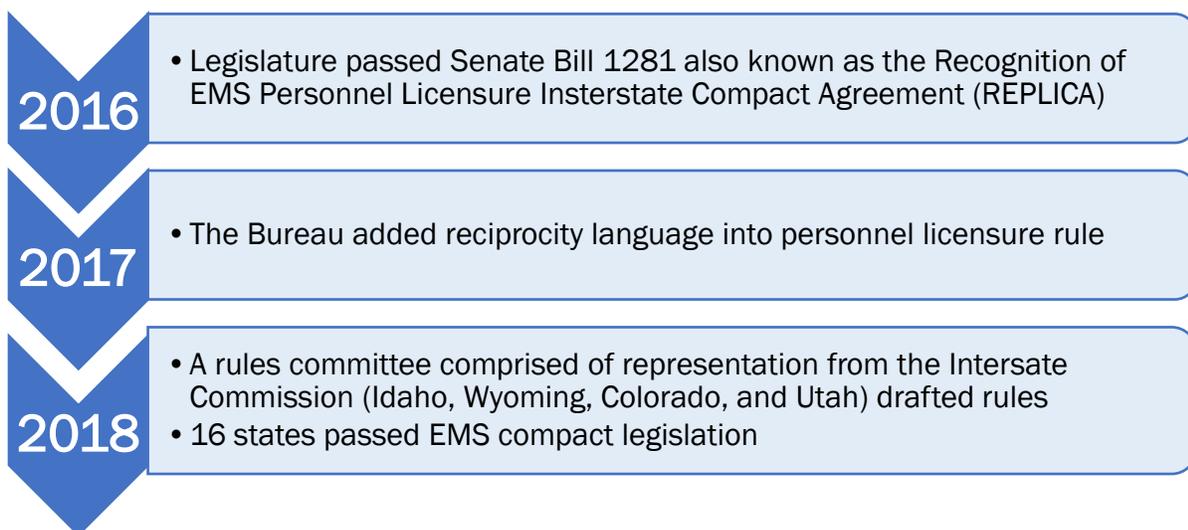
Recognition of EMS Personnel Licensure Interstate Compact (REPLICA) – is the only national multi-state compact for the EMS profession. The compact is intended to facilitate the day-to-day movement of EMS personnel across state boundaries in the performance of their EMS duties as assigned by an appropriate authority, authorize state EMS offices to afford immediate legal recognition to EMS personnel licensed in a REPLICA member state, and create means of information sharing that has never existed before.



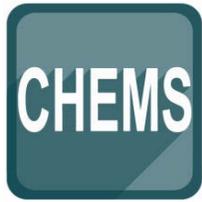
The compact is intended to:

- Increase access to EMS personnel
- Enhance the state's ability to protect the public's health and safety, especially patient safety
- Encourage the cooperation of member states in the areas of EMS personnel licensure and regulation
- Support licensing of military members who are separating from an active duty tour and their spouses
- Facilitate the exchange of information between members states regarding EMS personnel licensure, adverse action, and significant investigator information
- Promote compliance with the laws governing EMS personnel practice in each member state
- Invest all member states with the authority to hold EMS personnel accountable through the mutual recognition of member state licenses

The compact is governed by the Interstate Commission for EMS Personnel Practice by REPLICA member states. Each member state is represented by a commissioner and is responsible for the oversight, management, and operations of the EMS compact.



Community Health EMS (CHEMS) – CHEMS is an innovative model that extends the medical expertise of Idaho EMS to expand access, provide quality primary care and preventative services to Idaho’s rural and underserved areas. Traditionally, EMS personnel deliver care in a non-clinical setting, function within interdisciplinary teams, and provide medical services during transport to emergency departments and hospitals. The CHEMS model expands the role of EMS personnel beyond emergency and crisis services by extending primary care services as part of the virtual patient centered medical home (PCMH) team-based care. CHEMS personnel will act within their current scope of practice as healthcare providers who receive additional education, work within a medical-health neighborhood, and assist the primary care team to implement a patient care plan. Potential roles for CHEMS providers include:



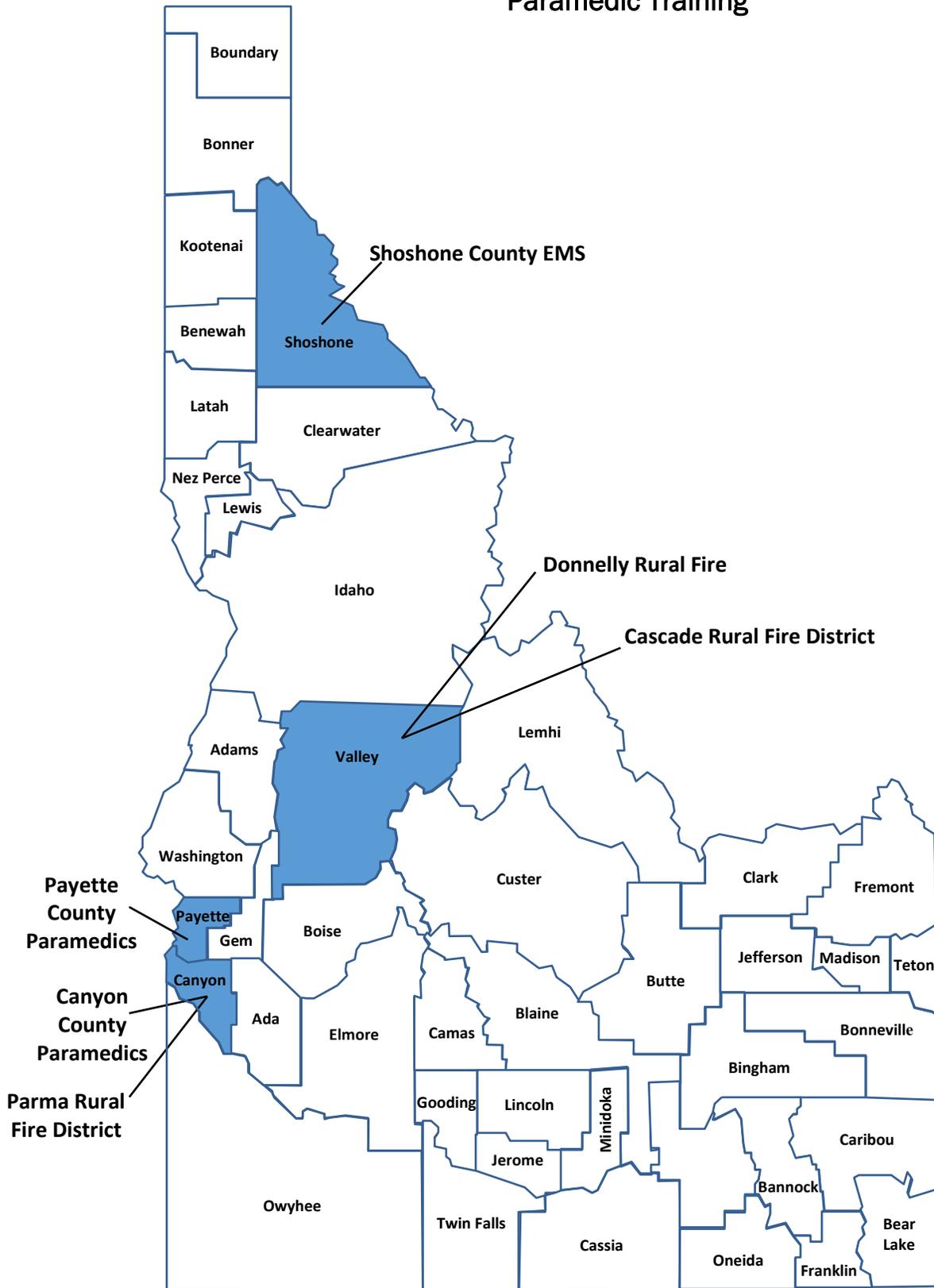
- Acting as healthcare navigators for patients
- Transitional care for patients after discharge from a hospital stay
- In-home follow up after a hospital stay or discharge from an emergency department
- Hospice support
- Follow up support for individuals with chronic conditions
- Health checks for frequent users of 911 medical services
- Administering vaccinations
- Medication inventories
- Basic medical therapeutics
- Resource and care coordination

To continue CHEMS education and program development throughout Idaho, in 2018, the Bureau contracted with Idaho State University (ISU) to provide two educational opportunities for EMS providers: 1) Community Paramedic (CP) Certificate Program, and 2) Community EMT (CEMT) Training Program.

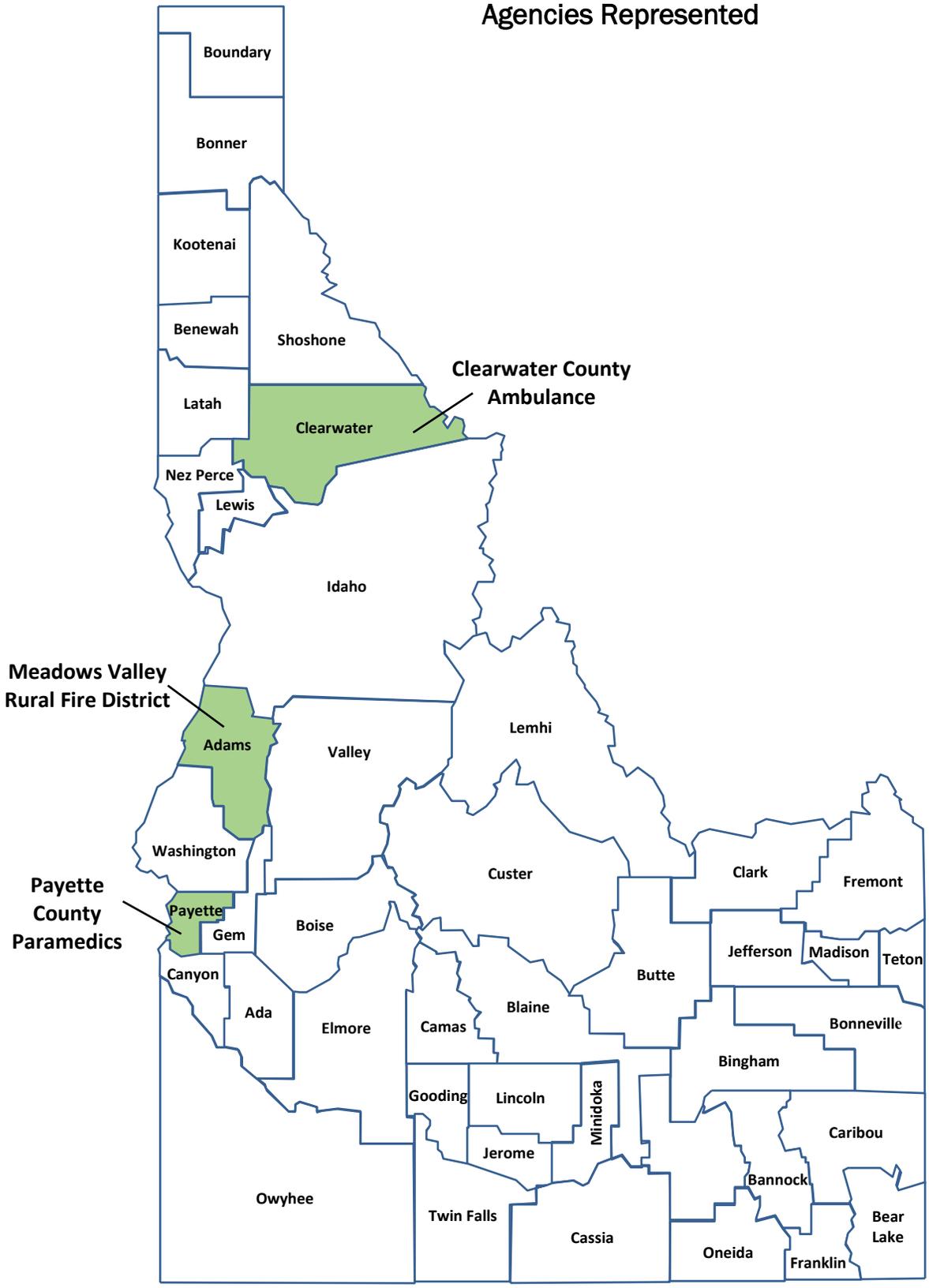
The Bureau funded a total of three CP cohorts with the third concluding in 2018. The final cohort was represented by six Idaho EMS agencies with a total of 12 students trained.

A CHEMS curriculum for EMTs and AEMTs was developed by the Bureau. After contracting with ISU, the curriculum is now referred to as the CEMT training program. Two cohorts were funded in 2018 with over 20 students trained and representing 13 EMS agencies.

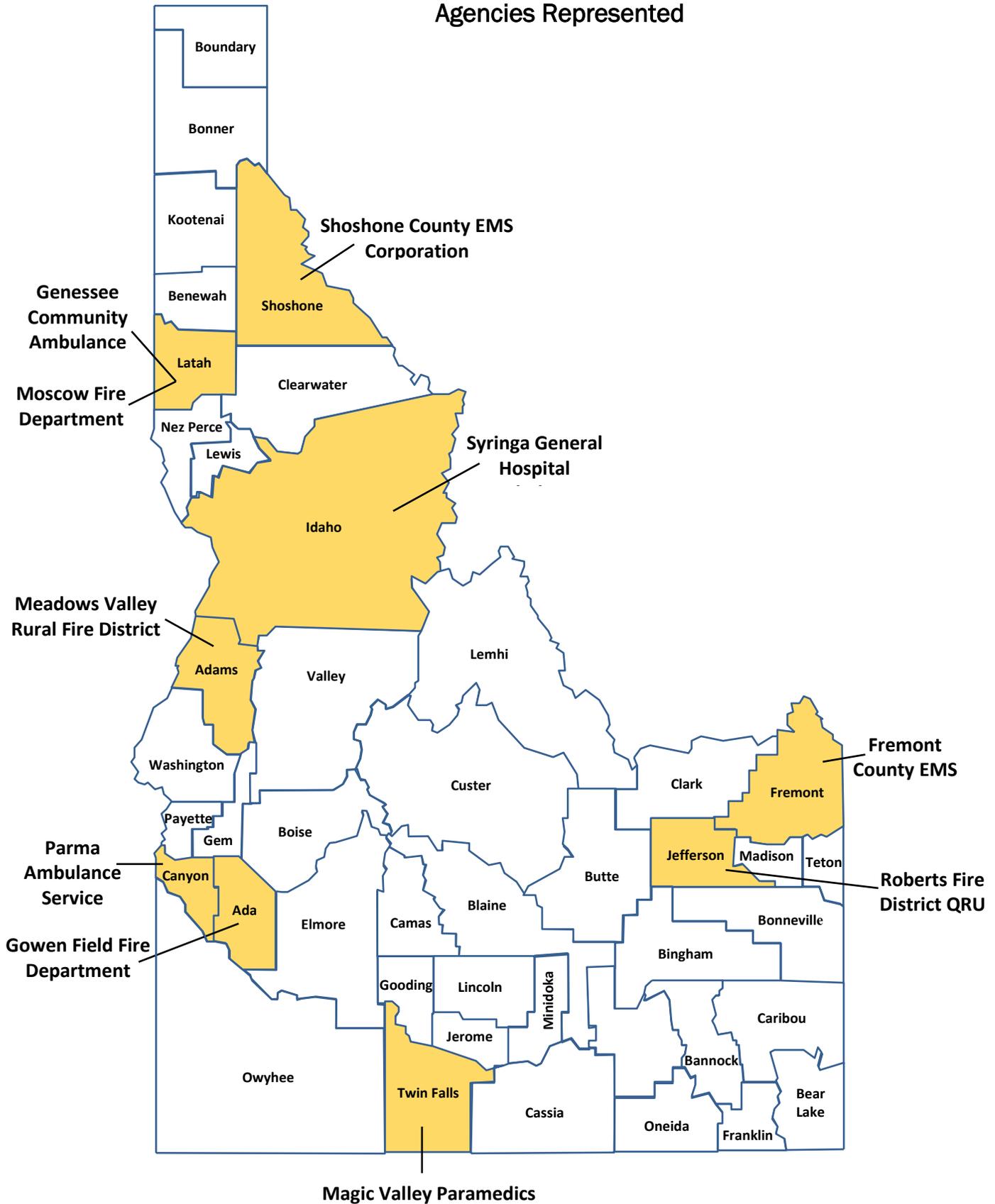
2018 - Agencies Who Received Community Paramedic Training

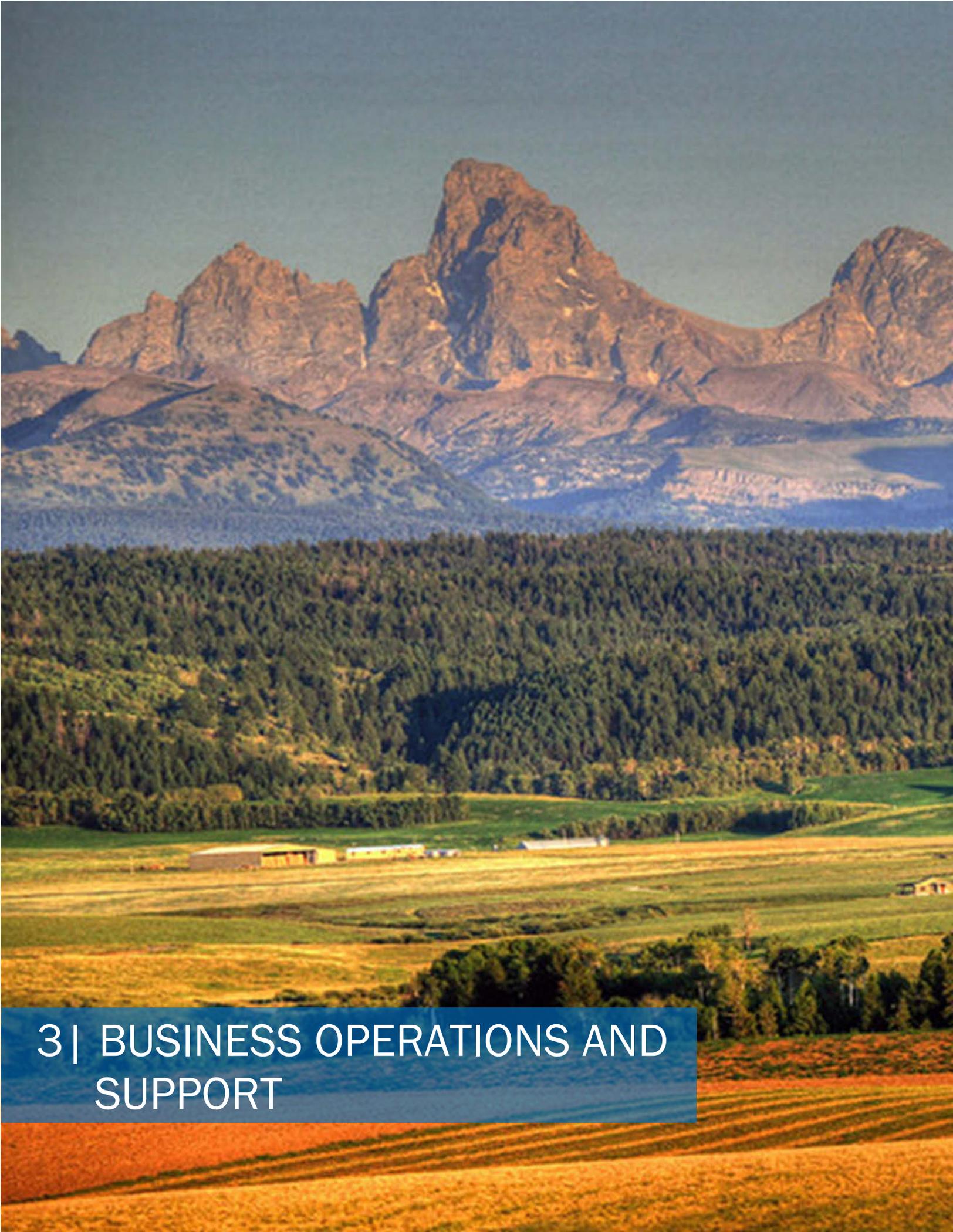


2018 - Community EMT Training - Cohort 1 Agencies Represented



2018 – Community EMT Training – Cohort 2 Agencies Represented





3 | BUSINESS OPERATIONS AND SUPPORT

Business Operations and Support

BOS

The Business Operations and Support section provides a focus for cross-collaboration between all sections within the Bureau and external stakeholders. With collective efforts, the section connects the Division of Public Health's direction through the assistance of data collection and reporting; facilitating, monitoring, and dispersing dedicated grant funding; implementation and maintenance of statewide data collection and management systems; strategic planning; performance analysis, improvement, and management; contract development and monitoring; and fiscal reporting.

EMS III Dedicated Grant – Due to law passed by the 1999 Legislative session, the Bureau is tasked with distributing grant funds to qualifying EMS agencies for assistance in purchasing vehicles and patient care equipment for their communities. To apply for funds, a qualifying EMS agency must be a governmental or a registered non-profit agency. In determining awards, the calculation process is structured in a way that ninety percent of the criteria used is weighted in the following: volunteer personnel, service area, population, number of calls, number of current vehicles, vehicle age, vehicle mileage, fewest existing resources, and fiscal budget information. The remaining ten percent is based on a narrative description of need. In 2018, of the 182 licensed EMS agencies, 166 were eligible to apply.

The EMS III Dedicated Grant is in its eighteenth year of providing funds for EMS agencies. Funds are generated from a \$1.00 fee collected from Idaho driver's licensing fees, accruing slightly different amounts annually. Grant funds available for FY2018 totaled \$1,400,000. The recommended distribution of funds was \$700,000 (50%) for vehicles and \$700,000 (50%) for equipment. For FY2018, the following awards were dispersed.

Vehicles	
Number of agencies requesting vehicles	17
Number of agencies awarded vehicles	7
Type of vehicles awarded	Ambulances=5 Medical Rescue=2
Equipment	
Number of agencies requesting equipment	60
Number of agencies awarded equipment	57
Top 5 equipment awards by type	Power Gurney Load Systems=12 Power Gurney=9 Cardiac Monitors=8 Communication Equipment=7 Extrication Packages=5

Idaho's Gateway for EMS (IGEMS) – since IGEMS implementation in October of 2016, continual improvements have been made to ease internal and external processes such as agency and provider licensure, Time Sensitive Emergency (TSE) automated designation application and documentation, report development, and data pulls. Overall, the license management system has brought a customized, automated, and paperless licensure system to our customers.

IGEMS is also a suite of applications that provide internal and external users with information relating to:

- License Management System (IGEMS-LMS), and
- Patient Care Reporting (IGEMS-PCR)

IGEMS-LMS – is the web-based database application used to process EMS agency licenses, EMS personnel licenses, and TSE designations beginning with the initial application. This process includes renewals, changes in level of service, changes in service area, accrual of continuing education, tracking of vehicles and key resources relating to licensure and designation, and payment processing.

IGEMS-PCR – is the web-based application provided to EMS agencies to document patient care and capture related statistics. The system provides the user agency, state, and the National EMS Information System (NEMSIS) with valuable information regarding the number of EMS responses, the types of resources utilized, the nature of the illness or injury the patient is experiencing, and the care administered.

The licensure software interfaces with the Department of Health and Welfare Criminal History Unit and the National Registry of EMTs databases to streamline the verification and credentialing process as well.

Communications and Media – the Bureau uses the Idaho EMS website, www.idahoems.org, and Facebook, #idahoems, to share rules, regulations, upcoming events, awards, training opportunities, grant opportunities, upcoming meetings, Town Halls, and Chats with the Chief, and other useful information to the EMS and Preparedness community.



The Idaho EMS website contains relevant EMS system reference information including: agency licensure, personnel licensure, course offerings, conferences, State Communications (StateComm) Center,

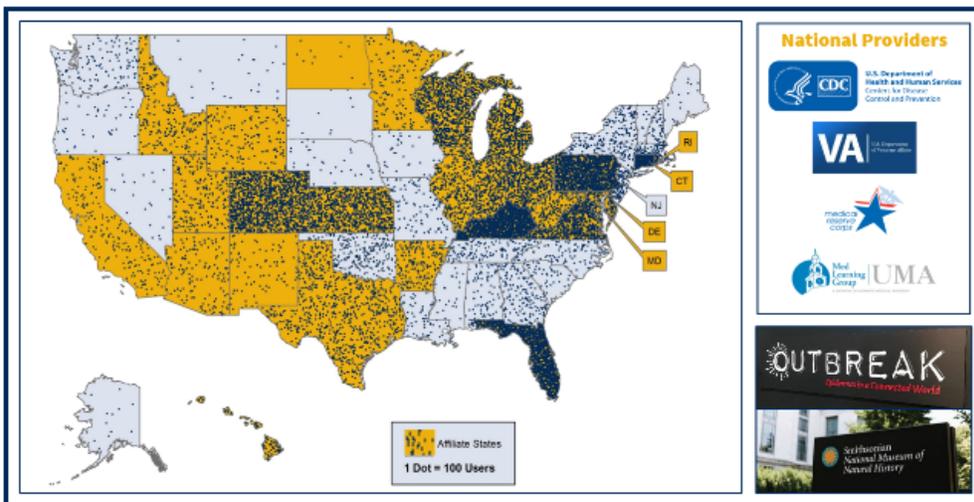
Public Health Preparedness and Response (PHPR), EMSPC, EMSAC, EMSC, CHEMS, EMS III Dedicated grant, TSE Council, Town Hall meetings, relevant Idaho Code, public information requests, and IGEMS.

TRAIN – TRAIN Learning Network is a learning management system (LMS) provided by the Division of Public Health (DPH) for use by Department staff, public health districts (PHDs) health care providers, and licensed EMS agencies and personnel. Primary management of TRAIN resided in the BOSS section.



Due to its broad acceptance and utilization throughout the nation, there are many educational resources developed by other states that are relevant and available to Idaho participants. The Bureau also contributes to the catalogue of courses available and fully participates in the system. TRAIN brings together public health, healthcare, preparedness, and first responder categories to disseminate and track training records on a nationwide LMS platform.

TRAIN Learning Network Partners



During 2018, TRAIN upgraded the web-based application to TRAIN v3.0 which involved significant time in debugging several localized items. The transition went well in due to preemptive review and adjustments to settings and file structures utilized locally.

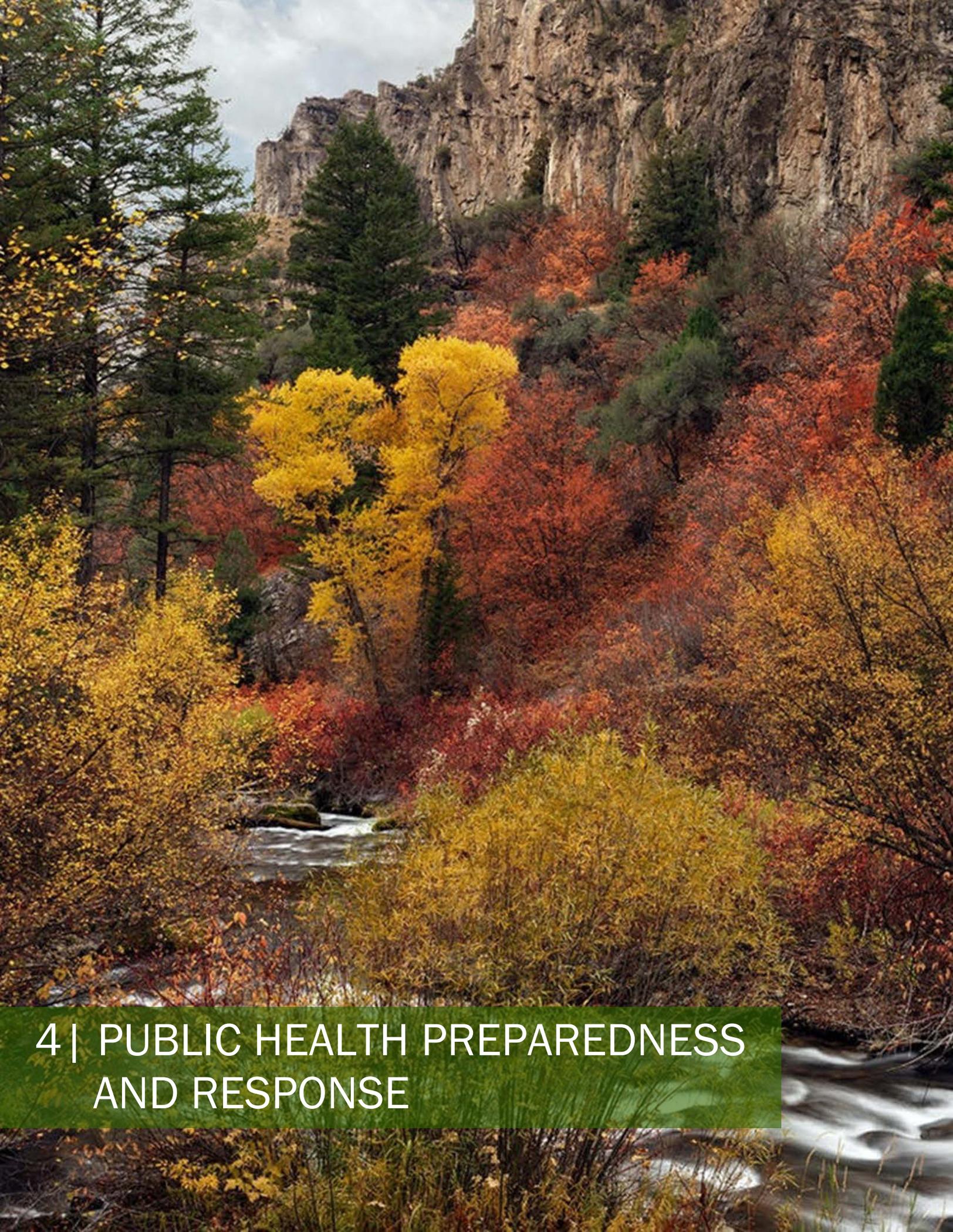
Quality Improvement (QI) – to streamline several inefficiencies and create standardized processes for EMS staff, BOSS managed and facilitated an expansive QI project in 2018.

1. *EMS Site Visit Process* – this project was identified as a critical need due to a lack of documented processes for EMS agency annual site visits.

The team began to meet weekly and accomplished the following:

- a. A pre, during, and post site visit checklist
- b. A site visit packet containing a cover letter, information about the field coordinator conducting the site visit, educational rules, critical deadlines, upcoming events, IGEMS agency license renewal guide, IGEMS frequently asked questions, optional module (OM) pamphlet, OM fact sheet, and information pertaining to EMSAC and EMSPC.
- c. Field Coordinator Site Visit Training Manual included the following: instructions on how to prepare for and conduct a site visit with EMS agencies; what is expected of them before, during, and after a site visit; know what is expected of EMS agencies before, during, and after a site visit; have the ability to review their performance utilizing the Post Site Visit Survey; model consistency amongst their peers; make necessary adjustment to the training manual when needed; and to understand the functionality of the site visit calendar.
- d. Post Site Visit Survey was created to determine the level of field coordinator preparedness, overall satisfaction of the site visit, ability to schedule the site visit, and improvements that could be made in the future.

The QI process throughout the year provided insights for additional work to be done. The team began reviewing the Bureau website to update the look, navigation, and accuracy of information. This work was initiated in 2018 along with additional projects to streamline the EMS section. Completion is expected in 2019.



4 | PUBLIC HEALTH PREPAREDNESS
AND RESPONSE

Public Health Preparedness and Response (PHPR)

PHPR

No one likes to think about the impacts of fires, earthquakes, and pandemics on our communities, but the Bureau's PHPR program not only thinks about them, they develop plans to respond to and recover from such events, as well as many others. The PHPR program is federally funded through two programs, the Public Health Emergency Preparedness (PHEP) program and the Hospital Preparedness Program (HPP). PHPR uses capability-based planning to ensure readiness for any event and develop these capabilities through planning, training, exercising, and evaluating. The program also works with a myriad of federal, state, and local partners to develop and maintain these capabilities at a level appropriate based on our state's risk assessment. During 2018, PHPR continued to improve the program and statewide preparedness efforts through investing in resources and exercises such as Tranquil Terminus and the Assistance Secretary of Preparedness and Response (ASPR)/National Emergency Management Association (NEMS) Catastrophe Planning Project.

Tranquil Terminus – the 2018 Tranquil Terminus full-scale exercise (FSE) was a four-day, multi-state exercise co-sponsored by HHS/ASPR, Department of State, as well as Georgia, South Carolina, Texas, California, Idaho, and Washington to test the nation's ability to domestically move highly infectious disease (HID) patients safely and securely from various healthcare facilities to Regional Ebola Treatment Centers (RETCs). The FSE brought together over 50 local, state, regional, federal, private sector, and nongovernmental organizations to focus on the notification process, coordination decisions, and resources needed to move HID patients by utilizing both air and ground transportation resources. The exercise began on April 9, 2018 and concluded on April 12, 2018.



Left to right: Levi Claussen, Lindsey Walters, Heather Griffin, Xenya Poole, Chris Burgess, Jodi Matott, Russ Baron, Joel Price, Lisa Hettinger, Matthew Dudley, Marcia Witte, Elke Shaw-Tulloch, Chris Hahn, and Nikki Forbing-Orr.

ASPR/NEMA Catastrophe Planning Project – The spring of 2018, ASPR and NEMA partnered to provide a unique planning opportunity for five states (Utah, Idaho, Wyoming, Colorado, and Arizona) to develop detailed requirements-based plans to address a no notice complex catastrophe. This project focused specifically on the emergency management function (ESF 5) and the primary medical functions (ESF 8) for patient evacuation, patient care and medical surge, and fatality management.

The project followed deliberate planning methodology and included several phases. The process helped each state develop products to address the key areas of requirements identification, resource projection, and resource management.

The project culminated in a one of a kind multi-state workshop conducted in Salt Lake City, UT. This event was attended by leaders from all five states, federal leaders representing the three primary response elements, and national leadership from ASPR and NEMA. The two-day workshop validated the process, provided a unique feedback channel, and an unparalleled opportunity to explore the strengths and resource shortfalls across the participating states.

Idaho's team (pictured) received the coveted gold star necklace for best plans and preparation for the event.



Left to right: Katie Harper, Levi Claussen, Jodi Matott, Lindsey Walters, Mallory Wilson, Maiji Reed, and Joel Price.

PHEP – is funded through an annual grant from the Centers for Disease Control (CDC). These funds support staff and activities in Idaho’s seven public health districts (PHDs), the Bureau of EMS and Preparedness, the Bureau of Laboratories, and the Bureau of Communicable Disease Prevention in the amounts identified below.

Funding Recipient	Federal Funding Year		
	2016-2017	2017-2018	2018-2019
PHDs	\$2,966,675.00	\$2,882,068.00	\$2,939,514.00
Idaho Bureau of Laboratories	\$746,836.00	\$833,697.00	\$669,480.00
Bureau of EMS and Preparedness	\$564,234.00	\$635,225.00	\$618,965.00
Bureau of Communicable Disease Prevention	\$453,745.00	\$346,932.00	\$319,291.00
Indirect Costs	\$264,545.00	\$300,449.00	\$353,798.00
Total	\$4,996,035.00	\$4,998,371.00	\$4,901,048.00

The program identifies 15 capabilities that are intended to prepare a jurisdiction to respond to any event.

1. Community Preparedness
2. Community Recover
3. Emergency Operations Coordination
4. Emergency Public Information and Warning
5. Fatality Management
6. Information Sharing
7. Mass Care
8. Medical Countermeasure Dispensing
9. Medical Materiel Management and Distribution
10. Medical Surge
11. Non-Pharmaceutical Interventions
12. Public Health Laboratory Testing
13. Public Health Surveillance and Epidemiological Investigation
14. Responder Safety and Health
15. Volunteer Management

HPP – is funded through an annual grant from the Assistance Secretary Preparedness and Response (ASPR). These funds assist the healthcare system prepare for a chemical, biological, radiological, nuclear, or explosive event. HPP funding primarily supports healthcare coalitions to plan for coordinated healthcare disaster response.

Funding Recipient	Federal Funding Year		
	2016-2017	2017-2018	2018-2019
PHDs	\$899,861.00	\$900,835.00	\$873,382.00
Idaho Bureau of Laboratories	\$6,068.86	\$6,703.00	\$7,900.00
Bureau of EMS and Preparedness	\$376,989.32	\$303,292.00	\$315,685.00
Division of Behavioral Health	\$24,059.32	\$11,374.00	\$ -
Indirect Costs	\$25,491.50	\$25,490.00	\$37,497.00
Total	\$1,332,470.00	\$1,247,694.00	\$1,234,464.00

The program identifies four capabilities that should prepare a healthcare system to respond to an event.

1. Foundations for Health Care and Medical Readiness
2. Health Care and Medical Response Coordination
3. Continuity of Health Care Service Delivery
4. Medical Surge

PHPR uses capability-based planning to ensure readiness for any event and develop these capabilities through planning, training, exercising, and evaluating. The program also works with a myriad of federal, state, and local partners to develop and maintain these capabilities at a level appropriate based on our state’s risk assessment. PHPR continues to improve the program and statewide preparedness efforts through investing in resources and exercises.





5 | IDAHO STATE COMMUNICATIONS
CENTER

Idaho State Communications Center (StateComm)

StateComm

StateComm is an emergency communications center located in Meridian, Idaho, and operates 24 hours a day, seven days a week, 365 days a year. The center is a unique public health communications resource as well as a dispatch center for 16 rural communities throughout the state. StateComm monitors all radio traffic on EMS Frequency 1 and 2 and 700MHz.

Emergency Communication specialists are certified Emergency Medical Dispatchers (EMDs) providing callers with pre-arrival medical assistance until EMS units arrive on scene. StateComm relays patient or scene information, deploys additional resources, and tracks EMS units when their primary dispatch is out of radio contact. In the event of a mass casualty incident, StateComm will provide hospital bed status to the incident commander.



Traffic and Highway Camera Display

StateComm Capabilities:

- EMS Radio/Paging communications statewide, 41 statewide EMS mountaintop base stations
- Primary notification point for the National Alert Warning System (NAWAS)
- Primary activation point for the Idaho Emergency Alert System (EAS) to disseminate emergency alerts, or AMBER alerts, via radio and television
- Hazardous Materials and Weapons of Destruction (WMD) contact point
- Status monitoring of hospital bed availability and hospital diversions
- Status monitoring of state highway conditions and dispatch of the Idaho Transportation Department (ITD)
- Coordination with multiple agencies during incidents (local, state, and federal)
- Direct contact with 44 county sheriffs' offices and Idaho State Police (ISP)
- Prehospital tissue referral notification coordination

StateComm Dispatch and Notification Services for:

- Search and rescue teams
- ITD
- Idaho Department of Environmental Quality (DEQ)
- EMS Agencies (ground and air)
- Idaho Office of Emergency Management
- Idaho Division of Public Health
- Idaho Department of Fish and Game
- Idaho Public Health Laboratory
- Regional Response HazMat Teams
- Critical Incident Stress Management
- Idaho Department of Agriculture
- Idaho State Division of Aeronautics
- Environmental Protection Agency

Radio, Phone, and Audio Recording System Replacement Project – in 2014, StateComm embarked on a project with the Idaho State Police (ISP) to replace antiquated dispatch radio, telephony, and audio recording equipment in their shared emergency communications center. Prior to 2018, they spent many years evaluating different communication systems, securing funding, and working with the Department of Purchasing on the request for purchasing. Implementation began in 2018. Throughout the year, StateComm was busy with installation, testing, training, and developing policies, procedures, and memorandums of understanding. The seven million-dollar joint project was successfully completed in October of 2018.



The Radio Room

Emergency Communication Officer (ECO) Minimum Peace Officer Standards and Training (POST) Certification – due to requirements taking effect July 1, 2017 all Idaho Emergency Communications Officers (ECOs) were required to meet minimum hiring and training standards for dispatch certification through the Peace Officer Standards and Training (POST). All ECOs at StateComm were required to undergo additional background checks to meet the new minimum hiring requirements. These requirements presented challenges as IDHW is a Health and Human Services agency, not a law enforcement agency and the new requirements differed from IDHW's hiring policies. The majority of 2018 was spent working with IDHW's human resources and legal departments to develop the criteria, and a process which would meet the new POST hiring requirements. The first ECO was hired using the new hiring standards in November 2018.

Occupational Safety and Health Administration (OSHA) Training for Idaho's Logging Contractors – StateComm staff participated in the annual statewide OSHA training for Idaho's Logging Contractors. Training included step by step discussions regarding an Emergency Medical Dispatch to include medical and scene questions that will be asked when StateComm is contacted to dispatch air, and ground EMS as well as a hoist helicopter to a logging emergency.

2018 Call Volume

39,815	ITD
4,063	Master Log
1,176	EMS Dispatch
530	Pager/Radio Test
481	EMDs
199	Flight Following
133	Paging
104	Tissue Recovery Referral
95	Misc. Incident
74	Rail Incident
14	Healthcare Bridge Call
12	CISM
2	AMBER Alert

2018 Exercise Support – StateComm provided support in 55 exercises to assist the Bureau of Land Management, multiple Idaho Public Health Districts, Idaho Power, Centers for Disease Control, Idaho National Laboratory, PacifiCorp, ENEL Green Power, National Disaster Medical System Federal Coordinating Center, Bureau of Reclamation, Army Corps of Engineers, and Avista Utilities. StateComm supported these exercises by assisting in planning efforts or by providing dispatch.

StateComm Outreach Presentations – Aside from call volume, exercise support, and projects to improve communications in Idaho, StateComm provided 28 presentations to local, state, and federal agencies with audiences consisting of hospital coalitions, ITD, Idaho Public Health Districts, Local Emergency Planning Committee’s, Idaho Loggers Association, DEQ, and Bonner County Fire Chief’s Association, to name a few. Each presentation is customized to the audience but covers StateComm’s history, available resources, capabilities, and how StateComm coordinates resources for an emergency with that agency.



6 | TIME SENSITIVE EMERGENCY

Time Sensitive Emergency (TSE)

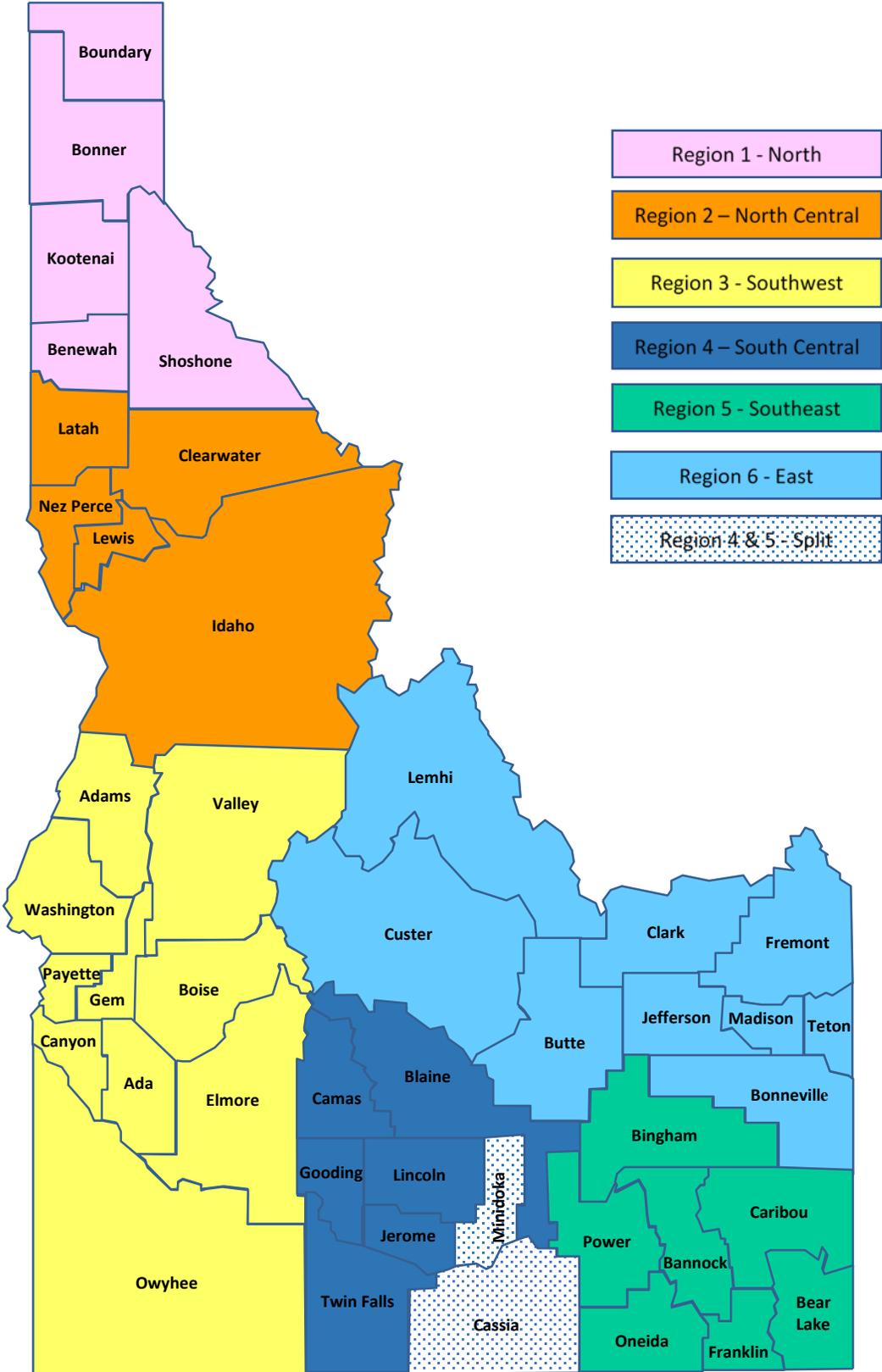
TSE

The 2014 Idaho Legislature approved and funded a plan to develop a statewide TSE system of care to address three of the top five causes of death in Idaho: trauma, stroke, and heart attack. Studies show that organized systems of care improve patient outcomes, reduce the frequency of preventable death, and improve the quality of life for the patient. The Idaho TSE system is modeled on evidence-based care that addresses public education and prevention, 911 access, response coordination, pre-hospital response, transport, hospital emergency/acute care, rehabilitation and quality improvement. The TSE program creates a seamless transition between each level of care and integrates existing community resources to improve patient outcomes and reduce costs.

A governor appointed TSE council, made up of healthcare providers, EMS agency officials, and administrators of hospitals representing both urban and rural populations is responsible for establishing rules and standards for the TSE system. The Council is the statewide governing authority of the system and determines designation criteria and approves designations. The system is divided into six regions. Each region has a TSE regional committee made up of EMS and hospital providers, and public health agencies to provide education and outreach to their specific community.

- Region 1 – created a network for information sharing and increased communication
- Region 2 – standardized tools for transfer of TSE patients between facilities
- Region 3 – increased facility collaboration and developed an air transport time study
- Region 4 – decreased door to needle times for sending STEMI centers by 27 minutes
- Region 5 – coordinated a multi-state search and rescue trauma event
- Region 6 – facilitated a mass casualty active shooter exercise

TSE Regions



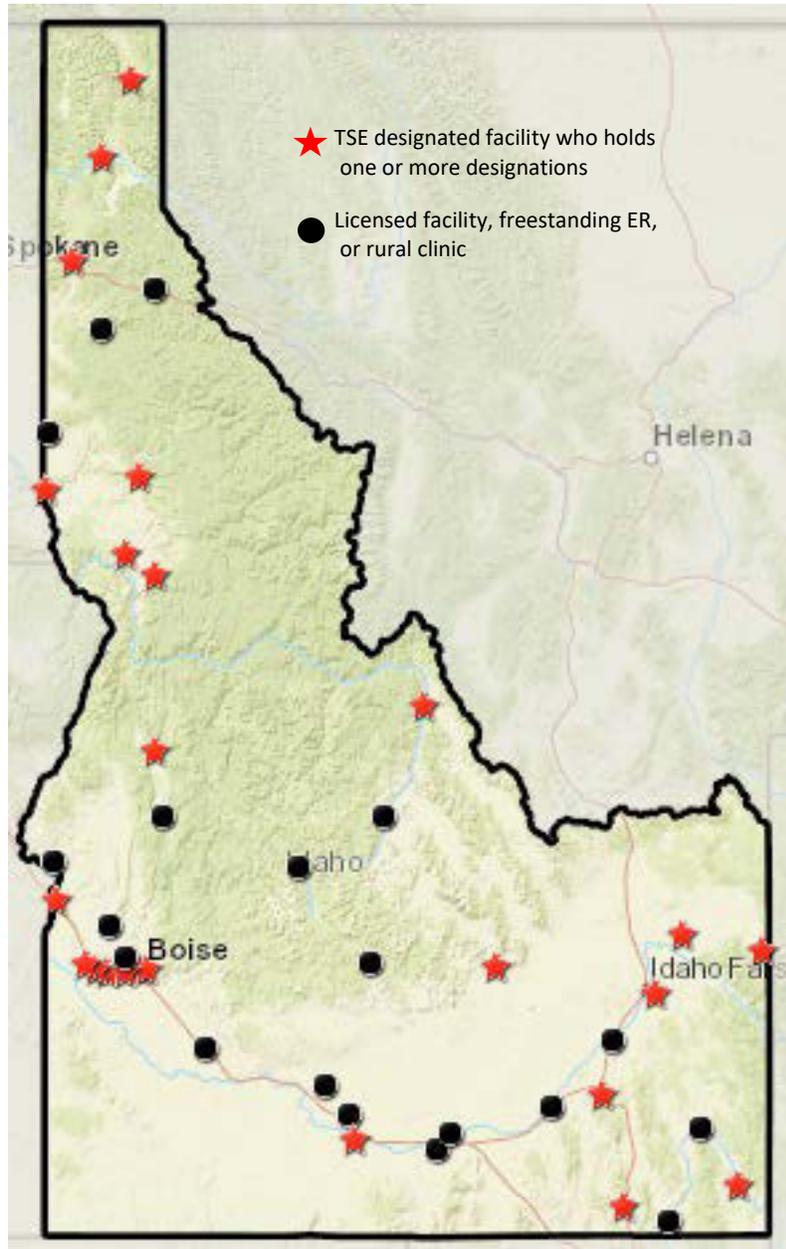
TSE Designated Center – is a facility that has voluntarily applied for and is compliant with the TSE designation criteria and standards of these rules. TSE council has designated one or more of the following:

Trauma Designations						
Level I Trauma Center	Level II Trauma Center	Level III Trauma Center	Level IV Trauma Center	Level V Trauma Center	Pediatric Level I Trauma Center	Pediatric Level II Trauma Center

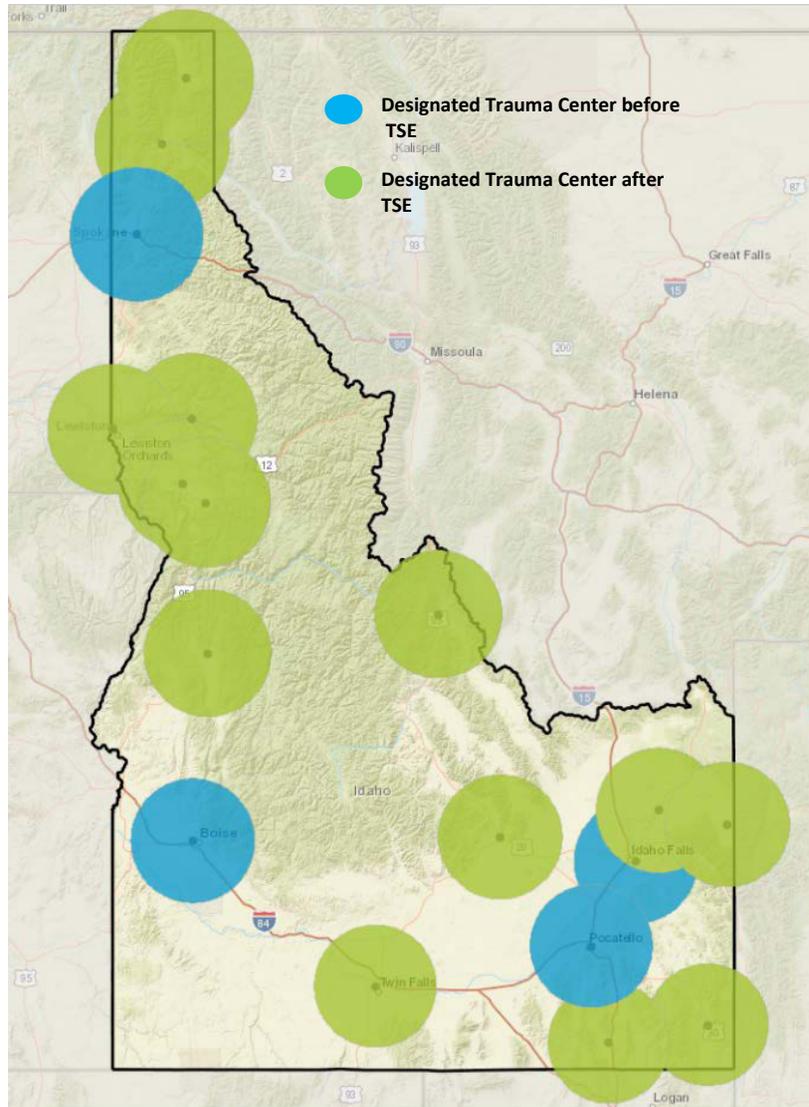
Stroke Designations		
Level I Stroke Center (Comprehensive)	Level II Stroke Center (Primary)	Level III Stroke Center (Acute Stroke Ready)

Heart Attack/ST-Elevation Myocardial Infarction	
Level 1 STEMI Center (Receiving)	Level II STEMI Center (Referring)

Facilities are applying at a much faster rate than anticipated and designation fees are offsetting the cost of the program. SFY2018, receipts increased by 36% and the program is 65% self-sustained. As of December 2018, there were 18 trauma designations, nine stroke designations, and 12 STEMI designations.



Prior to TSE, there were only four trauma centers in Idaho. As of December 2018, there are 18 designated trauma centers which means 61% of Idahoans live within 30 miles of a trauma center.



The TSE program oversees the Idaho Trauma Registry which historically only collected trauma data throughout Idaho. In 2017 the Trauma Registry was rebranded to the Idaho TSE Registry and has expanded to collect statewide, stroke and heart attack data in addition to trauma. This data will help drive improvements in patient care and prevention activities.

The TSE staff travel throughout the state to provide technical assistance, consultation, and education to facilities seeking designation. Staff also attend conferences and community events to help increase awareness of the Idaho TSE system. As of 2018, the following table presents the hospitals with an active designation, with some on their 2nd or 3rd year of the designation cycle.

2018 TSE Hospital Designations			
Hospital	Designation		
	<i>Trauma</i>	<i>Stroke</i>	<i>STEMI</i>
Saint Alphonsus Regional Medical Center - Boise	Level II	Level I	Level I
Eastern Idaho Regional Medical Center – Idaho Falls	Level II	Level II	Level I
St. Luke’s Medical Center – Boise		Level I	Level I
St. Luke’s Medical Center – Meridian		Level II	Level I
Lost Rivers Medical Center	Level IV		
Clearwater Valley Hospital – Orofino	Level IV		
Teton Valley Hospital – Driggs	Level IV	Level III	Level II
Kootenai Health – Coeur d’Alene	Level II		
St. Luke’s – Magic Valley	Level III	Level II	Level I
Boundary Community Hospital	Level IV		
Bonner General Hospital	Level IV	Level III	Level II
St. Luke’s – Nampa			Level II
St. Luke’s – Fruitland			Level II
St. Joseph Regional Medical Center	Level III		
Steele Memorial Medical Center	Level IV		
Nell J. Redfield Memorial Hospital	Level IV		
Madison Memorial Hospital	Level IV	Level III	Level II
Syringa Hospital	Level IV		
St. Mary’s Hospital	Level IV		
West Valley Medical Center			Level II
St. Alphonsus – Nampa			Level I
Bear Lake Memorial Hospital	Level IV		
St. Luke’s – McCall	Level IV		
St. Luke’s – Wood River	Level IV		
Portneuf Medical Center	Level II		Level I

Stop the Bleed – the TSE program also supports the nationwide Stop the Bleed® campaign, which



is determined that no one should die from uncontrolled bleeding as a result of a traumatic injury and that all citizens should know how to react and have access to resources to control bleeding injuries in the same manner that education and resources are made available for CPR and defibrillators.

The one-hour training teaches bystanders to recognize life threatening bleeding, call for help and then intervene. Citizens are taught to use the items found in bleeding control kits such as pressure bandages, wound packing gauze and tourniquets. Through TSE's partnerships with local hospitals and EMS agencies over 6,000 Idaho citizens have been trained to control life threatening bleeding before medical help arrives. As TSE continues to support this campaign, future goals include providing lifesaving training and bleeding control kits to every Idaho school.

Rural Trauma Team Development Course (RTTDC) – the TSE program along with the Bureau of Rural Health and Primary Care facilitated RTTDCs throughout Idaho. These classes emphasize a team approach to the initial evaluation and resuscitation of the trauma patient at a rural facility and assists health care professionals in determining the need to transfer the patient to a higher level of care.



**IDAHO TIME SENSITIVE
EMERGENCY SYSTEM**
TRAUMA | STROKE | STEMI

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