

# EMS Advisory Committee (EMSAC)

February 10, 2022

Teleconference

# Welcome, Introductions and Approval of Minutes

ANGIE WALLACE – CHAIRPERSON

EMS ADVISORY COMMITTEE

# Bureau Updates & COVID Response

JATHAN NALLS – SECTION MANAGER, SYSTEMS OF CARE  
BUREAU OF EMS & PREPAREDNESS

# COVID-19 ACTIVITIES

- Crisis Standards of Care in effect for SW and Greater Idaho
  - COVID-19 Surge
  - Blood Supply
  - Staffing shortage
  
- Idaho Medical Operations Coordination Cell (I-MOCC)
  - Daily I-MOCC calls with updates from hospitals regarding capacity, COVID-19 cases, blood supply, special resource needs
  - Bureau duty officers available 24/7 for emergency situations

1

## DHW Updates

2

## Hospital Updates

- Overall census
- Total number of COVID patients (vaccination data – voluntary)

### Current Staffed Beds Available

- Available staffed Adult ICU beds
- Available staffed med/surg, tele, and swing beds
- Available staffed peds ICU (PICU) beds

### Patient Transfer Needs

- Adult ICU and med/surg patient(s)
- Pediatric patient(s)
- Pending transfers w/o EMS transport resources to facilitate the transfer

### Additional Information as Necessary

- COVID+ pediatric patients
- Equipment needs/anticipated shortages (e.g., ventilators, BiPap's)
- Supply needs/anticipated shortages (e.g., blood products, medications, oxygen concentrators)
- Staffing challenges
- Triage team activation

3

Submit AlertSense questions to [IdahoMOCC@dhw.idaho.gov](mailto:IdahoMOCC@dhw.idaho.gov)

To expedite an extremely time critical situation, contact StateComm at 1-800-632-8000

# CRITICAL BLOOD SUPPLY

## ➤ Critical Blood Supply Task Force

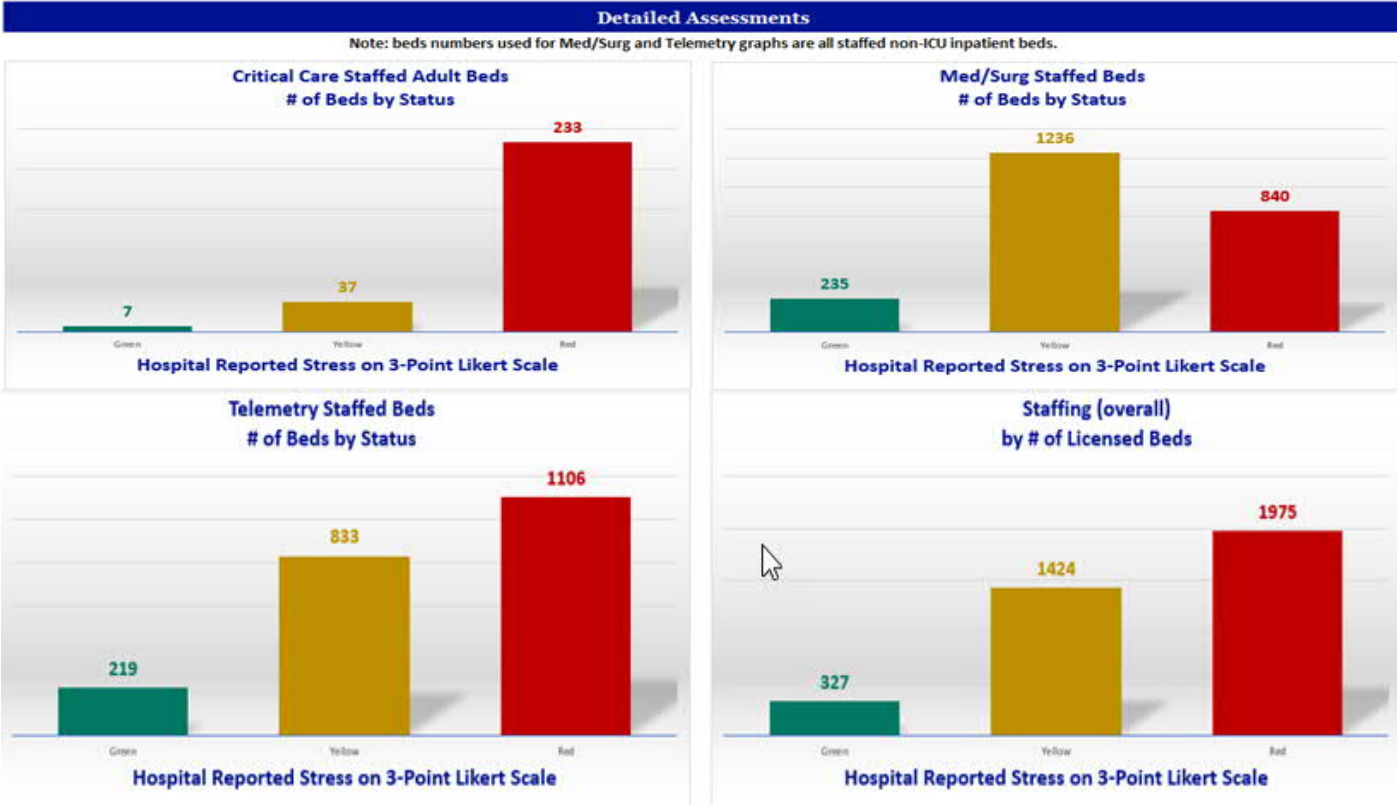
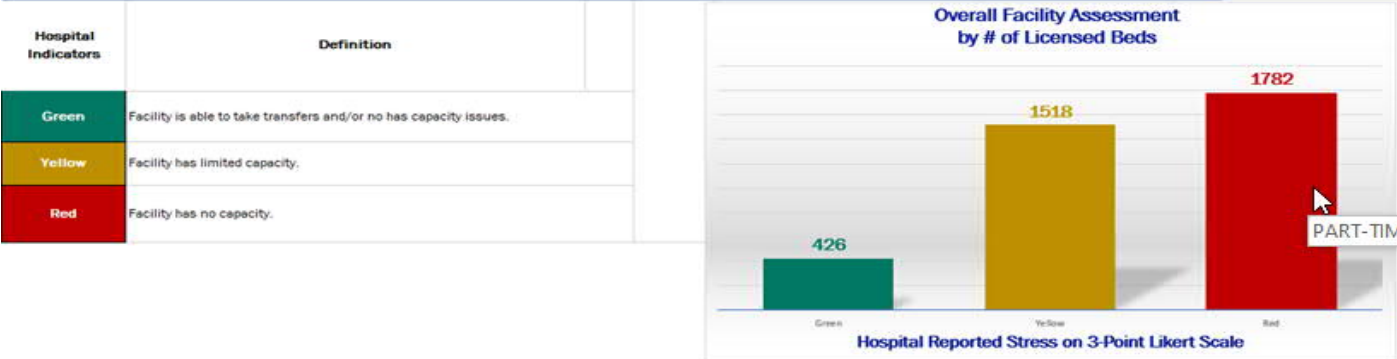
Bureau personnel are participating in the CBSTF to help address the critical blood shortage affecting Idaho hospitals. Participants include the Bureau, DPH leadership, hospital reps, IHA, American Red Cross, and Vitalant.

- Reason for the nationwide blood shortage
- Blood conservation strategies
- Emergency transport/relocation of blood where urgently needed

COVID-19 Idaho Resource Tracking System (IRTS) Hospital Data Dashboard

FOR OFFICIAL USE ONLY (FOUO)

Hospital Surge Assessment for February 9, 2022 at 11:00am



HOSPITAL  
SURGE  
REPORTING

# EMS Update

DEREK COLEMAN – EMS PROGRAM SUPERVISOR, SYSTEMS OF CARE  
BUREAU OF EMS & PREPAREDNESS



# INVESTIGATIONS

## ➤ Open: 3 Personnel Cases

- 2 providers have been suspended pending Peer Review in March
  - 1 no longer eligible for criminal history clearance
  - 1 alleged violation of EMS Personnel Licensing Standards of Professional Conduct
- 1 applicant reported adverse actions history on their personnel licensing application; investigation opened to determine eligibility to seek a license in Idaho

## ➤ Closed: 3 Personnel Cases

- 3 administrative license actions; EMSPC reviewed 11/5/21

# PART-TIME ILS/ALS RULE ADJUSTMENT

- 16.01.03.300: 01. Personnel Requirements for EMS Agency Licensure. Each agency must ensure availability of affiliated personnel licensed and credentialed at or above the clinical level for the entire anticipated call volume for each of the agency's operational declarations, except that an agency holding a prehospital or prehospital support operational declaration may request a waiver of this requirement from the EMS Bureau.
- Prehospital Support declaration added to the draft submitted for 2022 legislative approval.
- Bureau has a rough draft of the policy outlining requirements for the EMS Agency Licensing Personnel Requirements waiver. We will be seeking feedback from stakeholders in the coming weeks and will present to EMSAC and EMSPC at the May meetings.
- EMSPC will be involved in the approval process for EMS agencies applying to increase their licensed level of care to the ALS/Paramedic level and requesting a waiver of the personnel requirements.

# OPE REPORT: VOLUNTEER PROVIDERS OF EMS

- Joint Legislative Oversight Committee (JLOC)
  - March 2021 JLOC requested the Office of Performance Evaluations (OPE) perform an evaluation of Idaho's EMS system to determine ways to recruit and retain firefighters and EMTs
  - Current status of EMS Systems (Update to 2010 OPE Report)
- Bureau Action Items
  - Surveyed other states through NASEMSO
  - NEMSIS - Data Use Agreement
- Legislative Response
  - JLOC voted to have this report presented to other Health & Welfare committees during this legislative session
  - Voted to keep this open for 1 year to allow for follow up and potential stakeholder/legislative work groups

# REPLICA

## ➤ National EMS Coordinated Database (NEMSCD) integration

- Coordinating integration and initial data import/export of Idaho Personnel Licensing data.
  - Last piece to REPLICA workflow to integrate and implement at state level.

## ➤ Finalizing REPLICA recognition process

- Idaho as a remote state (Home state is not changing to Idaho)
  - **Provider** - Create account IGEMS, report REPLICA license information and Idaho affiliation.
  - **Bureau** - Verify privilege to practice, affiliation, and sync license data for entering or importing PCRs (IGEMS-PCR).
- Idaho as a home state (Changing home state to Idaho)
  - **Provider** - Create account IGEMS, report REPLICA home state license information and Idaho affiliation.
  - **Provider** - Can operate in Idaho under previous license up to 90 days, unless it expires sooner.
  - **Bureau** - Verify privilege to practice and Idaho affiliation. Issue Idaho license and sync license data for entering or importing PCRs (IGEMS-PCR).
- Agency Administrator responsibilities
  - Ensure all providers have an IGEMS account, REPLICA license is populated, and affiliated on agency roster in IGEMS for tracking privilege to practice and patient care reporting.

# Multistate Privilege to Practice for EMS Personnel.

The EMS Compact enhances the Emergency Medical Services system in the United States by providing [qualified](#) individual EMS personnel a privilege to practice in participating states. [How It Works](#)

**21**

MEMBER STATES

**214,305 325,000**COMPACT PROVIDERS  
IN DATABASETOTAL ESTIMATED  
COMPACT PROVIDERS

## Do I have Privilege to Practice?

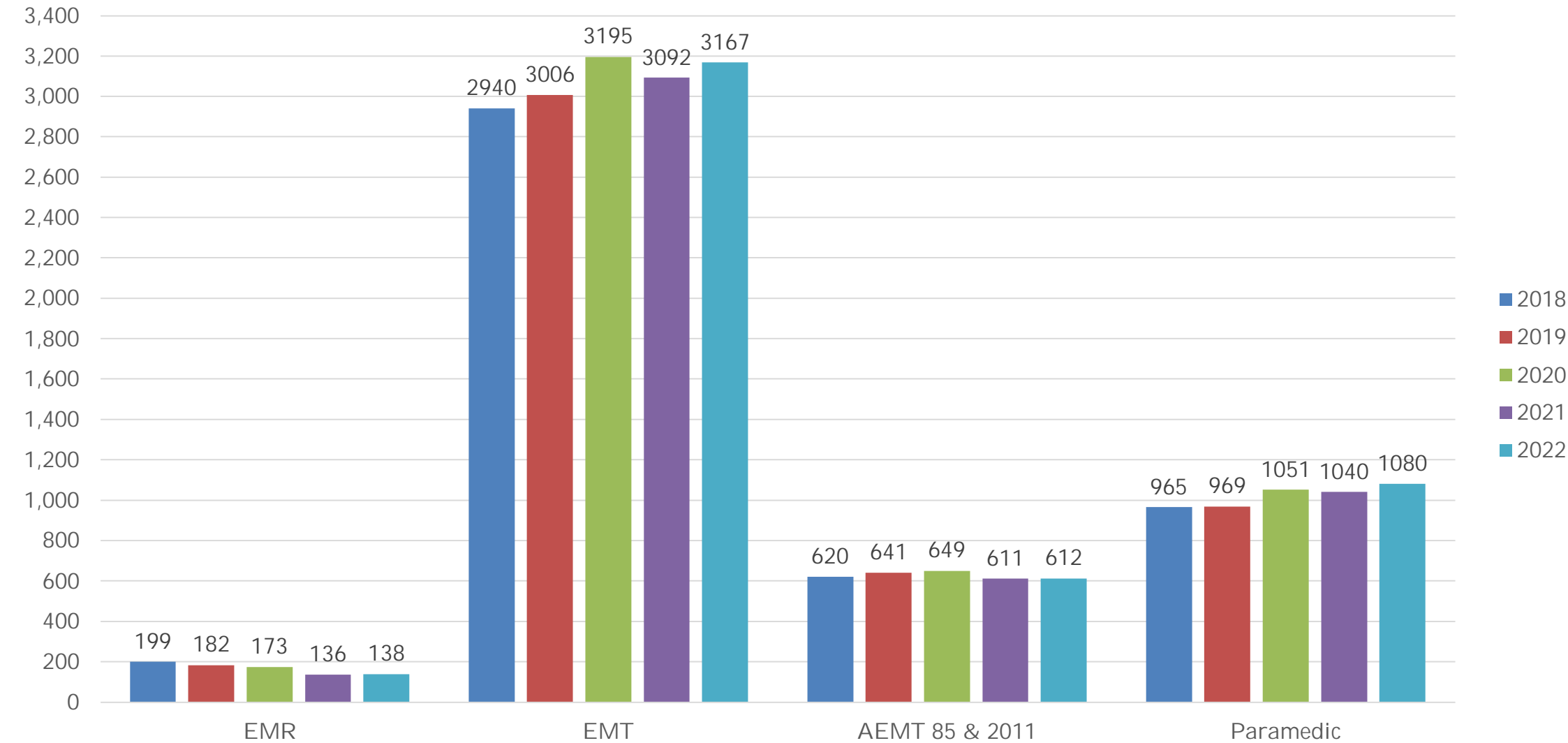
Search by EMS ID \*Not all States are reporting\*

☐ I accept the [terms and conditions](#)[What's an EMS ID?](#)

# EMS Licensure Statistics

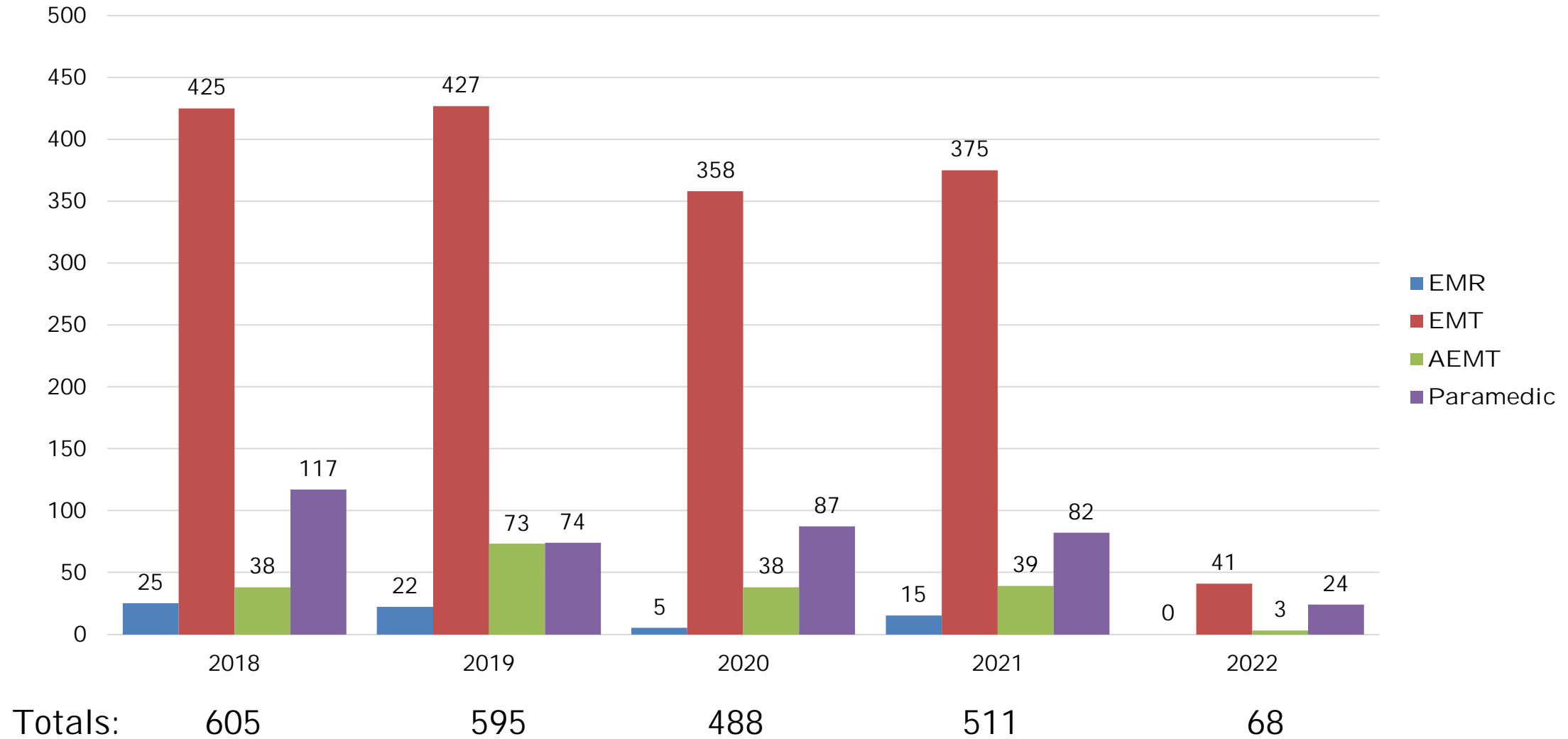
ANNIE SOLORIO – COMPLIANCE SUPERVISOR, SYSTEMS OF CARE  
BUREAU OF EMS & PREPAREDNESS

# PERSONNEL LICENSURE TOTALS BY LEVEL



Data current as of 2/1/2022

# INITIAL LICENSES ISSUED YTD

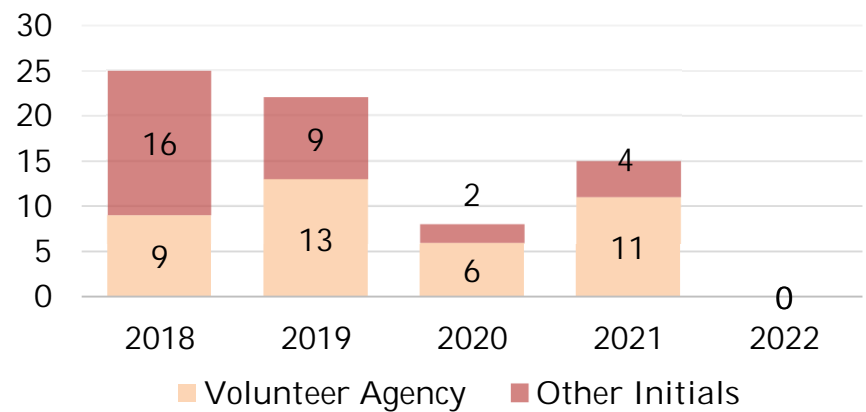


Data current as of 2/1/2022

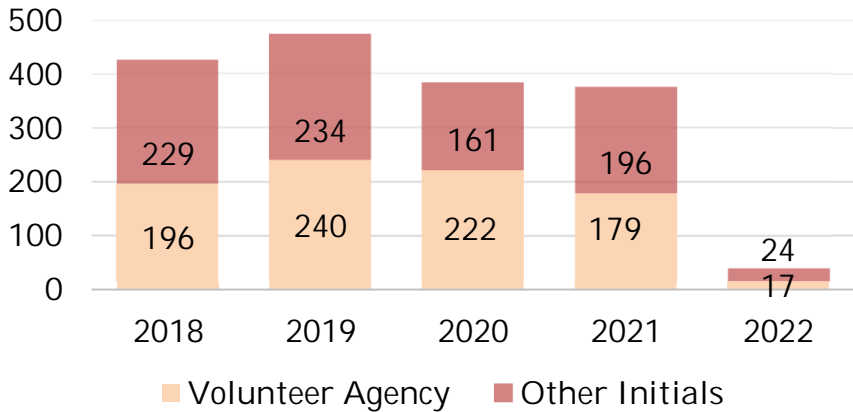


# INITIAL LICENSES – VOLUNTEER AFFILIATION YTD

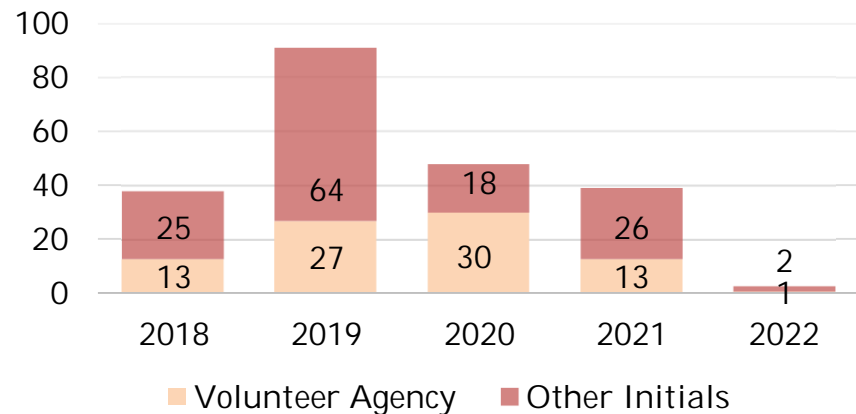
## EMR



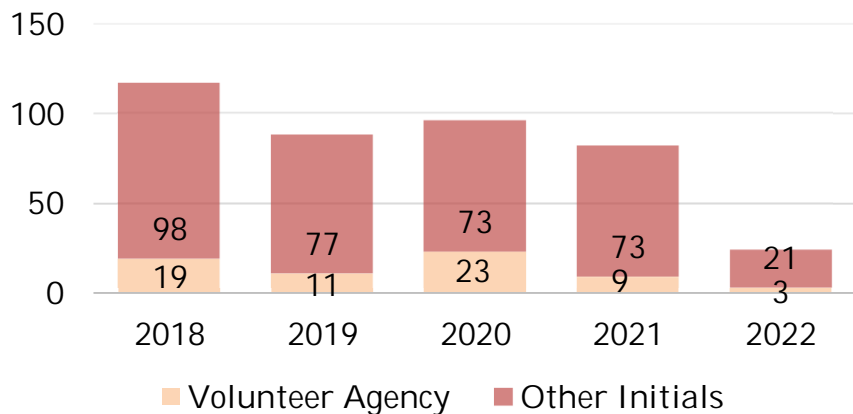
## EMT



## AEMT



## PARAMEDIC

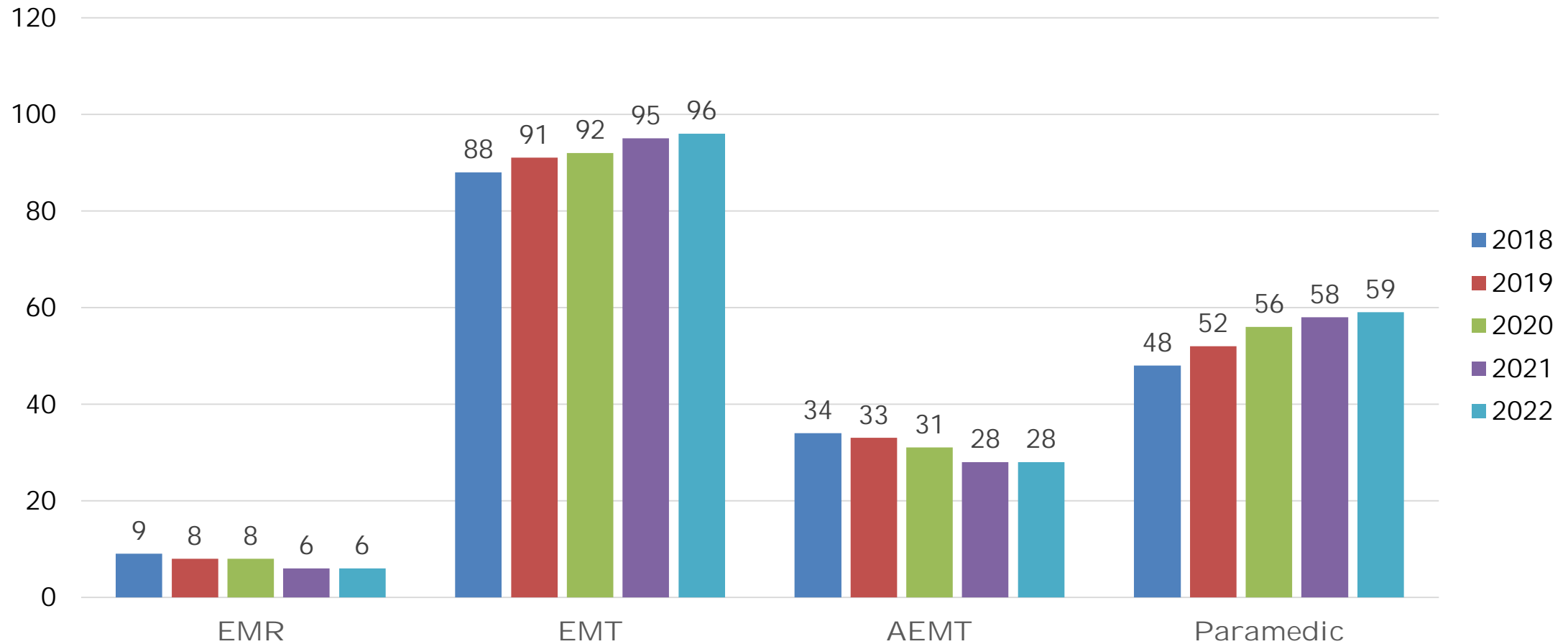


## Volunteer Totals

	EMR	EMT	AEMT	Para
2018	9	196	13	19
2019	13	240	27	11
2020	6	222	30	23
2021	11	179	13	9
2022	0	17	1	3

# AGENCY LICENSURE

## TOTAL LICENSES/HIGHEST CLINICAL LEVEL



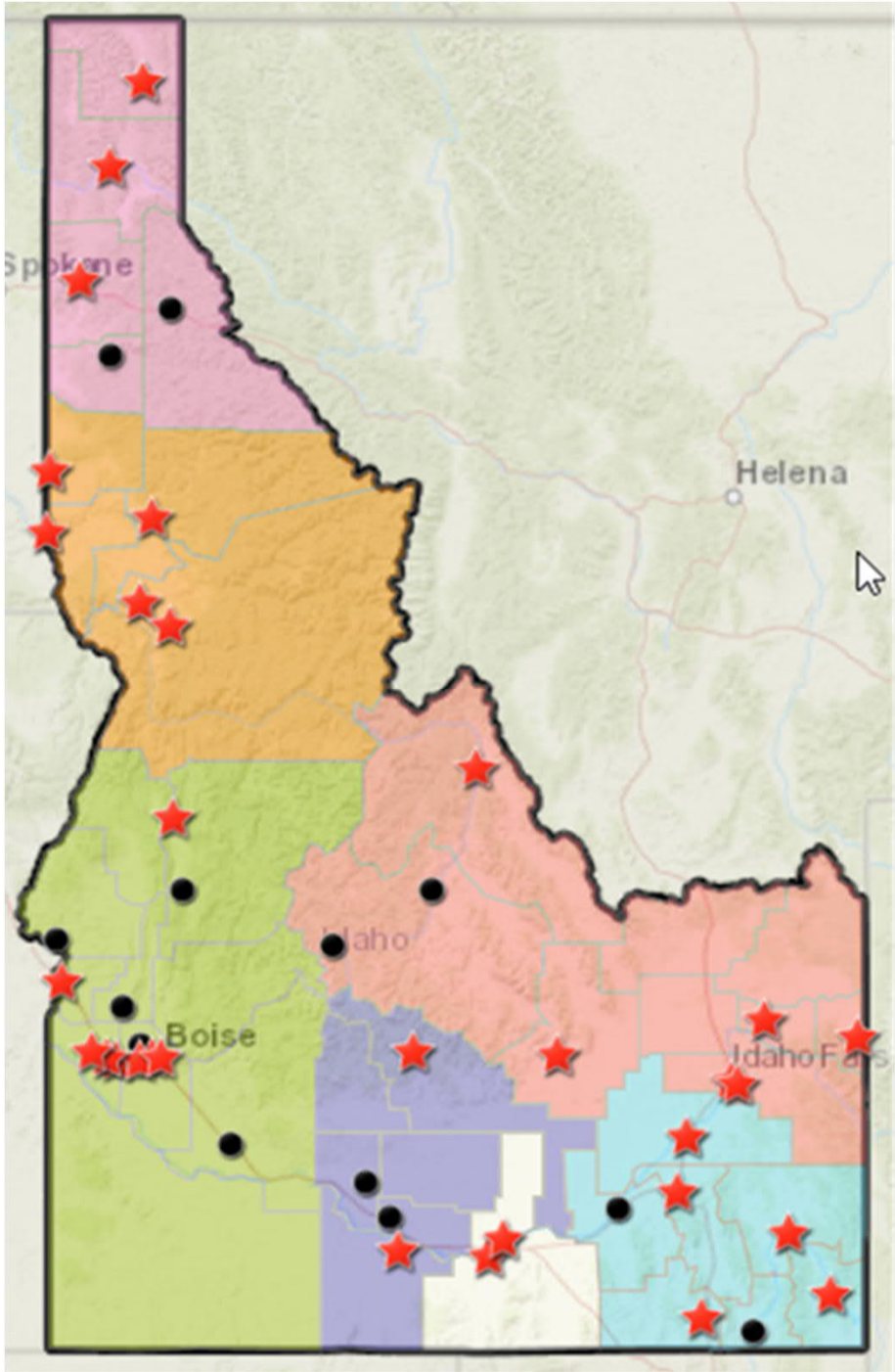
Data current as of 2/1/2022



**IDAHO TIME SENSITIVE  
EMERGENCY SYSTEM**  
TRAUMA | STROKE | STEMI

# TSE Update

MELISSA BALL – TSE PROGRAM SUPERVISOR, SYSTEMS OF CARE  
BUREAU OF EMS & PREPAREDNESS



# CURRENT STATUS

- 56 approved designations
- 31/44 Idaho facilities hold one or more designation (70%)
- Designations since last meeting-
  - Saint Alphonsus Boise Level I STEMI (renewal)
  - Saint Alphonsus Nampa Level I STEMI (renewal)
- New Application-
  - Cassia Memorial Level IV Trauma

# TSE UPDATES

- Negotiated Rulemaking for TSE Standards Manual
  - February 8, 2022
  - Workgroups met March 2021-Jan 2022.
    - 31 Hospitals, 18 EMS Agencies, 78 participants
  
- Significant Changes
  - STEMI- new designation STEMI Level I + Cardiogenic Shock
  - Stroke- new designation Stroke Level II + Thrombectomy
  - Trauma- updated Type I and II deficiencies to align with ACS, realign PIPS section (combine TPOPPC)
  - EMS- adjusted data metrics, removed community education requirement

# TSE UPDATES

- New Stroke Surveyor approved
  - Dr. Kishan Patel- vascular neurologist
- CAMTS Accreditation used for TSE EMS Designation?
  - Lisa Davis and Brent Lopez from REACH presented a comparison between CAMTS accreditation requirements and TSE EMS standards
  - TSE Council determined the standards do not align and a CAMTS accreditation can not be used to apply for a TSE EMS designation
- Facility Report Cards
  - Each facility will receive a “report card” showing benchmarked registry data
    - Trauma- ED Length of Stay, Mechanism of Injury, Mode of Arrival, Volumes
    - Stroke- Door to CT, Door to CT Read, Door to tPA, Door to IA Cath, Volumes
    - STEMI- Door to ECG, Door to Needle, ED Dwell time, Door to Balloon, Volumes

# REPORT CARDS



## TRAUMA DATA METRICS

[FACILITY NAME] is Facility #3

### REPORTABLE TRAUMA

The following charts show data for 2017-2020 Trauma cases that meet the TSE reportable criteria. [FACILITY NAME] is represented as "Facility #3". You have been grouped with other community care hospitals in Idaho that have similar volumes.

Data is compiled by the TSE Registry. Please contact the TSE Program if you have general TSE or program questions.

### CONTACT

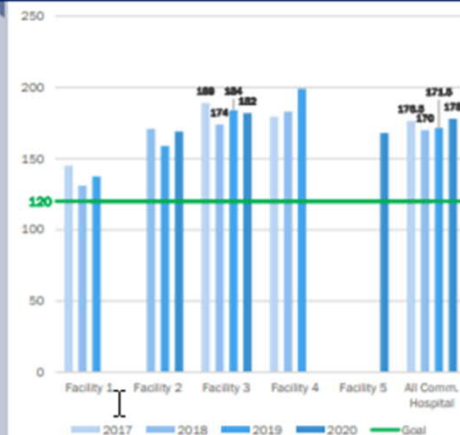
PHONE:  
208-334-4000

WEBSITE:  
[www.tse.idaho.gov](http://www.tse.idaho.gov)  
<https://idahotseregistry.org>

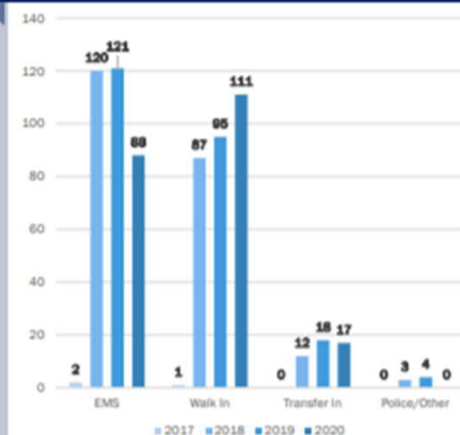
EMAIL:  
[tse@idhw.idaho.gov](mailto:tse@idhw.idaho.gov)

### ED LENGTH OF STAY

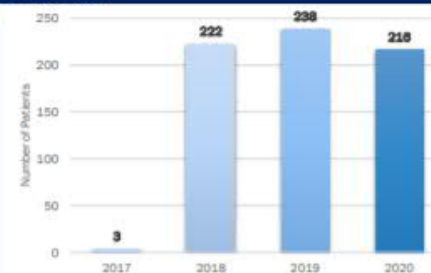
MEDIAN TIME IN MINUTES (GOAL <120)



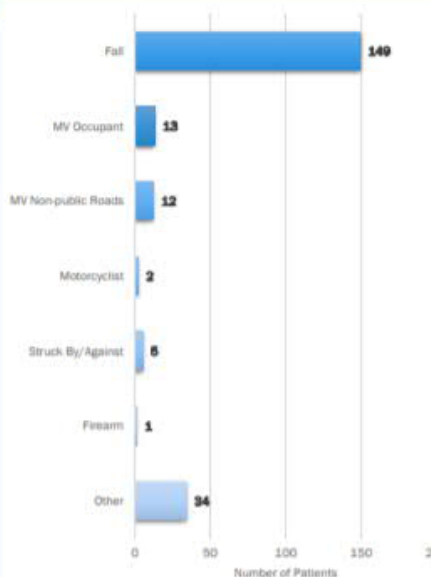
### MODE OF ARRIVAL



### YOUR REPORTED TRAUMA VOLUME



### 2020 - MECHANISM OF INJURY



### DEFINITIONS

**ED Length of Stay:** Time to arrival at ED to discharge to any ED disposition other than "Not Applicable", "Not Known", "AMA", "Deceased/Expired".

**Mode of Arrival:** Count of patients transported to facility via EMS (i.e. fixed-wing, ground, or helicopter ambulance), Walk-in (i.e. private or public vehicle), or transferred in from another facility.

**Volume:** Total number of trauma with eligible ICD-10-CM trauma codes.

**Mechanism of Injury:** The vector that transfers the energy to the body (e.g. fall, motor vehicle traffic accident, or poisoning).

**Motor Vehicle Non-public Roads:** A vehicle accident that occurs entirely in any place other than the public highway or street (i.e. a private ranch).

### FOR FACILITIES THAT HAVE A "0"

Your facility did not report any data for this metric. Contact the Idaho TSE Registry, a.k.a. Idaho Hospital Association (IHA), if you have any questions on data entry/registry.

### CONTACT

EMAIL:  
[idahotse@teamiha.org](mailto:idahotse@teamiha.org)



# YELLOW DOT

- 2,000 kits distributed
- 5,000 more available
- Feedback?
- Flyer will be sent to all EMS Agencies



The flyer has a bright yellow background with black diagonal lines in the corners. At the top left is a circular logo with a black border. Inside the circle, the word "IDAHO" is at the top, a map of Idaho is in the center with a black ECG line passing through it, and "Yellow DOT Program" is at the bottom. To the right of the logo is a large black speech bubble with the text "HAVE YOU SEEN ME?" in white. Below the logo and speech bubble, there is a paragraph of text. At the bottom right is a QR code with the text "SCAN ME" below it.

**HAVE YOU SEEN ME?**

The Idaho Yellow Dot Program assists emergency medical responders and law enforcement in accessing critical medical information in the event of a motor vehicle accident when a person is unable to communicate for themselves.

Last year, over 2,000 Yellow Dot kits were requested by Idaho citizens statewide. A Yellow Dot decal on the back window means there is important medical information in a yellow envelope located in the glove compartment.

**To learn more, scan the QR Code.**

SCAN ME

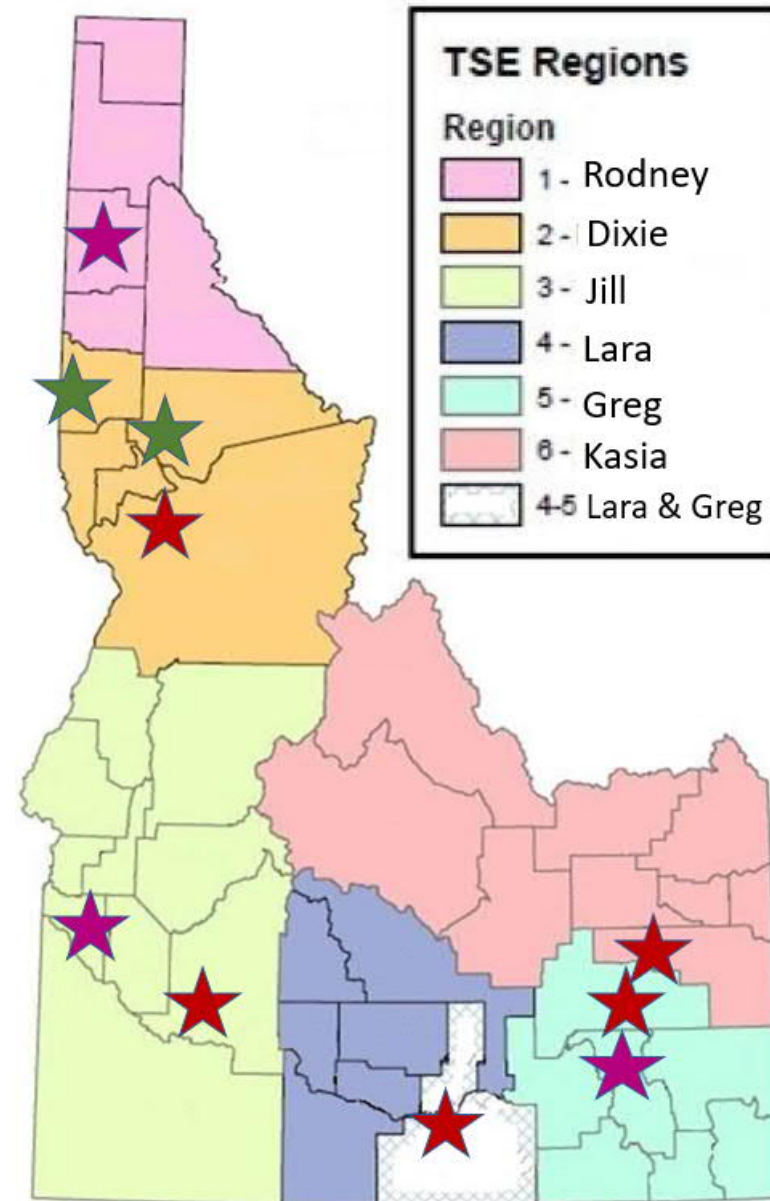


# UPCOMING...

- EMS Conference - Idaho Falls on February 26, 2022, sponsored by EIRMC and Air Idaho Rescue. Register for FREE
- Spring Fling EMS Conference - Grangeville on March 5-6, 2022, GEMTA's 36th Annual Spring Fling in.
- Sun Valley Stroke Conference - March 10-13, 2022, provided by St. Luke's Health System.
- New Frontier Emergency Medicine Symposium - Coeur d'Alene on April 21-23, 2022
- Emergency Medicine Conference - Pocatello on April 28-30, 2022, provided by Portneuf Medical Center & Air Rescue and ISU. Registration opens on March 15th.
- TSE Regional Roundtable - Coeur d'Alene on May 10
- TSE Bulletin
  - Semi-annual newsletter available on TSE Website

# EMS FOR CHILDREN

- Education
  - Simulation Training
  - Emergency Pediatric Care Course
  - Handtevy
- EMS Annual Survey
  - Please take the survey at [emscsurveys.org](https://emscsurveys.org)
  - Each region is supported by a PECC
- EMSC Advisory Committee
  - Meeting Feb 23
  - Begin to develop criteria for Pediatric Readiness



# EMS Physician Commission Update

DR. CURTIS SANDY – EMSPC CHAIRMAN

EMS PHYSICIAN COMMISSION

# EMS Education Standards

STEVE COLE

ADA COUNTY PARAMEDICS

# Traffic Incident Management Certificate

BILL ARSENAULT – FIRE CHIEF

KAMIAH FIRE-RESCUE

# EMS Agency Equipment Sharing

SHAWN RAYNE – CHIEF

ADA COUNTY PARAMEDICS



30 Minute Lunch

# Drug Overdose Prevention and Response Initiatives

SARAH BUCHANAN, IDHW



A scenic landscape of Idaho featuring snow-capped mountains, a dense forest of evergreen trees, and a grassy field in the foreground. A thick diagonal line runs from the bottom left towards the top right, separating the landscape image from the white text area on the right.

# Idaho EMS Drug Overdose Response Opportunity

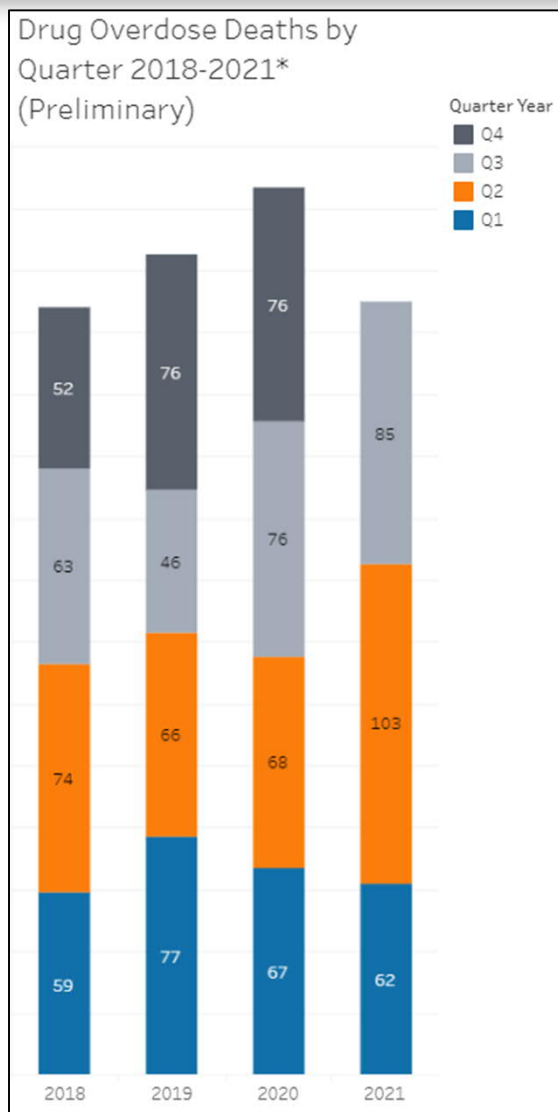
February 10, 2022

Sarah Buchanan

Health Program Specialist

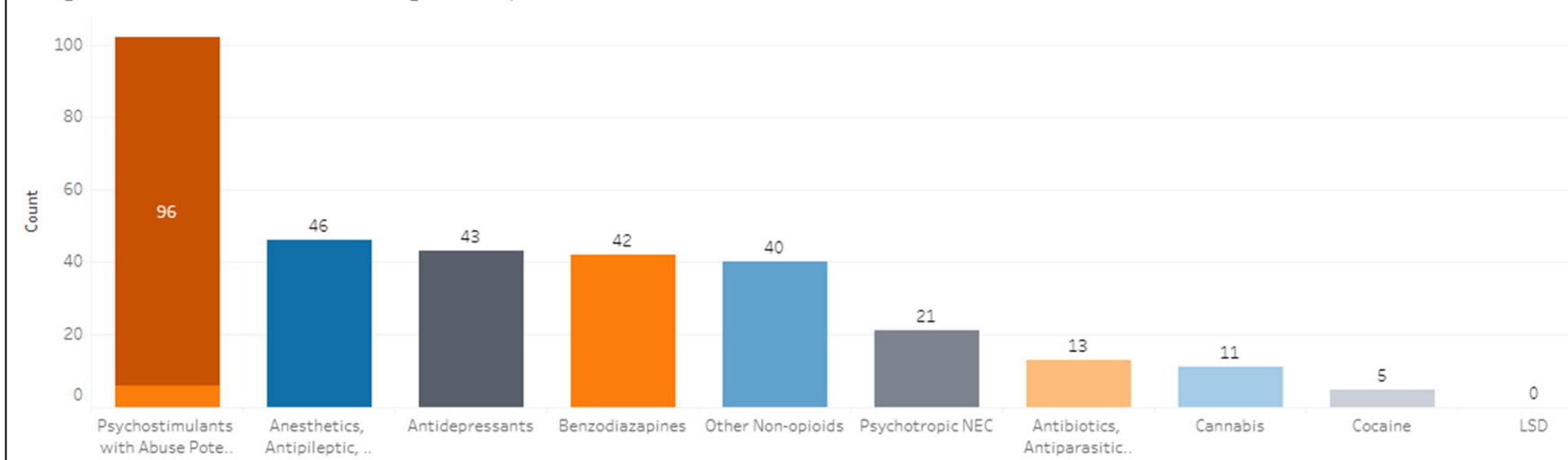
# Drug overdose deaths continue to rise in Idaho

34

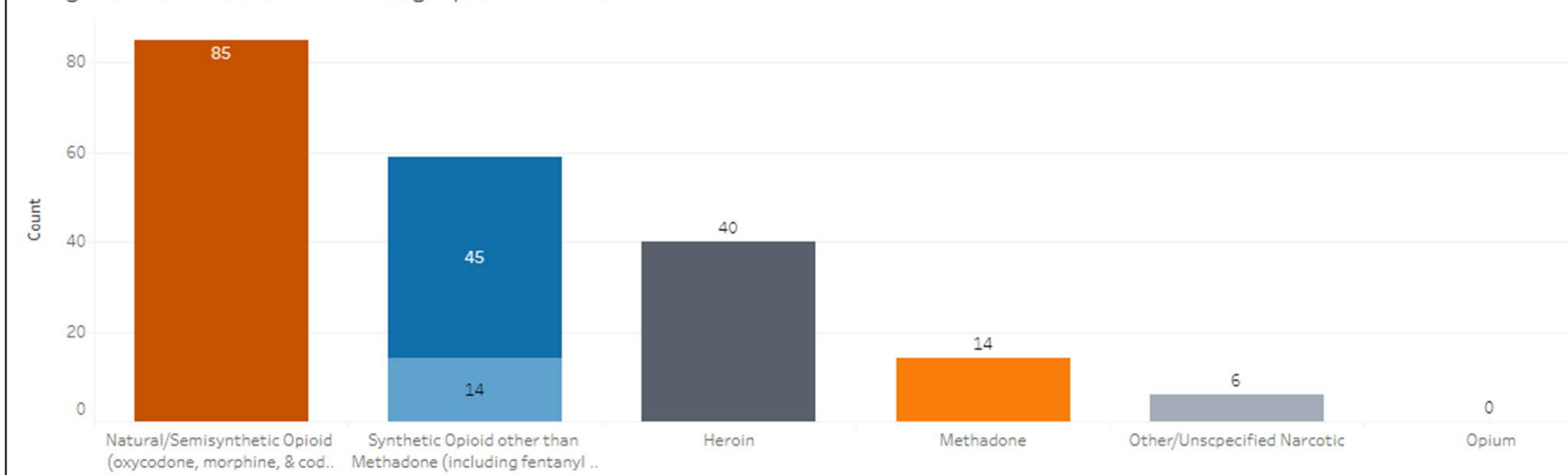


February 2022

Drug Overdose Deaths Involving Non-Opioids for 2020



Drug Overdose Deaths Involving Opioids for 2020



Data Source: Bureau of Vital Records and Health Statistics

Division of Public Health

# Synthetic opioid-related deaths doubled

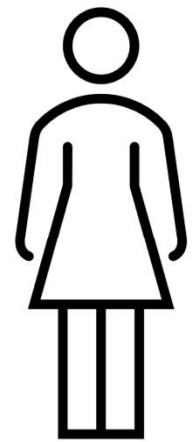
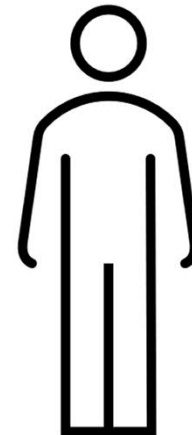
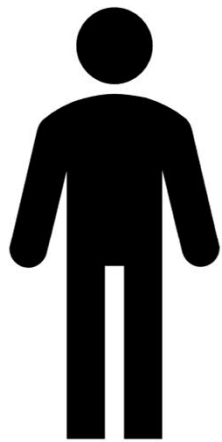
35



Preliminary 2021 data indicates...

42%

of overdose deaths in Idaho involved a synthetic opioid, such as fentanyl.





## What are naloxone leave-behind programs?

- Evidence-based programs that increase access to naloxone
  - Leave naloxone with patient or loved one at the scene of an overdose
  - Offer resources or brief conversation

## Why are they important?

- Targeted distribution of life-saving resource
- Idaho's drug supply contains more fentanyl, requiring additional doses of naloxone
- Naloxone access programs have shown to reduce overdose deaths by 11-21% (NIDA)



## Why should agencies stand-up a naloxone leave-behind programs?

1. Increases access to naloxone
2. Increases opportunity for patient recovery
3. Reduces negative health impacts from overdose (i.e.: brain injuries)
4. Idaho Statute 54-1733B supports program
5. Many EMS agencies are starting programs



- Funding Amount: \$10,000.00
- Time Commitment: 5-12 hours per month
- Timeline: April-August 2022\*

\*Additional funding may be requested to complete planning activities following August 31, 2022.

- Deliverables:
  - Conduct 2-5 planning meetings per month
  - Develop agency workflow and policies





# Interested in a naloxone leave-behind program?

Applications due by March 18, 2022.

**Sarah Buchanan**

Drug Overdose Prevention Program,  
Division of Public Health

Phone: (208) 334-5731

Email: [sarah.buchanan@dhw.idaho.gov](mailto:sarah.buchanan@dhw.idaho.gov)

# Drug Overdose Prevention – New Resources

KARYN KERSHAW – CDC FOUNDATION

KEVIN HUDGENS – ISP



# Subcommittee Report Out

SUBCOMMITTEE CHAIRS

# Action Items & Upcoming Meetings

ANGIE WALLACE – CHAIRPERSON

EMS ADVISORY COMMITTEE