

ANNUAL REPORT 2022

**IDAHO BUREAU OF EMERGENCY
MEDICAL SERVICES AND PREPAREDNESS**



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Scan the QR Code for a more detailed look into the graphs, maps, and figures in this report or visit:

https://public.tableau.com/views/2022_AnnualReport/Home%3Alanguage=enUS%3Adisplay_count=n%3Aorigin=viz_share_link

EXECUTIVE SUMMARY

The Idaho Bureau of EMS and Preparedness (hereafter referred to as "the Bureau") consists of several programs organized into four sections: 1) Systems of Care (SOC), which houses Emergency Medical Services (EMS), Standards and Compliance, and Time Sensitive Emergency (TSE); State Communications Center (State Comm); Public Health Preparedness and Response (PHPR); and Strategy, Quality, and Innovation (SQI). These programs are focused on public health; medical emergency preparedness and response; and system and programmatic efficiency, sustainability, improvement, and quality.



Due to Idaho's geography, our emergency medical providers, statewide preparedness programs, and emergency dispatch communications face significant challenges when planning, preparing, and responding to the communities we serve. Distance and accessibility greatly impact the facilitation of public safety, public health, and the delivery of healthcare.

Timely response and efficient coordination are vital to saving lives. The fluidity is dependent upon strong partnerships, volunteers, healthcare organizations, medical professionals, public health districts, and state, local, and federal partners.



We remain committed to supporting systems of emergency, trauma, and preparedness through prevention efforts, leadership, accountability, and collaboration.

"EACH SECTION WORKS COLLABORATIVELY AND COLLECTIVELY TO REMAIN COMMITTED TO OUR MISSION."





MISSION STATEMENT

**Promote the reduction of
disease, injury, and death
through prevention,
awareness, and quality.**

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

No one likes to think about the impact natural, technological, biological, or chemical disasters have on our communities but here is a team who are dedicated to preparing and responding to a really bad day for our fellow Idahoans. The Bureau's Public Health Preparedness and Response (PHPR) Section is in a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective action to respond to and recover from such events, as well as many others.

The PHPR Section maintains two programmatic areas: the Public Health Emergency Preparedness (PHEP) Program and the Healthcare Preparedness Program (HPP). These programs were created in 2002 and 2003 in response to the attacks on September 11, 2001, and the anthrax incident in October of the same year. The overarching objectives are to build a more organized approach and strengthen Emergency Support Function 8 (ESF-8), Public Health and Medical Services, and to plan for, respond to, and recover from disasters and public health emergencies.

Training and exercise planning are the cornerstones of preparedness, which focuses on readiness to respond to all hazards, incidents, and emergencies. Training and emergency preparedness plans increase a community's ability to respond when a disaster occurs. The PHPR Section works with a myriad of federal, tribal, state, and local partners to develop and maintain these capabilities at an appropriate level.

The latest jurisdictional risk assessment conducted by PHPR identified the top five threats to Idaho's communities as:

1. Emergent Disease
2. Pandemic Flu
3. Cyber Attack
4. Water Supply Contamination
5. Active Shooter Event



PUBLIC HEALTH EMERGENCY PREPAREDNESS PROGRAM

The PHEP Program, funded by the Centers for Disease Control and Prevention (CDC), encourages state, tribal, and local public health officials to work collaboratively with dozens of stakeholders (e.g., emergency management, EMS agencies, fire departments, healthcare systems, hospitals, law enforcement, long-term care facilities, public health, skilled nursing facilities, and volunteer agencies) to develop emergency response plans and build or maintain the 15 PHEP capabilities outlined in the *Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health*.

The 15 PHEP capabilities are:

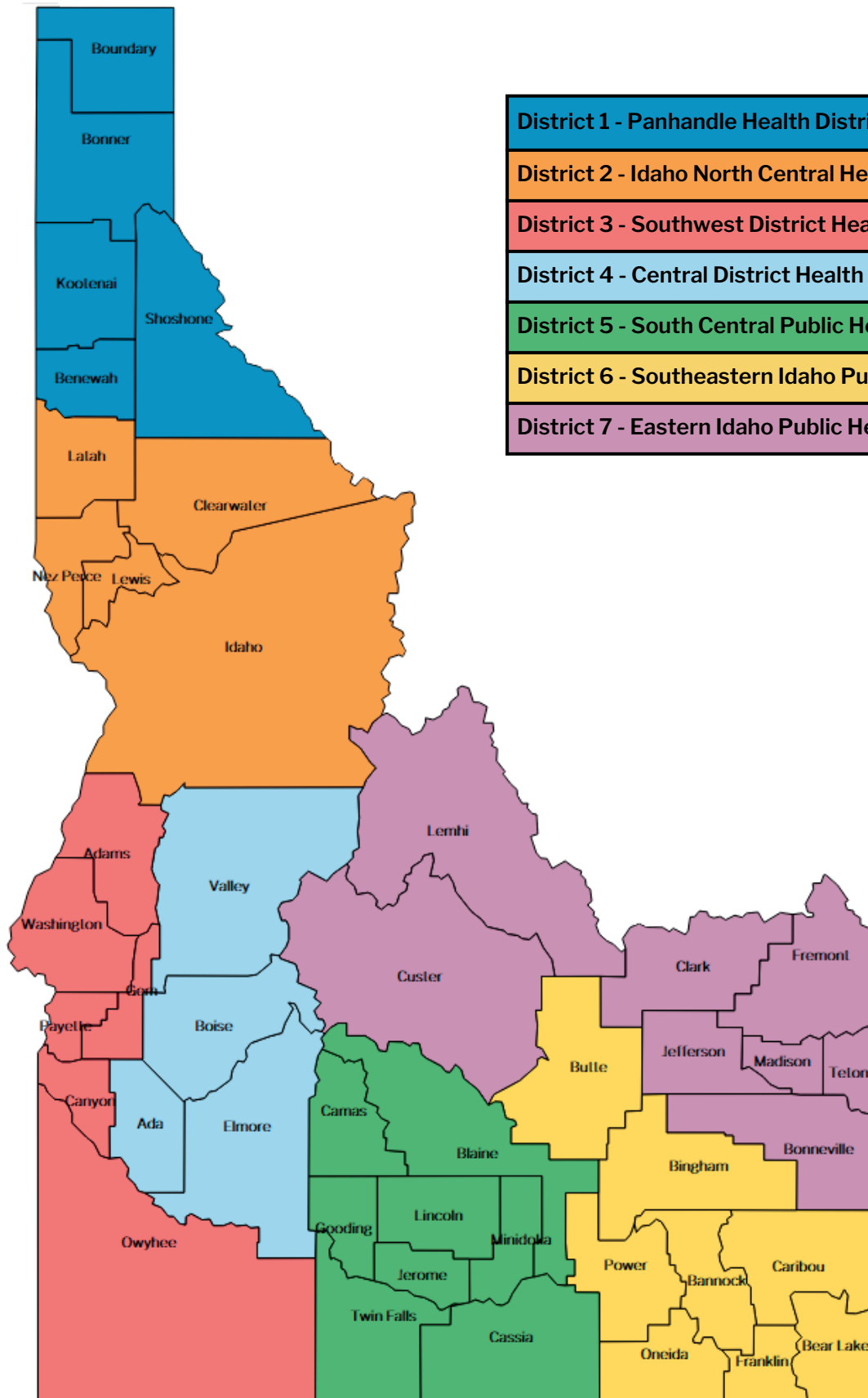
1. Community Preparedness
2. Community Recovery
3. Emergency Operations Coordination
4. Emergency Public Information and Warning
5. Fatality Management
6. Information Sharing
7. Mass Care
8. Medical Countermeasure Dispensing
9. Medical Material Management and Distribution
10. Medical Surge
11. Nonpharmaceutical Interventions
12. Public Health Laboratory Testing
13. Public Health Surveillance and Epidemiological Investigation
14. Responder Safety and Health
15. Volunteer Management



PHEP is funded for the federal fiscal year (July 1 – June 30) through a cooperative agreement from the CDC. These funds help support Division of Public Health (DPH) personnel from the Bureau of Communicable Disease Prevention, Bureau of EMSP, and the Idaho Bureau of Laboratories (IBL). In addition, funding is also distributed via subgrants with seven public health districts and five tribal nations.

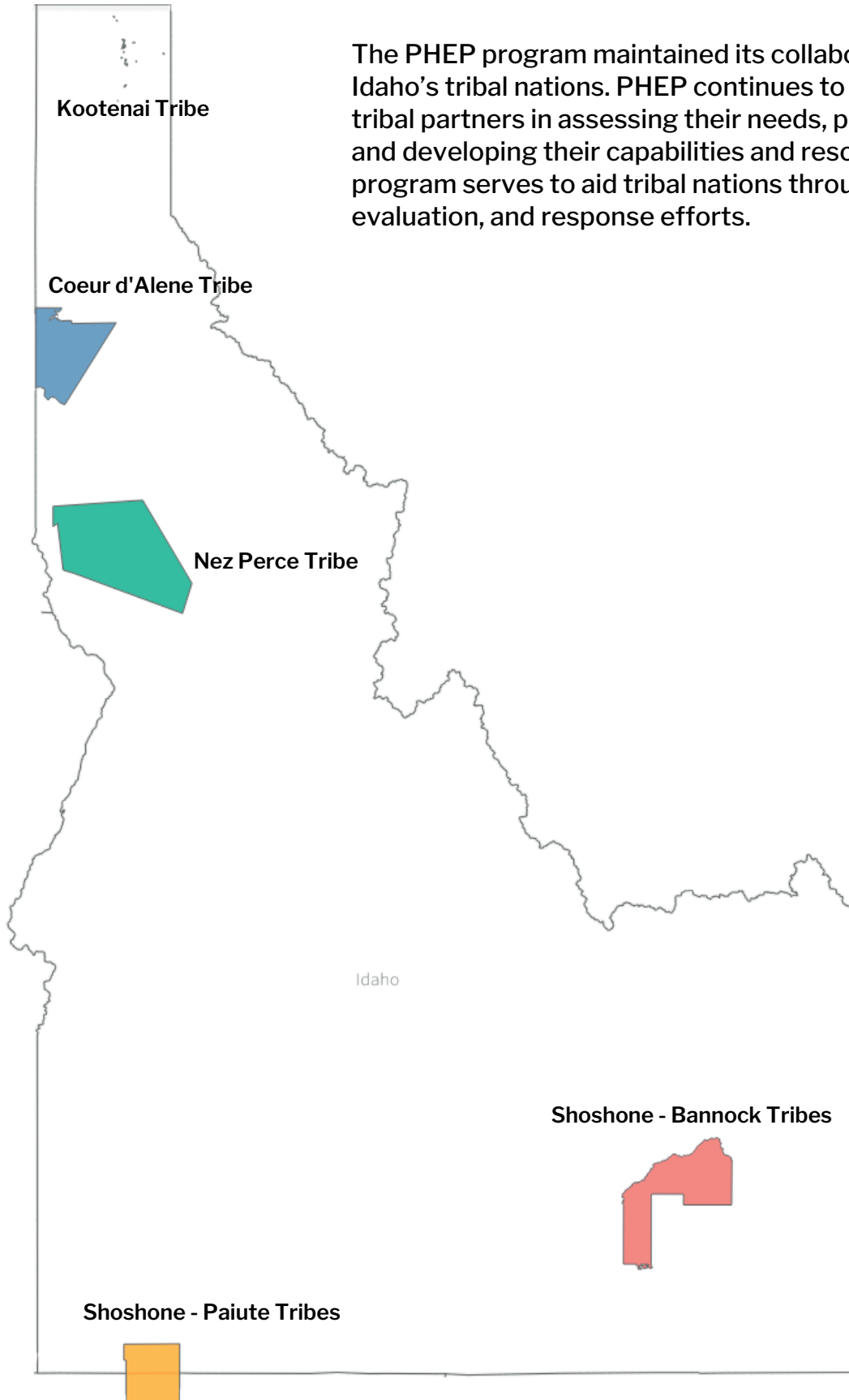
The year 2022 marks the 20th anniversary of the CDC's PHEP Program. Since 2002, the PHEP program has provided more than \$14 billion in funding to state, tribal, local, and territorial public health departments to strengthen our response to public health threats. The CDC celebrated the 20th anniversary of PHEP by recognizing members of the public health preparedness workforce across the nation and territories.

PUBLIC HEALTH DISTRICTS FUNDED BY PHEP



TRIBAL NATIONS ENGAGED IN PHEP ACTIVITIES

The PHEP program maintained its collaboration efforts with Idaho's tribal nations. PHEP continues to coordinate with tribal partners in assessing their needs, planning priorities, and developing their capabilities and resources. The PHEP program serves to aid tribal nations through exercises, plan evaluation, and response efforts.



HEALTHCARE PREPAREDNESS PROGRAM

HPP, funded by the Administration for Strategic Preparedness and Response (ASPR), provides funding through a cooperative agreement. These funds assist the healthcare system in preparing for, responding to, and recovering from the adverse health events of emergencies and disasters. ASPR's HPP funding improves the nation's ability to withstand adversity, strengthen health and emergency response systems, and enhance national health security. HPP aims to improve patient outcomes, minimizing the need for federal and supplemental state resources during emergencies, and facilitating rapid recovery.

The program identifies four capabilities to prepare a healthcare system to respond to an event:

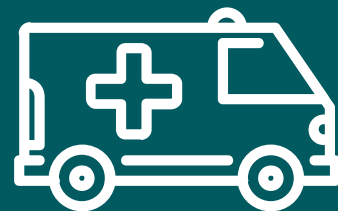
1. Foundation for Healthcare and Medical Readiness
2. Healthcare and Medical Response Readiness
3. Continuity of Healthcare Service Delivery
4. Medical Surge



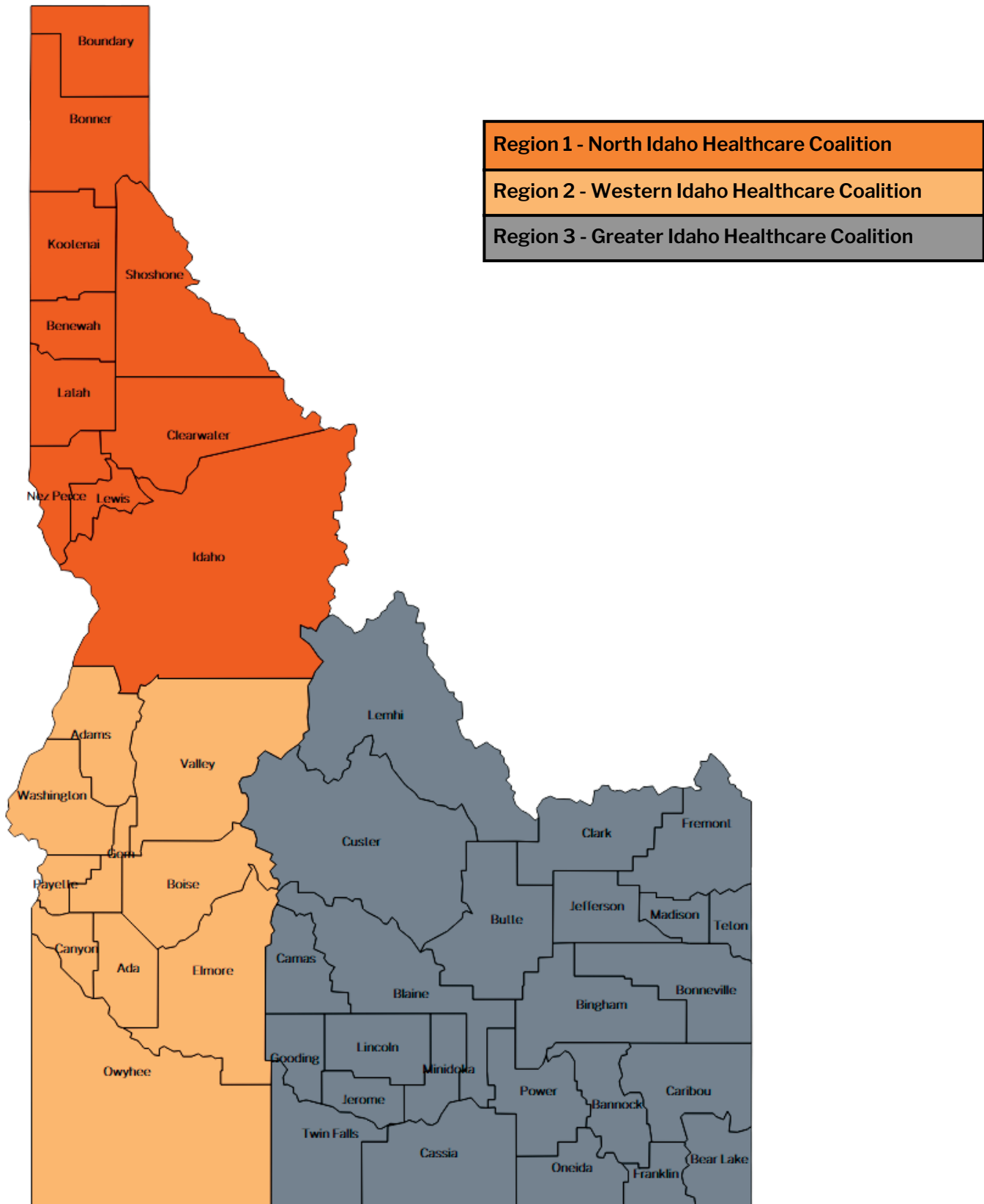
HPP funding primarily supports maintaining healthcare coalitions (HCCs) to plan for coordinated healthcare disaster response. In Idaho, there are three regional HCCs:

- Northern Idaho Healthcare Coalition
- Western Idaho Healthcare Coalition
- Greater Idaho Healthcare Coalition

HCCs collaborate with a variety of stakeholders to obtain the above capabilities. These stakeholders include their core HCC members which are hospitals, emergency medical services (including inter-facility and non-EMS transport), emergency management, and public health districts.



REGIONAL HEALTHCARE COALITIONS



COVID-19 RESPONSE & DEACTIVATION OF STATE EMERGENCY DECLARATION

HPP continued to support regional healthcare coalitions and hospitals due to surge capacity issues stemming from high patient census and staffing challenges. The Idaho Medical Operations Coordination Cell (I-MOCC) calls were held throughout 2022. The cadence of the calls varied depending on the status of Idaho's hospital capacity, medical surges, and need for patient load-balancing.

While Governor Brad Little ended the Idaho COVID-19 public health emergency declaration April 15, 2022, the response continued on throughout the remainder of 2022.

Here's a timeline of events related to healthcare system capacity concerns:

- January 24, 2022: Crisis Standards of Care (CSC) activated in the Central, Southwest, and South Central Public Health Districts
- February 15, 2022: CSC deactivated
- March 25, 2022: CSC Act, HSB 756 took effect
- April 15, 2022: Weekly I-MOCC calls ended due to stabilization of hospital patient capacity
- June 8, 2022: First "Steady State" I-MOCC call held with hospital partners
- July 21, 2022: I-MOCC calls reinstated due to hospitalizations and patient capacity limitations
- October 5, 2022: Weekly I-MOCC calls cancelled due to stabilization of hospital patient capacity
- November 14, 2022: I-MOCC calls resumed as hospital capacity surged due to several circulating respiratory viruses

PHARMACIES IN RESOURCE TRACKING TOOL

In early 2022, the PHPR Section began to establish a new tracking tool for the public health districts by adding all pharmacies to the Idaho Resource Tracking System (IRTS). This allows a PHD to develop and quickly collect information about pharmacy inventories during situations when there are supply chain issues related to medical countermeasures such as prescription medication shortages. PHPR staff were instrumental in contacting all community pharmacies licensed in the state and collecting contact information to develop accounts and documented points of contact for each pharmacy. This buildout of facilities and accounts was the most significant development in IRTS since a similar scale buildout at the beginning of the COVID-19 pandemic.

Gathered information was used to create new facility records for each pharmacy and user accounts at those pharmacies. PHD staff were trained to create and manage events (colored tabs) in IRTS, and pharmacy staff will be offered training in 2023.

Mpox RESPONSE

In early May, European countries began to announce cases of Mpox (formerly known as monkeypox). Prior to the 2022 outbreak, Mpox was reported in central and west African countries. Outside of Africa, almost all cases of Mpox were linked to international travel from countries where the disease commonly occurs through imported animals. The United States announced its first case linked to this outbreak on May 18, 2022. The first case in Idaho was confirmed in mid-July and by the end of 2022 there were a total of 15 confirmed Mpox cases in Idaho.

JYNNEOS' tecovirimat (also known as TPOXX) is an effective two-dose vaccine to prevent Mpox and smallpox infections. DHW worked closely with Idaho's public health and healthcare partners to educate citizens about the disease, how to monitor and prevent Mpox cases, and provided vaccine and treatment.

TPOXX vaccine was distributed to the seven PHD's and the Idaho Immunization Program supported a Mpox vaccination clinic at the Boise Pride Festival on September 10, 2022.

HHS emPOWER REQUESTS

The Department of Health and Human Services (HHS) emPOWER Program is a mission-critical partnership between ASPR and the Centers for Medicare and Medicaid Services (CMS). The HHS emPOWER Program provides federal data, mapping, and artificial intelligence tools, as well as training and resources, to help communities nationwide protect the health of at-risk Medicare beneficiaries who live independently and rely on electricity-dependent durable medical and assistive equipment and devices, and/or essential health care services.

For the first time in history, two emPOWER requests were made by Idaho in 2022:

- August 12, 2022
 - Submitted emPOWER request on behalf of Southwest District Health due to an extended power outage during a heatwave in Owyhee County.
- September 8, 2022
 - Submitted emPOWER request on behalf of Panhandle Health District due to a significant wildfire in Boundary and Bonner counties.

Lessons learned during these requests were used to decrease the time between request and receipt confirmation by PHDs by 50%. DHW is building partnerships with the Idaho Office of Emergency Management, Idaho Power, and Avista to provide more tools to support electrically dependent populations in Idaho.

NIPAH NAVIGATION FULL-SCALE EXERCISE

On May 5, 2022, the “Nipah Navigation” patient transport full-scale exercise (FSE) was hosted by Providence Sacred Heart Medical Center & Children's Hospital (PSHMC&CH). The exercise included a patient transport from Kootenai Health to PSHMC&CH in Spokane, Washington. The FSE included efforts by PHPR, the healthcare coalitions, and Panhandle Health District.



TABLETOP EXERCISE - EBOLA VIRUS DISEASE

On December 5, 2022, members of the PHPR team joined the HHS Region 10 Tabletop Exercise (TTX) to discuss local and state response to transport a patient with Ebola virus disease (EVD). This virtual TTX was conducted by the Regional Emerging Special Pathogens Treatment Center (RESPTC) staff from PSHMC&CH of Spokane, Washington, and was attended by state partners from Washington Department of Health, Oregon Health Authority, and the Alaska Department of Health. Federal partners included Region 10 ASPR representatives. Several hospital and EMS partners joined the TTX to provide situational information.

The outputs from the TTX included:

- Transportation from Idaho and Alaska for confirmed patients to RESPTC
- Updates to the HHS Region 10 Emerging Special Pathogens Regional Concept of Operations (CONOPS) Plan

While the TTX indicated gaps in the HHS Region 10 Emerging Special Pathogens CONOPS and the capabilities to respond to a special pathogen incident, it also provided invaluable cross-border collaboration opportunities and the actional updates to response plans based on lessons learned during the TTX.

PHPR VIRTUAL FALL CONFERENCE SERIES

The PHPR Fall Conference Series took place virtually October 26-27 and November 15-16, 2022. The conference theme was *Where We Were, Where We are Now, and Where We're Going in the Future*. Invitees included personnel from the public health districts, tribes, hospitals, healthcare coalitions, and federal partners from ASPR and CDC.

Topics presented were:

- COVID-19 and Mpox response
- Health Equity
- HHS emPOWER, CHEMPACK, and Integrated Preparedness Planning Workshops
- Information on the Ebola virus disease outbreak in Uganda
- Threat-specific Playbooks
- Updates from CDC and ASPR federal staff

There were working sessions to discuss strategic planning with the following groups: Medical Reserve Corps leaders, planners, regional readiness and response coordinators, training and exercise coordinators, and tribal clinic and emergency management staff.

TRIBAL PUBLIC HEALTH EMERGENCY PREPAREDNESS CONFERENCE

On May 11, 2022, PPHP members attended the Tribal Public Health Emergency Preparedness Conference in Tulalip, WA. The primary goal of attending the conference was to liaise with Idaho's tribal partners and discuss preparedness and response plans. PPHP staff met with representatives from the Nez Perce Tribe, Coeur d'Alene Tribe, Kootenai Tribe, and Shoshone-Paiute Tribes during the conference.

There were several discussions on COVID-19 response techniques and lessons learned, which were presented by various Northwestern tribes. There were several sessions that discussed responding to environmental health hazards during disasters, as well as specific emergencies such as the Warm Springs water crisis.



Public Health team members from Idaho Department of Health and Welfare, Panhandle Health District, and Tribal Partners from Nez Perce, Coeur d'Alene, and Kootenai Tribes

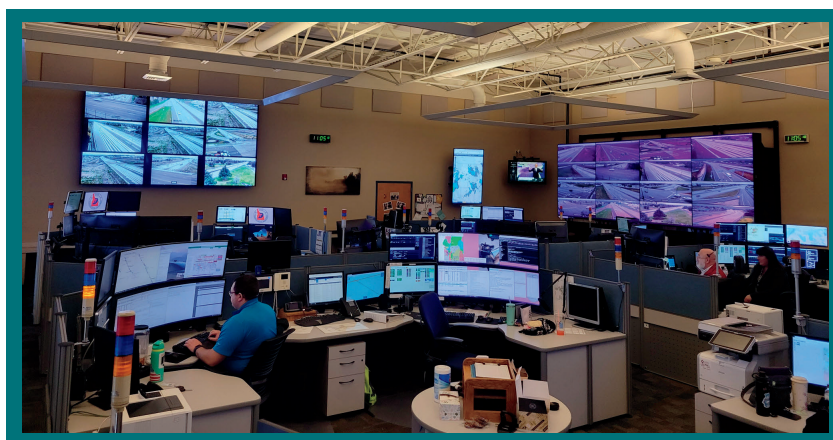
STATE COMMUNICATIONS CENTER

StateComm is an emergency communications center located in Meridian, Idaho, and operates 24 hours a day, seven days a week, 365 days a year. The center is a unique public health communications resource as well as a dispatch center for 16 rural communities throughout the state. StateComm monitors all radio traffic on EMS Frequency 1 and 2 and 700 MHz.

Emergency Communication Officers (ECOs) are certified Emergency Medical Dispatchers (EMDs) providing callers with pre-arrival medical assistance until EMS units arrive on scene. StateComm relays patient or scene information, deploys additional resources, and tracks EMS units when their dispatch is out of radio contact. In the event of a mass casualty incident, StateComm will provide hospital bed status to the incident commander.

StateComm provides dispatch and notification services for the following:

- Search and Rescue Teams
- Idaho Transportation Department (ITD)
- Idaho Department of Environmental Quality (DEQ)
- Air and Ground EMS Agencies
- Idaho Office of Emergency Management (IOEM)
- Idaho Division of Public Health (DPH)
- Idaho Department of Fish and Game
- Idaho Public Health Laboratory
- Regional Response HAZMAT Teams
- Critical Incident Stress Management
- Idaho Department of Agriculture
- Idaho State Division of Aeronautics
- Environmental Protection Agency

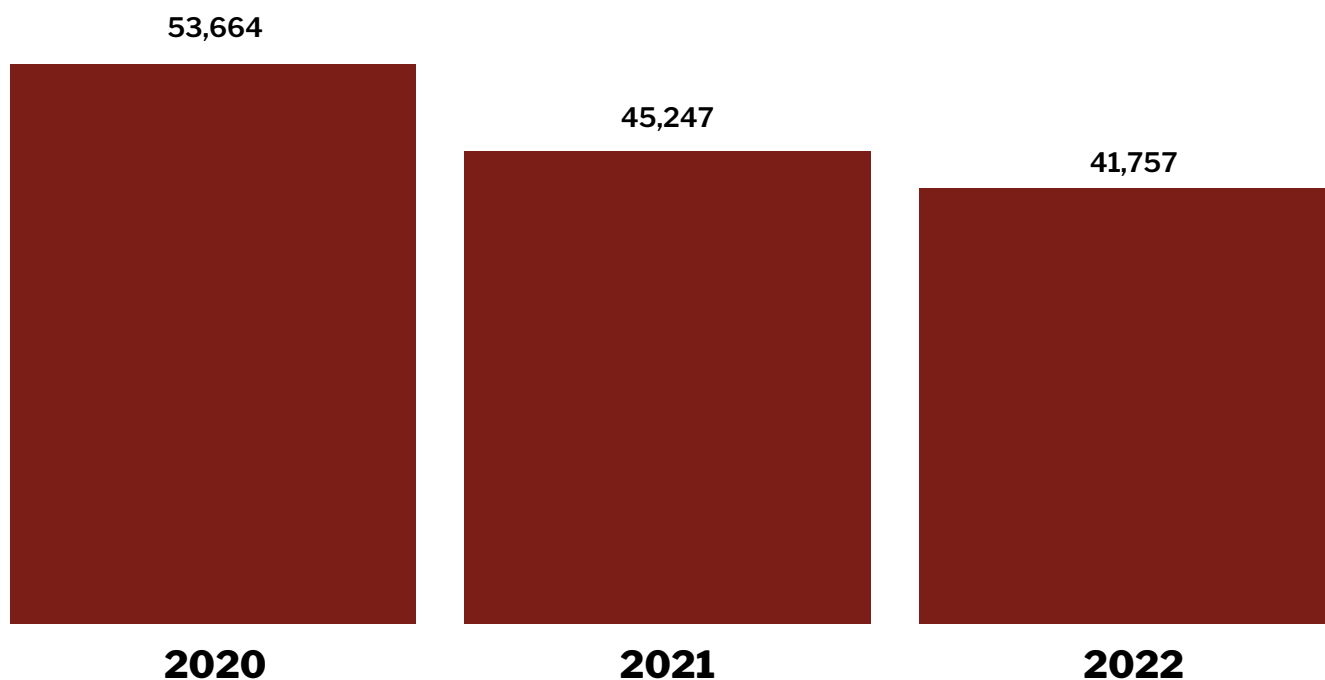


Idaho State Communications Center in Meridian, ID

STATECOMM CALL VOLUME BY YEAR

Type	2020	2021	2022
ITD	43,471	35,589	32,782
Master Log	3,254	3,119	2,373
Pager/NAWAS/Radio Test	1,584	1,584	1,584
EMS Ground and Air Dispatch	2,088	2,358	2,307
Airmed Tracking	1,312	1,040	1,161
Emergency Medical Dispatch	486	582	552
HAZMAT	244	246	229
Flight Following	154	133	197
Paging	626	161	183
Tissue Recovery Referral	213	248	197
Misc. Incident	73	89	100
Rail Incident	73	63	76
Healthcare Bridge Call	57	7	4
CISM	9	17	7
Public Drinking Water	15	4	3
AMBER Alert	5	7	2

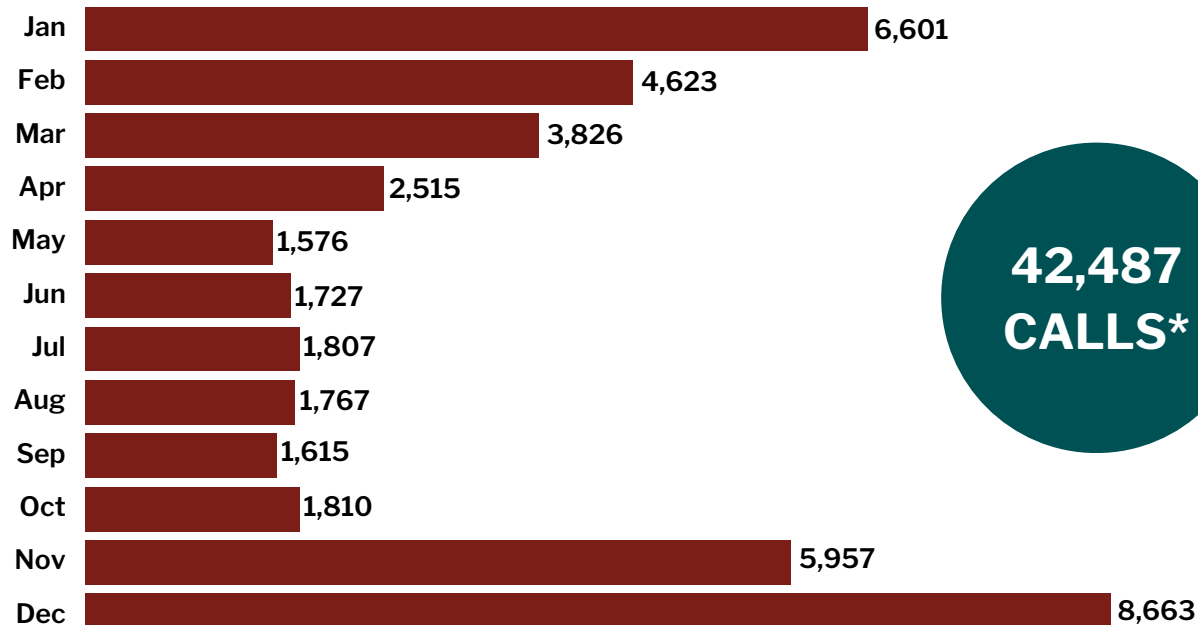
TOTAL CALLS BY YEAR



2022 CALL VOLUME BREAKDOWN

Type	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
ITD Log	4848	3412	2643	1226	378	336	300	334	310	529	4294	6672
ITD Highway	816	448	458	512	410	491	467	400	370	383	784	1014
Master Log	212	196	194	196	197	212	212	226	192	186	191	159
EMS Ground/Air Dispatch	161	133	130	147	205	224	248	259	229	207	173	191
Pager/Radio Tests	132	132	132	132	132	132	132	132	132	132	132	132
Airmed	35	73	83	51	49	65	180	179	127	140	101	78
Dynamic Message Sign	115	57	30	66	49	70	68	52	49	59	119	193
Emergency Medical Dispatch	42	35	44	42	43	41	49	55	57	49	49	46
ITD Traffic Sign	35	26	31	41	30	35	31	33	37	45	45	49
ITD Traffic Signal	55	20	33	37	36	42	39	36	30	27	29	50
Hazmat	14	21	14	24	25	24	23	22	19	18	16	9
Flight Following	88	50	9	15	0	0	2	5	0	0	2	26
Paging	14	2	13	12	11	22	32	17	33	11	6	10
Miscellaneous	5	2	4	6	5	18	16	8	17	12	2	5
Rail	9	8	5	4	2	10	5	7	7	9	6	4
ITD Road Closure	18	6	3	3	1	4	3	0	5	1	6	25
CISM	0	2	0	1	1	0	0	1	0	2	0	0
Healthcare Bridge Call	2	0	0	0	1	0	0	1	0	0	0	0
Public Drinking Water	0	0	0	0	0	0	0	0	1	0	2	0
Amber Alert	0	0	0	0	1	1	0	0	0	0	0	0

TOTAL CALLS BY MONTH FOR 2022



*Numbers displayed on this page are different than page 15 due to exclusion of the "Dynamic Message Sign" category. This category was excluded from the previous figures to keep data sets consistent between years.

STATECOMM 2022 CAPABILITIES

Coverage



EMS Radio/Paging communications statewide

- 41 Statewide EMS mountaintop base stations
- EMS Dispatch in 16 Rural Communities

Pre-Arrival Medical Instruction



- Provide pre-arrival medical instructions to callers until EMS arrives on scene

Notification/Alert/ Contact Point

- Primary notification point for the National Alert Warning System (NAWAS)
- Public Health incident contact point for hospitals, state and local health districts
- Primary activation point for the Idaho Emergency Alert System (EAS) to disseminate civil emergency alerts, AMBER, Blue and Endangered Missing Person Alerts, via radio and television
- Hazardous Materials and Weapons of Mass Destruction (WMD) contact point
- Railroad incident point of contact
- Direct contact with 44 county sheriff's offices and Idaho State Police (ISP)

Coordination / Monitoring



- Coordinate Critical Incident Stress Management responses
- Status monitoring of hospital bed availability, mass casualty coordination
- Status monitoring of state highway conditions and dispatch of the Idaho Transportation Department (ITD)
- Pre-hospital death tissue referral notification coordination
- Logging Emergency Incident Coordination

STATECOMM PROJECTS



Automatic Number Automatic Location

StateComm completed the implementation of Automatic Number and Automatic Location Identity on transferred 911 calls. This will allow StateComm dispatchers to receive caller phone number and location data on a map for transferred 911 calls.



Endangered Missing Person Alert

StateComm worked with ISP on the implementation of the new Endangered Missing Person Alert process. StateComm will activate the Emergency Alert System when the situation dictates increased geographic notification to the public.



Exercise Report

StateComm participated in 30 exercises in 2022 with agencies including but not limited to: Idaho Power, Magic Reservoir, PacifiCorp, INL Naval Reactor Facility, 101st Civil Support Team, Ada County Paramedics, Nez Perce County/Lewiston Fire, Barber Dam, Idaho Falls Power, Air St. Luke's, Caldwell Fire, Mountain Home AFB, AVISTA Utilities, US Bureau of Reclamation, Panhandle Health (PHD 1), Boise Fire, Idaho Falls Fire. State Comm's Emergency Communication Officers participate through their normal dispatch duties, and StateComm management is included in the planning of large-scale exercises.



StateComm 101

With limited travel opportunities due to COVID restrictions earlier in the year, StateComm was still able to provide 25 StateComm 101 presentations, reaching over 600 people, to several agencies including but not limited to Blaine County LEPC, Idaho Mountain Search and Rescue, Mountain Home AFB Command Wing, Caldwell Fire, Idaho State University Disaster Preparedness Conference, Boise Fire Command Staff, Idaho Transportation Dept, Meridian Medical Arts Charter School and BSU nursing school classes. The StateComm presentations to the BSU Nursing students are part of the BSU Nursing Community Health course curriculum.

STRATEGY, QUALITY, AND INNOVATION

The Strategy, Quality, and Innovation (SQI) section was formed July of 2021 to:

- Meet demands and deadlines of internal and external partners with quality outcomes
- Further Bureau goals
- Improve personnel assets
- Streamline and improve core functions

The SQI team achieves this through the management, improvement, maintenance, and development of Bureau operations and to project future needs based on analytical approaches. They are often providing guidance for quality improvement (QI), quality assurance (QA), and work to spearhead new initiatives that will benefit the Bureau.



EMS SUSTAINABILITY TASK FORCE

The current framework for EMS was built in a different time. The growing population, job market, and access to healthcare are all changing drastically. In order to develop a working solution in Idaho for years to come, the Bureau gathered stakeholders (EMS personnel, medical directors, local government officials, etc.) and subject matter experts to create plans to ensure EMS in Idaho in the long term. With that, the EMS sustainability task force started in June of 2022.

While working together as a whole, the task force was also split into three work groups. Work groups would meet on a regular cadence and report their progress and findings during the monthly general task force meeting.

The initial three work groups and their areas of focus were:

- Governance - How EMS is governed and funded
- Coverage - The levels of EMS coverage in Idaho's different population areas
- Personnel - The compensation and benefits for EMS personnel throughout the state.

Later in 2022, a newer work group would be established. The Communications work group would work on messaging and the public relations aspect of this work.

Bureau members from the StateComm, SQL, and SOC sections served as members and support on the separate work groups and worked to coordinate efforts across the task force.

The EMSSTF has continued into 2023. For more information on the taskforce, please visit: <https://healthandwelfare.idaho.gov/about-dhw/boards-councils-committees/emergency-medical-services-sustainability-task-force-emsstf>



First task force meeting held June 10th, 2022

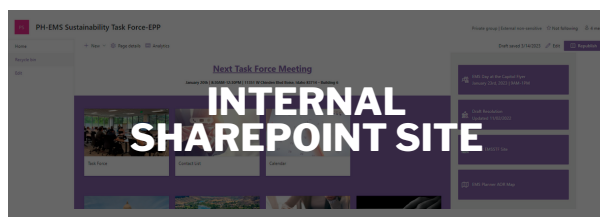
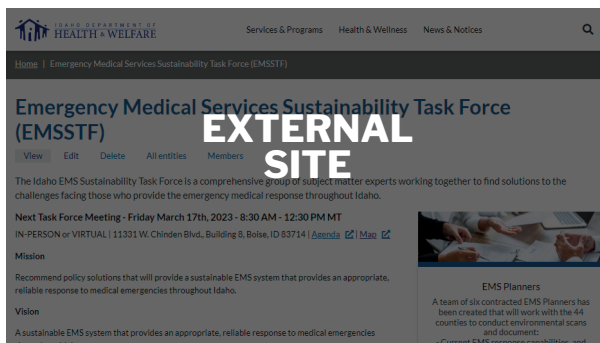
EMSSTF ADMINISTRATIVE SUPPORT AND COMMUNICATIONS

The SQI team, in collaboration with others in the Bureau, worked to create an external facing web site for the EMSSTF. They created the platform to share the mission, meeting information, and all pertinent information to the public. Along with creating and maintaining the public site, SQI also created and maintained a SharePoint site for all task force members. This site housed news, meeting information, and a space for work groups to collaborate.

The team worked as members and facilitators for each of the task force work groups. They offered administrative support and served as liaisons between work groups and the Bureau.

SQI created public communications through publishing EMSSTF Weekly Updates and posting them on social media. The updates contained meeting information, action items for the task force, general announcements, and any other information the task force wished to share with the public.

In an effort to reach Idaho EMS, SQI created an information post card and flyer. The post cards were sent via mail through USPS to all EMS agencies and the flyer sent electronically via broadcast email through IGEMS to all EMS agencies and personnel. Both channels of communication were used in order to assure the message had outreach and was seen by stakeholders.



EMS PLANNERS

While presenting the EMSSTF to the Idaho Association of Counties, there was a common sentiment among the room that there needed to be county EMS plans that would document resources and response models. With that, the suggestion of contracting with a team of planners arose and the room agreed to that being the ideal route.

The SQL team worked to:

- Create a Tableau dashboard map that highlighted the different areas of responsibility (AOR) with corresponding EMS agency and county information overlaid. The regions were modified after feedback and vetting from the EMSSTF.
- Draft the solicitation for proposals.
- Write contracts for those planners eventually hired.
- Develop an internal SharePoint site for the planner team to share documents and collaborate.
 - Created a curriculum of resources for planners, housed in SharePoint, in order to hit the ground running
- Worked with a small internal team and the EMSAC chair for the interview and selection process.

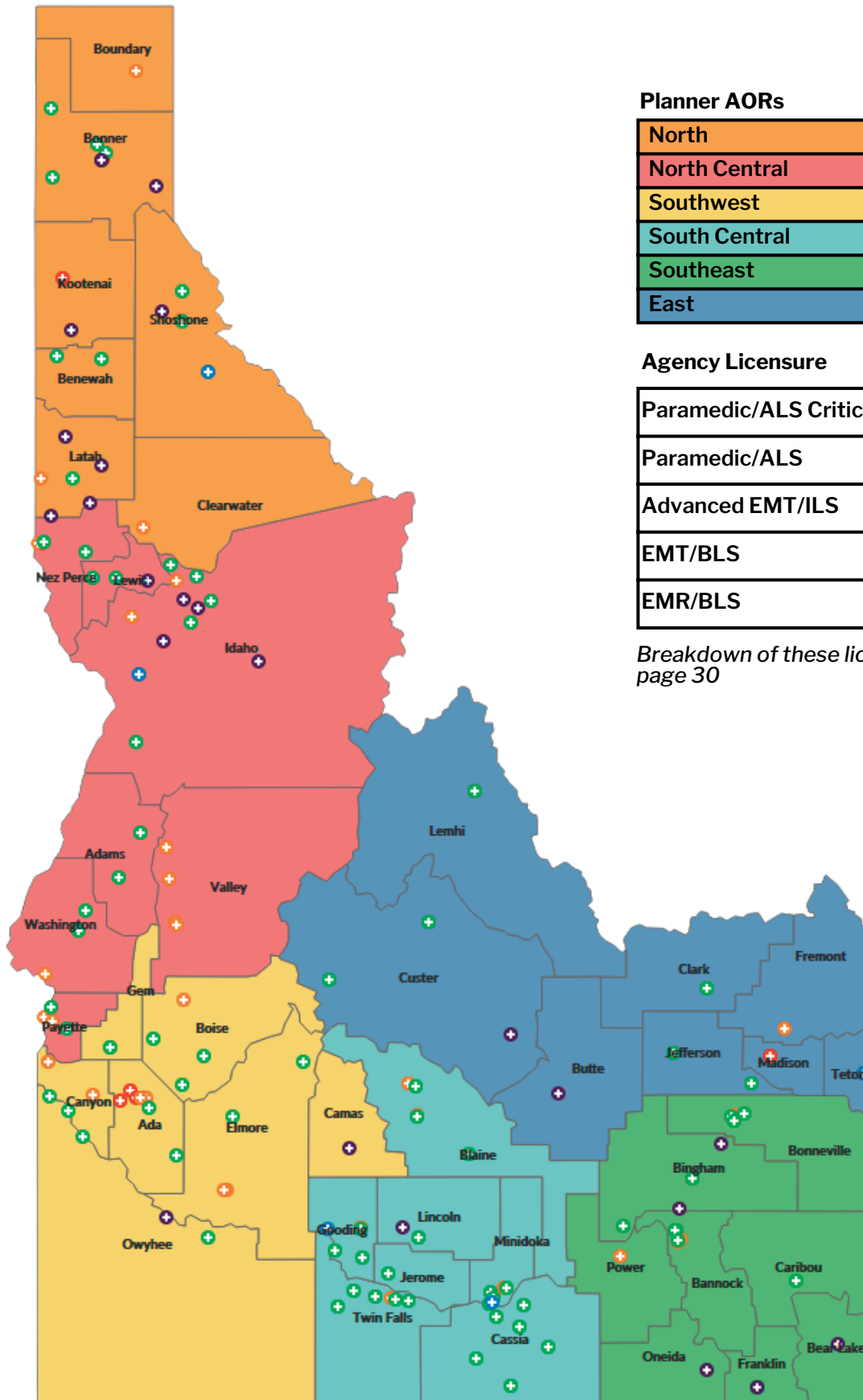
Timeline of Events:

- November 2, 2022
 - Plan to contract EMS planners was announced
- November 15, 2022
 - Official solicitation for planners was published online
- November 30, 2022
 - Planner proposals were due
- December 15, 2022
 - Interviews began
- December 20, 2022
 - Planners selected
- January 1, 2023
 - Selected planners began their work

For more information regarding the EMS Planners, please visit:

<https://healthandwelfare.idaho.gov/about-dhw/boards-councils-committees/ems-planners>

EMS PLANNERS AOR MAP



Planner AORs

North
North Central
Southwest
South Central
Southeast
East

Agency Licensure

Paramedic/ALS Critical Care	⊕
Paramedic/ALS	⊕
Advanced EMT/ILS	⊕
EMT/BLS	⊕
EMR/BLS	⊕

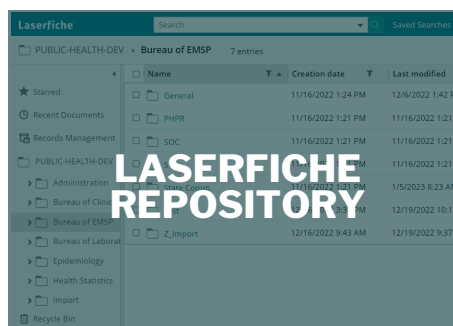
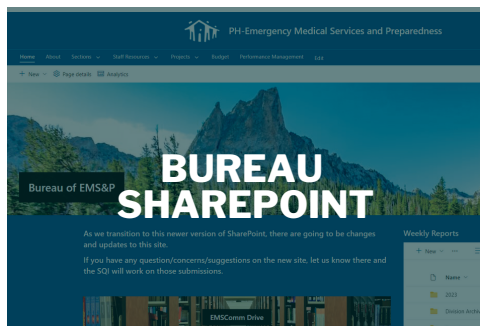
Breakdown of these licensure levels on page 30

SHAREPOINT/LASERFICHE MIGRATION

In order to move away from a platform that is scheduled to sunset, the Bureau had to transition from SharePoint On-Premise to SharePoint Online. The transition was part of a larger move at the DHW level. SQI took the initiative to implement the changes before the department's set due date. This update included the build and design of a new Bureau SharePoint site, individual sites created for the sections/programs, and a change in document management policies to include SharePoint and Laserfiche storage. Infrastructure has been built and SQI will look to wrap up this transition in 2023.

Parallel to the SharePoint migration, SQI worked to establish an infrastructure for file management. The common drives, stored on physical DHW servers, were determined not to be a viable option for files due to the maintenance and limitations. SQI met with the different section and program leads to assess their current document storage processes, determine future needs, and establish which documents would be stored in SharePoint and which would be stored in Laserfiche.

Laserfiche is a document management system with robust search, query, and workflow capabilities. SQI met with IT to try and roll out the system in a proactive manner. The team wanted to trailblaze with the implementation, so they worked to set up systems prior to the department wide transition. Live or collaborative files would be stored in SharePoint and retention or archival files would be stored in Laserfiche. SQI is working with IT to migrate all necessary files in 2023.



BUREAU KNOWNS DASHBOARD

Working off of the original Bureau knowns workbook made in 2021, SQI wanted to make the Bureau knowns a more robust and useful tool. While the previous workbook had the necessary information and contained a Gantt chart, it wasn't as accessible or as detailed. A dashboard was made in Tableau that displayed a calendar heat map with the regular annual tasks for the Bureau split by sections and programs. This version could more accurately depict peak times for the Bureau.

SQL met with each of the section and program leads to gather information, update the previously gathered tasks, and get input for the design and layout. This dashboard can be found on the Bureau SharePoint site. The SQL team will continue to meet with section/ program leads to keep the dashboard current and relevant.

PATIENT CARE REPORTING SUPPORT TRAINING

Patient Care Reporting (PCR) and the system in which the state stores, reports, and exports PCRs (IGEMS PCR) were traditionally handled by one person. While evaluating the system and realizing gaps in the Bureau's continuity practices in regards to this system, it became clear that having additional personnel familiar with the system and associated roles and responsibilities would be beneficial to Bureau internal staff as well as the customer.

SQL began by tracking the type and number of PCR support calls received each week as well as the time to document work the associated issues that were reported. The time spent on PCR support issue calls per week ranged from a few hours to over a day per week.

Based on the type of calls received, a three-tiered training was created and implemented for Bureau staff members whose positions require knowledge of the IGEMS PCR system.

The training involved the following:

- Tier 1: Basic system overview along with account creation and password resets
- Tier 2: A more complete look into the PCR system with instructions on permission groups, run forms, dataset elements, agency information, special PCR accounts (billing and hospital), PCR Report Writer, NFIRS reports and run forms, etc.
- Tier 3: This level of training was limited to the State Data Managers assigned backup and includes those items only performed by the State System Administrator based on experience and permission group assignment.

The newly trained staff members began fielding all PCR calls into the office and would escalate through the tiers if needed. Tier 3 issues would be handled by the Data Manager backup unless escalated to the Data Manager.

The effect of the training and subsequent work by other Bureau staff members has led to an increased knowledge of the IGEMS/PCR system. Rather than depending on one individual, it has load balanced the work involved and there has been a substantial reduction in the number of PCR issues requiring Data Manager involvement.

SQI PROJECTS



IMOCC Facilitation

The IMOCC meeting facilitation team continued into 2022 and provided support to statewide hospitals regarding capacity, supplies, patient movement, and lifesaving resources. During this time, IMOCC meetings and the facilitation team provided a communication platform which engaged and encouraged partners and stakeholders to make connections, determine alternate solutions, and capture real time data and information. Meeting information was synthesized and shared with meeting attendees, leadership, and external partners.

Initially, meetings were held seven days a week, but frequency was modified throughout the eight months depending on need. The IMOCC facilitation team concluded in April 2022. The team ran for 34 weeks and facilitated nearly 200 IMOCC meetings. Each call required the overage of four shifts, so approximately 800 shifts were covered during the span of IMOCC meetings.



Personnel Inventory Project

During the COVID-19 pandemic much of the Bureau staff provided ongoing support to aid in relief efforts. This caused staff members to be pulled away from their "normal" job responsibilities for many months and even years. When Bureau staff began to return to their normal job responsibilities, they found their original workloads to be shuffled and reprioritized.

The purpose of the personnel inventory project (PIP) was to revisit job descriptions and to capture the work we were conducting, the work we should be conducting, visionary work, and aligning the right work with the right position.

The PIP documented the following:

- Staff name
- Job title
- Responsibilities - the work performed, and the work described in their job description
- Details - How are job responsibilities completed?
- Other duties - work that is not captured anywhere else, the work that has been randomly assigned, and/or the work that was inherited
- Wishes - what work, special projects, or trainings Bureau members would like to pursue

The PIP has been referenced throughout 2022 and will be updated annually.

SYSTEMS OF CARE

The SOC Section consists of three programs: Emergency Medical Services (EMS), Technical Records and Compliance, and Time Sensitive Emergencies (TSE). Each program, collaboratively and collectively, remains committed to their mission to constantly improve the health of Idahoans, specifically patients outside of the hospital environment who are suffering from life-threatening illness or injuries and in need of emergency medical care.

In addition to the normal responsibilities of the section, SOC's focus expanded in 2022 to include new projects such as infectious disease / special pathogen transport planning, training new EMS leaders and educators, supporting the EMS Sustainability Task Force, and distributing \$4.3 million in much-needed EMS vehicles and equipment to Idaho EMS agencies through the EMSAVE and ARPA grants. Personnel worked hand-in-hand with local, state and federal agencies including IOEM, IBL, PHPR, Federal Emergency Management Agency (FEMA), the CDC, HHS, and RESPTC.



SOC PROJECTS



ARPA Grant

The Legislature approved \$2.5 million, funded by ARPA, to assist EMS agencies negatively affected by the COVID-19 pandemic. The decision was made to use this money to purchase much-needed ambulances, with an emphasis on assisting rural EMS agencies. SOC, in collaboration with SQI, allocated this money to EMS agencies through our normal grants process. In order to use the complete \$2.5 million while awarding the most ambulances, there were 13 ambulances awarded, with a price cap of \$192,307.69 for each ambulance. All ambulances awarded went to rural EMS agencies.



EMSAVE Grant

During the FY 2023 EMSAVE grant cycle, approximately \$1.8 million in dedicated funds was awarded to Idaho EMS agencies. The grant was competitive, with scoring based on numerous items including demonstration of fiscal need for grant funding and the operational need for agencies to obtain the equipment requested. Seven emergency vehicles were awarded, and 51 equipment awards were disbursed to agencies. Much like ARPA, this grant was administered in collaboration with the SQI team. An annual report dedicated to this grant can be found online at [:https://healthandwelfare.idaho.gov/providers/emergency-medical-services-ems/ems-agencies](https://healthandwelfare.idaho.gov/providers/emergency-medical-services-ems/ems-agencies)



PHPR Ebola / Special Pathogens Workgroup

Recognizing the needs of Idaho hospitals and EMS agencies to prepare for the possible treatment and transport of a highly infectious Ebola or Special Pathogen patient, SOC and PPHR personnel partnered with the HHS and the RESPTC. The goal of this partnership is to plan patient transport of special pathogen patients from their initial location to a Special Pathogen Treatment Center, either by air or ground. This goal includes operational plans and hands-on training of EMS providers to safely transport these types of patients to appropriate definitive care while protecting the medical providers and the public.



EMSSTF

Multiple members of SOC participated as members and provided support to the EMSSTF. Each work group had at least one SOC team member. The team worked to gather data on Idaho EMS via IGEMS, acted as references on state EMS rules, and gave their expertise to discussions. SOC team members helped with the coordination and selection of EMS Planners as well later in the year.



EMS Leadership Academy

In May 2022, members of the EMS Advisory Committee (EMSAC) and SOC held a two-day in person EMS Leadership Academy in Boise for 20 new EMS leaders to coach them in the responsibilities of leading EMS agencies. The subjects included EMS leadership principles, operational policy development, medical direction responsibilities, mental health in EMS, medical protocol development, quality assurance program development, budgeting, and EMS regulations. The academy was sponsored by the Bureau, including no out-of-pocket tuition or lodging costs to attendees.

EMERGENCY MEDICAL SERVICES

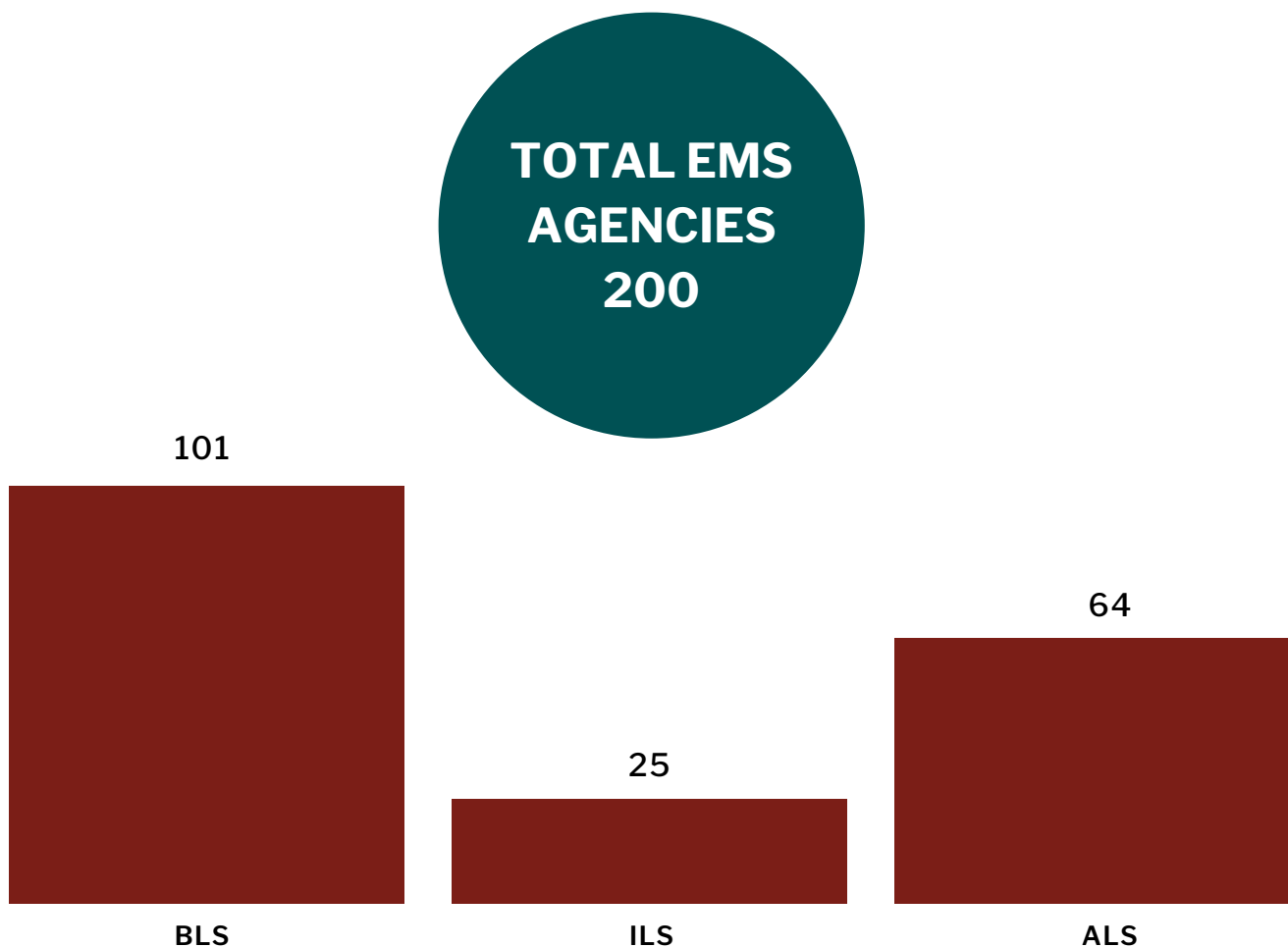
EMS agencies and personnel provide patient care at the scene of an emergency and provide transport to and between hospitals. The EMS Program staff are responsible for assistance and oversight of EMS agencies, personnel, and education. EMS staff accomplish this through technical assistance, licensing and system navigation, rule interpretation, policy development and promulgation. They have been the primary contacts and support for the EMS Advisory Committee (EMSAC), and EMS Physician Commission (EMSPC) since their inception.



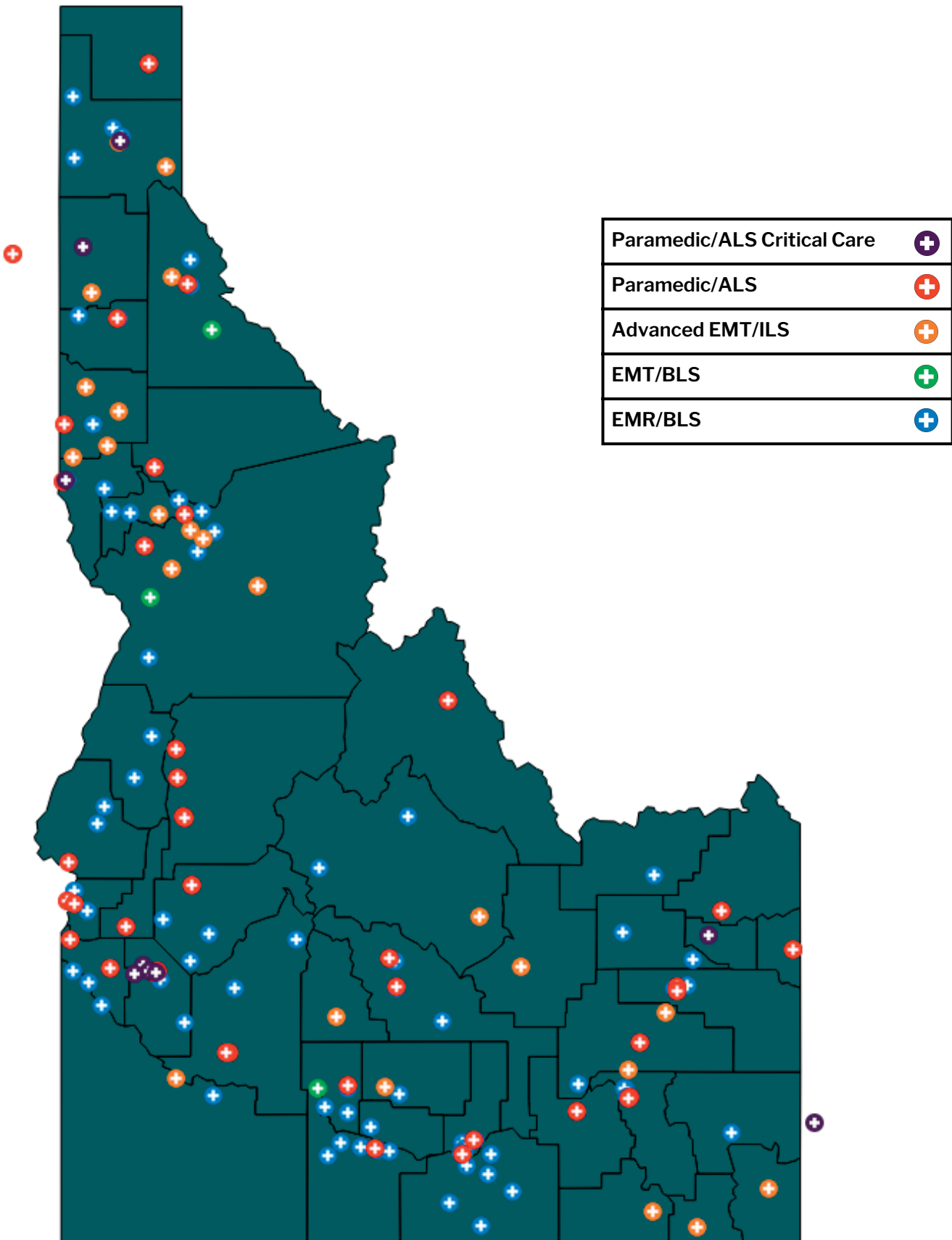
AGENCY LICENSURE

Agencies are licensed by the skill level of their personnel, transport capability, and the ability to respond to medical emergencies within their agency's self-declared geographic response area. Each agency must meet standards established by the Bureau such as medical supervision, around the clock coverage, access to dispatch, and patient care reporting. In 2022, Idaho was comprised of 200 EMS agencies that were dispersed throughout the state. See below for breakdown of licensed EMS agencies, station distribution, and clinical capabilities throughout Idaho.

Licensure is dependent upon transport status and declared clinical capability of services. Transport agencies provide patient care at the scene and during transport to or between hospitals. They are licensed as Ambulance or Air Medical Agencies depending on the method of transport. Those agencies that provide patient care but do not transport patients to hospitals are licensed as Non-transport Agencies. Idaho recognizes the clinical capabilities of agencies as either basic life support (BLS), intermediate life support (ILS), or advanced life support (ALS).



IDAHO EMS AGENCIES



PERSONNEL LICENSURE

Any individual who provides emergency medical care must maintain a current EMS personnel license issued by the Bureau. The following personnel licensure levels are recognized in Idaho:

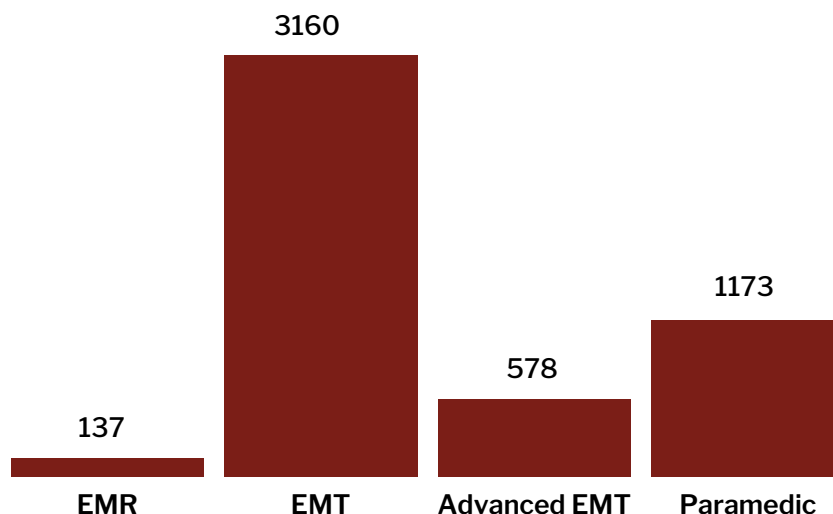
Emergency Medical Responder (EMR) - The EMR initiates and performs immediate lifesaving care to critical patients who access the emergency medical system. The individual possesses the basic knowledge and skills necessary to provide lifesaving interventions while awaiting additional EMS response and to assist higher level personnel at the scene and during transport. EMRs function as part of a comprehensive EMS response under medical oversight and perform basic interventions with minimal equipment.

Emergency Medical Technician (EMT) - The EMTs primary focus is to provide basic emergency medical care and transportation for critical and emergency patients who access the emergency medical system. EMTs function as part of a comprehensive EMS response, under medical oversight. EMTs perform interventions with basic equipment typically found on an ambulance.

Advanced Emergency Medical Technician (AEMT) - The AEMT provides all of the same services as the EMR and EMT with limited advanced emergency medical interventions.

Paramedic - The paramedic is an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergency patients. This individual possesses the complex knowledge and skills necessary to provide patient care and transportation of the most critically ill and injured patients.

In 2022, Idaho recognized the following providers by licensure level:



**TOTAL
PROVIDERS
5,048**

In 2022, 2,057 providers were either seeking initial licensure or renewing a license. The breakdown of each is provided immediately below:

Renewed



1366

Initial



691

EMS PROJECTS



EMS Agency Technical Assistance

The EMS program, upon request from an EMS agency administrator or local elected official, will analyze the types of issues identified by the agency administrator and send a team to conduct an on-site assessment of the agency's program. The team provides recommendations for resolution and drafts a report that describes the issues discovered during the assessment and any progress made with the agency. The Bureau provided technical assistance to three agencies in 2022.



Education Programs

The EMS program staff approve EMS education programs that demonstrate that they have adequate facilities and equipment, a medical director, certified EMS instructors, and appropriate curriculum. Once students graduate from an Idaho EMS education program and pass the certification examination, the students are eligible for licensure as Idaho EMS Personnel.



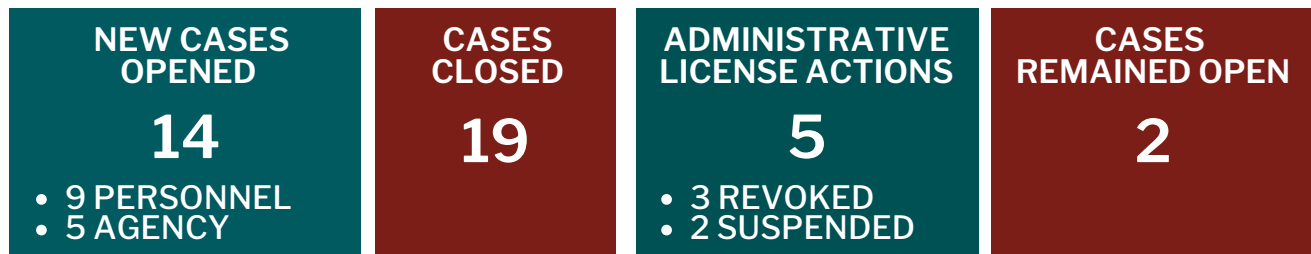
Instructor Development Workshop

The EMS program hosted an in-person, 8-hour Adult Methodology course in Boise for current and prospective EMS instructors. Completion of an official Adult Methodology course (or equivalent), and recurrent adult methodology training each recertification period, is a requirement to be a certified EMS instructor in Idaho. Since this training is difficult to find and access for many rural EMS providers, the Bureau partnered with EMS Connect to instruct this course. Tuition was free for EMS Providers, and lodging scholarships were issued for volunteer EMS providers. Approximately 65 current or prospective instructors attended and completed the course.

EMS INVESTIGATIONS

EMS Program staff are responsible for compliance to relevant statute, rule and policy by all licensed EMS personnel, licensed EMS agencies, certified instructors and approved education programs. If there is a complaint, allegation, or Bureau discovery that indicates a potential violation of Idaho code or rules regarding EMS, an investigation may be initiated. If a violation of rule or code is demonstrated, the Bureau may take disciplinary action.

The following is a breakdown of investigations that took place during the 2022 calendar year:



VOLUNTEERS

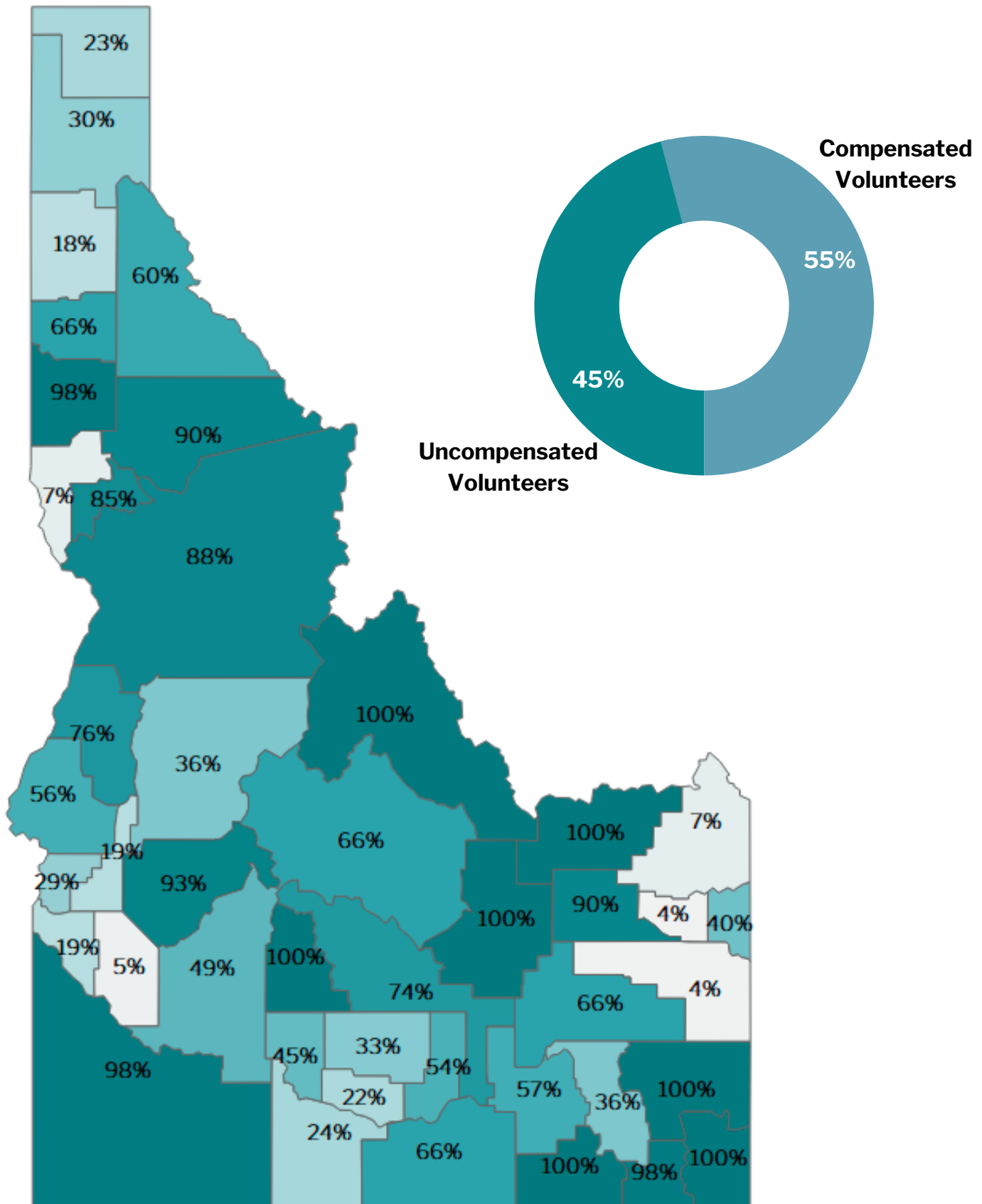
Idaho's EMS system faces significant challenges due to the state's geographic complexities and a reliance on volunteer providers. Volunteers play an integral role in responding to emergencies and providing prehospital patient care in all counties in Idaho. Per IDAPA 16.01.02 rule definitions, Idaho recognizes two volunteer types:

1. Compensated Volunteer – an individual who performs a service without promise, expectation, or receipt of compensation other than payment of expenses, reasonable benefits, or a nominal fee to perform such services. This individual cannot be a part-time or full-time employee of the same organization performing the same services as a volunteer and employee.
2. Uncompensated Volunteer – An individual who performs a service without promise, expectation, or receipt of any compensation for the services rendered. An uncompensated volunteer cannot be a part-time or full-time employee of the same organization performing the same services as a volunteer and employee.

Idaho's EMS system faces significant challenges due to the state's geographic complexities and a reliance on volunteer providers. Volunteers play an integral role in responding to emergencies and providing prehospital patient care in all Idaho counties. There were 1,722 Idaho providers listed as volunteers and they represent 39% of EMS personnel in the field. Many of those personnel are also working or volunteering with more than one EMS Agency.

PERCENT OF VOLUNTEERS ON LOCAL EMS ROSTERS*

*DATA REPRESENTS 911 RESPONDERS ONLY



COMMUNITY HEALTH EMERGENCY MEDICAL SERVICES

The EMS program is responsible for licensing and assisting in the development of CHEMS programs. CHEMS is an innovative model that extends the medical expertise of Idaho EMS to expand access and provide quality primary care and preventative services to Idaho's rural and underserved areas. Traditionally, EMS personnel deliver care in non-clinical settings, function with interdisciplinary teams, and provide medical services during transport to emergency departments and hospitals. The CHEMS model expands the role of EMS personnel beyond emergency and crisis services by extending primary care services as part of the virtual patient centered medical home (PCMH) team-based care. CHEMS personnel work within a medical health neighborhood and assist the primary care team to implement a patient care plan.

Potential roles for CHEMS providers include:

- Acting as healthcare navigators for patients
- Transitional care for patients after discharge from a hospital stay
- In-home follow up after a hospital stay or discharge from an emergency department
- Hospice support
- Follow up support for individuals with chronic conditions
- Health checks for frequent users of 911 medical services
- Administering vaccinations
- Medication inventories
- Basic medical therapeutics
- Resource and care coordination



During 2022, the Bureau continued a project with Get Healthy Idaho in Elmore County, ID, using the Bureau's expertise in CHEMS standards, rules, and practices. The project also includes other rural healthcare improvements being implemented by Get Healthy Idaho. The Bureau continues to assist in development of a CHEMS program with Elmore Ambulance Service. The project is ongoing.

Elmore County was chosen by Get Healthy Idaho for the following reasons:

- The primarily rural environment that exists in Elmore County
- The nature and characteristics of chronic diseases that exist there
- Barriers to healthcare with shortages of primary, mental, and dental health providers
- A widespread lack of access to healthcare, including the ability for patients to pay for services

Metrics have been identified to evaluate the effectiveness and satisfaction of CHEMA efforts during the pilot project. These metrics aim to capture improvements in the health of a patient and their quality of life, determine financial sustainability of the program without external funding, and determine if the model can be successfully replicated in other rural areas throughout Idaho. These will continue to be collected until the end of the project.

EMS ADVISORY COMMITTEE

EMSAC is an 19-member group that provides advice to the Bureau on the administration of the Idaho EMS Act. Members meet quarterly to review current practices and procedures and to make recommendations to the Bureau about personnel training, licensing, grants, EMS operational issues, and general policies and procedures. EMSAC's responsibilities include gathering data and information on industry trends, national standards, clinical developments, regulatory agencies, and additional sources of information affecting EMS agencies around the state of Idaho and the nation.

EMSAC seats:

- Idaho Department of Transportation
- Primary Emergency Physician
- Trauma Surgeon
- Idaho Board of Nursing
- EMS Instructor
- Idaho Hospital Association
- Career Pre-hospital Agency Administration
- Volunteer Pre-hospital Agency Administration
- Third Service Non-transport EMS agency
- Idaho Fire Chief's Association
- Air Medical Service
- EMT
- Volunteer Third Service EMS
- Career EMS Provider
- Private EMS Agency Administration
- Public Health District North
- Public Health District South
- Pediatric Emergency Medicine Physician
- County Emergency Manager
- EMS Physician Medical Director



EMS PHYSICIAN COMMISSION

The governor appoints an 11-member Physician Commission to establish standards for scope of practice, medical protocols, and medical supervision of EMS personnel who are licensed by the Bureau.

EMSPC is composed of representatives from the following individuals and organizations:

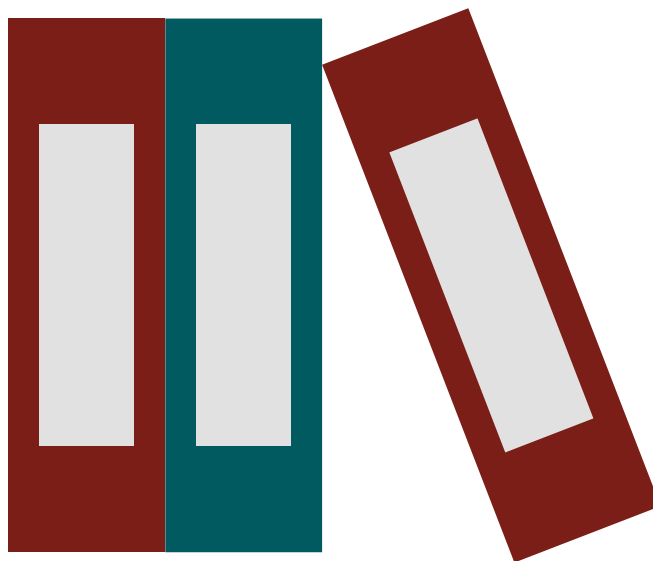
- American Academy of Pediatrics
- American College of Emergency Physicians
- American College of Surgeons Committee on Trauma
- Idaho Associates of Counties
- Idaho Bureau of EMS and Preparedness
- Idaho Fire Chief's Association
- Idaho Hospital Association
- Idaho Medical Association
- Idaho State Board of Medicine
- Two citizen representatives



EMSPC is dedicated to serving EMS systems and providers throughout Idaho with EMS specific medical expertise. Meetings are held on a quarterly basis and open to the public. Anyone who practices, serves with, or has interest in Idaho EMS is encouraged to attend. More information about EMSPC can be found at the State EMS website: idahoems.org

TECHNICAL RECORDS STANDARDS AND COMPLIANCE

The Standards and Compliance section is responsible for issuing and maintaining the license records of EMS personnel and agencies in the state of Idaho. The team certifies EMS instructors, processes and monitors EMS student assessment voucher requests, and approves initial EMS courses and exams. They work closely with the EMSAC and EMSPC, as well as the National Registry of Medical Technicians (NREMT) as it relates to their licensing and education responsibilities.



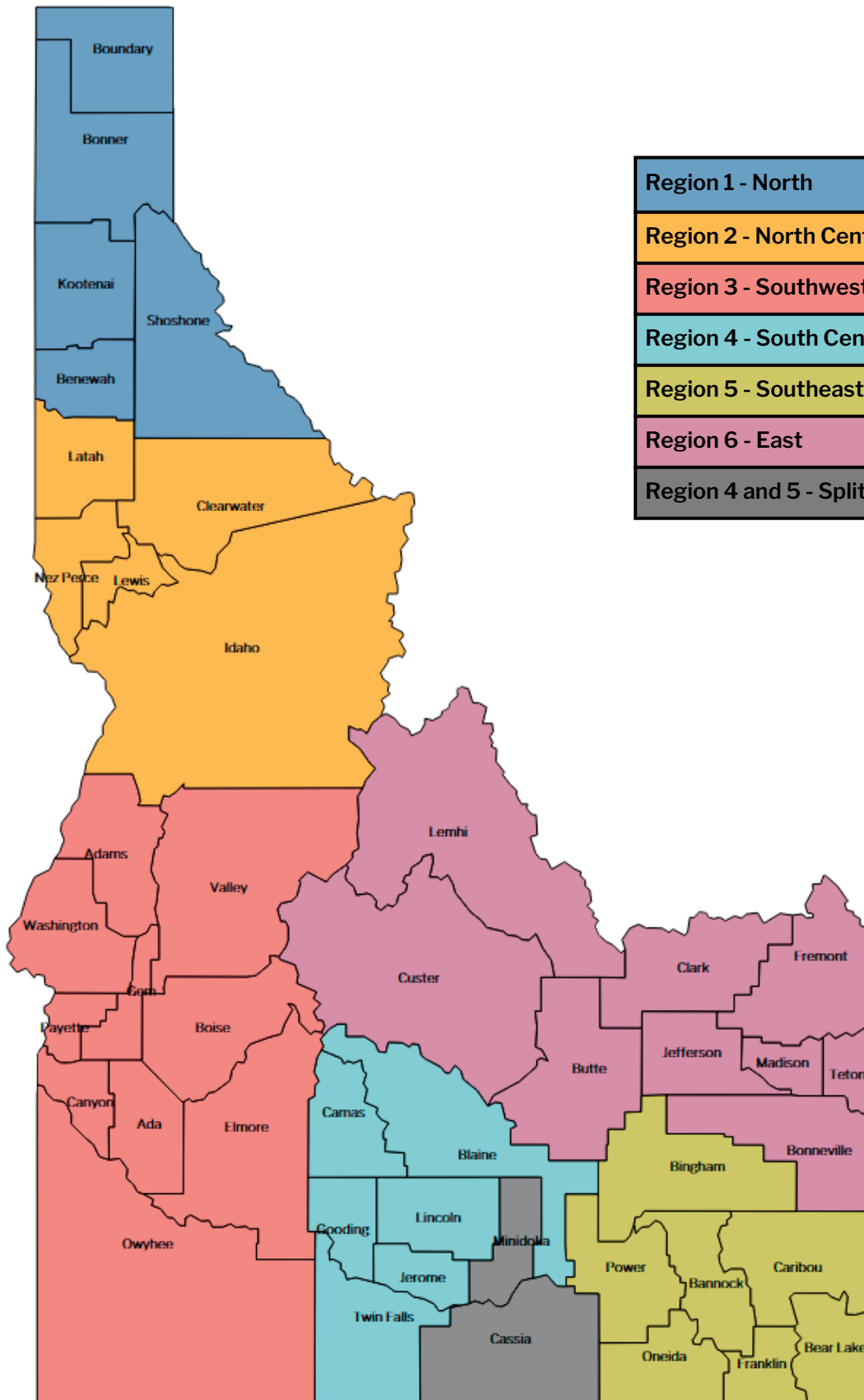
TIME SENSITIVE EMERGENCY SYSTEM

The 2014 Idaho Legislature approved and funded a plan to develop a statewide TSE system of care to address three of the top three causes of death in Idaho: trauma, stroke, and heart attack (a.k.a STEMI). Studies show that organized systems of care improve patient outcomes, reduce the frequency of preventable deaths, and improve the quality of life for the patient. The Idaho TSE System is modeled on evidence-based care that addresses public education and prevention, 911 access, response coordination, pre-hospital response, transport, hospital emergency/acute care, rehabilitation, and quality improvement. The TSE program aims to create a seamless transition between each level of care.



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

TSE REGIONS



TSE DESIGNATED CENTER

A TSE Designated Center is a facility that has voluntarily applied for and is compliant with the TSE designation criteria in the current TSE Standards Manual set forth by the TSE Council. The following designations are available:

TRAUMA DESIGNATIONS

Level I Trauma Center	Level II Trauma Center	Level III Trauma Center	Level IV Trauma Center	Level V Trauma Center	Pediatric Level I Trauma Center	Pediatric Level II Trauma Center
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STROKE DESIGNATIONS

Level I Stroke Center (Comprehensive)	Level II Stroke Center (Primary)	Level III Stroke Center (Acute Stroke Ready)
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HEART ATTACK/ST-ELEVATION MYOCARDIAL INFARCTION

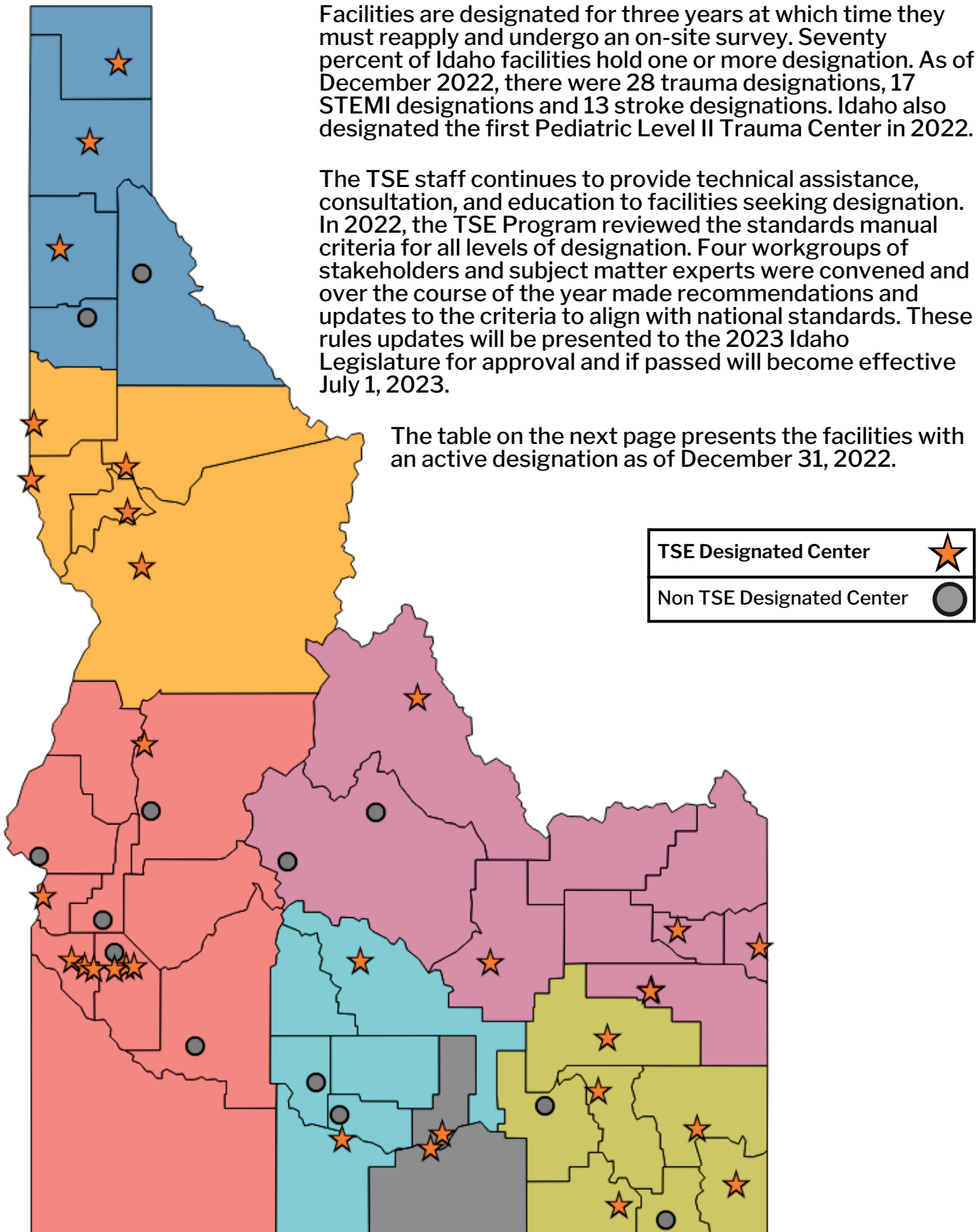
Level I STEMI Center (Receiving)	Level II STEMI Center (Referring)
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TSE DESIGNATIONS

Facilities are designated for three years at which time they must reapply and undergo an on-site survey. Seventy percent of Idaho facilities hold one or more designation. As of December 2022, there were 28 trauma designations, 17 STEMI designations and 13 stroke designations. Idaho also designated the first Pediatric Level II Trauma Center in 2022.

The TSE staff continues to provide technical assistance, consultation, and education to facilities seeking designation. In 2022, the TSE Program reviewed the standards manual criteria for all levels of designation. Four workgroups of stakeholders and subject matter experts were convened and over the course of the year made recommendations and updates to the criteria to align with national standards. These rules updates will be presented to the 2023 Idaho Legislature for approval and if passed will become effective July 1, 2023.

The table on the next page presents the facilities with an active designation as of December 31, 2022.



TSE DESIGNATIONS

HOSPITAL	TRAUMA	STROKE	STEMI
Bear Lake Memorial Hospital	Level IV		
Bingham Memorial Hospital	Level IV		
Bonner General Hospital	Level IV	Level III	Level II
Boundary Community Hospital	Level IV	Level III	Level II
Caribou Memorial Hospital	Level IV		
Cassia Regional Hospital	Level IV	Level III	Level II
Clearwater Valley Hospital – Orofino	Level IV		
Eastern Idaho Regional Medical Center	Level II	Level II	Level I
Gritman Medical Center - Moscow	Level IV		
Idaho Falls Community Hospital	Level III	Level III	Level II
Kootenai Health – Coeur d’Alene	Level II		Level I
Lost Rivers Medical Center	Level IV		
Madison Memorial Hospital	Level IV		
Minidoka Memorial Hospital			Level II
Nell J. Redfield Memorial Hospital	Level IV		
Portneuf Medical Center	Level II		Level I
Saint Alphonsus - Nampa	Level III	Level II	Level I
Saint Alphonsus Regional Medical Center - Boise	Level II	Level I	Level I
St. Joseph Regional Medical Center	Level III	Level II	
St. Luke’s - Fruitland			Level II
St. Luke’s – Magic Valley	Level III	Level II	Level I
St. Luke’s - McCall	Level IV		
St. Luke’s - Nampa			Level II
St. Luke’s – Wood River	Level IV		
St. Luke’s - Boise	Peds Level II	Level I	Level I
St. Luke’s - Meridian	Level IV	Level II	Level I
St. Mary’s Hospital	Level IV		
Steele Memorial Medical Center	Level IV		
Syringa Hospital	Level IV		
Teton Valley Hospital - Driggs	Level IV	Level III	Level II
West Valley Medical Center		Level II	Level II

TSE REGISTRY

The TSE program oversees the Idaho TSE Registry, which collects statewide trauma, stroke, and heart attack data. Information is collected from facilities based on specific inclusion and exclusion criteria to identify patients who should be included in the registry. The TSE Registry staff has worked diligently to refine criteria and educate facilities on data entry requirements. Data entry requirements for 2022 will not be entered until June of 2023. This timeframe allows staff at the Idaho TSE Registry to audit and begin processing, analyzing, and reporting data, which takes approximately six to nine months. The TSE staff is currently working with the Idaho Hospital Association (IHA) and facilities to encourage more real time data entry to expedite the timeline for presenting final numbers. The numbers reported on the next page are the reported figures from 2021.

The TSE program creates facility-specific report cards that provide demographic and performance data for all hospitals in Idaho based on the registry data. The report cards also provide comparison with similar facilities by volume to help hospitals benchmark their performance.



TSE PROJECTS



Outreach & Education

The TSE program works to provide outreach and education to EMS providers and facility staff in a variety of ways. They supported and attended Spring Fling in Grangeville, the Emergency Medicine Symposium in Coeur d'Alene, the Eastern Idaho Regional Medical Center EMS Conference in Idaho Falls, the Emergency Medicine Conference in Pocatello and the Ski and Mountain Trauma Conference in Sun Valley. These conferences allow staff to interact with providers and discuss program changes. The program also publishes the TSE Bulletin every 6 months, a newsletter that provides education, state updates, TSE data, and regional highlights.



TSE EMS Designations

The TSE EMS Designation criteria was approved by the 2020 Idaho Legislature. These new standards provide the opportunity for EMS agencies to be recognized for their excellent patient care with a goal of improving patient outcomes through evidence-based policies and protocols and the collection of data. The designations are voluntary and do not require a fee to participate.

The following agencies have been designated:

- Kootenai County Emergency Medical Services System: Advanced Life Support
- Magic Valley Paramedics: Advanced Life Support
- Minidoka Memorial Hospital Emergency Response Ambulance: Intermediate Life Support



The Yellow Dot Program

The Yellow Dot Motor Vehicle Medical Information Act was passed and then assigned to the Bureau for implementation in 2020. The intent of the program is to provide medical information to first responders if a motorist cannot communicate. The program gives participating drivers a folder with a medical information sheet to fill out and store in their vehicle and a window decal to stick on their car. Emergency responders who arrive on the scene of an emergency or accident look for the decal and search the vehicle's glove box for the corresponding folder to utilize the medical information it contains. The program launched on January 1, 2021, and has distributed 4,132 Yellow Dot kits to Idaho citizens. An educational video and more information can be found on the TSE website: tse.idaho.gov

EMS FOR CHILDREN PROGRAM

The EMS for Children (EMSC) program originated in 1984 when the U.S. Congress enacted legislation to authorize the use of federal funds to provide states grant money to help improve EMS services for critically ill and injured children and to reduce childhood death and disability. EMSC aims to ensure state of the art emergency medical care is provided to all children and adolescents, and to ensure that pediatric service is well integrated into the EMS system. This requires access to optimal resources and the assurance that the entire spectrum of emergency services, including primary prevention of illness and injury, acute care, and rehabilitation, is provided to children and adolescents. The grant is supported by the Department of Health and Human Services, Health Resources and Services Administration (HRSA).

EMSC was integrated into the Time Sensitive Emergency Program in March 2020. This integration has allowed EMSC to engage with EMS and hospital providers around the state in a more efficient and effective manner.

The EMSC program works diligently to meet the nine required EMSC performance measures listed below:

- **PM 01.** 80% of EMS agencies in the state will submit NEMSIS version compliant patient care data to the state EMS office for all 911 initiated EMS activations by 2021.
- **PM 02.** 60% of EMS agencies in the state or territory have a designated individual who coordinates pediatric emergency care by 2023.
- **PM 03.** 60% of EMS agencies will have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment by 2023.
- **PM 04.** 25% of hospitals are recognized as part of a statewide, territorial, or regional standardized program that can stabilize and/or manage pediatric medical emergencies by 2022.
- **PM 05.** 50% of hospitals are recognized as part of a statewide, territorial, or regional standardized system that recognizes hospitals that are able to stabilize and/or manage pediatric trauma by 2022.
- **PM 06.** All hospitals in the state or territory have written interfacility transfer guidelines that cover pediatric patients and that include specific components of transfer.
- **PM 07.** All hospitals in the state or territory have written interfacility transfer agreements that cover pediatric patients.
- **PM 08.** Maintain permanence of EMSC in the Idaho EMS system by ensuring the EMSC Advisory Committee has the required members and meets at least four times a year.
- **PM 09.** To maintain established permanence of EMSC in the Idaho EMS system by integrating EMSC priorities into statutes and regulation.

In 2022, the program is meeting the majority of these performance measures and has been focused specifically on PM 02, PM 03 and PM 04.

EMSC continues to be a standing agenda item at TSE Regional meetings as well as TSE Council, EMSAC and EMSPC, which has allowed for the recruitment of Pediatric Emergency Care Coordinators (PECCs) and reinvigoration of the program.

PECC recruitment increased by 27% in 2022. EMSC has also retained the same committee members for the last two years. These members are highly engaged in the care of pediatric patients and have been heavily involved with PM 04, the development of a Pediatric Readiness Hospital Recognition Program. This complex process has included forming the entire structure of the recognition program by determining levels of recognition, constructing criteria for each level, and creating the application and recognition processes. The committee will work to finalize requirements in 2023, with a goal of implementing the program in 2024.

EMSC's primary focus continues to be on training and education for prehospital EMS agencies and hospital emergency departments who struggle to obtain pediatric education on their own. The EMSC program supports multiple EMS Conferences with a requirement to provide pediatric specific lectures and/or skills labs. EMSC has provided seven pediatric mobile simulations to prehospital EMS agencies and critical access hospitals throughout the state. In addition, a Pediatric Education for Prehospital Professionals (PEPP) course, Handtevy training and outreach, and Emergency Pediatric Care (EPC) courses were offered to EMS providers.



Emergency Medical
Services for Children

IDAHO 



EMSC SUPPORTED TRAININGS & EVENTS

