

IDAHO EMSPC MEETING MINUTES

May 11, 2012

A meeting of the Idaho Emergency Medical Services Physician Commission (EMSPC) was held on this date at Oxford Suites, 1426 S. Entertainment Ave., Boise, Idaho, 83709.

Members Present:

Adam Deutchman, M.D.
David Kim, M.D.
Eric Chun, M.D.
James Alter
Maurice Masar, M.D.
Murry Sturkie, D.O.
Mark Urban, M.D.

Member's Position:

American College of Surgeons Committee on Trauma
Idaho Medical Association
Idaho Fire Chiefs Association
Citizen Representative
Idaho Association of Counties
American College of Emergency Physicians, Idaho Chapter
American Academy of Pediatrics, Idaho Chapter

Members Absent:

Curtis Sandy, M.D.
Keith Sivertson, M.D.
Sarah Curtin, M.D.

Member's Position:

State Board of Medicine
Idaho Hospital Association
Idaho EMS Bureau

Vacant Seats:

Citizen Representative

Others Present:

Alex Abols
Chris Stoker
Dave Reynolds
Dennis Johnson
Diana Hone
Greg Owen
Jill Hiller
John Cramer
Kenneth Wright
Kevin Bollar
Kody Dribnak
Mark Zandhuisen
Mary Rose
Melonie Skiftun
Michelle Giokas
Randy Sutton
Scott Tucker
Season Woods
Wayne Denny

Other's Position:

Boise BLM Smokejumpers
Idaho EMS Bureau Standards & Compliance Section Manager
Moscow Fire
Kuna Fire
Idaho EMS Bureau Administrative Assistant
Canyon County Paramedics
Cascade Rural Fire / EMS
Idaho EMS Bureau Systems Information Manager
Thompson Creek Ambulance
INL Fire
Idaho EMS Bureau EMS Operations Coordinator
Bonner County EMS
Thompson Creek Ambulance
Donnelly Fire
Canyon County Paramedics
West End Fire & Rescue
Canyon County Paramedics
Idaho EMS Bureau EMS Operations Coordinator
Idaho EMS Bureau Chief

Chairman Sturkie called the meeting to order at 8:37 a.m.

Commissioner Masar, Idaho Association of Counties, moved to go into closed executive session to review confidential material involving EMS personnel in accordance with Idaho Code § 67-2345(1)(b). Commissioner Chun, Idaho Fire Chiefs Association, seconded. Motion passed unanimously.

Commissioner Masar, Idaho Association of Counties, moved to come out of executive session. Commissioner Chun, Idaho Fire Chiefs Association, seconded. Motion passed unanimously.

Chairman Sturkie welcomed the audience back into the room.

Approval of Minutes from 2-10-12

It was noted that Commissioner Chun did attempt to attend the February meeting via teleconference. The reception was so bad he was not able to listen to the entire meeting. The minutes will be corrected.

Commissioner Deutchman, American College of Surgeons Committee on Trauma, moved to accept the draft minutes as amended. Commissioner Masar, Idaho Association of Counties, seconded. Motion passed unanimously.

License Action Report

Commissioner Masar, Idaho Association of Counties, moved to accept the motion made in the closed executive session regarding case 2012-24. Commissioner Alter, Citizen Representative, seconded the motion. Motion passed unanimously.

Statewide Protocol Report

Commissioner Kim reported that the subcommittee held another retreat in April. The treatment protocols have all been reviewed, the content is set, but the Visio formatting still needs to be completed. The subcommittee also moved forward with many of the procedures that North Carolina had created. Several changes were made to those and some new procedures were developed. Thanks again to Dave Reynolds from Moscow for the huge amount of work he has done on those. The subcommittee will need to meet once more before the full set of Protocols and Procedures are ready for final review by the Commission in November.

The subcommittee recommends rolling the protocols out as optional the first year, solicit input from the agencies, update accordingly, and then make them mandatory in the summer of 2014. The non-physician input on the subcommittee has been absolutely invaluable, but broader EMS community input is desired. The subcommittee believes people will be very pleased with the product, and therefore there will be minimal pushback to making them mandatory. The subcommittee again expressed concern that the EMSPC continue to commit sufficient time and resources to keep them up-to-date to meet the needs of patients and EMS providers.

Chairman Sturkie suggested that the maintenance and revision process could be expanded to include opportunities for other agencies to participate by putting together a standing review committee. This would require coming to Boise and/or participating via on-line meetings.

Commissioner Kim walked through a few of the protocols discussing the various sections and standardized icons. The protocols are written to the 2011 new curriculum scope levels. The subcommittee will have to discuss further what to do about the agencies still using AMET85s.

Commissioner Masar, Idaho Association of Counties, moved to reaffirm the EMSPC's commitment to complete and maintain the statewide protocols and to put financial resources toward the process. Commissioner Chun, Idaho Fire Chiefs Association, seconded.

Motion passed unanimously.

In an attempt to find ways to distribute the protocols and procedures Commissioner Kim asked Oded Wurman to demonstrate his Paramedic Protocol Provider app which is available for iPhone, iPad and Android devices. Paramedic Protocol Provider is a clearing house for protocols. Ada County Paramedics already have their protocols posted. www.acidremap.com Commissioners asked questions and were quite excited about the possibilities provided by Paramedic Protocol Provider. Individual providers can buy the app for \$10. This would be a one-time fee for indefinite access, which could possibly be reimbursed by the Commission. Or (based on provider numbers from 2007) Oded could give the state a flat price of \$4500 a year for 3 years, or \$4000 a year for 5 years, which would give access to all providers in Idaho. Bureau Chief Wayne Denny noted that he had encountered another vendor, but they would not even look at Idaho because of our small numbers. Currently Paramedic Protocol Provider is the only app available.

After much discussion, the commissioners decided to have a rollout or trial period for the protocols and procedures which will begin in the fall of 2012. Future decisions about possible rule change and implementation dates will occur after the trial period. Therefore, it was determined that the proposed rule changes agreed upon at the February meeting pertaining to the new protocols and procedures should be removed at this time.

Commissioner Kim, Idaho Medical Association, moved to remove new sections 16.02.02.004.02 and 16.02.02.100.03 from the proposed rule. Commissioner Alter, Citizen Representative, seconded the motion.

Motion passed unanimously.

The coming protocols and procedures should be incorporated into the medical supervision workshops and be a topic for a future webinar.

A new subcommittee chair needs to be identified since Commissioner Kim's term expires August 1, 2012. Commissioner Chun agreed to continue to serve and Commissioner Urban agreed to join the subcommittee. Chairman Sturkie will check with Commissioners Sandy and Sivertson to assess their willingness to continue and to determine the new subcommittee chair.

After new commissioners are appointed in the fall, one more subcommittee member may be selected. Commissioner Kim will provide a list of future tasks that still need to be accomplished by the subcommittee. One of those items will be to go through the current pediatric protocols and make sure that all of the good stuff is brought forward into these protocols.

Medical Director Education / Medical Supervision Workshops

Commissioner Alter reported that 4 medical supervision workshops have been scheduled:

- July 11 – Caribou County area in Soda Springs with Commissioner Sandy
- July 19 – Lincoln County area in Shoshone with Chairman Sturkie
- July 24 – Canyon / Owyhee County area in Melba with Chairman Sturkie
- August 22 – Shoshone County area in Smeltonville with Commissioner Chun

One medical director in each area has confirmed that they will be able to attend. Other medical directors and agency administrators will be invited now that the dates and places are set.

Topics may include:

- Medical direction and organization
- Medical Supervision Plans
- EMS Physician Commission authority / responsibilities
- EMS Bureau authority / responsibilities
- Scope of Practice levels / issues
- Upcoming Statewide Protocols and Procedures rollout (examples)
- Technical Assistance Roundtable / local issues

It was determined that Medical Directors who attend may choose to receive one of the following:

- \$250 stipend
- NAEMSP's 4-Volume text: "Emergency Medical Services: Clinical Practice and Systems Oversight"
- NAEMSP One Year Physician Membership (= access to all of the position papers, list serve and such)

Medical Supervision Plan Subcommittee Report

Subcommittee Chair Masar presented a medical supervision plan (MSP) model which lists the different files an agency needs to maintain and what they could or should contain:

- A. Credentialing of Licensed EMS Personnel
- B. Personnel file of each EMS Provider
- C. Quality Assurance
- D. Indirect (off-line) Medical Supervision
- E. Direct (on-line) Medical Supervision
- F. Equipment (that is authorized for patient care)

Commissioner Masar, Idaho Association of Counties, moved to accept the MSP subcommittee proposal as a way to organize an EMS agency and make it Appendix D of the EMSPC Standards Manual.

Discussion followed. The model contained elements that are not set forth in rule or in the current EMSPC Standards Manual. It was clarified that the EMSPC does not have authority over agency administrators and it is the responsibility of the medical director to develop the MSP. This is often accomplished in conjunction with the administrator but the Commission cannot direct the administrator. Chairman Sturkie liked the idea of having six (6) major areas to work with rather than a list of check boxes. Commissioner Deutchman suggested that the commissioners who are EMS medical directors use the sheet as a sort of gap analysis to evaluate their own MSPs and see if it would be helpful.

Bureau Chief Denny proposed that the Bureau and the EMSPC come together in a workgroup, as they have with the protocols and procedures, to develop a few MSP models for the various levels of agencies. These models could be used as examples and could be changed to fit local needs.

Motion fails due to lack of a second.

EMR & EMT On-Line Transition Course to be Available Through CentreLearn Solutions

Chris Stoker, EMS Bureau Standards & Compliance Section Manager, reported that the Bureau used the money authorized by the EMSPC to assist with rural transition by paying for part of the development of an on-line training course.

Canyon County Paramedics had developed on-line training materials for their agency's transition course and they agreed to work with the Bureau to make it available for others around the state. The \$5000 was used to film skill demonstrations that will be integrated into the course and to buy access to the EMR and EMT transition courses on CentreLearn for the next 4 years. The EMS Bureau will act as the administrator on that account and distribute the user name and password to volunteer providers for access to the training on CentreLearn. The Bureau is still in the process of determining how to run these courses and how to accomplish competency assessment. The CentreLearn course will be the instructor but the students will still need access to a medical director or designee to verify competency at the end. There are quizzes throughout the course and a completion certificate prints at the end when they successfully complete the course.

Scott Tucker and Michelle Giokas from Canyon County Paramedics gave a brief overview of how to use the CentreLearn Learning Management System. They have found that by using this method of instruction their providers receive a more consistent education. Another advantage is that the agency is able to touch more of their providers without accruing overtime because personnel can view the training while on duty rather than having to bring them in for separate class time. The providers like it because they can use it at their own pace and review things when needed which they cannot do in a class setting.

Bureau Chief Denny and Chairman Sturkie thanked Canyon County Paramedics everyone else that have collaborated with them to develop this product. It is a huge piece of work and they have done a great job.

National Wildfire Coordinating Group Report

Jan Peterson was not able to attend. Topic will be scheduled for a future meeting.

EMT-2011 Possible Optional Module

The discussion continued from previous meetings regarding whether certain AEMT-85 floor skills should become EMT-2011 Optional Module (OM) skills to preserve their availability throughout the state as AEMT-85s fade away due to attrition. One of the concerns has been that there will not be many AEMT-2011s because of the increase in training time required to achieve that level of licensure. As the AEMT-85s retire, valuable skills will be lost to many areas of the state. The other argument in favor of expanding the EMT scope with these skills is that they are valuable skills which some medical directors want to use in certain situations with their EMTs.

Commissioner Kim expressed concern about expanding the EMT scope on the assumption that AEMT-85s will not transition and that there won't be many new AEMT-2011's, rather than wait a few years to see how this really plays out.

The skills being considered are:

- Supraglottic Airway – Adult and/or Pediatric
- IV Fluid – Non-medicated
- Intraosseous – Pediatric
- Venous Blood Sampling

Commissioner Chun asked that trans tracheal suctioning be included in the discussion.

The e-mails that were received regarding this issue since the last meeting were in favor of expanding the EMT-2011 scope with these OMs. Alex Abols, Boise Smoke Jumpers; Randy Sutton, West End Fire & Rescue; Mark Zandhuisen, Bonner County EMS, spoke in favor of the OMs at this meeting. Chairman Sturkie asked for a raise of hands from the audience and all were in favor of the OMs, especially IV.

Commissioner Kim, Idaho Medical Association, moved to add adult and pediatric IO, peripheral IV, non-medicated IV fluids, venous blood sampling, tracheobronchial suctioning to the scope of the EMT 2011 as optional modules labeled as 2 OM.

Commissioner Chun, Idaho Fire Chiefs Association, seconded.

Motion passed unanimously.

Commissioner Masar, Idaho Association of Counties, moved to allow supraglottic devices as an EMT-2011 optional module labeled as a 2, 3 OM.

Commissioner Chun, Idaho Fire Chiefs Association, seconded.

Commissioner Kim was not in favor of allowing EMT-2011s supraglottic airway devices because he feels there is not enough evidence at this time to determine if it is a beneficial intervention in the field, the literature is not definitive. He feels the focus for an EMT with a cardiac arrest patient should be on good chest compressions. He fears the device is going to interfere. There is potential research indicating those interventions may be harmful. He is concerned that part time EMS medical directors do not have time to peruse the EMS magazines

because they are focused on other things. The Commission has made a commitment to be knowledgeable about EMS and exists as the subject matter experts, rather than pass decisions off to those part-time docs who may not be fully informed. Sturkie understands his point, but the doctors have a license to practice medicine and if they choose to take the skill on, then it is their responsibility to become informed about it, it should be their decision.

Ayes: Sturkie, Chun, Masar

Nays: Kim

Abstain: Alter, Deutchman

Motion passed

Commissioner Kim, Idaho Medical Association, moved that End Tidal CO2 Monitoring/ Capnometry must be included as an EMT-2011 2, 3 OM if the supraglottic OM is selected. Commissioner Alter, Citizen Representative, seconded.

Motion passed unanimously

Commissioner Alter, Citizen Representative, move to recommend to the Bureau that additional CEUs be required each licensure cycle in conjunction with all of these new OMs at the EMT-2011 level. Commissioner Masar, Idaho Association of Counties, seconded.

Motion passed unanimously

Clarify appropriate ATV for non-intubated patient

Commissioners looked at a couple of examples to help the bureau understand what the appropriate equipment is for this skill. Minimum standard: it ventilates automatically, provider chooses the tidal volume and chooses the rate. If the device does anything more than that then they are getting into the ALS range.

2013 Standards Manual Changes

- Finger Sweep, Modified Chin Lift, and Hemorrhage Control – Dressing were added to the 2012-1 scope of practice grid as new skills because they were in the new National Education Standards and were not listed on the Idaho EMSPC grid. Upon further research and thought it was determined that these skills were included in the old curriculum and should be marked as floor skills at the old levels as well as the new level scopes of practice.

Commissioner Kim, Idaho Medical Association, moved to include Finger Sweep, Modified Chin Lift, and Hemorrhage Control – Dressing as new and old scope skills for all levels.

Commissioner Alter, Citizen Representative, seconded.

Motion passed unanimously

- Change Scope of Practice effective date on page 14 to **July 1, 2013**
- To clarify the AEMT Description of Profession on page 18 to incorporate the variance because AEMT-85s are not required to be competent in all of the skills of an EMT-2011 add this final paragraph to this section to address the AEMT-85:

“Those AEMTs whose licensure is based on the Intermediate 85 curriculum and who have chosen not to complete either the EMT-2011 or the AEMT-2011 transition are expected to be competent in all the skills of the EMR and EMT with the exception of Pulse Oximetry, ATV non-intubated, aspirin, epi-auto injector, atropine sulfate & 2-Pralidoxime chloride auto-injector.”

- Clarify that **Peripheral – Initial on line 84 includes External Jugular**. This came up when the statewide protocol subcommittee were doing procedures.

**Commissioner Masar, Idaho Association of Counties moved to accept the changes and additions mentioned above to 2013-1 Standards Manual. Commissioner Chun, Idaho Fire Chiefs Association, seconded.
Motion passed unanimously**

The legislature was very confused by the many colors and lines of the 2012-1 EMSPC scope of practice grid. Therefore, it was proposed to change the formatting by separating each level and putting each scope on a page by itself. A verbal description of what was added and what was removed would be included so the legislature and providers can quickly see what the changes are. The full combined grid would still be available on the website and for the Commission to use, but it will not be in the standards manual. Commissioners agreed to go forward with this. A complete draft will be ready for the September meeting.

Approve Proposed Rule Docket 16-0202-1201

**Commissioner Chun, Idaho Fire Chiefs Association, moved to approve Proposed Rule Docket 16-0202-1201 with the above stated changes. Commissioner Masar, Idaho Association of Counties, seconded.
Motion passed unanimously.**

Idaho Simulation Network

Chairman Sturkie reported that ISN is growing and has changed to not-for-profit organization with a board of directors. They have requested a letter of support from the Commission to encourage local medical director participation when ISN comes to their area by helping to create the scenarios, discuss how things will be set up, and be actively involved rather than just showing up on the day of the event. They are doing 6 to 8 events this next year. Chairman Sturkie received permission to draft the letter.

The \$2000 membership allows EMS medical directors to get discount on all ISN supplies.

Budget

**Commissioner Deutchman, American College of Surgeons Committee on Trauma, moved that any remaining funds be used for NREMT testing vouchers for volunteer agencies. Commissioner Chun, Idaho Fire Chiefs Association, seconded.
Motion passed unanimously.**

Chairman Sturkie asked for a projected budget impact from the changes made today to the EMT / AEMT licensing because of the OMs. Like 50% attrition in the AEMT licensure, how would that affect our budget: 50%, 40%

Deutchman requested what the “billable” estimates would be for the volunteer time commissioners and ad-hoc subcommittee members contribute. What would the \$ be if had to pay for it?

Commission will meet in Orofino for the May 2013 meeting.

**Commissioner Masar, Idaho Association of Counties, moved to adjourn.
Adjournment 5:01 pm**

Murry Sturkie, Chairman
Idaho Emergency Medical Services Physician Commission