

Idaho Emergency Medical Services Physician Commission  
Highlights from the May 2009 Meeting

The draft minutes from the EMSPC May 8, 2009 meeting in Boise will be posted on-line at [www.emspc.dhw.idaho.gov](http://www.emspc.dhw.idaho.gov) .

- ❖ Question: What level of EMS provider licensure (formerly certification) is required to transport a patient with a patient-controlled analgesia (PCA) pump?  
Answer: Commissioner Masterson, Layperson, moved and Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, seconded the motion that EMS oversight is not required for a patient with a PCA pump during transport. Motion passed unanimously. In other words, an EMT may be used to transport a patient with a PCA pump. While this decision may alleviate staffing issues in certain parts of the state, the downside is that the presence of a PCA pump does not make ambulance transport medically necessary.
  
- ❖ Question: Can a hospital-based paramedic help local EMS complete an ALS interfacility transfer when the local EMS transport agency is licensed at the basic or intermediate level?  
Answer: No. However, the local EMS agency should pursue additional licensure for ALS transfers (type IV). This will allow the EMS agency to continue to provide prehospital/9-1-1 response at the BLS or ILS level and also provide ALS interfacility transfers for the local hospital.
  
- ❖ Scope of Practice Changes:  
Numerous scope of practice changes were approved by the EMSPC. The changes were necessitated by the ongoing absence of state-wide training materials and state-wide competency verification tools. Both are required for the implementation of floor skills. State-wide training materials are also required for certain optional skills. To allow implementation of these skills at the local level, the EMSPC made a number of floor skills optional. This is good news for EMS agencies frustrated by the wait to implement these new skills after they were approved by the EMSPC last year. On the other hand, remember that the responsibility for optional skills training and competency verification rests solely with the local EMS agency and local EMS Medical Director. When the EMS Bureau completes development of state-wide training materials and state-wide competency verification tools, you can expect these optional skills to transition back to floor skills. In many instances, this will occur with the rollout of the National EMS Scope of Practice Model which is anticipated in late 2010. Note that a few skills have been deleted. The EMSPC expects to re-add these deleted skills at the same time as additional skills that are included in the National EMS Scope of Practice Model. Please be sure to review the 2009-2 edition of the EMSPC Standards Manual for specifics. The changes are effective July 1, 2009.
  
- ❖ Mandatory State-wide Protocols:  
Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved and Commissioner McKinnon, Idaho Fire Chiefs Association, seconded the motion to work towards the development of

mandatory state-wide protocols by creating a State-wide Protocol Subcommittee to investigate mandatory protocols. Motion passed unanimously. To provide the best possible patient care, EMS providers must use evidence-based treatment protocols. The development of mandatory state-wide protocols for BLS, ILS and ALS providers will ensure that high quality protocols are available to every EMS provider. While the specifics of state-wide implementation of mandatory protocols have not been established, it is likely that EMS agencies will be required to adopt the protocols as written. However, modification of a state-wide protocol would be permitted upon written request by an EMS Medical Director and subsequent EMSPC approval.

❖ Idaho Simulation Network (ISN) Membership:

Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved and Commissioner French, Idaho Association of Counties, seconded the motion to purchase a one-year ISN membership for all Idaho EMS Medical Directors. Motion passed unanimously. ISN membership will help educate EMS Medical Directors on the exciting potential of patient simulation and will foster further integration of patient simulation in EMS training.

❖ EMS Medical Director Education:

Commissioner Kim, Idaho Medical Association, moved and Commissioner Sandy, Idaho Board of Medicine seconded the motion to allocate \$5,000 from the EMSPC FY08 budget to pay for an additional year of access to the EMS Medical Director on-line training course created by the Critical Illness and Trauma Foundation (CITC). Motion passed unanimously. Idaho-specific material will be available on-line as well in the future. Completion of the CITC course and Idaho-specific content, which will either be added to the CITC course or posted separately on the web, will be a prerequisite for participation in face-to-face EMS Medical Director workshops this coming year. The CITC course has been approved for 12 hours of AMA Category I CME and AOA Category 2A/2B CME.

❖ Airway Management Data Collection:

The EMSPC has temporarily suspended its requirement for airway management data collection and submission. While the EMSPC has affirmed the importance of this data, preliminary analysis of submitted records indicate that the current data collection tool is overly complex and confusing. The EMSPC approved a new data set that will be piloted before another attempt at state-wide implementation. Once implemented, required data must be submitted electronically (details to be announced). Written data submission forms will neither be created nor accepted.

❖ EMSPC Officer Elections:

Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, will serve as Chair of the EMSPC this coming year. Commissioner Deutchman, American College of Surgeons Committee on Trauma, Idaho Chapter, will serve as Vice-Chair.