

IDAHO EMSPC MEETING MINUTES

May 10, 2013

A meeting of the Idaho Emergency Medical Services Physician Commission (EMSPC) was held on this date at Best Western Lodge at River's Edge, 615 Main Street, Orofino, Idaho.

Members Present:

Murry Sturkie, D.O.
Mark Urban, M.D.
James Alter
Veronica Mitchell-Jones
Maurice Masar, M.D.
Keith Sivertson, M.D.
Curtis Sandy, M.D.

Member's Position:

American College of Emergency Physicians, Idaho Chapter
American Academy of Pediatrics, Idaho Chapter
Citizen Representative
Citizen Representative
Idaho Association of Counties
Idaho Hospital Association
Idaho State Board of Medicine via teleconference

Members Absent:

Brian O'Byrne, M.D.
Eric Chun, M.D.

Member's Position:

American College of Surgeons Committee on Trauma
Idaho Fire Chiefs Association

Vacant Seats:

Idaho EMS Bureau
Idaho Medical Association

Others Present:

Bill Spencer
Blaine Feinman
Chris Stoker
Connie Weeks
Dave Reynolds
Dean Neufeld
Diana Hone
Douglas Gregg
Kelland Wolf
Kody Dribnak
Les Eaves
Mark Zandhuisen
Tema Jessup
Teresa Singleton
Wayne Denny

Other's Position:

Syringa Ambulance
Tahoe QRU
Idaho Bureau of EMS & Preparedness - EMS Section Manager
Syringa Ambulance
Moscow Fire Department
Idaho Bureau of EMS & Preparedness - Licensing Supervisor
Idaho Bureau of EMS & Preparedness - Records Lead
Asotin County Fire & U.S. Forest Service
Idaho Bureau of Land Management / Wolf EMS
Idaho Bureau of EMS & Preparedness - EMS Field Coordinator
Clearwater County Ambulance
Bonner County EMS
Syringa Ambulance
Lifeflight
Idaho Bureau of EMS & Preparedness - Bureau Chief

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

Approval of Minutes from 2-6-13

Commissioner Sivertson, Idaho Hospital Association, moved and Commissioner Urban, American Academy of Pediatrics, Idaho Chapter, seconded the motion to accept the draft minutes as submitted.

Motion passed unanimously.

Medical Director Education Subcommittee Report

Commissioner Alter reported that a Medical Supervision Workshop was held in Cottonwood on April 29. Three medical directors attended along with about 20 administrators and providers. 11 agencies were represented. Chairman Sturkie did the presentation. Appreciation was expressed for bringing the workshops to their rural area. They also liked the length of the workshop and that it was an evening meeting during the week.

The other two locations have been secured (Sandpoint and Midvale), but dates have not been finalized.

Medical Supervision Subcommittee Report - Credentialing

The Bureau continues to collect answers to the medical supervision questions on the agency renewal applications. 33 agency responses were submitted to the subcommittee this quarter. The majority are reporting that they are not having any problems with medical supervision or N/A, which may indicate they are not following a formal medical supervision plan. A few reported distance (remoteness) as a problem, lack of time for medical director to review run sheets since it is a volunteer position was reported, and lack of response from the Bureau or Commission regarding medical supervision plan submissions or updates was also noted. The majority do not answer the credentialing question correctly.

The Bureau is working on a newsletter focus article that will talk about credentialing. Many seem to think that credentialing consists of having a copy of the provider's license letter from the Bureau in their file. The newsletter goes to all the providers in the state as well as the agencies and medical directors. It is hoped that the more people that understand the difference between licensing and credentialing, the better the agencies will get at doing it.

Chairman Sturkie emphasized that the article should help medical directors understand that they do not have to be the ones visually monitoring and documenting every single procedure or action. They can use training officers or other providers who are authorized to do that. Commissioner Sivertson explained that it is like a pyramid. There may be certain skills such as medication administration or advanced airway management that the medical director feels need direct oversight, but the vast majority of things can be viewed and documented in the process of credentialing by the training officer or other authorized personnel. The medical director establishes the standard (which is set by the practical exam).

Commissioner Masar feels that many of the medical directors who attend the workshops are hoping to learn something about credentialing. Commissioner Mitchell-Jones noted that Kootenai County EMS surveyed their providers and found that most providers think that having their skills signed off by the medical director on their license renewal application is credentialing. As a result Kootenai County EMS realized that their medical supervision plan was not broken out between licensing and

credentialing. They are revising their MSP and working to implement a more formal credentialing form. She again expressed the desire to have a MSP template. Kootenai County EMS is working to educate their providers that “licensure” is with the State and “credentialing” by your medical director is what allows you to provider EMS with your agency. She feels that even with the Medical Supervision Guide, credentialing is still not clear.

Chairman Sturkie asked that the sample forms inside the Medical Supervision Guidebook be made individually downloadable, posted separately on the website.

Dr. Jessup noted that the “What you need to know about credentialing” message needs to be short and clear (1 page or ½ page would be best) because people do not take the time to read something in-depth or lengthy. It needs to catch their attention with the high points.

Statewide Protocols & Procedures Subcommittee Report

Commissioner Sandy and Dean Neufeld reported that the protocols should be ready to print and publish by the end of the month. The formatting has been standardized which has greatly simplified building new protocols and modifying the existing ones. The protocols and procedures are hyperlinked to each other in the Visio version. There will be a legend page to explain the symbols. They seem to be quite navigable to the people Dean has introduced them to that were not part of the subcommittee. A bit of training or orientation may be beneficial to some, so the Bureau plans to put together a webinar for this. The Visio version and a PDF copy will be posted to the website. It is hoped that they will also be published in waterproof booklet form, with removable pages. The Bureau has about \$3000 to put toward this.

Dean recommended that making corrections and updates to the protocols be a standing agenda item at future EMSPC meetings.

Commissioner Sivertson, Idaho Hospital Association, moved that the EMSPC approves the release of the Statewide EMS Protocols in an electronic and printed format, to be used on a volunteer basis. Commissioner Urban, American Academy of Pediatrics, Idaho Chapter, seconded.

Motion passed unanimously.

Requests and suggestions for changes must be submitted to the EMSPC for review and possible inclusion in future versions. If an agency requests the Visio file to make modifications for their agency, they must remove the copyright at the bottom and claim them as their own. The EMSPC will not be responsible for such modifications. A master copy will be archived for comparison.

The subcommittee will meet twice a year, or as needed for maintenance, to review possible changes to be presented at the quarterly EMSPC meetings.

Idaho Simulation Network (ISN)

Chairman Sturkie reported that ISN is now an incorporated not-for-profit entity that is used for simulation education with high fidelity manikins throughout the state. They put on full day events with facilities such as critical access hospitals where simulation activities for trauma, pediatric, etc., are incorporated with hospital staff and the EMS community in the area. The idea is that through simulation, providers can better practice scenarios that may be rare or unusual, rather than waiting

for an actual event, and therefore be unfamiliar with the appropriate response or procedure. The EMSPC supports the ISN with a subscription that allows all Idaho EMS agencies and medical directors to participate in their purchasing power. Therefore, agencies can get simulation equipment at a discount through ISN. The subscription also provides access to support through the ISN such as scheduling simulation activities. ISN conducts programs and training for EMS providers at regional conferences too. As mentioned last meeting by Commissioner Sivertson, the EMSPC would like ISN to help Idaho EMS agencies do skills validation and credentialing by providing certificates to providers when they successfully complete skills through simulation at a conference or event. Dieter Zimmer, Executive Director of ISN, will attend the August 9, 2013, EMSPC meeting to discuss how this might work.

Commissioner Sivertson, Idaho Hospital Association, moved to work with the Idaho Simulation Network (ISN), not exclusively, to pursue a mechanism for skills verification to be used by agencies and medical directors for continuing education and skills validation. Commissioner Urban, American Academy of Pediatrics, Idaho Chapter, seconded. Motion passed unanimously.

Les Eaves, Clearwater County Ambulance, commented that ISN did an exercise in their area a couple of years ago and it was very well done. He feels it is an excellent learning tool.

EMS Rule Update

Chris Stoker reported that in 2008-2010 task force groups worked on EMS agency and education rule revisions. Those groups were reconvened recently to finalize the drafts for those new rule sections. The Bureau is currently gathering comments and suggestions regarding the draft agency rules by conducting 13 Town Hall meetings around the state as part of the negotiated rule making process. Most feel the new agency rules are enabling and open up a lot of opportunities for agencies to license and deploy their assets in a more dynamic manner. The meetings have gone very well. The agency rules will go to the legislature this coming session in 2014 and if approved, will go into effect July 1, 2014. A new chapter with all EMS definitions in one place will also go to the 2014 session. The draft education rules are not quite finalized, but it is anticipated that town hall meetings for those rules will take place next year for the 2015 legislative session. The education rules include course, examination, and instructor qualifications.

Wildland Fire

The Idaho Limited Request for Recognition (LRR) and the Planned Deployment forms were reviewed. The updated forms will be posted on the website.

Checklist - The Idaho EMS section of the Northern Rockies Coordinating Group (NRCG) Interagency Incident Business Management Handbook Amendment, Chapter 50, dated April 2013, was referenced as the "checklist" that will be used, rather than the one prepared for the Commission by Bill Aresenault a few months ago, because this is the document (and one similar to it for the other regions since NRCG does not cover the entire state) the Department of Lands, U.S. Forest Service and other stakeholders will be using for those that want to come to Idaho and be involved with wildland fire. They have worked to align and reference Idaho regulatory requirements and the Idaho forms on the Bureau and Commission's webpages. Bill's checklist went beyond the basic regulatory environment into sound business practices, which isn't in the Bureau's realm of authority.

Timely License Verification / Approval from State EMS – Dean reported that the Bureau has set this as a priority item and has refined the process for LRRs to be as quick a turnaround as possible, hopefully within 1-3 days. However, verifying licenses in some states is problematic. Some we can do on-line, others we have to wait for the other state to fax back a response. Idaho is bound by Rule (IDAPA 16.01.07.140) which requires out of state license verification be done prior to providing services. The Bureau will keep a running list of providers we have received verification for this season so if requests can be made ahead of time that will be helpful or if a provider moves to another fire we will already have their verification.

Verifying that providers have a current EMS license as they travel state-to-state for wildland fires is recognized nationally as a problem. Wayne Denny reported that the National Wildfire Coordinating Group (NWCG) is working to build a program where providers could be recognized ahead of time and then the Medical Unit Leader (MEDL) would just notify the Bureau that the provider is here. One of the problems with the existing Incident Qualifications and Certification System (IQCS) program that tracks qualifications within the wildland fire community is that, if you have ever been an EMT in IQCS, you will always be an EMT in IQCS, as long as you hit a fire every 4 or 5 years. Your qualification status stays active with no verification that your license is actually still current. It doesn't have expiration dates. NWCG is meeting with IQCS to try to put a process in place that would check for license currency each year. If that were to happen a lot of these issues would go away. If the IQCS system can assure the Bureau that a provider who shows up in Resource Ordering and Status System (ROSS) as an EMT has a current EMS license in some state, then we wouldn't have to go through the current verification process.

Liability - Dean Neufeld, the Bureau Licensing Supervisor, encourages agency medical directors who are asked to act as the incident supervising physician for a wild land fire medical unit, to give the incoming folks a copy of their EMS medical supervision plan (MSP) and protocols. They should explain to the incoming fire unit to follow the listed conditions. If they choose to deviate or violate any of the MSP, then they are on their own for liability.

The new agency rules will provide a means for short term agencies to be stood up for a wildland fire; however, that won't be available until the 2015 fire season. This will help with the liability issues since a wildland fire short duration agency can affiliate existing Idaho licensed providers without having to go through the planned deployment process. This will encourage the use of Idaho licensed providers rather than bringing in so many from out-of-state. It was also noted that the LRR does not provide Idaho civil liability immunity for providers because they are not licensed in Idaho under our statutes. Whether or not they are covered under their own license in their own state, we don't know.

Return to Work - Commissioner Sivertson again expressed his concern about another on-going problem that has not been resolved in wildland fire medical units: "return to duty." He noted that there is not anyone licensed in the medical unit, under an EMS license in the state of Idaho, who has the education, training, or experience to determine "return to work." If a licensed Idaho EMS provider says that someone is ok to return to work, they are operating outside of their scope of practice.

Commissioner Sivertson reiterated several times that “return to work” is a huge deal. It is not only the provider’s safety, but it also affects the safety of all the people around them. Take for instance the helicopter pilot, bulldozer operator, etc. The most dangerous thing we do in EMS is not to transport a patient. That is the riskiest decision we make.

Securing Incident Supervising Physicians & Liability - A medical unit leader (MEDL) expressed concern regarding the requirement to list an Incident Supervising Physician for each incident. What if the local EMS medical director is not comfortable with being the supervising physician for a wildland fire medical unit? One of the concerns local medical directors have is that they do not know what the skills of the incoming providers are.

Commissioner Sivertson explained that arrangements for medical direction should be made before the fire season begins. Ask the Idaho Department of Lands (IDL), the Bureau of Land Management (BLM) or the Forest Service (USFS) about providing an incident supervising physician. The MEDL stated they would tell them it is up to the MEDL to find a supervising physician. It was reemphasized that you cannot provide EMS in Idaho without medical director supervision. Concern was expressed about who is going to step up. Commissioner Sivertson reiterated that this has been the issue for 4 or 5 years now and that it crystalizes when you have to list the incident supervising physician on the LRR. Chairman Sturkie noted various options: find a local medical director to do it, get the three major entities (IDL, BLM & USFS) to create a contract with a physician in the state, or the MEDL makes arrangements with a medical director ahead of time that will act as their medical director at any fire in their area.

Dr. Jessup expressed concern about jeopardizing the licenses of the few physicians we have in Idaho, especially in the rural areas. She feels it is very difficult for local physicians to take care of the State of Idaho in regards to fires, especially with out-of-state EMS providers coming in. She feels Idaho would be much better served to have a medical director educated in EMS and wildland fire requirements provide supervision for the state or even on a regional basis. As a new EMS medical director, who feels she is running to try to understand her responsibilities, she was surprised to find that when she attended the recent EMS Medical Supervision Workshop in Cottonwood she was not the least educated one there. She worries that it is asking a lot to add wildland fire incident supervision on top of that. She believes that during the fire season it could be a full time job for a medical director and that in the off-season they would be busy figuring out all of the policies.

Commissioner Sivertson explained that the discussion 5 or 6 years ago was that: what was going on in a wildland fire medical unit was the unlicensed practice of medicine. That did not get a lot of enthusiastic response from certain government agencies. He feels those government agencies have chosen not to apply sufficient resources to the care of their personnel and so we are still on a journey here. He would like to see how we can protect the Idaho licensed physician in a small community, who is willing to step up and provide oversight for the EMS portions of a wildland fire medical unit, and not subject them to the liability of return to work, fitness for duty, or the whole health and safety epidemiologic function that the medical unit also provides, for which EMS providers are not educated and trained. If the IDL and Forest Service would provide an independent licensed practitioner such as a NP, PA or Physician in these camps, who would be responsible for all the medical care both EMS, return to work, occupational medicine, and epidemiology, the problem would be solved; but there is money involved. Commissioner Sivertson sees this as a giant work around to ignore the problem.

Commissioner Sivertson requested a clarifying letter from the Attorney General stating whether an Idaho EMS agency medical director is offered the same immunity from civil liability when acting as an Incident Supervising Physician on a wildland fire for purposes of delivering EMS. It would be essential that the immunity from civil liability be extended there. The Chair will request the clarification.

Unauthorized out-of-state ambulances – Concerns were expressed about unidentified ambulances at wildland fires being broken down and not equipped to the Idaho minimum standards. Dean Neufeld, the Bureau Licensing Supervisor, stated that they would be in violation of Idaho Code. They should not be transporting patients and should be reported to the Bureau. When Dean gets word of such occurrences he contacts the MEDL and/or company. Dean is hopeful that the publication of the NRCG document will make it clear ahead of time that they must be licensed in Idaho.

Optional Module Usage Report

In response to the Commission's request for a report on optional module usage, the Bureau's field coordinators will review each agency's approved optional modules during their annual inspection. They will check to see if any providers are credentialed to perform the approved OMs and collect the usage numbers. Retrieving this information from PERCS has proved to be problematic because of the detail required and the varying provider license levels. The EMSPC will receive an updated report at each meeting showing the agencies that were inspected with their approved OMs, usage, and call volume.

This first report shows 82 agencies inspected with only 9 of those reporting OM usage. Many agencies have registered for OM usage but do not have providers credentialed to use them yet.

2014 Standards Manual Updates

- **Section D. Standards of supervision and training for students of state-approved training programs.** Pg 8. Question: Does the EMS agency medical director play a role in education when they don't really have any statutory authority in matters of education. Commissioner Sivertson pointed out that the key words are "clinical practice and training." The section is worded correctly because the EMS agency medical director does have control of the clinical training done for an education program within their agency.

- **Medical Director Qualifications, Authority and Responsibility.** Pg 5. Chris Stoker explained that during the agency rule development a few years ago, the air medical community recommended some additional qualifications for an air medical agency medical director. They requested some very specific criteria that would be in addition to what is already required. As the draft rules were reviewed recently it was determined that this section did not belong in the agency licensure rule, but that it could possibly belong in the EMSPC Standards Manual.

"The medical director for an air medical agency must meet all of the requirements listed in IDAPA 16.02.02, "Rules of the Idaho EMS Physician Commission" as

well as actively practice medicine in the response area served by the agency and have training and experience in emergency medicine or critical care and have training in air ambulance operations that includes flight physiology, stressors of flight, and air medical resource management.”

Commissioner Sivertson, Idaho Hospital Association, moved to compare with the Commission on Accreditation of Air Medical Transport Systems (CAMTS) requirements to be sure consistent and come back with recommendation. Commissioner Urban, American Academy of Pediatrics, Idaho Chapter, seconded. Motion passed unanimously.

Commissioners Sivertson, Sturkie and Sandy do not think “actively practice medicine in the response area” is a good idea or necessary.

- **Review Optional Module recommendations from February 2013 meeting about continuing education and minimum equipment.** Insert on page 14.

Highlights of the discussion in February:

1. Medical Directors are required to verify competency of all optional module (OM) skills used by their agency.
2. Records of continuing education and skills verification for optional modules shall be kept by the agency and are subject to random audits at the time of agency license renewal inspections by the Bureau of Emergency Medical Services and Preparedness. Agencies will be notified 30 days prior to the scheduled inspection to provide OM credentialing records.
3. ~~Training hours used to maintain OM skills may not be used towards continuing education (CE) hours for personnel license renewal.~~
4. Agencies must provide the minimum equipment required for their authorized OMs.

After the February meeting the Bureau was concerned about their ability to validate the third bullet point: “Training hours used to maintain OM skills may not be used towards continuing education (CE) hours for personnel license renewal.” The Bureau is concerned that provider’s CE cover their entire scope of what they do and not just the additional OMs, especially with the new EMT OMs of supraglottic airways and IVs. The topic was again discussed at length.

Commissioner Sivertson, Idaho Hospital Association, moved to drop the third bullet. Commissioner Mitchell-Jones, Citizen Representative seconded.

After further discussion **Commissioner Sivertson, Idaho Hospital Association, moved to amend the motion to change the third bullet to: “Hours used to train OM skills may not be used towards continuing education hours for personnel license renewal.” Commissioner Mitchell-Jones, Citizen Representative, agreed. Motion passed unanimously.**

Commissioner Masar, Idaho Association of Counties, moved to add the amended third bullet point regarding continuing education and the fourth bullet point regarding minimum equipment to the EMSPC Standards Manual on page 14, to the fourth paragraph. Commissioner Mitchell-Jones, Citizen Representative, seconded.

Motion passed unanimously.

- **Remove EPI Auto-injector from the Medication Formulary.** The skill is listed in Technique and should not be listed in the Formulary.

Commissioner Urban, American Academy of Pediatrics, Idaho Chapter, moved to remove EPI auto injector line from Medication Formulary and add an X to the Epinephrine (Adrenalin) line for EMT-2011. Commissioner Sivertson, Idaho Hospital Association, seconded.

Motion passed unanimously.

Approve Proposed Rule Docket

Commissioner Mitchell-Jones, Citizen Representative, moved to approve the Proposed Rule Docket for the 2014-1 standards manual changes. Commissioner Alter, Citizen Representative, seconded.

Motion passed unanimously.

Budget FY 2013

Commissioner Masar, Idaho Association of Counties, moved to use balance of funds towards protocol roll out and/or NREMT testing vouchers. Commissioner Alter, Citizen Representative, seconded.

Motion passed unanimously.

Other Business

The May 9, 2014, meeting will be in the Twin Falls area.

Commissioner Masar, Idaho Association of Counties, moved to adjourn.

Adjournment 2:20 pm

Murry Sturkie, Chairman
Idaho Emergency Medical Services Physician Commission