Bureau of Emergency Medical Services and Preparedness Town Hall Meeting Report

December 2012

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Bureau of Emergency Medical Services and Preparedness
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December 6, 2012

Idaho Legislature

Last March you asked the Department to explore the concerns surrounding the recruitment and retention of volunteer EMS providers in rural Idaho. In order to better understand the challenges faced by volunteer EMS providers we held town hall meetings in 16 rural Idaho communities. A tremendous amount of information was gathered during the town hall meetings that we have compiled into a report that I hope will serve as an important part of a continuing dialogue.

In the report, we present an overview of Idaho EMS, a description of Town Hall meetings, a compilation of concerns and recommendations and current and future work of the EMS Bureau. The information gathered has helped us determine how to focus available resources in a way that helps enable the volunteer EMS system to continue to provide high quality patient care in the out of hospital setting throughout rural Idaho.

I would like to give special thanks to Senator Patti Ann Lodge, Senator Sheryl Nuxoll, Senator Bert Brackett, Representative Ken Roberts and Representative Paul Shepherd for their support and for providing the impetus to conduct these meetings.

Sincerely,

Wayne Denny
Bureau Chief

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St. Maries 78
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Idaho EMS Overview

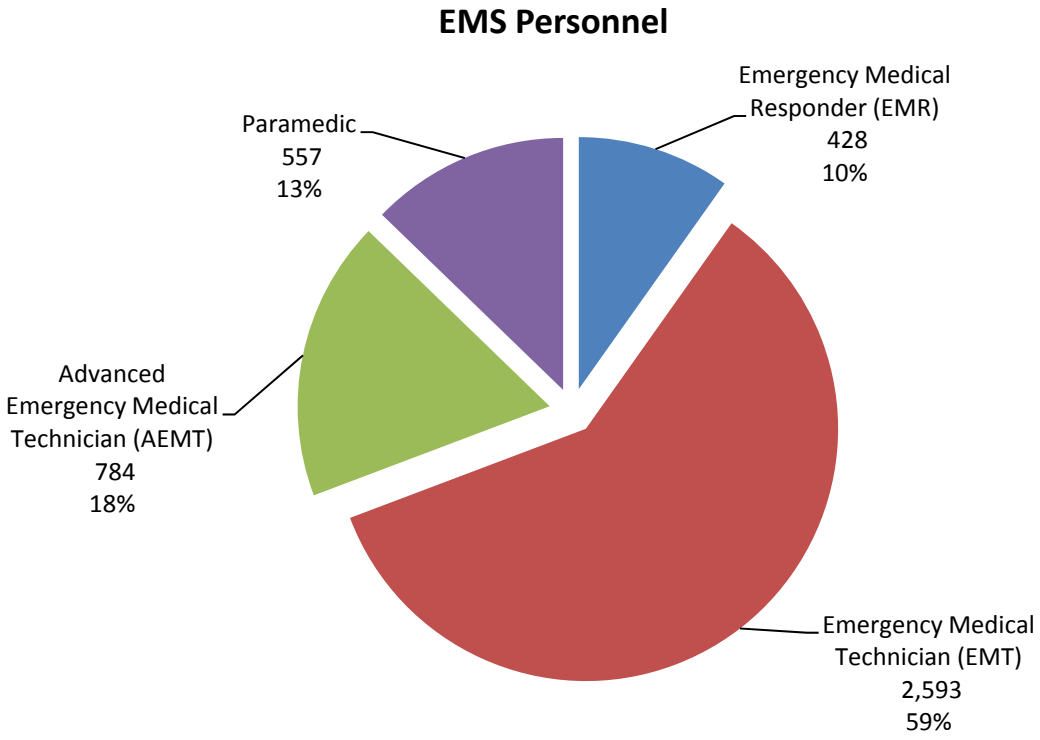
EMS Agencies

Emergency Medical Services (EMS) in Idaho are provided within a framework of organizations licensed by the Bureau of Emergency Medical Services and Preparedness (hereafter referred to as "the Bureau") of the Division of Public Health, Idaho Department of Health & Welfare (Department). The Bureau licenses organizations that provide patient care and transport to or between hospitals as ambulance agencies. The organizations that provide patient care at an emergency scene, but do not transport patients are licensed as non-transport agencies. EMS agencies are further defined as basic, intermediate or advanced life support (BLS, ILS or ALS), depending on the level of patient care provided. There are currently approximately 202 EMS agencies licensed in Idaho.

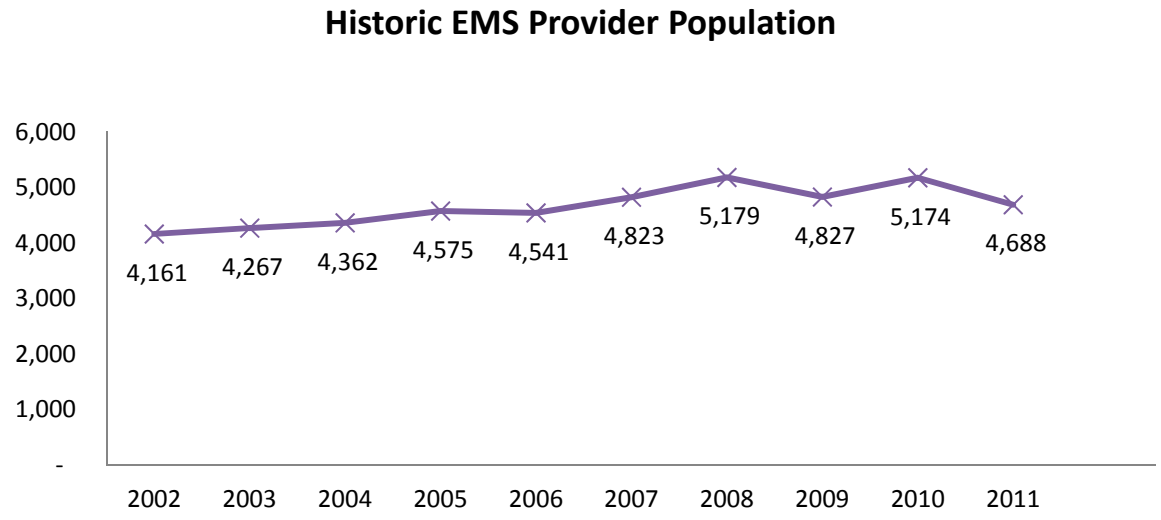
EMS Personnel

The personnel who provide patient care within the licensed EMS agencies in Idaho are licensed by the Bureau at one of four levels: Emergency Medical Responder (EMR), Emergency Medical Technician (EMT) Advanced Emergency Medical Technician (AEMT) or Paramedic. There are approximately 4,364 Idaho EMS providers licensed as follows:

EMR: 428
EMT: 2,593
AEMT: 784
Paramedic: 557

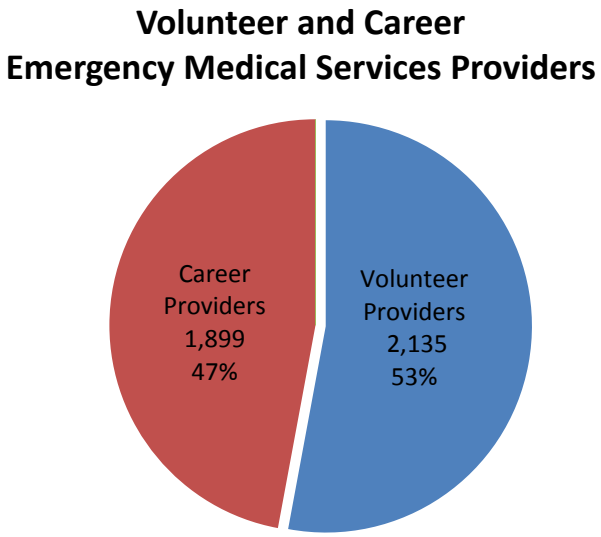


As depicted below, the number of EMS providers in Idaho has shown a gradual growth trend over the past ten years.

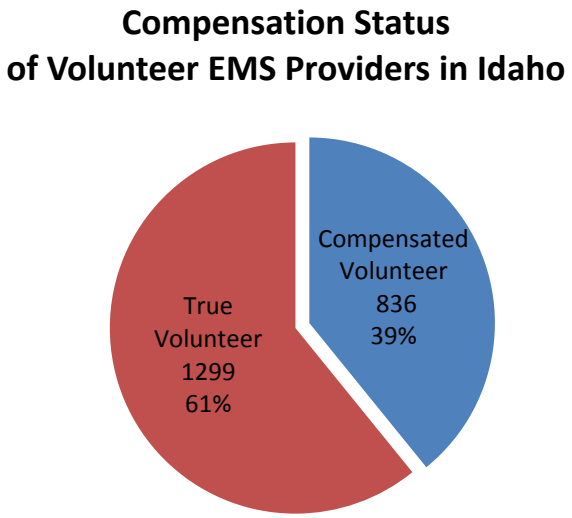


Volunteer and Career EMS Providers

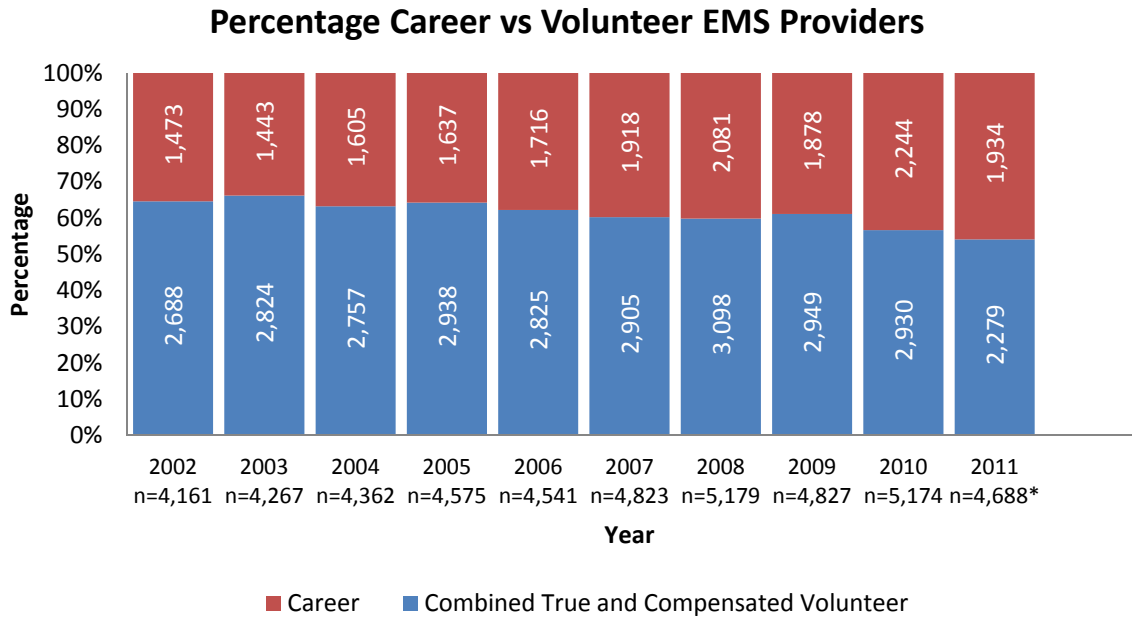
The Idaho EMS System relies heavily on volunteer providers. The volunteer EMS workforce consists of a spectrum of providers ranging from those who work full-time jobs to retirees. There are approximately 2,135 volunteer EMS providers in Idaho. An EMS provider's compensation status is self-identified to the Bureau as either uncompensated volunteer, compensated volunteer (receives a stipend per call or some other form of compensation) or as a career/paid EMS provider. The ratio of career to volunteer EMS providers in Idaho is .89 paid to one volunteer.



Of the 2,135 volunteer EMS providers currently licensed in Idaho, 61% are true volunteers with the remaining 39% self-identifying as compensated volunteers.



As shown below the ratio of volunteer and career/paid providers has, over time, shifted to a higher percentage of career/paid providers. In 2002 volunteer made up 64% of the EMS workforce in Idaho. The percentage of volunteers dropped below 60% in 2010 to 56% of the Idaho EMS workforce.

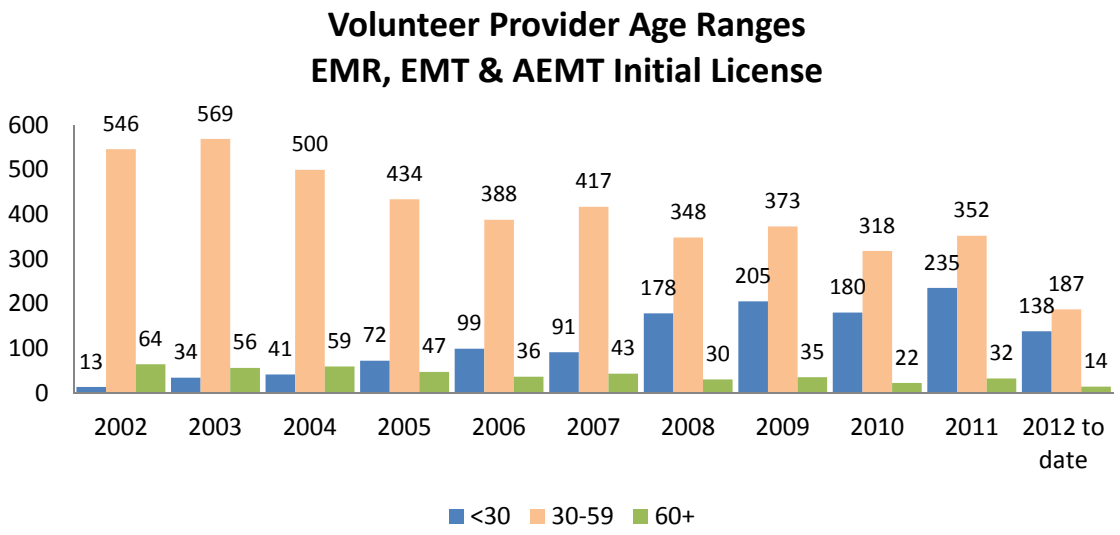


*2011 total includes 475 providers of unknown compensation status. The Idaho EMS Bureau began tracking "Unknown" status in 2011.

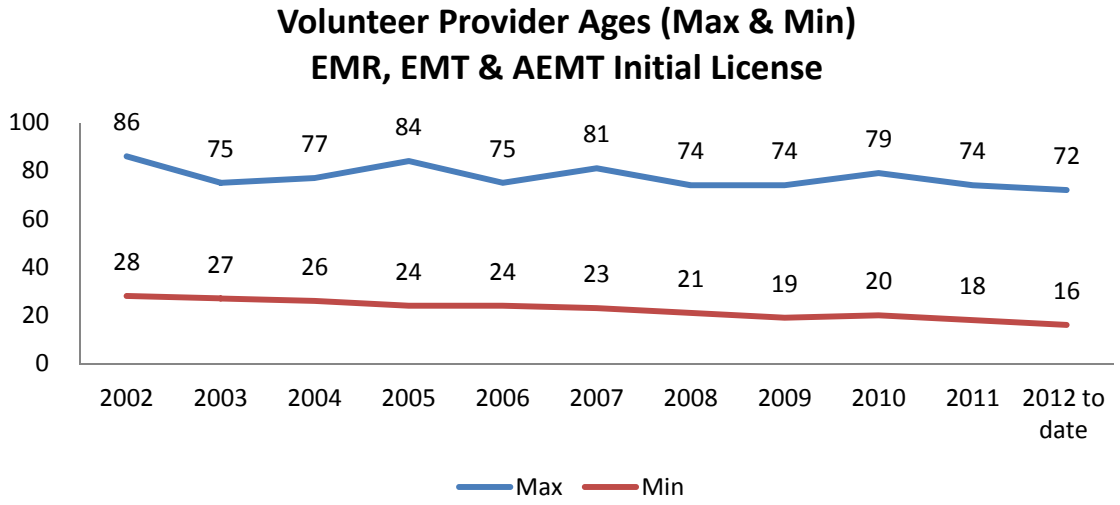
Volunteer EMS Workforce Age

While the average age of the volunteer EMS workforce has remained steady between 40-45 years of age, the age range of volunteer EMS providers applying for their initial EMS license has trended downward over time indicating that an increasing number of younger volunteers are entering the EMS workforce. The graphs below depict the ages of volunteer providers at the time that they obtained their initial EMR, EMT or AEMT license. Paramedics are not included in these graphs due to the small number of volunteer Paramedics in Idaho.

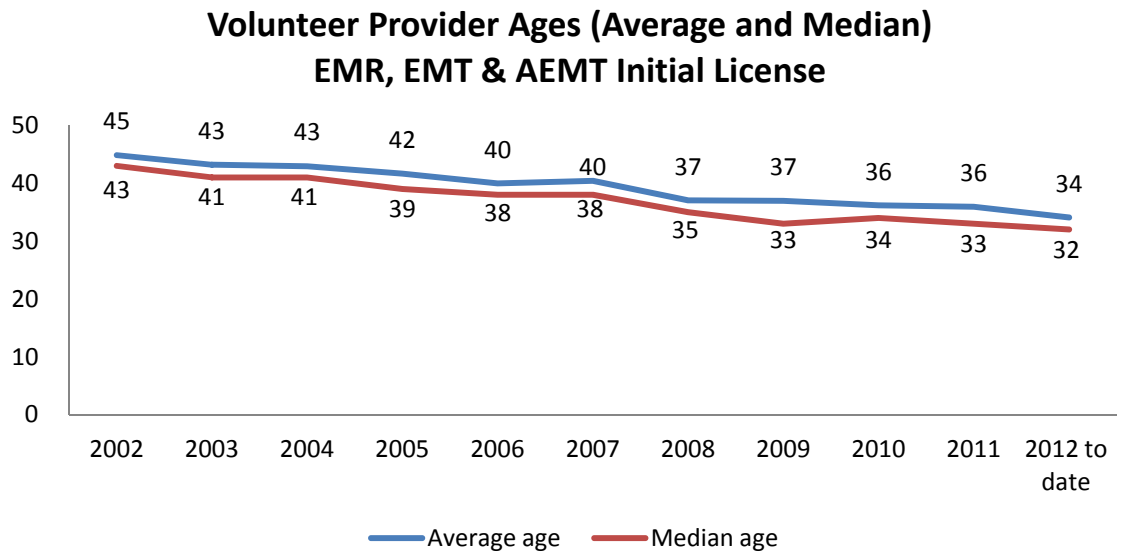
The following graph depicts volunteer EMR, EMT and AEMT divided into cohorts of 30 and younger, 30-59 and 60 plus. The 60 plus cohort has remained relatively stable over time while the 30-59 cohort has declined and the 30 and younger cohort continues to grow.



The maximum and minimum ages of all volunteer providers obtaining their initial EMR, EMT or AEMT licenses have both shown a downward trend over the past ten years as shown in the following graph.



The following graph shows a general downward trend in the average age of all volunteer providers obtaining their initial EMR, EMT or AEMT licenses.



EMS Personnel Licensure

In order to be eligible for EMS licensure, candidates must complete an initial EMS educational program, pass a criminal history background check and pass a hands-on and written examination. EMR and EMT licenses are issued for three years; AEMT and Paramedic licenses are issued for two years. Once licensed, EMS providers must complete continuing education as shown below during each license period in order to be eligible for license renewal.

License Level	License Duration	CE Hours
EMR	3 Years	24hrs / 3 years
EMT	3 Years	48 hrs / 3 years
AEMT	2 Years	54 hrs / 2 years
Paramedic	2 Years	72 hrs / 2 years

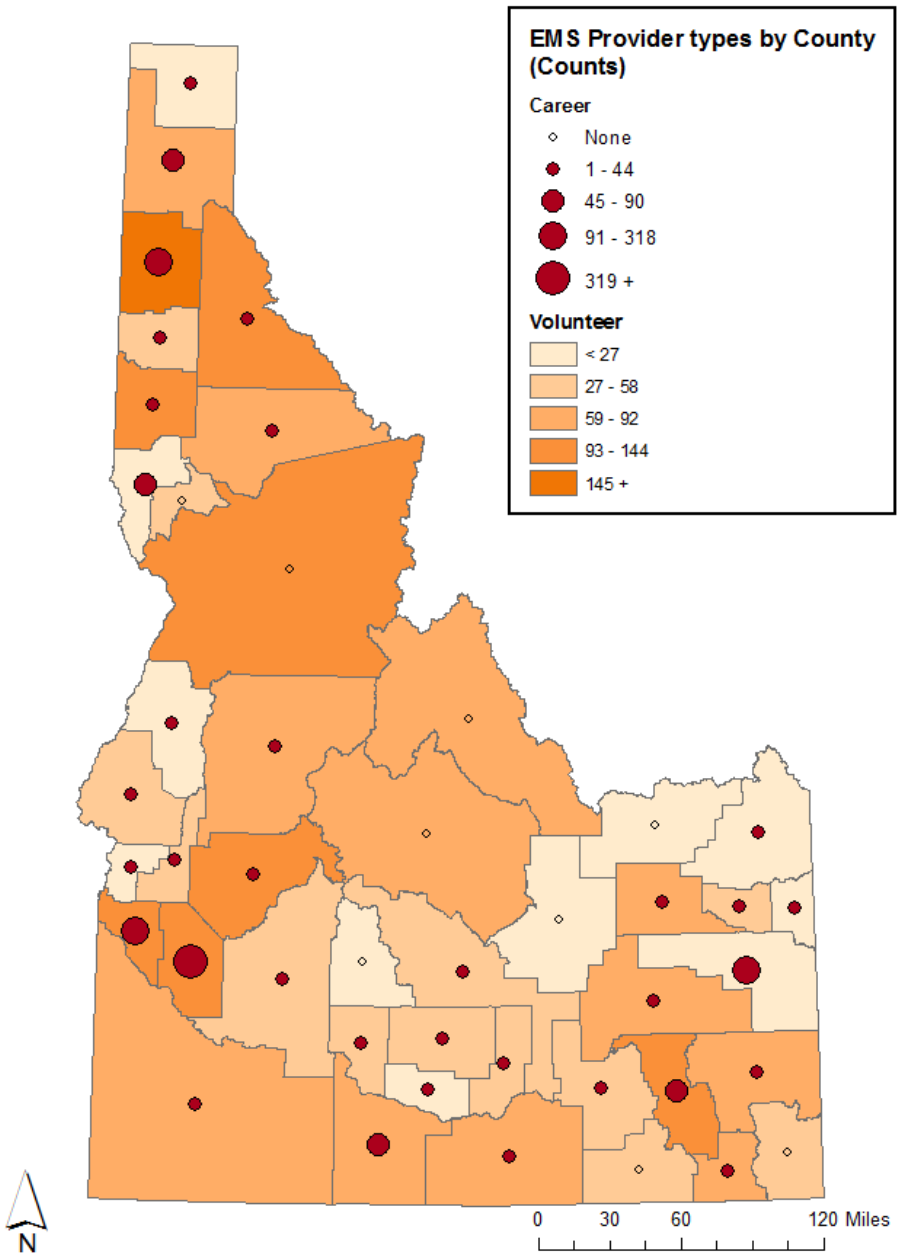
EMS Scope of Practice

Each level of Idaho EMS provider has a unique scope of practice that describes the skills and interventions they can perform. The Idaho EMS Physician Commission (EMSPC) is a Governor appointed commission charged with establishing the EMS provider scopes of practice. The EMS scopes of practice are published in a Standards Manual that is incorporated into the EMSPC Administrative Rules. The EMSPC publishes a new Standards Manual each year that contains any changes made to the scopes of practice. The EMSPC Standards Manual and associated Rules are presented for approval during the legislative session to the Senate and House Health & Welfare Committees. Each licensed EMS agency must have a supervising medical director who is responsible for determining which skills and interventions (from within the EMSPC scopes of practice) providers within the EMS agency are allowed to use.

Cost Savings Provided by Volunteer EMS

It is estimated to cost approximately $300,000 per year to staff one ambulance with two paid EMS providers[1]. Using this number for planning purposes, it would cost approximately $72,900,000 per year to staff the ambulances with paid crews that currently rely on volunteers. This number only reflects staffing for the ambulance agencies and does not reflect the cost of staffing for the non-transport agencies. One can easily see that while many volunteer EMS personnel receive some sort of compensation the volunteer EMS system provides immense value to rural Idaho communities.

The following map depicts the volunteer and paid/career EMS provider distribution throughout Idaho by county.



[1] Bill Spencer, Syringa Hospital, email, 1 October 2012

Legislative Concerns (SCR131)

Significant concerns about volunteer EMS arose during the 2012 legislature. Members from the Senate and House Health & Welfare Committees met several times with decision makers from the Department about volunteer EMS in Idaho. The result of the discussions led to a consensus that more work needed to be done to better understand the specific challenges facing volunteer EMS providers. In this light Senate Concurrent Resolution 131 (SCR131) was passed. SCR131 recognized the important role that volunteer EMS providers play in Idaho. The resolution directed the Bureau to conduct rural EMS town hall meetings to:

- Learn firsthand from volunteer EMS personnel about the obstacles to joining or remaining involved in EMS.
- Better understand the challenges that face rural EMS providers.
- Develop possible solutions to the obstacles and challenges identified during the meetings.

In order to gather feedback from the largest number of rural volunteer EMS providers, the resolution further directed that, whenever possible, the town hall meetings be:

- Within a 50 mile drive of communities served by volunteer EMS providers.
- Scheduled in the evening hours.
- Held in a small group setting that allows maximum participation.
- Focused on identifying current challenges and future improvements.

The desired outcomes of the resolution were:

- Better understanding and communication between the Bureau and rural Idaho EMS providers.
- Adoption of strategies by the Bureau that will retain and encourage greater volunteer involvement.
- Viable volunteer EMS agencies throughout Idaho.

A copy of SCR131 is in Annex A of this report.

Town Hall Meetings

The Bureau planned, scheduled and conducted 16 town hall meetings throughout Idaho. The meetings were held in rural communities and, with a few exceptions, were located within 50 miles of all communities served by volunteer EMS providers. The Bureau sent an invitation/announcement to each licensed volunteer provider in Idaho.

Locations and Times

Meetings were held during April in: American Falls, Soda Springs, Albion, Twin Falls and Mountain Home. Meetings were held during May in: Grangeville, St. Maries and Sandpoint. The remainder of the meetings were held during June in: New Meadows, Bellevue, St. Anthony, Challis, Salmon, Idaho City and Fruitland. All meetings were scheduled for three hours, from 6pm to 9pm or from 7pm to 10pm.

A map showing the locations and dates for the town hall meetings is in Annex B of this report.

Attendance
Attendance at the meetings ranged from 7 to 46. The total number of attendees at all meetings was 323. The attendance rosters for the meetings are in Annex C of this report.

Meeting Process
The Bureau provided three staff at each meeting consisting of:

- A facilitator familiar with contemporary EMS concerns.
- A scribe to capture concerns and recommendations.
- The Bureau Chief.

The facilitator provided a very brief introduction to familiarize the group with the background, purpose and plan for the evening's meeting. The first hour was spent collecting issues voiced by the audience about recruitment and retention of volunteer EMS providers in their communities. The Bureau team attempted to capture issues as they were stated without debating or verifying the remarks. At the end of the first hour, there were typically numerous flip charts pasted on the wall with high-level categories and subsequent subcategories of concerns. The attendees were given a number of dot stickers and were asked to vote for the high-level categories about which they felt the most strongly. The "dot votes" were tallied and work began to explore specific recommendations from the group about the prioritized lists of concerns. The majority of those in attendance participated freely in the discussions. Tables of the specific concerns and recommendations from each meeting are in Annex D of this report.

Meeting Outcome Overview
The Bureau staff gathered a tremendous amount of information from the town hall meetings. There was no attempt made during the meetings to standardize input so specific concerns from different meetings were many times listed under different high-level concerns. The Bureau has rolled the concerns from each meeting into standard categories across all locations for this report.

Concerns and Recommendations

Based on the information provided, the Bureau identified nine specific high-level categories within which there are 683 unique sub concerns. The following are the categories with examples of commonly voiced concerns and recommendations (some concerns had no recommendations offered, but were commonly voiced and are included as information). The concerns and recommendations within each category are not listed in any particular order.

Regulation/Policy (167 comments)

Concern	Recommendations
Equipment requirements for EMS courses are difficult to meet	• EMS Bureau should provide training resources • Resources purchased in bulk by the EMS Bureau and offered to volunteer EMS agencies at reduced cost • Grant funds for training resources
Patient care data reporting is challenging	• Simplify the reporting form • Eliminate redundancy • Merge with existing fire-based reporting systems • Improved spell check with more medical terminology
Fire-based EMS personnel must meet requirements for both fire and EMS	• Integrate fire and EMS training
EMS courses are too lengthy	• Balance length of course to better fit volunteers
Administrative requirements are burdensome	• Make available resources more user friendly • After hours informational webinars • Consolidate local resources
Rural EMS agencies feel under represented	• Make available a local knowledge resource • Rural representation on EMS Advisory Committee and EMS Physician Commission
Written examination is a barrier to entry for volunteer EMS providers	• EMS Bureau developed state exam instead of the National Registry of EMTs (NREMT) certification examination • Provide practice exams that approximate the NREMT exam • Create a more friendly atmosphere in exam center
Continuing Education (CE) requirements are hard to understand and/or meet	• Provide more information on CE model • Reduce the required hours/venues/categories • Provide tools to help track CE
EMS scope of practice evolution creates burdens for volunteer EMS providers	• Provide educational materials that integrate well into the CE program • Make the scope of practice grids easier to understand

Communication (132 comments)

Concern	Recommendation
Communication between EMS Advisory Committee (EMSAC) members and the region/interest group represented is not well developed	• EMSAC members should meet with EMS providers in their area
Lack of public awareness about local volunteer EMS providers	• Use multiple sources of communication to increase public awareness of need for volunteers, i.e. public service announcements, print ads, social media, etc. • Develop/share templates for local advertising efforts
EMS Bureau's website is confusing and difficult to navigate	• Make the website more user friendly and easier to navigate
Required administrative forms are confusing	• Make forms easier to understand
Changes from the EMS Bureau are not well understood	• Provide informational webinars after hours so volunteers can more readily attend
Lack of local EMS Bureau office	• Provide EMS offices regionally throughout the state

Support (103 comments)

Concern	Recommendation
Lack of understanding, recognition and appreciation from the community	• Increase public awareness of volunteer EMS personnel, i.e. public service announcements, print ads, social media, etc. • Volunteer EMS license plates
Few incentives to encourage younger people to volunteer in EMS	• Increase EMS educational opportunities in High Schools • College credit for High School EMS
Employers not supportive of EMS volunteers	• Place automatic external defibrillators (AED) in businesses to increase awareness and good will • Tax incentives for employers
Personal EMS related expenses are not reimbursed	• Tax incentives for volunteer EMS providers
Lack of local/county support	• Provide accurate information to local decision makers • Encourage local policy makers to hold EMS town hall/fact finding meetings

Demographics (83 comments)

Concern	Recommendation
People are leaving rural areas (shrinking potential volunteer pool)	•
Population in many rural areas is aging	• Increased emphasis on recruiting younger volunteers
Many potential volunteers have to work more than one job	• Encourage employers to allow employees to leave work for EMS calls
Family commitments make volunteering a challenge	• Explore child care in communities to support volunteer EMS providers
Many people do not live and work in the same community	•
Decreasing sense of community	• Recognize volunteers at community events

Funding (88 comments)

Concern	Recommendation
Criminal History Background Check ($55)	• Tax break or reduced fee for volunteers • Use lower cost source for background check
Initial Education (tuition and books)	• Provide initial education at reduced or no cost to volunteers
Certification Examination ($65 EMR; $70 EMT; $100 Advanced EMT; $110 Paramedic)	• State developed exam at reduced or no cost
Continuing Education	• State funded/subsidized CE opportunities • Training grants for CE
Uniforms, fuel and other expenses	• Tax incentives for volunteers • State, County or local funding
Insurance	• Provide insurance program for volunteer EMS providers

Access (64 comments)

Concern	Recommendation
Limited availability of learning resources • Exam access • Continuing education • Distance education • High fidelity simulators • EMS Conferences • Instructor development • Clinical opportunities for EMS education programs	• Access to more testing stations for computer based written exam • Make CE easier to obtain and more affordable, i.e. on-line content and regional conferences • Use existing technology such as the Idaho Education Network • Deliver initial EMS courses via the internet and CD/DVD • Conferences focused on EMS educator development • Provide loaner EMS equipment • Work with hospitals and clinics to make clinical opportunities available
Difficulty maintaining needed skills in low volume system	• Increased training opportunities to keep knowledge base current
Lack of reliable internet access	• Make materials available via CD and DVD as well as the Internet

Political (22 comments)

Concern	Recommendation
Lack of political representation in Boise for rural EMS	• Formation of an association to interact with legislators on rural EMS issues
County level funding shortages	• Provide EMS information to County Commissioners
Belief that policies are dictated by urban EMS agencies	• Increased communication, i.e. continue rural EMS town hall meetings

Training Program (12 comments)

Concern	Recommendation
Too much emphasis on PowerPoint® slideshows	• Increased Instructor development opportunities
Emphasis on time instead of quality of education	•
Instructors training students for the exam and not for patient care	•
Incident Command System (ICS) classes are not contemporary	•
Instructors do not understand the certification examination	•

Leadership (10 comments)

Concern	Recommendation
Agency leaders have unrealistic expectations for new volunteer EMS providers	• Provide leadership development workshops
Lack of appreciation for volunteers from the agency leaders	• Provide leadership development workshops
Increased emphasis on fire over EMS functions within the agency	• Provide leadership development workshops
Conflicts exist between the older and younger volunteers	• Provide leadership development workshops

Current and Future Work

Many of the concerns and recommendations from the town hall meetings are actionable and several have served as the impetus for new projects within the Bureau. There are however a great number of concerns voiced during the town hall meetings that are either beyond the Bureau's scope or exceed the Bureau's budgetary capabilities. The following are current and planned Bureau projects that address concerns voiced during the town hall meetings.

Patient Care Data Reporting: The Bureau recently purchased software that allows fire-based EMS agencies to report both fire and EMS data in one screen. The software is free for agencies to use and will report the data to the National Fire Incident Reporting System and the National EMS Information System simultaneously.

EMS Course Length: The EMS education curriculum that has recently been adopted both nationally and in Idaho relies on demonstration of terminal competence in the course objectives rather than mandatory hours of classroom time as in the previous National Standard EMS Curriculum. Actual course lengths will vary greatly depending on individual students' initial subject master knowledge and individual ability to reach competence in the core material.

Administrative Information Webinars: The Bureau has conducted a series of webinars designed to help inform EMS providers in Idaho about any changes in practice or policy. These webinars have traditionally been conducted during the Bureau's normal hours of operation. The webinars are recorded and made available for replay from the Bureau's website. The Bureau has shifted the times of the most recent webinars into the evening to allow more real-time participation by volunteer EMS providers.

Rural Representation in EMS Issues: Rural concerns are always "front and center" in the decision making about EMS in Idaho. The concerns expressed during the town hall meetings made it clear that the Bureau must place renewed emphasis in this area as work continues with the EMS Advisory Committee, EMS Physician Commission and any other EMS work groups. The Bureau will also continue working with the State Office of Rural

Health (SORH) to assure rural EMS representation in the programs provided by the SORH.

State EMS Certification Examination:

The National Registry of EMTs (NREMT) Exam The NREMT certification examination is the only nationally recognized EMS certification examination. Idaho is one of a majority of states that use the NREMT exam as their licensing certification examination. There are a few states that develop and maintain their own examination, but this number continues to shrink as states realize that the NREMT examination is both more reliable and economical due to the examination development expertise and economy of scale that the NREMT enjoys. There is, however, an identified lack of understanding throughout the EMS community about how the NREMT examinations are constructed. The Bureau is very concerned about the lack of understanding surrounding the NREMT examination process and has already taken steps to address the issue as described below.

Exam Workshops The Bureau recently hosted five two-day workshops designed to increase EMS educators' understanding of the NREMT examination processes. These workshops were very well received by those who attended.

Practice Exams The Bureau is planning to make practice exams available at little or no cost to volunteer EMS candidates during their initial EMS course. It is hoped that having candidates well prepared in EMS content knowledge, as well as being well prepared for the test experience, will allow candidates to focus on the exam content rather than the exam construct.

Continuing Education (CE): The Bureau is very sensitive to the need for finding an appropriate balance between volunteers' time and the need for CE. To this end, much work is being done on exploring ways to make quality CE more readily available for volunteer EMS providers.

Conferences A major source of CE for volunteer EMS providers are EMS conferences held throughout the state. In the past, there have been large areas of the state where an EMS provider would have to drive a considerable distance to attend an EMS conference. The Bureau is pleased that through partnerships with local associations, EMS agencies and hospitals there are now EMS conferences within reasonable driving distances of all EMS providers in Idaho. There are now regional EMS conferences held in Coeur d' Alene, Grangeville, Boise, Sun Valley, Twin Falls and Idaho Falls. The Bureau continues to support Idaho EMS conferences in order to keep costs to providers low while maintaining high quality content. The Bureau hopes to develop Instructor conferences at some point in the future focused on collaboration and sharing of best practices.

Continuing Education Tracking The Bureau recently released a tool that helps EMS providers track their CE on an electronic form. This is an incremental step in that there is work in progress to provide an on-line tool that will allow EMS providers to enter and track their CE in a database that will communicate with the Bureau's licensure database. This portal will allow paperless submission of CE for license renewal.

Continuing Education Content The Department has recently acquired a new learning management system (LMS) and is actively exploring hosting continuing education content on the LMS at no cost to volunteer EMS providers.

EMS Advisory Committee (EMSAC): Concerns were expressed at several of the town hall meetings about the lack of interaction between EMSAC representatives and local EMS providers. The Bureau has opened a dialogue with the EMSAC membership about this topic and has taken steps such as posting EMSAC representative contact information on the Bureau's website to enable better communication.

Bureau Forms, Tools and Website:

Beta Testing Process The Bureau will begin a much more robust beta testing process as new tools, forms and web applications are implemented. It is hoped that reaching out to more providers during beta testing will yield tools that are more user friendly.

On-Line Licensure Portal The Bureau is preparing to beta test a tool that will allow EMS providers to manage their license renewal records via an on-line portal. When fully fielded, this tool will allow providers real-time access to their records and paperless license renewal.

Scope of Practice Grid Display The Bureau previously displayed the EMSPC approved scopes of practice in a single document that depicted all levels in a single grid. The Bureau, based on provider input, has developed a separate scope of practice grid for each license level that only depicts the specific skills and interventions available to that particular license level.

Public Awareness: The Idaho Volunteer Fire and Emergency Services Association (IVFESA) has developed and fielded public service announcements (PSA) intended to introduce the public to opportunities in volunteer fire departments. Other states have developed similar PSAs specific to EMS. The Bureau is exploring the PSAs developed by IVFESA and other states and may develop something similar for EMS in Idaho.

Communication: The Bureau uses multiple strategies to communicate with EMS stakeholders.

Conferences The Bureau has a staff presence at each regional conference to provide outreach and answer questions. The Bureau Chief provides informational presentations at most regional EMS conferences.

Site Visits and Local Meetings Every EMS agency in Idaho also receives at least one site visit by an Bureau staff-member every year. The Bureau has also committed to continuing the dialogue begun during the town hall meeting and holding similar meetings yearly throughout rural Idaho.

Written Communication The Bureau communicates with EMS stakeholders via an email listserve, website and via hard copy communication. Plans to leverage other communication tools such as social media are underway and should be fielded within the next year.

Webinars The Bureau plans to continue hosting webinars on topics of interest as they arise. Webinars provide attendees an opportunity to interact with the presenters in real time during the webinar. Webinars are recorded and archived on the Bureau's website so that those who are unable to attend can watch the webinar at their convenience.

Initial EMS Education: EMS provider education is conducted in a number of venues, including High Schools, Colleges and EMS agencies. The costs associated with initial education are as varied as the venues in which classes occur.

Rural EMS Education Initiative The Bureau is currently exploring a program that would make initial EMS education available at little or no cost to individuals who have committed to providing volunteer EMS in their community. The vision is to have a program that uses asynchronous delivery of course content and examination via the internet or DVD mixed with in-person practice and evaluation.

EMS Equipment The Bureau recently purchased two full training equipment sets. These sets will be made available on loan to volunteer EMS agencies for the duration of an EMS course hosted by the agency.

Leadership Development: The Bureau recently hosted three EMS leadership development workshops. IVFESA also hosts similar workshops. The Bureau plans to collaborate with IVFESA whenever possible to assure that similar opportunities continue to exist in Idaho.

Conclusion

The town hall meetings seemed to be a beneficial endeavor for all involved. The meetings were well attended by law makers, local elected officials, EMS providers and other concerned parties. The Bureau views this first round of town hall meetings as the beginning of an on-going dialogue. The information gathered has helped the Bureau determine how to focus available resources in a way that enables the volunteer EMS system to continue to provide high quality patient care in the out of hospital setting throughout rural Idaho. .

Annex A: Senate Concurrent Resolution 131

LEGISLATURE OF THE STATE OF IDAHO

Sixty-first Legislature **Second Regular Session - 2012**

Legislative Co-sponsors

RS21494

Senator Patti Anne Lodge
Senator Sheryl Nuxoll
Senator Bert Brackett

Representative Ken Roberts
Representative Paul Shepherd

SCR 131

STATEMENT OF PURPOSE

RS21494

This resolution endorses the Idaho Bureau of Emergency Medical Services (EMS) efforts to address the concerns surrounding the recruitment, education, and retention of volunteer EMS providers in Idaho, with a focus on rural areas. Emergency medical services comprise a system of care for victims of sudden and serious injury or illness. It is estimated that the average U.S. citizen will require the services of an ambulance at least twice in the course of their lives. Thus, the existence of effective EMS agencies is crucial in rural and frontier areas.

Rural EMS agencies face substantial hardships. Few rural communities have paid EMS personnel, depending instead upon volunteers, who often work full-time in non-EMS related vocations within the community, yet continue to donate their personal time to provide pre-hospital care and receive training.

In order to ensure the continuance of rural EMS agencies, town hall meetings will be conducted to solicit comments regarding current rural EMS agencies' challenges and to collect important recommendations for changes that must occur if rural EMS agencies are to remain viable.

FISCAL NOTE

No impact to the General Fund. The EMS Bureau will fund the costs of these meetings.

Contact:
Name: Senator Patti Anne Lodge
Office:
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LEGISLATURE OF THE STATE OF IDAHO

Sixty-first Legislature Second Regular Session - 2012

IN THE SENATE

SENATE CONCURRENT RESOLUTION NO. 131

BY STATE AFFAIRS COMMITTEE

A CONCURRENT RESOLUTION

STATING FINDINGS OF THE LEGISLATURE AND ENCOURAGING THE IDAHO DEPARTMENT OF HEALTH AND WELFARE TO CONDUCT TOWN HALL MEETINGS THROUGHOUT THE STATE TO GATHER FEEDBACK ON HOW TO RETAIN AND RECRUIT VOLUNTEER EMERGENCY MEDICAL SERVICES PROVIDERS.

Be It Resolved by the Legislature of the State of Idaho:

WHEREAS, Idaho is predominantly a rural state that relies heavily on volunteers for the provision of emergency medical services; and

WHEREAS, the existence of competent volunteer emergency medical services providers throughout Idaho is vital to the well-being of all those who live in or visit Idaho; and

WHEREAS, the requirements placed on volunteer emergency medical services providers must provide an assurance of public safety while not being onerous to a point so as to discourage volunteer participation.

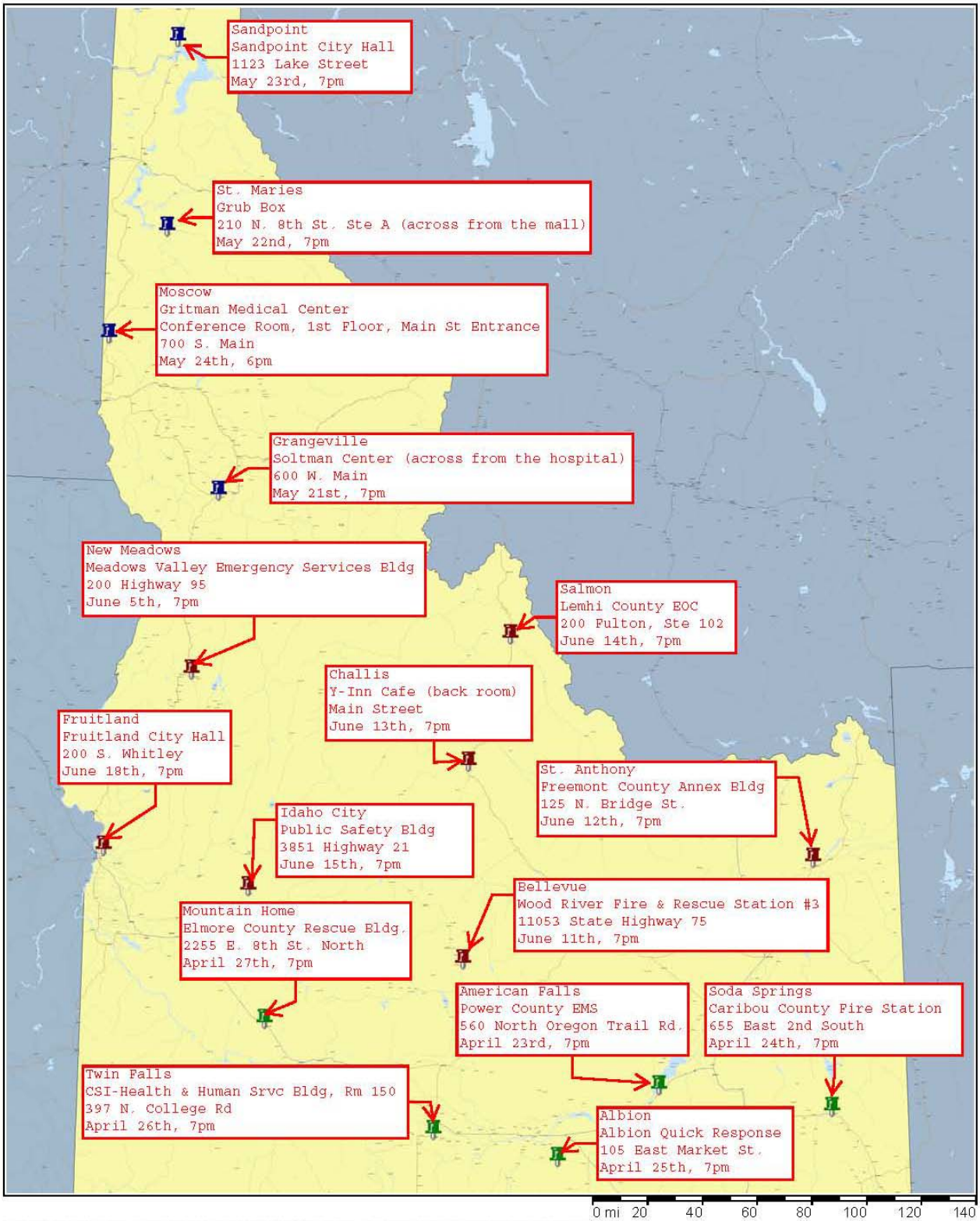
NOW, THEREFORE, BE IT RESOLVED by the members of the Second Regular Session of the Sixty-first Idaho Legislature, the Senate and the House of Representatives concurring therein, that we encourage the Idaho Department of Health and Welfare to conduct outreach town hall meetings throughout Idaho to develop a better understanding of the challenges that hinder recruitment and retention of volunteer emergency medical services providers.

BE IT FURTHER RESOLVED that the Department should schedule the town hall meetings in the evening hours to enable maximum participation by concerned stakeholders and should hold the town hall meetings in locations that will enable concerned stakeholders to attend without having to drive any farther than 50 miles whenever possible.

BE IT FURTHER RESOLVED that the Department should facilitate the town hall meetings in such a manner so as to gather as much feedback and suggestions for improvement as possible and should consider the feedback received during the town hall meetings as they continue to develop the programs, policies, plans and procedures that support and regulate emergency medical services in Idaho.

Annex B: Town Hall Meeting Map

2012 Volunteer EMS Town Hall Meetings



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Annex C: Town Hall Meeting Attendance Rosters

Albion

Attendee Name	Representing
Dennis Crane	Cassia County Commissioner
Abby Dayley	Albion Emergency Medical Service
April Bryngelser	Unknown
Chelsey Loughmiller	Malta Ambulance (Raft River Fire Protection District)
Cherie Waters	West Cassia Quick Response Unit
Doug Adams	Life Run Ambulance & Hospital Administrator
Fred Wood	Idaho State Legislature – House of Representatives
Juanita Jones	City of Rocks Quick Response Unit
Kenneth Loughmiller	Malta Ambulance (Raft River Fire Protection District)
Kenny Riedlinger	West End Fire
Mark Welch	Mini-Cassia Search and Rescue
Michael Lewis	Malta Ambulance (Raft River Fire Protection District) and Cassia Emergency Medical Service
Randy Sutton	West End Fire
Rick Neff	Malta Ambulance (Raft River Fire Protection District)
Rod Draper	Mini-Cassia Search and Rescue and Life Run Ambulance
Sara Jane Ward	City of Rocks Quick Response Unit
Shane Ramsey	Albion Emergency Medical Service
Shirley Hubbard	West Cassia Quick Response Unit and Cassia Regional Technical Center
Tonya Ward	City of Rocks Quick Response Unit
Albion Total = 19	

American Falls

Attendee Name	Representing
Alan Permann	Power County Emergency Medical Service
Bret Timmons	Medical Director
Charles Jones	Power County Emergency Medical Service
Darren Dancliff	Power County Emergency Medical Service
Dave Schultz	Power County Emergency Medical Service
Di Jones	Power County Emergency Medical Service
Donna Permann	Power County Emergency Medical Service
Jeff Lewis	Power County Emergency Medical Service
Jim Guthrie	Idaho State Legislature
Keith Miller	Power County Emergency Medical Service
Mark Love	Power County Emergency Medical Service
Ron Stilwell	Power County Emergency Medical Service
Tina Bauer	Power County Emergency Medical Service
Todd Chandler	Power County Emergency Medical Service
Vicki Meadows	Power County Commissioner
Vicky Morse	Power County Emergency Medical Service
American Falls Total=16	

Bellevue

Attendee Name	Representing
Bart Lassman	Wood River Fire & Rescue
Charlie Butterfield	Wood River Fire & Rescue
David Rendahl	Wood River Fire & Rescue
David Schames	Wood River Fire & Rescue
Ethan Hall	Wood River Fire & Rescue
Kevin Courtney	Star Fire Department – Idaho Volunteer Fire & Emergency Services Association
Tom McLean	Ketchum Fire
Bellvue Total=7	

Challis

Attendee Name	Representing
Bob Mozes	Lost River Emergency Medical Technicians
Brent Pearson	Lost River Emergency Medical Technicians
CeCe Waite	Not Available
Geri Dizes	North Custer Hospital District -Challis - Vice Chairman
John R Savage	Challis / T-Creek
Josie Pearson	Lost River Emergency Medical Technicians
Kathy Piva	North Custer Hospital District -Challis - Trustee
Kathy Rodgers	Elk Bend Quick Response Unit
Mary Mozes	Lost River Emergency Medical Technicians
Nick Waite	Not Available
Robert Boren	North Custer Hospital District - Chairman
Sharlene Miller	North Custer Hospital District - Admin
Vicki Armbruster	Challis
Challis Total=13	

Fruitland

Attendee Name	Representing
Arthur Reed	Gem County
Brian Graham	Midvale
Danny Cone	Idaho Mountain Search & Rescue
De Enrico	Wilder
Donna Bennett	Grand View
Janna Nicholson	Payette County Paramedics
Jay Kurpjuweit	Parma
Kevin Courtney	Star Fire Department / Idaho Volunteer Fire & Emergency Services Association
Mark Rekow	Gem County Emergency Medical Service
Monty Peerce	Senator
Rick Welch	Gem County Emergency Medical Service
Russ Turner	Grand View
Steve Rhodes	Wilder
Tracy McClary	Midvale
Vickie Turner	Grand View
Fruitland Total=15	

Idaho City

Attendee Name	Representing
Betty Myers	Lowman Ambulance
Carter Dole	Horseshoe Bend Ambulance
Chris Giron	East Boise County Ambulance District Emergency Medical Services
Deb Miller	Horseshoe Bend Fire
Drew Bodie	Mores Creek
Gater Gehris	Idaho City
Gregg Rettschlag	Idaho City/Idaho Mountain Search and Rescue Unit
Gretchen Sherlin	Lowman
James Kerr	Idaho City Ambulance
Jerry Reed	Crouch Ambulance
Jim Wueller	Idaho City Ambulance
Joe Maurus	Crouch Ambulance
Linda Bucca	Mores Creek Unit 15
Lisa Whitney	Mores Creek
Meg Roberts	East Boise County Ambulance District Stanley
Melissa Seibel	Horseshoe Bend Ambulance
Mike Harkins	Lowman
Paul Bucca	Mores Creek Unit 16
Phyllis Giron	East Boise County Ambulance District Placerville
Ron Dotson	Mores Creek Ambulance
Roy Miller	Horseshoe Bend Fire
Scott McBride	East Boise County Ambulance District
Sonja Maurus	Crouch Ambulance
Idaho City Total=25	

Mountain Home

Attendee Name	Representing
Alan Roberts	Elmore Rescue
Alexandria Baldwin	Pine/Featherville Ambulance (Elmore County Ambulance) and Lincoln County Emergency Medical Service
Bert Brackett	Idaho State Legislature - Senate
Bill Kelly	Oasis Fire Protection District
Bob Ruth	Oasis Fire Protection District
Donna Bennett	Grandview Ambulance
George Bennett	Grandview Ambulance
Joe Lague	Bogus Basin Ski Patrol
Joe Merrick	Owyhee County Commissioner
Kate Baldwin	Pine/Featherville (Elmore County Ambulance)
Kay Chicone	Emergency Medical Services Bureau
Marissa Carreras	StateComm
Marla Spence	Elmore Ambulance Service
Mary J MacConnell	Oasis Fire Protection District
Mary J. Cook	Prairie Quick Response Unit and Fire
Mary Tindall	Bruneau Quick Response Unit
Matthew C. Cook	Prairie Quick Response Unit and Fire
Michele Carreras	StateComm
Paula Brackett	Not Available
Randy Davison	Prairie Quick Response Unit and Fire
Shannon	Elmore Ambulance Service
Sherry Coyler	Bruneau Quick Response Unit
Sheryl Miller	Acute Rescue
Tim Brininger	Medical Director of Elmore Region
Tim Corder	Senator
Wes Anderson	Murphy Reynolds Wilson Quick Response Unit
Mountain Home Total=26	

Moscow

Attendee Name	Representing
Becky Pickard	Genesee Volunteer Fire/Ambulance
Bill Krick	Genesee
Bob Jahns	Moscow
Dan Carscallen	Moscow Volunteer Fire & Ambulance
Dan Schmidt	State Senate
Dave McGraw	Latah Board of County Commissioners
Dave Reynolds	Moscow
Deb McKinnon	Latah County EMS
Debby Carscallen	Moscow
Debi Swinney	Potlatch Ambulance
Faith E. Lutze	Tensed
Holly Tillman	Moscow
James Shearer	Moscow
Janice McMillan	Elk River Fire Dept
Jeff Spellman	Moscow Ambulance
Joshua Peak	Moscow Ambulance
Karen Dangerfield	Moscow
Larry Yockey	Elk River
Leroy Sims	Clearwater County Ambulance Service Elk River
Marci Williams	Latah County Sheriff
Michelle Musia	Life Flight Network
Rebecca Lawton	Moscow Ambulance
Rick Andersen	Moscow
Shannon Campbell	Moscow Ambulance
Tami Ryals	Idaho Volunteer Fire & Emergency Services
Teresa M Quimby	Potlatch Ambulance
Troy Inman	Elk River Emergency Medical Technicians
Troy Zakariasen	Moscow
Tyrell Winther	Potlatch Ambulance
Wayne Rausch	Latah County Sheriff
Moscow Total = 30	

New Meadows

Attendee Name	Representing
Barbara Wimer	Support All Volunteer Emergency Services board
Barry Bloom	Midvale
Brian Graham	Midvale
Curt Brimicomb	Riggins
Dan Huter	Council Ambulance
Dave Johnson	Meadows Valley Ambulance Service
Deb Koch	Air St. Lukes
Doug Buys	Meadows Valley
Galen M Lewis	Midvale
Garrett deJong	McCall Fire
Jack Hellbusch	Meadows Valley Ambulance Service
James Joiner	Midvale
Jayme Bertrim	Donnelly
Jeannie Johnson	Donnelly
Jerry Sullivan	Weiser
Johnny Brown	Meadows Valley Ambulance Service
Juan Alvarez	Donnelly
Juan R Bouille	Donnelly
Linda Johnson	Meadows Valley Ambulance Service
Mac Qualls	Riggins Ambulance
Melonie Skiftun	Donnelly
Neal A Johnson	Clearwater County Ambulance / Back Country Medics
Pat Bloom	Midvale
Rise Smith	Midvale
Sandy Sova	Council Ambulance
Shirley Halsey	Riggins
Susan Gidding	Air St. Lukes
Tom Wakefiled	Midvale
New Meadows Total=28	

Salmon

Attendee Name	Representing
Angie Miller	Salmon Emergency Medical Services
Dallas Dupree	Salmon Search and Rescue
Davon Findley	Leadore Emergency Medical Services
Janet Nelson	Salmon Emergency Medical Services
John Warren	Leadore Fire Department
Kelly Phelps	Lemhi County Medical Director
Mike Sabota	Salmon Emergency Medical Services
Mike Shippy	Salmon Emergency Medical Services
Sandra Toynbe	Salmon Emergency Medical Services
Stacy Findley	Leadore Emergency Medical Services /Fire
Thomas Taylor	Salmon Emergency Medical Technicians / Salmon Search and Rescue
Salmon Total=11	

Sandpoint

Attendee Name	Representing
Bill Keeley	Kootenai County Fire & Rescue
Dave Fisk	Not Available
Gary Brookshire	Spirit Lake Fire
Gretchen Hayes	Priest Lake Ambulance
Gretchen Lech	Spirit Lake Fire
James Cleveland	Prichard/Murray Volunteer Fire Department
Jason Coleman	Sandpoint Fire
Joe Moos	Not Available
Larry Simms	Hauser Lake
Mariann Cleveland	Prichard/Murray Volunteer Fire Department
Mick Adams	Sandpoint Fire
Myron Richardson	Hauser Lake
Regina Sherman	Boundary Volunteer Ambulance
Scott Hayes	Priest Lake Ambulance
Tami Ryals	Idaho Volunteer Fire & Emergency Services
Tom Barrett	Kootenai County Fire & Rescue
Vernon Roof	Northside Fire
Sandpoint Total=17	

Soda Springs

Attendee Name	Representing
Aneta Smith	Caribou County Emergency Medical Service
Brad Hemmert	Caribou County Emergency Medical Service
Brandi Froehlich	Caribou County Emergency Medical Service
Casey Batterton	Caribou County Emergency Medical Service
Chad Greene	Franklin County Ambulance
Damian Peck	Caribou County Emergency Medical Service
Dave Clegg	Franklin County Ambulance
Dennis Godfrey	Caribou County Emergency Medical Service
Devon Green	Caribou County Emergency Medical Service
Greg Gilbert	Franklin County Ambulance
Jason Kimball	Caribou County Emergency Medical Service
Julie Sharp	Caribou County Emergency Medical Service
Larry Weaver	Caribou County Emergency Medical Service
Linda Hemmert	Caribou County Emergency Medical Service
Mark Gilbert	Franklin County Ambulance
Ron Owens	Caribou County Emergency Medical Service
Sharon Hill	Bear Lake Emergency Medical Services
Steve Hill	Bear Lake Emergency Medical Services
Todd Froehlich	Caribou County Emergency Medical Service
Yvette Weeks	Caribou County Emergency Medical Service
Soda Springs Total=20	

St. Anthony

Attendee Name	Representing
B Kelly Larson	St Anthony Ambulance
Bob Foster	Freemont County Emergency Medical Service
Brenda Davis	St Anthony
Cathryn Hathaway	Fremont County/ St Anthony
Celeste Cusack	Bonneville County Search & Rescue
Christine Haws	Fremont County/ St Anthony
Cianan Puckett	Freemont County Emergency Medical Service
Dallen Farmer	Madison Fire
Dean Philbrick	Swan Valley
Delano Dixon	Bonneville County Sheriff's Office
Greg Walker	Fremont County-Island Park
Karinda Fisher	Fremont County Emergency Medical Service
Kena Ricks	St. Anthony
Layle Cherry	Ashton
Lesli Walker	Fremont County-Island Park
Maggie Reimann	Ashton
Marinda Ballard	Fremont Co Ashton
Mark Henderson	Idaho Valley Fire & Emergency Services Association
Matt Brady	Fremont County Emergency Medical Service
Melissa Farr	Clark County Ambulance
Merlin Spaulding	St Anthony 1
Mikel Walker	Madison County Ambulance
Nancy Spaulding	Fremont County Emergency Medical Service
Peter Williams	Swan Valley Fire Department
Rod Chandler	Fremont County Emergency Medical Service
Terry Kimbro	Swan Valley Fire
Tom Howell	Fremont
Troyce Miskin	Madison Fire Dept
Val Bench	Bonneville County Sheriff
St. Anthony Total=29	

St. Maries

Attendee Name	Representing
Bill Cowin	St. Maries
Bill Waddell	Worley Ambulance
Bob Hansen	Shoshone County
Bob Monteith	Rose Lake Quick Response Unit
Darla O'Donnell	St. Maries Ambulance
Deanna Wine	St. Maries
Keith Gilbert	Worley Ambulance
Michael D. White	Rose Lake Quick Response Unit
Terri Kanning	St. Maries Ambulance/ St. Joe Quick Response Unit
St. Maries Total=9	

Twin Falls

Attendee Name	Representing
Andrew Easterday	Buhl Fire Department
Brandy Funk	Rock Creek Quick Response Unit
Dan Bartlett	Buhl Fire Department
James Pennington	Air St. Luke's
Joe Elsner	Castleford Quick Response Unit
Kevin Kraal	Medical Director for Twin Falls County agencies
LuAnne Coates	Hagerman Quick Response Unit
Mark Korsen	Buhl Fire Department
Megan Myers	Buhl Fire Department
Oscar Flores	Castleford Quick Response Unit
Paula Brackett	(Idaho State Legislature - Senate) for Senator Brackett
Rick Funk	Rock Creek Quick Response Unit
Terry Kramer	Twin Falls County Commissioner
Tim Peterson	Hagerman Quick Response Unit
Twin Falls Total=14	

Total Attendance

Location	# of Attendees
Albion	19
American Falls	16
Bellevue	7
Challis	13
Fruitland	15
Grangeville	46
Idaho City	23
Mountain Home	26
Moscow	30
New Meadows	28
Salmon	11
Sandpoint	17
Soda Springs	20
St. Anthony	29
St. Marie's	9
Twin Falls	14
Total Number of Attendees	**323**

Annex D: Concerns, Votes, Sub Concerns and Recommendations Expressed During Town Hall Meetings

Albion			
Header Concern	**Votes**	**Sub Concerns**	**Recommendations**
Renewal requirements	20	Venues	Definitions of venues for clarity and clear expectations
Renewal requirements		Unclear renewal requirements	Definitions of categories
Renewal requirements		Cost of different venues	
Transition	27	Information	Eliminate IC classes
Transition		Don't know time	Communicate clearly, specifically what transition looks like- to everyone or at least one person at each unit
Transition		Don't know requirements	Come to meetings
Transition		Too much information	Face to face
Transition		Lack of guidance from state	Email to everyone
Transition		Lack of qualified instructors	Clear and concise communication (farmer talk)
Transition		Cost	More pertinent information
Transition		Time requirements	More town hall meetings
Transition		Disjointed information	Bureau (should see agency) every six months
Transition		Lack of a developed plan	Funding from State
Transition		Lack of a set curriculum	Online training modules
Transition		IC classes not good or contemporary	Funding for instructors
Transition		AEMT test availability for area specific	Reevaluate IC classes to make sure EMS specific
Transition			IC 100 and 200 only not 700
Transition			Bring exams to local area
EMSPC	6	New scope is detriment to rural area	
EMSAC		Meetings always in Boise	Travel to other cities
EMSAC		Paid attendees only	Nights and weekends
EMSAC			Regional representatives
EMSAC			Broadcast
NREMT exam	10	Delivered by PC	Closer locations
NREMT exam		Only available in certain locations	More locations

NREMT exam		Limited times	Mobile written able to be given based on student population not course site
NREMT exam		Cost of exam	More times
Cost	16	Books ($130 to $140)	Online training example pediatric airway training
Cost		Course	Electronic format
Cost		CE	Flexible training- self study and as group
Cost		Travel	Current information
Cost		Test	Tablet/net book
Cost		Time	Electronic textbooks
Cost		Fingerprints	Multiple options-electronic and hard copies
Cost		Liability insurance	Put training on I-tunes
Cost		Supplies	Make up classes on-line
Cost		No grants for education	Recorded lectures
Cost			Recorded speakers
Cost			Webinars
Cost			Grants for education
Cost			More money for education
Burnout	1		
PERCS	16	Duplicate	Disregarded and patent refusal equals done
PERCS		Time to fill out	More patient chief complaint options
PERCS		Redundant	$ to people who fill out
PERCS		Not enough categories	Simpler form
PERCS		Spell check	Time to fill out should not be longer than the patient care
PERCS		Hard to recall, not enough practice	Merge with firehouse
PERCS		Paperwork to death	Eliminate redundancy
PERCS			Better spell check with more medical terms
Bureau accessibility	1	Cannot touch and see them	Bureau should come to regional meeting

American Falls			
Header Concern	**Votes**	**Sub Concerns**	**Recommendations**
AEMT transition	8	Test	None (had given the group information that an I-85 could take EMT transition and do those skills)
AEMT transition		AEMT takes EMT transition and cannot do EMT skills	
Hours for EMT course	7	Unknown hours	Give a range
Hours for EMT course		Additional hour beyond old curriculum	Outline
Hours for EMT course			Develop competency measures
Hours for EMT course			Average
Hours for EMT course			Agency/institution identify hours required
Scope of Practice	6	Confusing	Fix grids
Scope of Practice		Grid hard to understand	Each level separate
Renewal requirements	3	Venues too hard to get without spending money and time	Conferences in area
Renewal requirements			Venues more available
Renewal requirements			Define better
Administrator tools	8	Not enough	Already built spreadsheet
Administrator tools			User friendly
Administrator tools			Templates
Administrator tools			Additional training
Administrator tools			Guidelines
Administrator tools			Recertification online for Idaho renewal
Reports (PERCS)	8	Time consuming	Simplify, simplify, simplify
Reports (PERCS)		Too many questions	Disregarded (option in PERCS)
Reports (PERCS)		Unnecessary questions	Clearer process
Reports (PERCS)			Only applicable fields
Reports (PERCS)			Multi-crew per procedure one time/step
Reports (PERCS)			Eliminate redundancy
Reports (PERCS)			Laptops/PDA's in ambulance for reports
Lack of new, younger volunteers	0		

Lack of compensation	14		State tax breaks for volunteers
Lack of compensation			Community outreach
Lack of compensation			PSA from state geared to younger generation
Lack of compensation			Scholarships to classes
Lack of compensation			Incentives for employers (tax deductions)
Lack of compensation			Employer recognition for allowing volunteers to run and be paid
Lack of compensation			Offer more money
Lack of compensation			College credit for EMT course
Lack of cross-cultural resources	2		
Burnout	9	Lack of volunteers	More qualified volunteers=less burn out
Burnout		Volunteers wear 5 hats (volunteer EMT, firefighter, etc)	More responders=less burn out
Burnout		Small communities	Attract younger generation
Burnout		Small population and large area to cover	state sponsored mentoring for High School students
Burnout			Ride alongs mandatory (make sure that they understand what EMS does)
Burnout			Meet requirements=scholarships
Burnout			Jr. membership - get feet wet
Burnout			High school courses
Burnout			Access to more computers to take NREMT exam
Burnout			More time to take NREMT exam - currently only available M-F 9-2 (broaden time and variety of locations)
Limited time (this topic was combined with CE resources at recommendation time to be Lack of local CE)	0	Travel time for CEU	Incentives for hospitals and universities to do training

CE resources	15	Lack of local	State recognition/advertisement for hospitals and universities to do training
CE resources		Lack of affordable	Online for free, and can be accessed at any time
CE resources		Lack of access	In one central spot or links to training in one location
CE resources			Traveling trainers
CE resources			state funded
CE resources			Bureau endorsed trainers-local or regional
CE resources			Come on the agency schedule
CE resources			University and hospital support for volunteer training
CE resources			Video tape conferences (speakers and power points available and way to ask questions)
CE resources			Video conferencing
CE resources			Incentives for local health care providers
CE resources			Removing barriers for health care providers
CE resources			Have local trainers
CE resources			Local conferences at better times of year (i.e. not during planting, harvest, etc. in farming communities)

Bellevue			
Header Concern	**Votes**	**Sub Concerns**	**Recommendations**
Recruiting	10	Not starting young enough	Partner with State Board of Education
Recruiting		Lack of paid opportunities	Engage High School students
Recruiting		Different recruiting techniques for combination units (paid + volunteers)	Job fairs
Recruiting		Targeting professional working relations	Partner with fire academies
Recruiting		Agency Competition for volunteers	Public Awareness **
Recruiting		Make EMS sexy	County recruit
Recruiting			Joint agencies recruiting efforts
Recruiting			EMS providers with multiple affiliations
Recruiting			PSA's and print Ads
Recruiting			Hook them with driving
Continuing education	10	Lack of availability of online training	State provided online education
Continuing education		Idaho Prepares - NOT user friendly	Easier to find resources on state website
Continuing education		Budget cuts	Resources are vetted
Continuing education		Focus on fire CE in combo units (Fire & EMS)	User Friendly
Continuing education		Scheduling training to work for everyone	Grants for training/conferences
Continuing education			Partnerships: IVFESA - SIFA
Continuing education			Integrate EMS & Fire training
Continuing education			Illuminate, video tape
Continuing education			Agency sharing education /training
Continuing education			Competency based CE
Retention	8	Maintaining excitement beyond initial licensing	Agency level excitement
Retention		Life is busy - time commitments	Face time with Bureau statewide
Retention		Physical fitness of personnel	Celebrate EMS week
Retention			Public awareness to highlight

			importance of EMS
Retention			Training in physical fitness at conferences
Retention			Agency negotiate gym memberships for volunteers - provider well being
Retention			CE for provider wellness
Scope transition	2	Too many changes	Focus communications to agency leadership / training officer in addition to provider
Scope transition			Maintain what communication we do provide
Initial education	0	Time commitment	Educate providers & instructors in what competency based education is
Initial licensure		Confusing paperwork	Upfront expectations laid out to volunteers by agencies

Challis			
Header Concern	**Votes**	**Sub Concerns**	**Recommendations**
Education/ instructors	10	Lack of communication	Simplify home page - website
Education/ instructors		Changes in EMS Bureau personnel & paperwork	Guidelines - pdf or downloadable
Education/ instructors		Lack of tools / guide for instructors - checklists	Retain Bureau personnel
Education/ instructors		Website hard to navigate	Direct lines to specialty Bureau personnel
Education/ instructors		O.M. changes	More training for front line staff
Education/ instructors		Lack of regional offices - lack of support & resources	Bring back regional offices
Education/ instructors			Streamline processes
Education/ instructors			Utilize vocational programs / interns to develop curricula
Demographics	10	Small volunteer pool	Compensate volunteers for medical transports
Demographics		Working population - more than 8 hour days (ranchers - miners)	Hand off at county lines -- or not
Demographics		Parents / Lack of child care - Day cares are full	
Demographics		Long transport times for rural areas - interfacilities - scene calls	
Demographics		Must be dedicated & committed	
Compensation	10	What's in it for me?	Tax levies
Compensation		Lack of sustainable funding	Increase public support
Compensation		Use of personal resources without reimbursement	Tax incentives for volunteers - hourly deductions - mileage - monetary donors - equating hours donated with money
Compensation			Expense reimbursements
Compensation			Include EMS volunteers in existing tax incentives
Recruiting	7	Quality people willing to take on responsibility - for education - for someone's life - fear of treating someone they know - right type of person (not looky-lou's)	Entry level exposure before commitment - may get unhelpful volunteers
Recruiting			Encourage EMS education in high

			schools - senior projects
Recruiting			Distant learning opportunities
Retention	6	Attrition	Develop software to replace renewal paperwork
Retention		Increased work load on remaining staff	Simplify category / venue - add more readily available venues
Retention		Administrative burden - paperwork	Software CE tracking tool
Retention		Conflict with work	Use PERCS training tracker
Retention			Incentivize employers to accommodate EMS volunteers
Retention			Safety committee around EMT employee to reduce workman's comp costs
Communication	3	Lack of consistent communication from Bureau	Improve communications - emails - texts - mail - tweets
Communication		Less reliable response	Improve reliability in Bureau responses
Communication		Lack of info after EMSPC meetings - changing info - time between meeting & minutes	Send EMSPC agenda to agencies - agenda status motions passed report after meeting (separate from minutes)
Testing	3	Travel	Skill station tool / guide
Testing		Cost	Complete development of curriculum before put out
Testing		Clear communication of testing components	Class requirement outline
Testing		Skill stations - unclear requirements	Curriculum should use NR language
Initial education	3	Time commitment	Condensed scholarship - 1-2 month course with scholarship - partnering with EMS academy
Initial education		Cost	
Initial education		Availability of instructors	
Scope transition	3	Training - time - cost - harder in rural areas	
Scope transition		Massive changes	
Medical Directors	1	Keeping MD's	

Fruitland			
Header Concern	**Votes**	**Sub Concerns**	**Recommendations**
NREMT	13	Cost of initial exam	Get rid of NREMT exam
NREMT		Cost of Retest	Make NREMT optional method
NREMT		Don't like computer based test: Can't go back; Can't review answers	State EMS Bureau develop exam with input from agency administrators = would be more responsive to current state of EMS in Idaho and Idaho's needs
NREMT		Doesn't fulfill the need for what the test should be evaluating	On-site testing / bring to site
NREMT		Instructors have to train students for the test rather than patient care	
NREMT		NREMT exam does not produce a quality EMT	
NREMT		Unfamiliar with question types / scenarios	
Lack of support from EMS Bureau	9	Training costs too much	More face to face communication
Lack of support from EMS Bureau		Exams are hard to put on because have to travel and find own evaluators	Bureau should provide training: Text books, Power Points, Training equipment
Lack of support from EMS Bureau		Website unclear and difficult to navigate	Bureau reps should have more face to face interaction, including observing or teaching classes to see what it is like out in rural areas
Lack of support from EMS Bureau		Answers get from Bureau staff are inconsistent	Bureau rep give classes for CE
Lack of support from EMS Bureau		Lack of communication from Bureau for paperwork requirements	Bureau provide more support not just regulate
Lack of support from EMS Bureau		Lack of proficiency at Bureau with people leaving or changing positions all the time	Instructor Newsletter to keep informed
Lack of support from EMS Bureau		Processes are too complicated	Process flow charts on website
Lack of support from EMS Bureau			Smaller agencies develop relationship with larger agency for mentoring and help. Bureau could facilitate this with a list of contact information
Lack of support from EMS Bureau			Need more Bureau Employees to provided needed support

Scope transition	8	Lack of classes	Transition check list
Scope transition		No support, guidance, or materials from Bureau	Direct communication with instructors by e-mail - not through agency admin
Scope transition		Lack of communication with instructors	Promote partnership with other agencies and Associations (networking)
Scope transition		Confusion between "Transition" and New Rule renewal requirements	Direct communication with medical directors so they have clear expectations of what the job entails
Scope transition		Lack of realistic idea of # of hours required for transition	Provide transition course power point
Scope transition		Confusion about Transition Course requirements - Who can teach? What must be taught?	Provide Regional course for each level - MD will do skills later
Scope transition			Provide Transition course on-line - MD will do skills later
Scope transition			Webinar or "Tele" lecture for Transition (GoToWebinar)
Scope transition			Post possible LMS resources on website
Scope transition			Do other states have developed Transitions Courses available that we could use?
Economy		Bad economy means lack of people interested in volunteering	State should step up to provide training to offset costs
Economy		There is total lack of incentive or compensation	EMS must promote itself positively
Economy		Costs a lot of $ out of pocket to volunteer	Make it fun to attract people
Economy		Volunteering means a lot of time away from family and job	County should provide incentives
Economy		People looking for career	EMS Responder license plate
Economy		Stress of making a living means that when they have free time they "need" to recreate rather than volunteer	EMT Classes in High School need to allow instructors. But again how will volunteer instructors have enough time to do this. Need State support
Economy			Push to instill values to care about people
Economy			Find what triggers young people's interest

Economy			Take advantage of grants on the local level. Need a list of available grants that are readily available to small agencies and help filling them out
Economy			State EMS should apply for grants that they can funnel to small agencies
Continuing education	6	Categories & venues are too hard to meet in rural communities. Lack of availability in rural areas	Lending libraries like 24/7 discs (explain what venues & categories these can fall under)
Continuing education		Categories & venues are too confusing	State should Provide simulation events
Continuing education		Hard to travel to conferences to meet venue requirements	Eliminate venue requirements. Allow MD to determine what is appropriate for their agency
Continuing education		Categories & venues are too hard for instructors to explain	Partner with other agencies
Continuing education		Cost of CE is too much for time and travel	State provide Remote & On-line education that can be used at monthly training meetings
Continuing education		Where does simulation fall?	Clarify venue - need definition page on website
Continuing education		Lack of clarification of venue types & their availability	LMS
Continuing education			Guest lecturers broadcast on-line
Continuing education			Message board on EMS website to advertise & invite others so everyone is aware of classes and events in their area
Continuing education			Allow & promote attendance at upper level classes for CE, not just their own level
Continuing education			Need a site where they can request needed classes
Renewal	4	Hard to understand new requirements	Take some of the new load off medical director and put back on admin or training officer
Renewal		People wait until last minute	Clarify and educate MD & Admin of what is expected & who has to do what. What can be delegated: Signing authority/ Designee

Renewal		Hard to remember requirements from 3 years ago	
Renewal		Internet not available to lots of rural people	
Renewal		Not enough varied opportunities to get CE	
Renewal		MD must be a lot more involved. This can be a big problem = they become burned out too	
I-85 transition to AEMT-2011	4	NREMT exam requirement is insulting when lower levels do not have to do this. Treating them as if new EMT when they actually have more training and experience than other levels.	Eliminate NREMT exam requirement for AEMT 2011 Transition because EMT's don't have NREMT exam requirement
I-85 transition to AEMT-2012		Equity between I-85 & EMT-2011. The new EMT-2011 Ohms seem like as big a jump as AEMT-2011 but they don't have to take NREMT exam	Allow Different testing modality such as verbal to medical director rather than NREMT written & full practical
Instructor	4	Excessive requirements to be EMT instructor	State provide Adult Methodology class for free
Instructor		Adult methodology availability	Communicate specifically with instructors not just thru admin
Instructor		Adult methodology cost	
Instructor		Lack of communication with instructors regarding changes	
Initial course	3	Cost & time commitment are prohibitive	IVESA Scholarships / grants
Initial course			Group testing at end of course
Exams	0	Done at later date rather than immediately at the end of course = can't get them to take it (used to be expected at end of course)	
Exams		They are on their own - must schedule own retests so don't usually do it	
Wilderness First Responder	0	Wilderness First Responder not recognized as and EMS level. It could be a stepping stone to other levels if it were.	
Lack of EMR support because paid units don't use them	0	No classes available for EMRs	

Lack of EMR support because paid units don't use them		No refreshers available for EMRs	
Lack of EMR support because paid units don't use them		No Transition courses available for EMRs	
Lack of EMR support because paid units don't use them		Lack of knowledge that it is a level of provider people can start at	
Culture	0	Lack of commitment to community	Promote self & volunteerism
Culture		Lack of desire to volunteer - distracted by internet; too much to do; too busy	Like Fitch & Associates workshops
Culture		Want something for their time	
Culture		Lack of community recognition	
Culture		Sense of community is dying - don't know your neighbors, don't want to know your neighbors	

Grangeville			
Header Concern	**Votes**	**Sub Concerns**	**Recommendations**
Access to training - new & ongoing	32	Not enough courses offered in small areas	Come to the community to provide hands-on training
Access to training - new & ongoing		poor access to distance learning	Hold training in small communities
Access to training - new & ongoing		Daytime webinars and training are not accessible by volunteers who are working at other jobs during the day	Need night time training for volunteer interaction (including webinars - even though they can watch later and e-mail us, some feel they miss out on immediate interaction
Access to training - new & ongoing		Not enough instructors because of Transition	25 mil radius is tolerable for travel distance for training
Access to training - new & ongoing		Expensive for small hospitals to support all the EMS training & CE	when they do have to travel 25 miles it would be better if they could get 3 or 4 hours worth of CE out of the gas and trip rather than 1 hour
Access to training - new & ongoing		small rural agencies/areas are not communicating with each other so they can pool resources and combine classes	need more frequent opportunities for training and CE
Access to training - new & ongoing			Education Newsletter - to advertise/inform of training opportunities
Access to training - new & ongoing			List Serve
Access to training - new & ongoing			Mobile Training
Access to training - new & ongoing			Contract to make secondary schools available & affordable
Access to training - new & ongoing			** Increase access to Distance Learning
Access to training - new & ongoing			** more Self Paced courses available
Access to training - new & ongoing			**Training available 24/7
Lack of local Bureau representation	28	Miss Bureau Regional Rep working in their area	Regional Rep could offer training

Lack of local Bureau representation		Lack of EMS Bureau (Rep) interaction with other community organizations besides EMS - miss the tie that Regional Rep might bring to other community issues	Regional Rep could explain Transition and other processes
Lack of local Bureau representation		Loss of Reg Rep = perception that all policy comes from the city/State of Ada - feel lack of Representation	Local contact would/could provide support and coordination
Lack of EMS Bureau support & funding	18	Lack of support/funding for training and Transition	Service Office Model
Lack of EMS Bureau support & funding		Transition left huge gap in qualified instructors for initial courses - confused about how to catch up	Look at Dist Health office model/org chart. Could use their existing offices to house Reg rep.
Training costs	21	Initial costs	Have Large / Standardized / Coordinated training events - larger group come together in a facility that is adequate (feel this is why Spring Fling is so successful
Training costs		Continual costs	Check to see if could get "volunteer" rate for Criminal History Check
Training costs		Study Guide costs	Volunteer rates for NREMT
Training costs		CHU cost	Increase access to online training for CE = reduced costs / less gas
Training costs		CE cost	Video Conferencing
Training costs			Collaboration of supplies & equipment
Training costs			On-line study guides / paperless is cheaper
No rural voice in policy making	16	EMSAC not reporting to community	EMSAC Rep should have regularly schedules conference calls with constituents
No rural voice in policy making		EMSAC reps not taking constituents concerns to policy makers	EMSAC Newsletter - print or emailed rather than having to hunt for it on the website
No rural voice in policy making			List Serve
No rural voice in policy making			E-mail updates
Access to qualified instructors for initial courses	14	Difficult for instructors to become qualified	Publicize the reality of the minimal requirements to become an instructor

Access to qualified instructors for initial courses		Some instructors use Too many power points	Instructor Orientation course available more often
Access to qualified instructors for initial courses			Webinar IO availability publicized better
Access to qualified instructors for initial courses			Somehow increase the number of instructors
Access to qualified instructors for initial courses			Diverse delivery methods
Access to qualified instructors for initial courses			Incentives / support to existing instructors
Access to qualified instructors for initial courses			Increase quality assurance for instructors
New training standards equal increased burdens	13	Even though new standards are competency based they still equal more hours for an initial EMT course because you simply have to take the entire class though everything and there is more stuff to cover	Bridge courses to cover gaps from EMR to EMT to AEMT
New training standards equal increased burdens		Question whether they are getting better skills for the increase hours required in training	Need developed curriculum that describe the jump from level to level
Website more user-friendly	12	Hard to navigate C E	No acronyms
Website more user-friendly		Medical Supervision helps are hard to navigate on website and poor	Town hall or Meeting notices more visible
Website more user-friendly		Renewal guide grip is very confusing - can't tell which form is needed or should be used - dates are confusing	
Marketing for new people	12	How	Dispel misconception that EMS is mostly gory
Marketing for new people		Need plan	Emphasize community service
Marketing for new people		Scared off by what they hear requirements are for initial and CE	Positive Promotion like IVDESA Ads for fire fighters - they are everywhere

Marketing for new people		Lack of recognition and appreciation	Use all possible means to get positive word out there for EMS - Face book, Bill Boards, Newspapers, Multi media - develop a single message to blast out
Marketing for new people			Promote that what you learn and do to help your community through EMS also helps your family
Marketing for new people			Develop templates for ads that small venues to individualize for their area
Marketing for new people			Actively participate in High School Career Fairs
Marketing for new people			State supported recognition like Personalized License Plates for EMS
Marketing for new people			Personalized EMS Plate fees come back to EMS community
Exams	10	Cumbersome process to apply for and take exams	Bureau specific guide for access to mobile written exam
Exams		Lack of clear timelines and check lists to know what steps to take, in what order & when	Clarify steps to access exams
Exams		Put HOURS into training and then they fail exam and are so discourage they won't even try again	model practice tests with feedback
Exams			modular tests with feedback
Skill maintenance	5	Hard to keep skills up in low volume rural setting	
Community demographics	6	Low population & aging population = hard to replace volunteers as people retire from EMS	
Coverage	4	Agency DAY shifts hard to fill. Some don't want to get involved because they know they can't get off work to cover day shifts	
Attrition	4	Train them & then they move to get paying job somewhere else - bigger city	
Attrition		Lack of Volunteer Heart in young people	

Attrition		EMS is just stepping stone to other medical fields (others did not feel this is a problem = they start in EMS, go on to become a nurse or PA and still serve their community in EMS a lot of the time)	
Too many continuing education	3		
Meeting national standards is a burden	2		
Lack of acceptance of OEC trained personnel	2	No bridge to EMT	
Content of continuing education			

Idaho City			
Header Concern	**Votes**	**Sub Concerns**	**Recommendations**
Retention	25	Increasing CE time commitments	Online CE's
Retention		Lack of public awareness	Funding from State - Grants, training scholarships
Retention		Negative public perception	Housing for traveling volunteers
Retention		Public expectations don't match rural agency ability	State funded PSA's
Retention		Lack of tools to deal with conflict	Competition
Retention		Capable volunteers unable to meet time requirements of agency	PSA by agency - school events
Retention		Increased work load on remaining retired volunteers	Compensation for calls - real compensation - wages
Retention		Few calls = less experience - split time between agencies - hard to keep valley volunteers	Training opportunities during slow shifts at station
Retention		Non-emergent frequent flyers	Clinical opportunities - Urban EMS or hospital
Retention		Burn out	State tax incentives for volunteers
Retention		Lack of reimbursement - Cost to volunteer	Health care benefits
Retention		Lack of recognition of experience - appreciation	Tools to deal with frequent flyers - 911 abuse
Retention			Medical profession bridge program
Retention			State recognition for outstanding / long service - Medals
Retention			Tools to match volunteers to agencies - realistic expectations
Retention			State provided counseling (PTSD) other than CISM
Licensing	17	Lack of options to challenge levels	Bridge programs to EMS
Licensing		Reciprocity difficulties	Simplifying reciprocity for non-NREMT personnel
Licensing		Lack of bridging medical professions	Work with Board of Nursing
Licensing		Service area limits especially for specialized personnel	Adult Methodology - online

Licensing			Providers tell their nurse friends - public awareness of education requirements
Licensing			Rapid licensure for disaster situations/or temporary…limited recognition
Communications	17	Radio coverage problems - Sporadic - Narrow banding make this worse?	Funding towers
Communications		Lack of towers	Increased cell phone & internet coverage
Communications			Repeating tac channel
Communications			Sat phones
Communications			More grants for comm equipment
Communications			Re-evaluate digital requirements for radio grants
Communications			Make sure State Comm gets identity of person calling unit in/out of service
Communications			State Comm to broadcast via radio when unit goes in/out
Recruitment	17	Lengthy initial education	PSAs
Recruitment		Lack of resources to attract volunteers	State help to build quarters
Recruitment		No quarters / facilities	State provided vouchers for hotel accommodations
Recruitment		Lack of public awareness	Legal aid against slander & libel
Recruitment		Negative public perception	More State support for rural EMS
Recruitment		Unit infighting / gossip (community)	Publicize competency based education to medical personnel
Recruitment		Dangerous terrain / weather	Balance length of education with willingness of volunteer
Recruitment		WFR (EMT) & Ski Patrol not recognized	Training to address dangerous terrain / weather - Hazard pay
Recruitment			Train HIPPA / privacy - Providers & public
Recruitment			Secure channels on radios

Recruitment			Feedback from hospital to EMT community (what worked)
Recruitment			Target younger population with appropriate communication
Recruitment			EMS exposure in high school
CEUs	13	Difficult to satisfy venue / category requirement	State funded online CMS
CEUs		Cost for CE	Clarify category / venue system
CEUs		Repetitive training (re-taking entire classes)	
Demographics	12	People work out of town during the day - Limited coverage	Compensation for calls
Demographics		Cost of gas to travel to coverage area	Paid day shift + per call (Homedale example)
Demographics		People working long hours - Limited free time	Billing assistance
Demographics		Multiple volunteer / family commitments	
Initial training	11	Cost to agency	Scholarships, Grants, Reimbursements, Loan forgiveness after period of service
Initial training		Lack of opportunities to gain experience	Link IVFESA on EMS website
Initial training		Cost of training to upgrade agency	State EMS supporting / encouraging / incentivizing partnerships between urban & rural
Scope transition	6	Lack of online training	Provide more online opportunities - inclusive & quality

Mountain Home			
Header Concern	**Votes**	**Sub Concerns**	**Recommendations**
Time to be a volunteer	17	Cost for renewals	Separate webpage for agency
Time to be a volunteer		Cost for initial	Regional and agency chat rooms
Time to be a volunteer		Cost for state and NREMT (license, exams, etc)	Advertisement page-from agencies to volunteer and from volunteer to agencies
Time to be a volunteer		Guppies swimming with sharks i.e. small volunteer agencies vs. large professional agencies	List agencies contact information with service type (on advertisement page)
Time to be a volunteer		What do I need to do??? (to become licensed)	
Time to be a volunteer		No match.com for agencies and volunteers (to find each other)	
Time to be a volunteer		Access of information on EMS website	
Initial course	14	Excessive curriculum	Initial course difference between volunteer and career
Initial course		Availability of EMR courses	Find more opportunities for ride longs
Initial course		Not understanding levels	State buy bulk books and agency purchases from the Bureau at reduced prices
Initial course		Confusing initial license process	Free education for volunteers
Initial course		No state provided instructors	Information to courses to show students how to get licensed
Initial course		No state provided equipment	State sponsored guidance counselor
Initial course		No state provided funds	Less expensive option for EMR
Initial course		Fee for CHU	Grant funds from equipment to fund volunteer education
Initial course		Fee for license	State talk to agencies to get them to do ride alongs
Initial course		Curriculum has grown	State blanket liability for ride alongs

Initial course		People coming out of training very excited but no affiliation	Give hospitals incentives to do ride alongs
Initial course		Extrication Awareness not appropriate for initial course	
Initial course		Cost of books	
Initial course		Ride alongs and clinicals hard to find	
Initial course		Lack of interaction with instructor i.e. PowerPoint	
Initial agency license	11	24/7 requirement	Drop 24/7 requirement
Initial agency license		Overall confusing	Conditional 24/7 example: 2 years till agency has to provide 24/7
Initial agency license		Things (requirements) changed	Offer 12/7 license
Initial agency license		Length of time (3 years for Oasis)	Streamlined policy that is easy to understand
Initial agency license			Checklist that would be that agencies requirements even if changes occur, but must be completed in a certain timeframe
Initial agency license			Employee drivers
Agency requirements	13	Must be at meetings to specific i.e. volunteers must be at 10 of 12 monthly meetings 1st Wed of every month	Agencies need to discuss amongst themselves
Agency requirements		Paid agencies closing doors to volunteers	Encourage inter-agency meetings
Agency requirements		No flexibility of volunteer agencies- too restrictive and too many requirements	Bureau help with writing grants
Agency requirements		No volunteer quarters	Grant writing class for agencies (multiple times and days for options)
Agency requirements		Equipment required but not utilized	No unfunded mandates
Agency requirements		Inter and intra agency politics	
Agency requirements		No options to make up monthly meetings	
Agency requirements		Must raise funds for: vehicles, equipment, station (this takes additional time from volunteers)	
Agency requirements		No tax funds	

Agency requirements		Not able to get volunteers with paid agencies	
Urban vs. rural	31	Geared toward urban	Funding for rural equipment, training costs, instructors
Urban vs. rural		Equipment requirements	EMS license plate (for more funding?)
Urban vs. rural		Paperwork	Hunting and fishing licenses-% goes to EMS
Urban vs. rural		Training equipment	ATV licenses-% goes to EMS
Urban vs. rural		Med costs	Approach St. Lukes and St. Als
Urban vs. rural		Expect volunteers to become unpaid professionals	State liaison with volunteer agencies
Urban vs. rural		Volunteers do it to help community	Scale back paperwork
Urban vs. rural		Lack of call volume	Town hall meetings continue
Urban vs. rural		Not able to keep skills up	Equipment checkout for education
Urban vs. rural		Insurance	State help with insurance
Transition	9	AEMT time requirements	Options online
Transition		FEMA and NIMS specifically 700	Lesson plan
Transition		Extrication awareness important-want to do hands on	Communicate changes
Transition		Cost of books	Idaho Education Network (IEN)-interactive classroom (contact Gary Lowe or Brady Craft)
Transition		unclear instructions	bulk order books
Transition		Lack of instructor training	E-books
Transition		Varied SoPs	
Transition		Transfer of care	
NREMT requirements	8	Intimidating	Practice computer based tests
NREMT requirements		Pass practical but really good practitioners not passing written	
NREMT requirements		Cost	
NREMT requirements		Time	
NREMT requirements		Security intimidating	
NREMT requirements		Computer based intimidating	

NREMT requirements		Don't get feedback from exam; don’t know what you got right and wrong	
Renewal	6	LZO-online but not for everyone (not all people good with online)	Differentiation for volunteer MD's
Renewal		Online shouldn't be required	
Renewal		CBT should not be primary method	
Renewal		MD skills verification - # of hours, volunteers, liability	
Recognition/ appreciation	4	Lack of recognition	Agency should recognize
Recognition/ appreciation		Lack of appreciation	Medical insurance for volunteers
Recognition/ appreciation		Negative recognition	Join IVFESA
Recognition/ appreciation			PSA's
Recognition/ appreciation			Inform community of what EMS does for their community
Recognition/ appreciation			Yearly luncheon
Recognition/ appreciation			State EMT of the year
Recognition/ appreciation			10 year pin
Recognition/ appreciation			Scholarships to move up (level)
Recognition/ appreciation			Certificates from the Governor
Recognition/ appreciation			Longevity certificates

Moscow			
Header Concern	**Votes**	**Sub Concerns**	**Recommendations**
Political process	21	"One size fits all" creates problems because not all agencies are the same	Need a local advocate
(The way they perceive the EMS Bureau)		Voice not heard	Communication from local advocate that pertains to local rural issues rather than searching for it through reams of paper (summarize and target issues for them - including legislation)
(The way they perceive the EMS Bureau)		Not paid but still have to deal with the political issues	Need local knowledge resource person so can get answers in real time
(The way they perceive the EMS Bureau)		Distance to Boise = feel not represented, can't be there enough because too far to travel, Boise doesn't care	Need local knowledge resource person so get accurate information on policies, regulations, procedures and legislation
(The way they perceive the EMS Bureau)		State EMS is perceived to be focused on paid agencies	Clarification of Bureau staff roles
(The way they perceive the EMS Bureau)		Policies dictated by paid agencies	Direct communication with subject matter expert - don't want run around
(The way they perceive the EMS Bureau)			Increase County government involvement
(The way they perceive the EMS Bureau)			Public communication / education about EMS
(The way they perceive the EMS Bureau)			Fund additional State EMS positions so have enough people to meet rural needs
Challenge to get volunteers for administrative duties	17	Burn out	Need State assistance to apply for grants and answer questions
Challenge to get volunteers for administrative duties		Difficult to keep up with changing/current requirements - word not getting to all the right people	Redesign website - make more user friendly

Challenge to get volunteers for administrative duties		Changes in reporting, forms, etc	EMS Bureau resources available after hours
Challenge to get volunteers for administrative duties		Changes in relicensing	Consolidate local resources to assist with administration
Challenge to get volunteers for administrative duties		Increased number of forms	Communicate with trainers and other personnel rather than just Administrator
Challenge to get volunteers for administrative duties		Need assistance finding grants & completing applications	
Time for training	12	Increased requirements = increased time commitment	Closer/local training opportunities for small numbers
Time for training		Don't work in the community where they live so not there to take calls and do training	State or County funding for travel for training
Time for training		Seasonal work creates turn over in volunteer availability	Increase CE opportunities
Time for training		People don't realize what it will take to train and do CE so they back out when faced with these commitments	Bring more training to rural
Time for training		All have jobs = no time for MORE training hours	Do Saturday AND Sunday sessions so everyone can attend (one group would cover calls on Sat while other group attends training, then they would switch for Sun)
Time for training			Interagency Coordination of CE and communication of that to all in area
Time for training			Area/ Regional training events
Time for training			Modular training, so can progress one skill at a time
Time for training			Ability to challenge portions of course so can prove competency
Funding	10	Travel / gas costs	Bring FREE classes to rural

			area
Funding		Training	Mobile SIM lab
Funding		Training equipment	Training scholarships
Funding		Optional Equipment	
Funding		Grant application process is a burden	
Funding		Finding available grants is a problem - lack of knowledge about what is available	
Political	9	Legislation stimulated by lack of interagency cooperation	Clear information about legislation on website including summaries
Political		Political versus operational structure accountability	Legislative tracking mechanism for EMS on website
Political		Lack of political representation voice in Boise for Rural regulatory issues	EMS Legislation time line
Political			Budget implications are communicated in conjunction with political process
Political			EMS Association to interact with Legislature and Lobbyists
Renewal process	8	Hard to understand form	Global electronic app to track & submit
Renewal process		Hard to understand process steps	More direct access to on-line courses
Renewal process		Too many different websites to navigate for required on-line courses	Universal log in / access to all required classes
Renewal process		No automated process to track individual recert requirements including optional modules	
Time resources limited to take AEMT training	7	feel stuck because takes too many hours to get to AEMT now	Modular training
Communication	6	Takes too long to get answers from Bureau	Ensure clear processes & clear guidance is ready before say they have to do it
Communication		Miss face to face help	Make sure Implementation timing is reasonable for changes
Communication		Lack of local contact	Clarify Course Application - needs check lists, clear titles

Communication		Too many layers to find thing on website	Clear titles on all applications and forms
Communication		Unable to accomplish a task on the website	CE tracker on website
Communication			After hour chat / instant message
Communication			Advance notice of local meeting opportunities
Community demographics	5	More people work during the day = less available to volunteer / cover day shifts	High School outreach
Community demographics		Farmers that are still around are getting older	Marketing to the local high school generation (they may not do it now, but because family is there they may come back in their 20s & volunteer then)
Community demographics		2 income households	Add IVESA scholarship opportunities to the website
Community demographics		There are a lot of part-time residents, which creates a burden on the small local population volunteers	Make first aid training in high school include some EMS and count for health credit
Community demographics		Big weekend events create stress on small systems	Need funding stream to offer EMS training in high school
Isolation from counties	5	Geographic isolation within own county	Work on Mutual Aid agreements
Isolation from counties		County level funding shortages	Policies / mechanism to support EMS providers outside their jurisdiction
Isolation from counties			Mutual Aid authority guidelines (statewide protocols may help)
Grant bidding requirements	4	Equipment standardization - changes make extra burden on admin staff	Do not tie grant to low bid
Grant bidding requirements			Grant should not be brand specific
Grant bidding requirements			Grant equipment specifications should not exclude new technology
Conflict between old and new members	4	Various levels of competencies among providers leads to frustration	Increase medical director activity / interaction

Conflict between old and new members		Isolation allows this to happen even more readily	Increase formal skills training opportunities
Conflict between old and new members		(Some of the older members are not competent any longer)	
Community ignorance about EMS leads to lack of support	2	Public thinks that because EMS is volunteer it is free	Explain roles of EMS - need professional identity (public understands what a nurse does, but what about EMT or Paramedic?)
Community ignorance about EMS leads to lack of support		Public does not realize they are volunteer and are not being paid	Public relations marketing plan
Community ignorance about EMS leads to lack of support			Promotional enterprise
Community ignorance about EMS leads to lack of support			Department / agencies educate public about what they do
Community ignorance about EMS leads to lack of support			Find someone who has had positive outcomes with EMS and have them champion agency PR
Community ignorance about EMS leads to lack of support			Get your name and faces out there. Put on school safety assemblies; interact at senior center with education about AEDs, etc.
Community ignorance about EMS leads to lack of support			Talk about Volunteer EMS in aspects of your life, look for opportunities to bring it up
Varied community demographics	1	Difficult to have one size fits all	Make sure State EMS regulations accommodate rural circumstances
Varied community demographics		Each community does it differently	
Lack of employer support for EMS calls			Marketing / PR will impact them too

Lack of employer support for EMS calls		Place defibs in businesses to generate goodwill & support
Lack of employer support for EMS calls		Employees should educate their employers
Lack of employer support for EMS calls		Agency thank employers for support (One agency sends thank you cards to anyone and everyone that helps them out.)
Lack of employer support for EMS calls		Employees should be careful not to take advantage of employers
Medical Director retention	Administrative duties burdensome because of OMS	State provide stipend for medical director training
Medical Director retention	Lack of active involvement and time with agencies	Encourage attendance at med director workshops - helps them learn responsibilities and get to know other med directors

New Meadows			
Header Concern	**Votes**	**Sub Concerns**	**Recommendations**
Testing is intimidating	39	Written is not real world based	Would like an on-line practice exam that mimics the current NREMT test to get a feel for what the NREMT is like
Testing is intimidating		Atmosphere at written exam is intimidating. Need to make it more friendly	Exam administrators need to have friendly demeanor
Testing is intimidating		Written exam is expensive	Reduce cameras / security
Testing is intimidating		Don't like the way the written is designed: Concepts rather than knowledge; the way it is delivered - can't review questions; No feedback; No score	Immediate Exam result feed back to candidate
Testing is intimidating		Practical exam standards have gotten tighter - not as forgiving	Make course exams adequate to receive a provisional license. The provisional license would be good for 1 year so they can practice before they test.
Testing is intimidating		Evaluators are inconsistent	Evaluators should be consistent and predictable
Testing is intimidating		Written exam is written for urban providers not rural provider situations	Ensure objectivity of written exam
Changes to Scope of Practice	9	Before each renewal seems to be lots of new requirements = hard to know what need to do	Agency directed renewal plan
Changes to Scope of Practice		Scope of Practice Changes too rapidly to have time to adjust	Stagger expirations dates to birth dates
Changes to Scope of Practice		Additional Mandatory topics and requirements	Agency Training Officer needs to be actively helping with renewal requirements
Changes to Scope of Practice		Lack of consistency with equipment related to SoP	Extrication Awareness & Hazmat certificates should be able to come from qualified/certified Fire instructors not just EST

Changes to Scope of Practice			Get word out for equipment changes - Keep minimum equipment list contemporary with SoP. DATE on document so know when changed
EMSPC as regulatory body	9	Rural units feel under represented on EMSPC	Provide Rural Volunteer Representative
EMSPC as regulatory body		OMs written for urban rather than rural needs/situations/ abilities	Ensure physicians have background in EMS
EMSPC as regulatory body		Higher level providers are protecting skills - not allowing rural to have them	Want EMSPC commissioner contact & profile info available on website
EMSPC as regulatory body		No regional representation from EMSPC or Bureau	EMSPC visit regions / units
EMSPC as regulatory body		Disconnect between policy & rule makes and the people who provide the service	EMSPC facebook page
EMSPC as regulatory body		No "Volunteers" on EMSPC or Bureau = no personal connection to volunteers	Streamline incorporation of OMS
EMSPC as regulatory body		Rules developed presumptive of career services	
Training	7	Initial training is big time commitment	Agency based modular training and authority to practice on skill at a time to build skills a step at a time to next "level"
Training		Time commitment for CE	Consider billing structure for advanced level skills and maintain higher level of reimbursement when making changes to SoP
Training		Change in scope	Web based CE tracking (tie into PERCS)
Training		On-line training too intimidating	Reduce requirements placed on deliver of CE (venues)
Training		Some training & requirements too in depth for rural	Refresher required for new changes only
Training		Not enough support for some training for rural volunteers	More local flexibility
Training			Share regional training equipment
Funding/costs	6	Agency costs have increased for equipment & training time	State contracting for agency to avoid bidding process (time)

Funding/costs		Delayed implementation of cost saving items such as EMSPC Epi-vials. Time lag for 12-lead EKG approval	No unfunded mandates
Funding/costs		Medical control physician costs	State provide equipment funding when mandated
Funding/costs		Unable to collect from patients	Increase grant funding for safety items
Funding/costs		Decreased reimbursement rates	Provide benefits for Medical Directors
Funding/costs		Time lag for receipt of reimbursements	Provide benefits for volunteers similar to PERSI Retirement plan
Funding/costs			Tax advantages for volunteers
Funding/costs			Medical care breaks for volunteers
Agency licensing requirements	5	All or nothing for Paramedics - 24/7	Allow provider to practice at their license level regardless of agency level
Agency licensing requirements		Designed for cities not rural	
Agency licensing requirements		No local input	
Public relations/public perception	5	Some think EMS is only glorified first aid	Partner with IVESA
Public relations/public perception		Some think all EMS are Paramedics	EMS Public Service announcement spots
Public relations/public perception		Inconsistent perception between rural & urban	Improve communication with EMS people about IVESA - Quarterly newsletter
Public relations/public perception		Idaho is not just Ada County	Keep patient care in the forefront
Public relations/public perception			Recognize volunteers at community events
Public relations/public perception			Provide uniforms
Local economy	5	Many moving to larger communities because no jobs in rural	Bring back local regional offices

Local economy		Many hold multiple jobs to make ends meet so no time to volunteer	Provide scholarships
Local economy			Advertise IVESA grants/scholarships so can utilize SAFR grants
Paperwork	4	Hard to find things on the website	Mac enjoys the challenge - send your paperwork on over :-)
Paperwork		Difficult to use forms	
Paperwork		Difficult to use computers	
Paperwork		PCR - changes all the time	
Paperwork		PCR - electronic is intimidating because uncomfortable with computers	
Demographics	4	Rural communities losing young people - they are the ones who are computer literate	Increase educational opportunities in rural communities
Demographics		Aging population are computer illiterate	
Demographics		New recruits expect pay right away so they leave for paid positions elsewhere	
Demographics		Rural agencies seem to be stepping stone / training ground for other agencies	
Demographics		Lack of resources in rural areas compared to urban	
CISM	4	No team available - could not access a team when NEEDED	Regional CISM teams
CISM		CISM is a critical need - must be timely	Improve response of CISM
CISM		Volunteers are responding to people they know personally = makes it more personal and harder on volunteer's emotional wellbeing = increased burnout	Communicate criteria for utilizing CISM teams
Instructors		Unable to teach in High School because of Dept of Ed requirements	

Salmon			
Header Concern	**Votes**	**Sub Concerns**	**Recommendations**
Testing	14	Written exam too hard	Review answers before submitting / after
Testing		No feedback	Practice computer / realistic NREMT exam during education - State provided computers - modular practice exams - practice exam shut down - no cost
Testing		Not user friendly	State grant, first exam
Testing		Intimidating	User friendly test sites
Testing		Cost	Feedback
Testing		Questions don't reflect actual practice	Ability to provide feedback to Bureau & NREMT
Testing			Improved communication
Renewal process	12	Lengthy	Online CE tracker & online renewal
Renewal process		Confusing - Category / Venue	Provider enters CE as taken & completes - auto fill - renewal
Renewal process		Too many mandatory classes - redundant	Unit incentives for completion of new requirements (Contest)
Renewal process			Recognition of time served
Education	9	Material too in depth	Make training / material correlate to exam
Education		Urban -vs- rural	Grants / scholarships
Education		Textbooks vary	
Education		Cost - Lack of grants	
Education		Initial education - too much, too fast	
Recruitment	7	Young people not volunteering	EMS education for credit in high school or college paid by school
Recruitment		Time commitment	College credit for EMS experience
Recruitment		Lack of recognition	EMS representation / video to career fairs / counselors / agency to hand out
Recruitment		Lack of compensation	EMS license plate
Recruitment		EMS not sexy	Regional EMT of the year with prize
Recruitment		Cost of education & initial licensure	EMS competitions (trophy) - scenario based

Recruitment		Fewer men -vs- women volunteering	EMS Academy - specialized classes - fun, let down hair - different areas for networking opportunities
Recruitment		Lack of EMS Academy - in rural locations - NOT in Boise only, please	PSA's
Recruitment		Lack of tools / support from State	News coverage of best monthly call (Statewide)
Recruitment		Access to education for younger people (accreditation)	
Retention	6	Lack of recognition	More low-cost / free CES
Retention		Cost of CE	Define Categories / Venues
Retention		Lack of EMS Academy	Incentives for instructors - incentivize high pass rates
Retention		Lack of regional conferences	Recognition / publicity for high performers
Retention		Lack of dedication	Open communication with Bureau & providers
Demographics	4	Long transport times	Make EMS more fun to attract younger people
Demographics		Urban -vs- rural	Idea sharing among regions
Demographics		Young people not interested in community service	EMS Games
Demographics		Shrinking population - younger moving away - aging volunteer population	Idaho EMS field tips smart phone app
Demographics			State or region specific logo for provider use
Scope transition	1	Lack of tools / guidelines	Make specific tools / guidelines
Scope transition			Make sure providers know scope transition is once
Optional Modules	1	Confusing directions from Bureau	Improve communication from Bureau to instructors & coordinators with changes in process
Optional Modules			Better guidance

Sandpoint			
Header Concern	**Votes**	**Sub Concerns**	**Recommendations**
Lack of regional representation	12	Bureau changed to a regulator rather than a facilitator	State fund Regional offices
Lack of regional representation		Don't know who to talk to	Specific contact person for a region - one person to contact for all of their answers rather than being passed around
Lack of regional representation		Bureau needs to be an ADVOCATE for rural volunteer EMS in Idaho	If Bureau becomes an advocate for EMS provider the health, safety & welfare of the public is better served
Lack of regional representation		Discouragement out in the field = less care to citizens	
Lack of regional representation		Don't have anyone to talk to - CAN'T get a hold of the "right" person a lot of the time	
Transition	11	Time commitment to get instructors	Clarify Transition instructor qualifications
Transition		Confusion about Requirements	Clarify website
Transition		Requirements keep changing - hard to keep track - What now? Word about change doesn't get out	Clarify requirements & guidelines for transition
Transition		Takes away from available volunteer hours they can give	Administrator e-mail list INCLUDE Training officers
Transition		Lack of instructors to teach Transition courses AND especially NEW Initial	When new things are posted on Website mark as "UPDATED as of DATE" so they know it is new and should be reviewed
Transition		Have to get for favors to get Transitioned	
Transition		No coordinated effort in area - don't know when classes are available	
Transition		Too much junk on List Serve so don't follow it	
Access to exams for small/remote classes	11	Have to wait 1, 2, to 6 months after end of course until an exam is available because they don't qualify for their own exam	Go back to state evaluators or have a LIST of approved evaluators

Access to exams for small/remote classes		Distance is a big problem = TIME to travel	Change / Review policy for minimum required students for exams - need exams for 2 or 3 people
Access to exams for small/remote classes		Hard to get enough time off work to TRAVEL to exam	State approved proctors/exam administrators in local regions.
Access to exams for small/remote classes		Lack of Regional / Bureau evaluators	Non Bureau employee contracted to administer exams
Access to exams for small/remote classes			Testing schedule published months ahead of time
Access to exams for small/remote classes			Bureau schedule exam in area months out so agency can schedule their course toward that date
Access to exams for small/remote classes			Regional Exam Schedule - fixed dates, possibly quarterly
Course Policy	9	New required equipment list is too expensive	Provide equipment cache in region & fund for maintenance
Course Policy		6/1 ratio - need to explain flexibility, how they can meet this	Review "required" equipment list
Course Policy		"qualified" instructors	List of Approved Instructors & their qualifications or specialties so they can talk to each other
Course Policy		Road blocks - difficulty navigating Bureau policy	Add field on the Course Application to explain how they will meet 6-1 ration
Exam policies	7	Policy changes from place to place so they don't know what to expect. Example: didn't know they would have to pay exam fee again for retesting 1 station	Hand written test that people could skip around on - need to be able to jump back & forth
Exam policies		Time lag between exams makes it difficult to find out final results = stress and discouragement	Hand written test for people with disabilities that have problems w/computer based test
Exam policies		Complained a lot about written exam - don't understand how it is designed so they feel discouraged when they complete it because they are sure they failed.	Pretests or model tests that help people prepare for the "type" of exam the written is.

Lack of benefits	6	Death	Legislative action for Death Benefit packages
Lack of benefits		Health	Legislative action for Mental Health Benefit packages
Lack of benefits		Safety	Group policies
Lack of benefits		Mental Health / Stress - not covered by Statute / Workman's Comp	Tax break for volunteer EMS provider
Lack of benefits			Legislation to cover presumptive injuries and illness
Time commitment	5	Initial course MUCH longer now	Local approval of required CE should be accepted
Time commitment		A minimum of 3 evenings a month are tied up for meetings and training because trying to raise the bar	Legislature needs to "HEAR" the amount of TIME volunteers are committing to understand the reason they need to properly fund the Bureau to support EMS
Time commitment		Time commitment for Trainer AND Trainee	
Time commitment		Qualified instructors cannot be everywhere all the time	
Computer familiarity		Type of test	Drop restrictions associated with PERCS data submission
Computer familiarity		Type of test questions	Don't restrict or penalize those that are TRYING to become compliant
Computer familiarity		PERCS	Recognize reality of inconsistent internet access
Computer familiarity		Internet difficulties (reception not consistent in some areas)	Streamline PERCS data entry (Idaho requirement is higher than NEMSIS)
Computer familiarity		Software validation = frustration	
Financial	5	Lack of Budget for new required training equipment just for EMT - no way AEMT stuff	Find someone on a Regional level to cache and manage training equipment for everyone to use
Financial		Lack of availability of expensive equipment	Training equipment grants
Financial		Lack of funding for training	Provide funding stream through Bureau for training

Financial	4	Lack of Training equipment because too expensive	Get poison control out of EMS Bureau Budget so can help more with other needs
Lack of confidence in skills required for EMS	3	Low call volume = minimal patient contact = hard to maintain skills = leads to stress because fear not prepared if/when called on	Explore avenues for rural providers to run calls in higher volume areas
Lack of confidence in skills required for EMS		Some over confident but underprepared	
Struggle to get EMTs to AEMT level		Can't get them comfortable enough with EMT to have them even consider moving to AEMT	
Struggle to get EMTs to AEMT level		Low patient contact	
Retention	1	Increased commitment for existing members from what used to be	PSA Marketing plan - some kind of public awareness for EMS
Retention		Turn over due to Family commitments, Retirement Age, Health problems	Make public aware EMS is 80% volunteer and need more
Retention			Focus groups
Retention			IVESA - Association - partner with them to tap into some of the money
Retention			Target Youth - High School Classes
Retention			Publicize the 16-17 policy for Idaho licensure w/ parental & agency consent =access to NREMT assessment exam but no NREMT cert until 18 (St. Maries didn't know either)
Distance	1	Time & Travel expense - drive e 1 hour each way for initial & CE classes	Local Resource list
Distance			equipment cache
Distance			State developed on-line CE
Distance			Webinars
Distance			DVDs
Change in community demographics	1	Family commitments	

Change in community demographics	Youth leave community for jobs
Change in community demographics	Youth leave after trained to get full time EMS or Fire job somewhere else
Change in community demographics	Age for volunteers is mostly older - a lot over 60
Change in community demographics	Retention of material & skills becomes a problem with aging workforce
Injuries/illness	
Stress	Worry about it all the time
Stress	Not enough volunteers so some don't want to do it because they are afraid they will b e all alone - only one available for a call and afraid of having to deal with it alone
Stress	Lack of confidence
Job commitments	Employers give limited or no support
Combined recruiting for EMS & Fire	There seems to be lots of interest in Fire but minimal in EMS
Combined recruiting for EMS & Fire	Less requirements to maintain fire skills
Combined recruiting for EMS & Fire	"Competition" for volunteers

Soda Springs			
Header Concern	**Votes**	**Sub Concerns**	**Recommendations**
Continuing education	7	Categories	Explore FEMA courses
Continuing education		Venues	Evaluate CE from other sources i.e. NIMS
Continuing education		New process (lack of information)	Options
Continuing education			More information on categories and venues (examples and definitions)
Continuing education			Better accessibility to venues
Continuing education			Reduce venue requirement
Continuing education			Regional conferences
Continuing education			Affordable conferences
Continuing education			Better communication of conferences
Transition	19	Don't know number of hours/time commitment	Other options than classroom
Transition		Practical vs. education	Online transition
Transition		Time vs. value	More education on how transition works
Transition			Communicate specific skills and education
Time constraints	12	Call time	Bureau issued Red Bull
Time constraints		Agency requirements	Cross organizational agreements
Time constraints		Bureau requirements	PTE funding for classes
Time constraints		Meetings	
AEMT transition	20	Time requirements	Simplest, easiest way
AEMT transition		NREMT exams	Access to information
AEMT transition		Lack of information	Access to instructors (other HCP)
AEMT transition		Cost	Information to MD's
AEMT transition		Instructors	AEMT online transition
AEMT transition			Train the trainer online
AEMT transition			Regional train the trainer
AEMT transition			Rural nursing program model
AEMT transition			Little or no cost
AEMT transition			Lots of options

AEMT transition			MD assessment instead of NREMT exam
Appreciation	11	Culture in agency	State recognized tenure
Appreciation		Compensation	County/state offered medical benefits
Appreciation		Lack of younger volunteers	Process to establish a H.S course
Appreciation		Unrealistic expectation for new recruits	EMS independent of fire
Recruitment	5	Lack of longevity	Bureau conversation with Association of Counties and state insurance fund to understand their role
Recruitment		Cost of training and exams	State tax exemption or credit
Recruitment		NREMT written	Make EMS recognized and understood
Recruitment			Protecting existing agencies from licensing of other agencies (Bureau ability to reject licenses if no community need)
Recruitment			Ambulance district levy
Recruitment			Education of liability issues
Recruitment			Better liability
Recruitment			State produced recruitment video
Recruitment			Grants and scholarships for initial training and supplies
Recruitment			Student pays costs, reimbursement after service
Recruitment			PSA
Recruitment			Incentives and information to businesses
Recruitment			Messaging employers about insurance reduction for safety programs (workers compensation)
Recruitment			ICRMP
NREMT written	11	Passing	Readers for dyslexia
NREMT written		Lack of other options for different learners	Availability of online practice exams
NREMT written			Audio for tests
NREMT written			Screen color preferences (different colors help people with dyslexia)
Access to CE	8	Not in one central location	(see issue 1)
Access to CE		Extrication too specific	
Access to CE		Access to different venues	

Regional resources	17	Relationship to community	Town hall meetings for community done by third party
Regional resources		Customer service	Regional representatives with modified job responsibilities (compared to previous RC's)
Regional resources		Rural vs. urban (funding and understanding)	Face book for hot topics
Regional resources			Social media for hot topics
Regional resources			Better communication for hot topics

St. Anthony			
Header Concern	**Votes**	**Sub Concerns**	**Recommendations**
Retention	33	Lack of public awareness & appreciation	PSA
Retention		Lack of county commission support - tax levy	Descriptions of services to public
Retention		Financial burden	Recognition
Retention			Partner with Idaho Association of Counties to educate commissioners
Retention			State funded training
Retention			Tax incentives for volunteers & employers
Retention			Initial training reimbursement after period of volunteering
Retention			Retirement benefit (PERSI)
Continuing education	23	Retention - Categories / Venues	Simplify Category / Venues - tool or guide to help fill in grid
Continuing education		Lack of access to SIMS training	Simplify training process
Continuing education		Lack of low-cost, high quality education	Identify mobile SIMS - State support for mobile SIMS
Continuing education			Offer more online training opportunities
Continuing education			Better communication of what's out there / Social Media
Continuing education			Dedicated grant funds for technology
Initial education	20	Attrition	Positive attitudes of instructors
Initial education		Anxiety	Realistic expectations for students
Initial education		Time commitment	Encourage mentoring within local agencies with veteran volunteers
Initial education		Cost	CD/DVD delivered training -vs- slow internet
Initial education		Lack of appropriate text books	Improve textbooks
Initial education		Lack of quality educators	Bring back regional offices
Initial education			Agencies pool resources
Recruiting	18	Lack of entry level positions & exposure	Essentials course for recruiting
Recruiting		Lack of public awareness	High School EMS classes
Recruiting			Online essentials classes
Recruiting			PSA
Recruiting			Social Media
Recruiting			PBS
Recruiting			Local media / info officer

EMS vs Ski Patrol	18	Different standards	Different standards for volunteers -vs- paid -vs- specialized
Exams	14	Too hard - written & skills	Idaho specific tests (Idaho written)
Exams		Textbooks don't correlate to exams	Feedback on missed questions
Exams		Cost	Practice exam during education with feedback (Free / low-cost)
Exams		No separate exams for specialty areas	Practice questions from text
Demographics	13	Limited available volunteer pool	Educate legislators
Demographics		Lack of employer incentives	EMS education in high schools
Demographics		Young people leaving communities	EMS agency exposure to high school students
Demographics		Lack of child care	PSA - advertising
Demographics		Lack of volunteerism in younger generation	Child care ratio exception for emergency volunteers
Demographics		EMS provider's kids - kid ratio child care	
Website	2	NREMT -vs- State license confusion	Link IVFESA, education opportunities
Website			Clarify NREMT role in state licensure process
Website			Centralized registration for exams & training
Website			Include links in communications
Website			Text messaging with links
Scope of Practice	1	Level creep	
Scope of Practice		Targeted toward urban - not rural	

St. Maries			
Header Concern	**Votes**	**Sub Concerns**	**Recommendations**
Access to continuing education & conference style training	8	Publicity lacking for local / regional events - they don't get the word	Try to get someone to put on / organize conferences & large training events
Access to continuing education & conference style training		Have to travel long distances	Bring training to communities to reduce travel time & expense (possibly traveling cadre of instructors to put on events)
Access to continuing education & conference style training		Family commitments	
Access to continuing education & conference style training		Time constraints	
Access to continuing education & conference style training		Job commitments	
Cost of initial training & licensing	8	Books	County fund initial purchase of Electronic books that would be recycled / checked out continually to new students such as Kindle - only have to buy once and then can be reused (they don't tend to reuse the books they purchase, but if they could "check out" the Kindle rather than purchase their own manual that would be recycled)
Cost of initial training & licensing		Class tuition	Cover cost with county taxes
Cost of initial training & licensing		criminal history check	Idaho tax break for individual's expense to offset cost
Cost of initial training & licensing		NREMT exam	Other cheaper source of criminal history check
Cost of initial		Fuel to class	Set/establish course tuition cost

training & licensing			(regulate)
Cost of initial training & licensing		Babysitter	
How to get younger people involved	5	Younger people show no interest	Recruit at high school level
How to get younger people involved		If do get trained they move to larger communities for opportunities	Get credit for class towards high school graduation
How to get younger people involved		Time constraints because of long full time job hours in logging etc.	Need some type of state supported/sponsored incentive
How to get younger people involved		Economic opportunities missing so go elsewhere	Washington has a state tax that is set aside for time-credit retirement plan for volunteers
How to get younger people involved		Unable to schedule high school classes due to time constraints	Model retirement plan for Volunteer EMS & Fire (check out Wyoming)
How to get younger people involved		Need some type of incentive	
Policy that must be 18 for NREMT			(We explained they could get access to NREMT assessment exam and be licensed in Idaho with parental consent and then get NREMT at 18 if desired - up to agency if want them to run)
Time commitment for initial training	7	Class availability	Increase instructor recruitment
Time commitment for initial training		Access to training is a problem because of distances	State assessment of instructor resources
Instructor overload	2	Too few instructors	Module training to upgrade after receive EMT license - get 1 skill at a time to build to AEMT - test & practice that skill w/o having to get entire new AEMT license level
Instructor overload		Volunteer instructors have time challenges	
Lack of agency funding	5	for CE	Explore grant opportunities (need help knowing where to look for these)
Lack of agency funding		Travel	EMS grant opportunities posted on Bureau website or e-mailed out
Lack of agency funding		Some are taxed based but not all	Improve communications for known grant opportunities
Lack of agency		Can't pay for people to attend	

funding		conferences	
Lack of funding for personal response items		Gear	
Lack of funding for personal response items		Jump bags	
Lack of funding for personal response items		Uniforms/ jackets	
Can't keep their interest	4	Low call volume	Continuum of training to add skills
Can't keep their interest		No long term incentive	State incentives to employers for supporting volunteers
Can't keep their interest		In general a "long term" volunteer is 3-5 years in any field so must have continual recruitment	*Recognition / Appreciation - have EMS volunteers recognized/introduced and thanked at community events such as ball games
Can't keep their interest		Employers don't support volunteerism	Tax breaks for businesses who allow volunteers & promote participation
Can't keep their interest		No employer incentive or understanding	
Lack of county/local funding support	4	You get what you pay for	Get accurate information about EMS costs to County policy makers
Lack of county/local funding support		State requirements must be met	Counties should do local fact finding town halls too like this one. They need to learn about and understand EMS
Lack of county/local funding support		Nowhere else to go if county refuses to act	Ensure policy makers are aware of county profiles
Lack of county/local funding support		Recommendations made to county officials seem to go in a drawer somewhere, never to be seen again	
Marketing	2	No organized effort	State provide visual marketing / media for EMS
Marketing		Small agencies can't afford flyers and such - no funding	Marketing materials / handouts for small communities to give out at community events
Availability of exams	2	Requirement to have at least 10 students to get practical exam is too hard to meet	Reduce minimum # required for testing
Availability of exams		Time off work to test is extra burden	Increase Pearson Vue opportunities in C d'A
Availability of exams		Limited hours for Pearson Vue in Coeur d'Alene	

Competition for volunteer personnel	1	MANY volunteer needs in small community	Leadership training for volunteer type organizations (like what IVESA does for fire)
		Global	
Personality conflicts/ organizational conflicts			
Family time		Working couples in down economy don't have time to volunteer	
Transition		Stressful / short turnaround time for exam cut offs	

Twin Falls			
Header Concern	**Votes**	**Sub Concerns**	**Recommendations**
Training grants	8	No funding for classes (initial or renewal)	Regional speaker pool
Training grants			Regional resources pool
Training grants			Regional resources page on Bureau website
Testing	7	Accessibility to testing sites	Supply equipment for testing
Testing		Tested geared to professional EMS	Communicate evaluator requirements
Testing		Computer based-intimidating	Laptops to agencies within the 50 mile radius (change radius)
Testing		Access to practical's	Practice computer tests from state
Testing		Accessibility for persons with learning difficulties (written)	Assistance for learning disabilities
Requirements	11	Time	Customer service
Requirements		Rigidity (of Bureau)	Don't micro manage
Requirements			Options explained by Bureau reps
Requirements			Tax breaks
Transition course	12	Unknowns (not clear)	Magic Valley Paramedics working on pooling resources and setting up course
Transition course		Lack of definition	Communicate transition instructors and competency assessment is under MD's direction and discretion
Transition course		Intimidating	
Transition course		Not spelled out	
Transition course		No specific direction	
Transition course		Content overwhelming	
Transition course		Beyond EMT level of understanding	
Transition course		Lack of instructors	
Transition course		Varied license cycles	
Transition course		Remedial training	
Renewal/continuing education	15	Venues - better definitions needed	Have documents
Renewal/continuing education		Venues-online CE hard (to get-not computer savvy)	Definitions

Renewal/continuing education		Categories -better definitions needed	Examples
Renewal/continuing education		Categories- no details	Group application for courses on the LMS
Renewal/continuing education		Documents not webinar/electronic	CE tracker for administrators
Renewal/continuing education		No examples	Computer based renewal (e-form)
Renewal/continuing education		Idaho Prepares hard to navigate	Keep paper retention of renewal for older members
Renewal/continuing education		Bureau website hard to navigate	More venues i.e. practical skills
Renewal/continuing education		Computers not accessible	List of resources i.e. classes in region that instructor will teach is contacted
Renewal/continuing education			Bureau coming out more regularly
Equipment	9	Mobile electronic suction	Options available to agency i.e. different equipment to perform care
Equipment		Infant nasal canals	Hospital helping with discount on drugs and replacing if used
Equipment		Silly requirements	
Equipment		Ped defibrillator pads	
Equipment		Equipment requirements in backup vehicle	
Equipment		Money for meds	
Initial course	22	Travel	State funded EMS commercials and advertising campaign with contact information of local agencies
Initial course		Cost	State approved DVD course with email for answering question and bring in instructors for practical's
Initial course		Books	Help pay for
Initial course		Labs	Training grants
Initial course		Instructors	Options-DVD and online
Initial course		Time	Check out textbook
Initial course		Clinical hours	Netflix program for EMS
Initial course		Rigid schedule	Equipment checkout for training

Initial course	EMS in High school more assessable	Regional resources
Initial course	More information about EMS in High School	Lead instructor has to be state approved instructor but to meet ratio for practical skills the other instructors do not have to be state approved instructors
Initial course	Lack of community awareness	Get college credit as High School class
Initial course	Lack of advertisement	EMT class in High Schools
Initial course	New scope means more time and materials	