

IDAHO EMSPC MEETING MINUTES

February 7, 2014

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

Members Present:

Mark Urban, M.D.
Murry Sturkie, D.O.
Brian O'Byrne, M.D.
James Alter
Veronica Mitchell-Jones
Paul Johns, M.D.
Eric Chun, M.D.
Keith Sivertson, M.D.
Ian Butler-Hall, M.D.
Curtis Sandy, M.D.

Member's Position:

American Academy of Pediatrics, Idaho Chapter
American College of Emergency Physicians, Idaho Chapter
American College of Surgeons Committee on Trauma
Citizen Representative
Citizen Representative
Idaho Bureau of Emergency Medical Services & Preparedness
Idaho Fire Chiefs Association
Idaho Hospital Association
Idaho Medical Association
Idaho State Board of Medicine

Members Absent:

Maurice Masar, M.D.

Member's Position:

Idaho Association of Counties

Vacant Seats:

None

Others Present:

Bill Holstein
Bill Keeley
Brent Jennings
Chris Stoker
Chris Way
David Chenault
David Jones
Dean Neufeld
Denise Gill
Dennis Godfrey
Dennis Patterson
Diana Hone
Gary Walsh
Gregg Vickers
Jennifer Symonds, D.O.
Jill Hiller
Kevin Bollar
Lynette Sharp
Mindi Anderson
Randy Howell

Other's Position:

Shoshone County EMS
Kootenai County Fire & Rescue
Idaho Transportation Department / EMSAC
Idaho Bureau of EMS & Preparedness - EMS Section Manager
Kootenai County EMS
Lewiston Fire Department
Meridian Fire Department
Idaho Bureau of EMS & Preparedness - Licensing Supervisor
Gooding County EMS
Caribou County
Idaho Bureau of EMS & Preparedness - EMS Field Coordinator
Idaho Bureau of EMS & Preparedness - Records Lead
Acute Rescue & Transport, Inc.
Bannock County Ambulance District / Pocatello Fire Department
FS - USDA
Cascade Rural Fire & EMS
INL
Air Methods
Idaho Bureau of EMS & Preparedness - EMS Field Coordinator
Boise Fire Department

Scott Long
Season Woods
Tim Phillips, M.D.

Idaho Falls Fire Department
Idaho Bureau of EMS & Preparedness - EMS Field Coordinator
Micron

Chairman Sandy called the meeting to order at 9:00 a.m.

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

**Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved to come out of executive session. Commissioner Urban, American Academy of Pediatrics, Idaho Chapter, seconded the motion.
Motion passed unanimously.**

License Action Report

**Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved to accept actions taken in executive session regarding Peer Review recommendations. Commissioner Chun, Idaho Fire Chiefs Association, seconded the motion.
Motion passed unanimously.**

Season Woods gave an overview report of the number of cases investigated, peer reviews and license actions taken over the last year.
30 cases were closed in 2013, 9 with license action. There are 53 currently open cases.

Approval of Minutes from 11-15-13

**Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved and Commissioner Urban, American Academy of Pediatrics, Idaho Chapter, seconded the motion to accept the draft minutes as submitted with the case numbers added on page 2.
Motion passed unanimously.**

NEMSIS 3 Data Update

Item added to the agenda following the EMS Advisory Committee (EMSAC) meeting the day before regarding the National Emergency Medical Services Information System (NEMSIS) 3 Data.

Brent Jennings, Chairman of the EMSAC Data Subcommittee, reported to the Commission that this subcommittee was formed to gather expertise to help the Bureau transition to NEMSIS 3. There are 166 mandatory data elements Idaho will need to report. There are an additional 100 elements that fall in to the category of recommended. These are what the subcommittee will focus on to determine which Idaho will collect. It was emphasized that the subcommittee must not lose sight of the importance of having these vetted by physicians before they are finalized. The subcommittee will ask the EMSPC to participate in this vetting and hopes to have a draft to present to EMSAC by October. It is critical that everyone up and down the spectrum weighs in. It is not too late to join the effort.

The final component is education. The subcommittee wants everyone to have the appropriate education so even the small agencies can understand the benefits of data collection and use the information gathered to generate reports that can help secure grants, help them better manage what they have, and help present information to decision makers to secure the resources they may need.

Chairman Sandy and Commissioner Sturkie are on the subcommittee. Chairman Sandy noted that the EMSPC will need to review, agree, and discuss which elements they want included. Good data is needed for system development and what is going on in the state. This will be the Commission's opportunity to provide input.

Commissioner Sivertson stated that the federal parent of this project is the National Highway Traffic Safety Administration (NHTSA). The handout says that one of the goals is to make it HL7 compliant. This means there is intent to share this data and make it aligned and tracked with hospital utilization. Therefore, Commissioner Sivertson wondered if there would be a point at which a patient may say they do not want to participate because it will be individually identified. They may want to know what is going to happen to their data. Since NHTSA is asking that this be HL7 compliant they must have a federal partner that wants to share the data. Chairman Sandy said he did not know about HL7, but that states will submit to the national EMS database. Perhaps they want it HL7 to better submit it there. He did not know what they have planned for the national database. Commissioner Sivertson reiterated that at some point someone in Idaho is going to ask what is going to happen to their data. Therefore, we need to find out the answer early. The answer will be different if there is no personally identifiable data, but the handout indicated otherwise.

Randy Howell, Boise Fire Department, stated that from an agency's perspective they will be moving from 84 federally required NEMESIS fields to 166. He wants to know what Idaho is working towards, because currently he does not think we are using any of the data that has been submitted for the last 7 years. He asked that goals be set for what Idaho wants to achieve from the 166 required fields before even considering more. He asked that additional data points be looked at very closely because it takes more time to enter more data. He wants to focus on the 166 required fields and know what to tell his people the benefits will be. He would like to see the data used to improve patient care in the state, not just collect it. He asked that Idaho not add elements just because we might want that some time.

Chairman Sandy agrees that we need to push for better use of the data that comes in. Commissioner Sivertson acknowledged that the physicians are very sympathetic because they have this type of conversation in the hospital every day about reporting. Goals do need to be defined. Commissioner Urban stated that he would like to join the effort.

Transition Course Completion Required To Renew

Chris Stoker, EMS Section Manager, called everyone's attention to the fact that we are now to the point where EMR, EMT, and Paramedic providers *must* complete their transition course before the end of their current license cycle in order to renew. Providers and agencies need to be aware that the on-line CentreLearn or Fisdap lessons do not constitute the entire course requirements. They are only a portion of what is required and students must be associated with an actual transition course to receive skills verification and course completion. Transition Course Completion Rosters must be submitted by the course coordinator with the proper signatures, not just the on-line course/lesson

certificates. Providers *must* also submit the Transition Course Application to transition, either upon completion of their course, or along with their renewal application. The only providers this does not apply to are the AEMT-85s who are not required to transition to the AEMT-2011 level. They may remain AEMT-85 until they retire, if their agency will support that.

Medical Director Education Subcommittee Report

Commissioner Alter reported that he and Dean Neufeld, the Bureau's licensing supervisor, have discussed reorienting the Commission's approach to the regional medical supervision workshops. They suggested inviting new medical directors to attend an EMSPC meeting. A couple of reasons for this are the limited number of physicians impacted by regional workshops and some have felt they could give the lecture themselves. The expense of the workshops is also a concern and it was thought that perhaps funds could be used to bring new medical directors to an EMSPC meeting where they could voice concerns and ask questions of this body.

The subcommittee has not developed a "Welcome Packet" as discussed at the last EMSPC meeting. However, Dean has simplified the Medical Supervision Guidebook by removing the samples and replacing them with links to the documents that are posted on the website. This reduced the number of pages from 48 to 30. It is now called the Medical Supervision Handbook. The Handbook and the sample documents are posted on the EMSPC website. www.emspc.dhw.idaho.gov Dean would like this document to eventually be a single source document that medical directors and agency administrators can go to on-line to link to the things that are targeted for their needs.

Commissioner Sivertson suggested creating a FAQ document for the answers to the most frequently asked questions. He feels the EMSPC Statewide Protocols are the single best help that can be given to the medical directors across the state.

Chairman Sandy did not think that a brand new medical director would get much from an educational standpoint by sitting in the audience at an EMSPC meeting. Perhaps a "Meet and Greet Round Table" the night before with a few of the commissioners would be more beneficial. That would provide more of a one-on-one session to talk about their specific questions.

Chris Stoker, the Bureau EMS Section Manager, suggested attending an EMSPC meeting should be in addition to the regional workshops because there has been a lot of good feedback from those meetings with medical directors, agency administrators, providers, bureau staff, and commissioners all in attendance. He suggested refining the workshops to make them more worthwhile and perhaps not cover the very basic material but perhaps some clinical aspects, etc.

Concern was expressed about scheduling workshops this spring due to personnel vacancies at the Bureau. Commissioner Sivertson suggested trying to do a workshop the night before the next EMSPC meeting in May in Twin Falls from 6:00 to 9:00 p.m. Commissioner O'Byrne suggested that eventually it would be good to be able to broadcast these electronically around the state to expand the audience.

Commissioners discussed the CIT on-line courses for medical directors and agency administrators.

Commissioner Sivertson, Idaho Hospital Association, moved to offer rural EMS medical directors and agency administrators a reimbursement voucher towards the CIT on-line training, limit of \$3000. Commissioner Chun, Idaho Fire Chiefs Association, seconded. Commissioners asked that the Idaho content links be updated.
Motion passed unanimously.

It was determined to invite all medical directors to the medical supervision workshops to be held prior to the EMSPC meetings. Outreach needs to be made to the new EMS medical directors and those in the surrounding area of the meeting. They will receive a \$350 stipend on a first come first served basis up to \$5000.

Topics: (10-15 minutes each)

- Resources Available to Medical Directors – Dean
- Devices – what works, what doesn't work? Concern about slick salesmen selling crap.
- Dealing with Problem Personnel
- Update on Clinical EMS – maybe the top 5 EMS articles: Minimal and Interrupted CPR, Spinal Immobilization, Community Health EMS, POST DNR
- Q&A to follow

There was unanimous consent to the plan. Commissioner Butler-Hall asked that the commissioners review the Medical Supervision Handbook and submit feedback and comments to the subcommittee.

Agency OM Usage Report for 2012

Dean Neufeld distributed the closure report for 2012 OM Usage. These numbers were collected from agencies during 2013 agency license renewals. The Bureau field coordinators continue to educate the agencies about reporting accurate data for OM usage. With this continuous education Dean hopes that next year's data will be more accurate; reflecting actual OM usage, rather than how many times the skill was performed as a floor skill and/or OM.

Chairman Sandy asked about the number of agencies doing the EMT-2011 airway and IV OMs. Dean reported that those are just starting since they require completion of training and transition to the EMT-2011 level prior to being eligible to test. The medical director will receive exam results to be used toward credentialing each provider.

An unanticipated use of the new EMT-2011 OMs is a BLS agency that is able to provide ALS skills by having their paramedics use these skills as an EMT-2011 OM. They are floor skills for them so they have already received the training and exam.

Commissioner Sivertson asked how many BLS units are carrying glucagon since a big expense for small agencies is out of date pharmaceuticals? Many small agencies are finding that the OMs are too expensive to maintain.

Emergency Medical Dispatch (EMD)

At the time of the meeting, there had been no response from the Emergency Communications Commission (ECC) to the letter sent in January regarding development of minimum standards for EMD.

Commissioner Sivertson, Idaho Hospital Association, moved that the Chair redirect the letter one step up the hierarchy to whomever the ECC reports to after courtesy call to Eddie Goldsmith. Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, seconded.

EMD will be essential to the Time Sensitive Emergency System if that passes the legislature.

Commissioners are very concerned about training, oversight, and accountability.

Audience member Bill Holstein stated that one of his struggles with EMD is the quality assurance (QA) process. He asked that the QA component be defined, including who may sit on the QA processes. Currently fire and EMS are not a part of the QA process in the sheriff's department. Therefore, those in the field have no ability to help guide the process to help the responders in the field. The only thing they can do is file a formal complaint on an individual basis.

Motion passed unanimously.

Micron Variance Review for Calcium Gluconate Gel

Dr. Timothy Phillips reported that in the last two years there were 17 cases in which Calcium Gluconate should have been used. As the medical director he reviews 100% of chemical contamination cases. He did not find any inappropriate use of calcium gluconate gel by the EMTs. There were two (2) cases where it should have been used according to their protocol, but it was not. Fortunately, there was not a high concentration of HF in the incident and there have been no actual injuries in the last two years. Dr. Phillips requested continued availability for use since there is not any harm in using it and having it available for quick use in a high concentration contamination incident makes a huge difference in the injuries.

Commissioner Sivertson noted that the Micron Variance has been a model for how the EMSPC would like to handle special needs, special situations, and special industrial applications. He expressed appreciation to Dr. Phillips for being willing to make the presentation before the Commission every two (2) years.

Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, moved to continue the variance for another two (2) years. Commissioner Sivertson, Idaho Hospital Association, seconded.

Motion passed unanimously.

Gooding County Variance of Expanded Scope for AEMT-85s

Denise Gill stated that they have started AEMT-2011 initial and transition courses. Currently there are 6 providers in the transition course and 6 in an initial class. They are scheduled to test this spring. She requested a continuance until they can get everyone up to speed.

**Commissioner Sivertson, Idaho Hospital Association, moved to extend the variance until December 31, 2014. Commissioner Sturkie, American College of Emergency Physicians, Idaho Chapter, seconded.
Motion passed unanimously.**

Statewide Protocol Update

The subcommittee met on February 6th for about four (4) hours. They reviewed comments, questions and concerns submitted by providers, agencies and subcommittee members. They made some corrections and clarifications. We did have one comment that our burn protocol did not follow the ABLIS recommendations. We reviewed it and chose to leave our protocol as is. We looked at some future protocols. New ones being built: Spinal Clearance, Use of Lights and Sirens, Dialysis for the Renal Failure Patient.

More clarification is needed about the “EMS Spinal Precautions and the Use of the Long Backboard” Position Statement. Chairman Sandy’s letter to agencies and medical directors encourages them to evaluate their spinal immobilization process in accordance with this paper and make any changes they see fit. If they make changes they should coordinate that with their hospital, ski patrol, athletic trainers, etc. He emphasized that the Commission is not recommending getting rid of backboards; they are redefining the use of backboards. The backboard is an extrication device and is not necessarily to be used for patient immobilization. It is for patient transfer and extrication. Spinal protection does not necessarily mean a hard board.

Kevin Bollar voiced the concern of EMS providers that they do not like dealing with ridicule when they arrive at the hospital for doing something they know is right. Commissioner Sturkie noted another problem with the negative comments at the hospital is that they could inspire a lawsuit by the family. More education must be provided to the receiving facilities. Eventually the statewide protocols will help with this and if the Time Sensitive Emergency System is put into place this will be the kind of thing the Regional Advisory Committees will address. Chairman Sandy reminded everyone that EMS drives change and the EMS providers have to remember they are pioneers at times.

There is a list of 50 Procedures. However, the few that are published with our protocols are those regarding an OM procedure that must be followed. For the most part, the Commission will leave procedures alone since they can be found from other sources. Chairman Sandy would like one built for minimally invasive CPR. Bill Holstein requested a Patient Restraint Procedure.

A Summary of Changes will be published with each edition. The subcommittee will meet again prior to February 2015 meeting. Medical directors, providers and agency administrators are encouraged to submit suggestions or needs.

Approve PARF for 2015 Rule Changes

This item was postponed until the May meeting because other changes will need to be made if the Definition of EMS passes the Legislature.

Legislative Update

Chris Stoker reported that the original language for the “definition of EMS” was struck down and then reworked by a couple of different senators along with the Bureau and new language was submitted that is expected to pass.

The Time Sensitive Emergency (TSE) System language will be up for vote soon. It remains questionable as to whether it will pass because lack of understanding still remains about the purpose and goal of the legislation. Commissioner Sivertson asked about the funding mechanism. It was reported that the Department of Health and Welfare was able to find funding from its general fund for the startup costs as well as two full time employees that will be re-allocated to support the function. In the future the hospital certification fees will help fund it.

Chairman Sandy reported that when he presented the EMSPC rule change for the updated Standards Manual before the House and Senate there were minimal questions. It passed without difficulty.

The summary of changes document for the EMSPC standards manual and the Bureau’s entire rule writing process with the task forces and town hall meetings was highly commended.

Interstate Compact Update

Chairman Sandy reported that the final draft form is out. This was pulled together by the Department of Homeland Security (DHS), the National Association of EMS Officials (NASEMSO) and other federal partners to try to figure out what to do with EMS providers crossing state lines. It will be for EMTs or above since many states do not regulate EMRs. Some of the stipulations are background checks, process for initial licensure, etc. If two states belong to the compact, providers can go across state lines to provide EMS. The only time they have to license in the other state is when they move and then they have 90 days to obtain a new license in their home state. Chris reported that if Idaho were to adopt it, there would be some changes needed in statute which would also drive some rule changes.

Regional Medical Direction

Chairman Sandy is concerned about having EMS medical director representation on the regional TSE committees if the law passes. He wants to be sure the EMSPC has representation when the rules are written. Commissioner O’Byrne, who also served on the TSE committee, acknowledged that EMS involvement is integral to the TSE System.

NASEMSO – Statewide Implementation of an Evidence-Based Guideline Project

Chris Stoker reminded those present that this is only an exercise to determine what obstacles may be encountered if there was an attempt to implement a national guideline. They are not actually rolling out a guideline, this is a simulation. The commissioners reviewed the checklist containing the Idaho responses which will be submitted to NASEMSO for this phase of the project.

Commissioners discussed possible barriers to implementing a national guideline:

- Timing in regards to when the EMSPC Subcommittee is scheduled to meet
- If a guideline is based on the National Scope of Practice model, because of Idaho’s OMs the guidelines may not be consistent with our scope of practice
- Because of the time lag in developing guidelines, they may be behind accepted practice

- Idaho may already have a statewide protocol before they roll out a national guideline

Chris noted that from the discussion he would report that there needs to be something before “Stage 1” on the checklist.

Strategic Plan

February 2015 meeting will be February 6th due to Valentine’s Day and will be aligned with the EMS Advisory Committee (EMSAC) meeting the two days prior.

Commissioner Urban, American Academy of Pediatrics, Idaho Chapter, moved to adjourn. Motion passed unanimously.

Adjournment 5:01 pm

Curtis Sandy, Chairman
Idaho Emergency Medical Services Physician Commission