

EMSAC General Session Minutes

June 29, 2012

COMMITTEE MEMBER ATTENDEES:

Jim Allen, Third Service Non-Transport Member
Kevin Amorebieta, Advanced EMT Member
Kevin Bollar, EMT-Paramedic Member
Les Eaves, County EMS Administrator Member
Greg Gilbert, EMT Basic Member
Denise Gill, Idaho Association of Counties Member
Robert Hansen, Fire Department Based Non-Transport Member
Gretchen Hayes, Volunteer Third Service Member
Brent Jennings, Idaho Transportation Department Member
Scott Long, Idaho Fire Chiefs Association Member
Doug Mazza, Private Agency Member
Mike McGrane, Air Medical Member
Bill Morgan, Committee on Trauma of the Idaho Chapter of ACS Member
Bill Spencer, Alternate attendee for Joe Cladouhos
Kathy Stevens, Idaho Chapter of the American Academy of Pediatricians Member
Murry Sturkie, DO, Idaho Medical Association Member
Pat Tucker, Consumer Member
Mark Urban, Pediatric Emergency Medicine Member
Mark Zandhuisen, Career Third Service Member

COMMITTEE MEMBERS ABSENT:

Joe Cladouhos, Idaho Hospital Association Member
David Kim, Idaho Chapter of ACEP Member
Catherine Mabbutt, Board of Nursing Member
Travis Myklebust, EMS Instructor Member

VACANT MEMBER SEATS

None

EMS STAFF ATTENDEES:

Michele Carreras	Lori Henneman
Kay Chicoine	Tara Knight
John Cramer	Thaddeus Marks
Wayne Denny	Dean Neufeld
Kody Dribnak	Erin Shumard
Tom Fogg	Chris Stoker
Barbara Freeman	Season Woods

Other Attendees:

Mark Babson - Ada County Paramedics	Jacob Qualls - Meadows Valley EMS
Dennis Godfrey - Caribou County	Dawn Rae - Ada County Paramedics
Shirley Halsey -	Melonie Skiftun - Donnelly Fire
Gregg Heller -	Loralei Sturkie - Guardian College
Jim Massie - College of Southern Idaho	Larry Weaver - Caribou County

GENERAL BUSINESS

EMSAC welcomed Brent Jennings as a new member. There are no vacant seats. Bob Hansen's term is expiring. Dr. Kim is retiring.

The next meetings are:

Oct 18 and 19, 2012

Feb 7 and 8, 2013

June 27 & 28, 2013

Motion to approve the minutes was seconded and passed.

EMSAC HANDBOOK UPDATE

The EMSAC handbook is in need of revision. Jim Allen, Scott Long, and Les Eaves volunteered to take on this task.

TOWN HALL MEETINGS

Wayne Denny reported on the EMS Bureau's recent town hall meetings to address concerns about recruitment and retention of volunteer EMS personnel.

Sixteen (16) meetings were held statewide from April to June 2012. Attendance was good. Several legislators, County Commissioners, hospital personnel, as well as EMS personnel attended. The Bureau will be writing a report of the findings. One finding was that some perceived that EMSAC was not representative of the EMS community. We need to improve our outreach. Wayne encouraged EMSAC members to locate organizations and activities and become involved in their region and to find ways to connect with their constituents.

The main issues of the town hall meetings were retention, transition, demographics, testing, initial courses and misunderstanding the transition. The Bureau was able to clarify many issues and will be addressing the concerns. For instance, the item writing workshops will address exam issues.

BUREAU UPDATE

Wayne Denny updated EMSAC about staff and position changes in the EMS Bureau. The Systems Information section has changed its name to the Systems Information and Support Section (SISS). Tara Knight has promoted from Records Lead to Planner in SISS. The Grants Specialist has moved from the administration section to SISS under John Cramer's supervision.

Dean Neufeld promoted to the Licensing Supervisor position. The Compliance Specialists became Field Coordinators. The Investigator duties were transferred to the Field Coordinators. Patti Thorn was hired as a part-time Exams Specialist. Diana Hone promoted to the Records Lead position.

NREMT PRESENTATION

Heidi Erb from the National Registry of EMTs (NREMTs) gave a presentation about current revisions of policies and requirements that comprise three combined initiatives focused on the use and continued use of national EMS certification. These initiatives include:

- online recertification that connects providers, agency training officers, medical directors;
- continued competency program to replace current recertification requirements
- Mark King Initiative that allows former NREMTs who have maintained their state licensure to

re-enter the Registry without examination, on a one-time basis, provided State licensing rules require maintenance of national EMS certification throughout one's career.

ON-LINE RECERTIFICATION

Advantages

- No paper documents to shuffle
- Centralized banking of education hours
- Electronic verification of skills by training officer for First Responder and Basic and medical director for intermediates and paramedics
- An agency (employer of certified EMS professional – not an education program) manages affiliations, education hours, approves recertification

CONTINUED COMPETENCY ASSURANCE (the NREMT Recertification Process)

Advantages

- More than just a test
- Implies recertification
- Based on psychometric principles and consensus where evidence is not in existence
- Self Assessment Guide
- Elements of standardization
- Decrease in hours
- Educational materials prepared for instructors
- Local design of education and flexibility
- Use of local data to drive local CE
- Specifics on what to teach (national competencies)
- Individual CE is nice option
- Data driven national core competencies
- Linking to the CQI process
- Guidebook to explain expectations
- Removal of “refreshers”
- Amount of CE different by level
- Concept built on four principles
 - Maintenance of professional standing (eligible and not barred from state licensure)
 - Cognitive competency (professional expectation and nationally recognized)
 - Practice performance (competent delivery of care/skills)
 - Life-long learning

MARK KING INITIATIVE

Goals

- Assist State EMS Offices with re-licensure process
- Promote National EMS Standards
- Support EMS Education Agenda for the Future: A Systems Approach
- Ease re-licensure/National EMS Certification process for EMS providers.

Only previously registered EMS providers would be eligible. EMS providers must hold current state license with no restrictions. States must have similar relicensure/recertification requirements. Currently Alabama, Vermont, and South Carolina are participating. Nine other states are considering.

Heidi explained the NREMT exam process for item writing and various statistics. The first time pass

rates are:

Level	National	Idaho
First Responder	69%	79%
EMT-Basic	69%	66%
I/85	69%	79%
Paramedic	71%	84%

When taking the NREMT exam, remember that time is not the enemy. There is a need to train paramedics to think fast. Less than 1% run out of time on the exam. The average exam times are 59 (EMT) minutes to 79 min (EMT-P) with a maximum allowed of 1 hour 45 minutest (EMT) to 2 hours 30 minutes (EMT-P).

For questions, contact: Heidi@nremt.org 614-888-4484, ext 165

COMMUNITY PARAMEDICINE SUBCOMMITTEE

Kevin Bollar volunteered to chair. Chris Stoker explained the groundwork events that are leading to the Community Paramedicine concept and thanked Director Troy Hagen and the Ada County Paramedics Community Paramedicine program for their presentation to the subcommittee.

Role of the Subcommittee

- Learn about Community Paramedicine; consider all types of communities and agencies.
- Be a primary resource for agencies and communities interested in a Community Paramedicine program
 - Identify community assessment & evaluation tools
 - Develop an implementation plan & process
- Assist with provider and population education on the capabilities of EMS
- Identify communities to run Pilot Programs
- Standardizing education for community providers
- Exploring an expanded scope of practice
- Utilizing technology; telemedicine
- Subcommittee will be primarily focused on becoming a resource for Community Paramedicine in Idaho.

DATA SUBCOMMITTEE

Brent Jennings volunteered to be the chair.

John Cramer explained the need to establish a new subcommittee to advise the Bureau on using data systems for the benefit of the EMS system. He reviewed the history of data collection in Idaho.

In 1993 NHTSA developed a four page list of data points for the collection of written data. There was little structure or technique for classification and consolidation. Multiple vendors were using a variety of common and proprietary file formats which hindered information exchange. It was useful at an agency level but not at a state or federal level.

John reviewed the use of the scannable form (about 1995), data collection for the National EMS Information System (NEMISIS) Data Model about 2002. John showed a map of the U.S. that is color coded to show the commonality of datasets among the states. There is some commonality but not

enough for resource planning, budget justification, system-wide evaluation, injury prevention programs, or to target support and assistance across the board.

The long term goals are for electronic EMS Data with a standard EMS dataset that can be used in local, state, and the National EMS database. On a state level we would like the Idaho EMS database to have a record on every EMS patient encounter submitted electronically that considers privacy and confidentiality for the system and the patient and to have enforceable authority. This type of data would allow system wide quality improvement, benchmarking of compliance and public health indicators, disaster management, support and assistance resource, annual reporting to policy makers as well as providing data to the National EMS database.

John described the current situation. We are still using the original data elements from the ad hoc EMS Data Advisory committee convened in Spring 2006. The Bureau contracted with ImageTrend in October of 2007 to provide the web-based PCR system now commonly known as PERCS. and are in the process of renewing this agreement for another five year period.

The Bureau currently receives information from 152 agencies into PERCS; 140 direct input, and 12 exporting data to PERCS. External data (imported from proprietary systems) accounts for 56% of the records in PERCS. Currently there are 420,000+ records in PERCS. Overall there is a 98.6 validation score (139 data points) for the system compared to paper PCRs in the low 70s (36 data points) and DOS-text based exports in the low 90's (36 data points).

Currently 95% of the information received is electronic through PERCS. The remainder is coming in by paper or electronically. Thirty five (35) agencies submit the remaining 5%. There have been some issues with providers keeping patient records at home.

In the past the EMS Bureau has focused on deploying the data collection system to user agencies and validating data exports. Now the focus needs to shift to making use of the information and look to the future use of the NEMESIS 3 version of datasets which has double the number of data points as currently used and incorporates STEMI and Stroke data.

This new subcommittee will explore how to promote the EMS system that will affect other avenues such as requesting grants, community paramedics, and legislative activity to demonstrate return on the investment. Brent Jennings confirmed this from his experience with ITD and the extensive use of crash data. Agencies need to be educated on how the data can be used. There is a report generator tool in PERCS.

A question was asked about the use of the trauma bands. These are no longer being used. Nationally there was confusion because of different color standards. Trauma bands are no longer being used.

GRANTS SUBCOMMITTEE

FY2013 Application Process

The Subcommittee reviewed various reports provided by the EMS Bureau: 1) Agenda, 2) Narrative Scoring Sheets for applications being discussed today, 3) Various Reports: Pending Equipment Requests, Ineligible Applications, Ineligible Equipment Requests, Eligible Equipment by Agency, Eligible Equipment by Purpose, Eligible Equipment by Priority, Eligible Vehicle Requests

There was a quick review of the February meeting decisions.

- Moved to eligible list with caps: Stand alone pulse ox, ATV
- Moved to ineligible list: Video laryngoscopes, Mechanical CPR devices, Electronic BP

Monitors, Cot loading systems

- Moved Epi-Pens to Equipment, not automatic award
- Webinar on Grants held March 13- positive feedback
- Review narrative scoring decision: Not PERCS, No communications letter, No extrication operations training documentation= score narrative a “0”

The FY13 Application and Guide were reviewed. There were a few minor formatting corrections and suggestions. Overall the new adobe fillable application worked well and reduced the number of errors in submitting data by the agency and expedited the data entry.

Received 65 applications this year- 10 unable to consider because of errors:

- No vendor quotes accounted for 9 incomplete applications
- Missing information in required sections
- Requesting multiple items on one priority request that were not a “kit”

There were 30 applications for vehicles, 24 were complete. There were 54 applications for equipment, 48 were complete.

As of June 27, total available funding for FY13 Account III Grants is: \$1,328,500. The current split of 80/20 means that we have \$1,062,800 for 11 vehicles and \$ 265,700 for equipment/epinephrine.

Actions Taken

Reviewed 6 Applications with various issues:

- Air Medical Agency requesting a cardiac monitor: determined ineligible item due to ILS license/OM
- ILS Ambulance requesting 2 Safety Harness’s: determined not PPE, only allowed one per priority request
- ALS Ambulance requesting a “chase” vehicle
 - *Motion that this request is eligible with a Medical Rescue Price Cap was seconded and passed.*
- ILS Ambulance- new agency not yet in service replacing a vehicle that has already been replaced through grants
 - Vehicle determined ineligible for replacement
 - BLS Non-Transport Service had a significant discrepancy in mileage of a vehicle being replaced. New processes have helped make this easier to identify.
 - BLS Non-Transport Service requested multiple items as one priority request. Radios and pagers separated; Extrication items separated.

PERCS Decision

Already taken action by scoring narrative a “0” for not being PERCS compliant. No further action now.

Vehicle History Review

Reviewed past history (five years) of all agencies requesting vehicles this grant cycle. Eight agencies have received at least one vehicle in the past five years, one agency has received two.

Parking Lot Items for October

- “Chase” Vehicles- discuss these in detail as well as consider a separate price cap

- Further discussion on Communications & Extrication Equipment “kit” definitions
- Consider limiting equipment priority requests since we rarely go beyond priority 2 requests
- Vehicle History timeframe of 5 years

Motion

A motion to accept the recommendation of the Grants subcommittee to grant a chase vehicle was seconded and passed.

EDUCATION SUBCOMMITTEE

Jim Allen chaired.

Optional Modules

- Optional Module process and resources on Idaho EMS Webpage for 2012 OMs.
- Changes in Optional Modules for each level of provider.
- Recent Optional Module additions added to EMT-2011, which will be submitted to rule making, go into effect July 1st, 2013.
 - Advanced Airway- devices not intended to be inserted into trachea.
 - End Tidal CO2 Monitoring
 - Peripheral Initiation/IV- non-medicated
 - Intraosseous- Adult/Peds
 - Venous Blood Sampling
 - Tracheobronchial Suctioning

Item Writing Workshops

The EMS Bureau is contracting with a subject matter expert in EMS exam development to conduct multiple workshops in Idaho to help Idaho EMS instructors understand how to develop evaluative materials that will better prepare their students for the NREMT examination.

Publisher test banks assess the student’s ability to read and understand the textbook at a knowledge level. They rarely test a student’s ability to assess a patient and make tough decisions about treatment. This leaves them unprepared for the application and problem solving questions they will encounter on the NREMT cognitive exam.

These workshops provide training to improve the test writing abilities of Idaho EMS instructors and provide guided practice in writing test questions and constructing balanced exams. The instructors’ new skills will ultimately help students to approach the NREMT cognitive exam with a greater level of confidence, improving first time pass rates.

The contract has been awarded to FISDAP. There will be 5 workshops in September.

The first time pass rates nationally for EMR is 71% and the EMT is 76%. Idaho’s average is 71% for EMR and 73% for EMT.

Volunteer EMS Education Project

This subcommittee needs to advise the Bureau on developing a program to educate new prospective EMS Volunteers in rural areas. Discussion was tabled for the next meeting.

EMS Student Clinical Challenges

A letter from Gordy Kokx was read regarding difficulties finding intubation clinicals for EMS students. Representatives from Ada County Paramedics/ISU-Meridian shared concerns for finding intubation clinicals for their EMS students.

Other

Discussion of developing a User Guide to help providers through different processes.

Possibility of bringing back Idaho Consortium of EMS Educators (ICEE) or similar group to help develop EMS curriculum.

EMSC SUBCOMMITTEE

Bill Morgan chaired.

EMSC Annual Meeting

The EMSC Program Annual Meeting was held in Bethesda, Maryland May 8-11, 2012. The theme for this year’s meeting was “The Power of Collaboration” and focused on building relationships and partnerships with other organizations to accomplish EMSC Performance Measures. It was a fantastic opportunity to meet face-to-face with many of the resource center personnel with whom Erin Shumard has spoken on the phone many times. It was also a great opportunity for our family representative to network and learn more about her role supporting Idaho’s EMSC Program.

The Power of Collaboration

Pat Tucker presented information given at the ESMC annual meeting about “The Power of Collaboration and their work in advocating for better pediatric care and more involvement of the family in treatment. She gave examples of actual children comparing the outcomes.

She reiterated the focus of John Nance in applying aviation safety principles in striving for zero errors for EMS pediatric care.

Pat presented information from a study by Karen O’Connell about the efficacy on family presence in the emergency room that indicates that visual and physical contact is important for outcomes. Downside is non-existent. Bill Morgan countered that it is very difficult for some parents to see invasive procedures being done on their child and that medical staff need to evaluate the wishes of the parents to be present and to find the balance. Ask the question appropriately and give the family choice.

Addition submitted for approval at the October 19 meeting, approved:

(1)A conclusion of Dr. O’Connell’s study was that screening of parents for appropriateness of family presence and (2) a facilitator to be with the parents is essential for a successful family presence program consistent with Dr. Morgan’s comments.

Pediatric Education Updates

A very successful EPC Course was held in Coeur d’Alene in April as part of the North Idaho Emergency Services Academy. We had so many students sign up that the course had to be moved from the local high school to a meeting facility at Kootenai Medical Center. Overall, we had 43 students attend the EPC course and 8 students stuck around for an instructor portion.

On June 9, 2012, Air St. Luke’s REAL Program held their SimFest at Meridian Medical Arts Charter High School. Many of the high school students volunteered for the event and displayed remarkable moulage skills. There were several scenarios, including a couple of pediatric ones: an abused toddler with a broken arm and the premature delivery of a meth-addicted baby (complete with postpartum

hemorrhage and neonatal resuscitation). Feedback from the providers who attended this training opportunity was very positive.

The Bureau is working with Bannock County Ambulance District to arrange an EPC course in Pocatello sometime around September.

The Southern Idaho EMS Conference will be held October 12-13, 2012 at CSI's Twin Falls campus which should have some great pediatric content.

St. Luke's Rescue Me, which is usually held in the fall, has been postponed until May of next year.

BLS & ALS Kits

30 BLS kits were granted to 24 agencies.

Discussion for a project this summer:

- BLS kits (~\$300 each)
- ALS kits (~\$1200 each)
- Will of the group was to track jump kit requests, but build and grant BLS kits this summer.

National Readiness Project

A big part of the meeting in Bethesda was to discuss and prepare for the National Pediatric Readiness Project. This is a national survey of all EDs to assess readiness to care for pediatric patients. The survey was designed and will be hosted by the National EMSC Data Analysis Resource Center (NEDARC). Five groups of ten states at a time will push out the survey, which will be open for three months in each state. The rollouts will begin this fall. One concern voiced by many at the meeting was that low response rate is expected over the holiday months. For that reason, the National Resource Center (NRC) and NEDARC have pushed many of the rollouts to the spring. Idaho will have the survey open from March until May. The NRC will handle initial communications to the hospitals. It was decided at the meeting that the CEO/Administrators should be informed of the upcoming survey as well as the ED Nurse Managers, who will be targeted to fill out the survey.

Since California was so successful, the Federal EMSC Program is aiming for a high response rate nationwide. The survey will be entirely online, but the Nurse Manager will have the option to print out a copy of the survey, which will be helpful in tracking down information prior to sitting down and inputting the information into the online form. The survey will take approximately 30-60 minutes to complete.

There are several benefits to the hospitals that participate. A facility's responses will immediately be de-identified and combined with other available data. First is the immediate feedback that the facility will receive. Each facility, upon completion, will receive a score based on 100 points. Each facility will also be given information about how it compares with EDs across the country with similar volumes. The facility will also receive a one year subscription to PEMSoft, a "continuously updated interactive clinical library and multimedia decision-support software system" that is tailored to support clinical staff in caring for newborns to young adults. Broselow tapes were persuasive, too. This will be a huge project, but will give hospitals and the Federal EMSC Program a good measurement of the nation's ability to care for kids in the emergency department setting. For more information on the Pediatric Readiness Project, go to www.pedsready.org. For more information on the PEMSoft software, go to www.pemsoft.com.

Other Projects

Dr. Stevens is working on a set of guidelines for Pediatric Disaster Preparedness.

Pat Tucker is working with the American Heart Association on a CPR Anytime Project. Will launch in

rural Idaho areas this fall.

TRAUMA SUBCOMMITTEE

Bill Morgan volunteered to be the chair of this new subcommittee.

Overview of Current Idaho Trauma System Development

Current work being done is a collaboration of Saint Alphonsus Regional Medical Center, Eastern Idaho Regional Medical Center, Idaho Hospital Association, Department of Health and Welfare, and the EMS Bureau

Trauma in Idaho

- #1 cause of death for people ages 1-44 in Idaho
- 665 deaths due to trauma in Idaho in 2009
- Falls are primary mechanism of injury – 37%
- Motor Vehicle Crashes are a close second – 31%

Trauma System

- A ‘Preplanned, comprehensive and coordinated statewide and local injury response network that includes all facilities with the capability of care for the injured’ (Heath Resources and Services Administration, 2002)
- Goal: to reduce loss of life due to trauma by creating a voluntary inclusive system and quickly transport trauma patients to the right care
- Next steps:
 - Gain the endorsement of stakeholders
 - Secure legislative sponsorship
 - Define regional and state structure
 - Support and enhance EMS system

Trauma Subcommittee Role

- To educate EMS community about the Trauma System
- To educate local legislators
- To advise the EMS Bureau as the Trauma System further develops

PERSONNEL LICENSURE SUBCOMMITTEE

Doug Mazza chaired.

Subcommittee Input

Discussion related to how and what type of input was desirable by Bureau and members. Reviewing documents and items that need submitting to Bureau was desired in addition to “tools” available to agencies and providers. Policies will be examined on a case by case basis. Overview of future CE tracking tool was provided with offers to pilot it.

Code of Conduct

A motion to recommend the Bureau to draft a code of conduct based on criteria identified in rule for personnel to be distributed to providers was seconded and passed.

AGENCY LICENSURE SUBCOMMITTEE

Les Eaves chaired.

License Activity

Reviewed new applicants:

- Hagerman Fire District- Nontransport BLS (No concerns noted)
- Thompson Creek Mine- BLS Ambulance to ILS (No concerns noted)
- Gateway Fire Protection District- Add BLS Ambulance (No concerns noted)

Pending Licenses

- Kootenai County Fire and Madison County. (Data submission pending. Discussion described process.)

Renewal License Application

Changes to existing renewal form described with new sections. Exceptions- evaluated annually. Optional Modules reported use annually application embedded. Input and comments requested.

Subcommittee Motion

Reviewed information submitted by a Non-transport BLS agency requesting staffing exception.

A motion to recommend granting this exception for 24/7 was seconded and passed with conditions.

General Session Motion

A motion to accept the recommendation of the agency licensure subcommittee was seconded and passed.