

2023

ANNUAL REPORT

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

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The Idaho Bureau of EMS and Preparedness (hereafter referred to as "the Bureau") consists of several programs organized into four sections:

1) Public Health Preparedness and Response (PHPR), which houses Public Health Emergency Preparedness (PHEP) and the Healthcare Preparedness Program (HPP); 2) State Communications Center (StateComm); 3) Strategy, Quality, and Innovation (SQI); 4) and Systems of Care (SOC), which houses Emergency Medical Services (EMS), Standards and Compliance, and Time Sensitive Emergency (TSE). 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 these programs and services.

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

The Bureau remains committed to supporting systems of emergency, trauma, and preparedness through prevention efforts, leadership, accountability, and collaboration.

MISSION STATEMENT

PROMOTE THE REDUCTION OF DISEASE, INJURY, AND DEATH THROUGH PREVENTION, AWARENESS, AND QUALITY.



The role of the Bureau's Public Health Preparedness and Response (PHPR) section is to be ready at a moment's notice for the challenges presented by natural, biological, or chemical disasters. These events require planning, organizing, training, equipping, exercising, evaluating, and taking corrective action to respond to and recover from whatever may come. The PHPR section is constantly striving to prepare better tools, capabilities, information gathering, and information dissemination. They are focused on the responsibility to the people of Idaho to be prepared to respond whenever and wherever needed.

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 (ESF8), Public Health and Medical Services, and to plan for, respond to, and recover from disasters and public health emergencies.





READINESS AND RESPONSE PARTNER COLLABORATION

- In May of 2023, PHPR held in-person conferences and participated in meetings around Idaho.
- The team participated in the Readiness Rendezvous hosted by the Greater Idaho Healthcare Coalition in April.
- Staff conducted site visits across the state with the seven local public health districts (PHD) and the three regional healthcare coalitions from August 8-23.
- A two-day meeting with staff from the Administration for Strategic Preparedness and Response was held the last week of August.

CAPABILITY PLANNING GUIDE WORKSHOP

The PHEP program hosted a meeting with the seven PHDs on January 18 - 19, 2023. The intent of the meeting was to discuss the 15 capabilities the PHDs identified as areas for improvement in their response plans. This led to the creation of the scope of work for the PHEP Cooperative Agreement for the final year of the five-year performance period that began on July 1, 2023, and ends on June 30, 2024.

FALL READINESS CONFERENCE

Partners from the seven PHDs, tribal nations, and regional healthcare coalitions met in Boise for the 2023 Public Health and Healthcare Fall Readiness Conference on October 3 – 5, 2023. There were **51** people who attended in person and **32** who attended virtually.

Conference topics included:

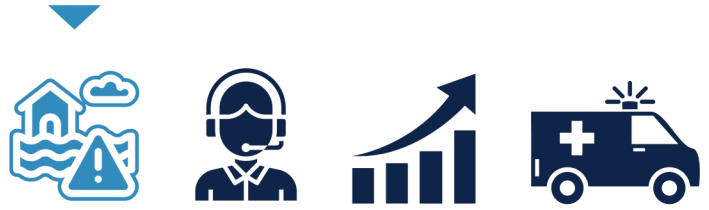
- Cybersecurity
- Trauma: From Dealing to Healing
- One Health
- Medical Countermeasures
- Patient Movement
- Environmental Response: Train Derailment in East Palestine
- Emergency Support Function 8 Workshop

In the topic discussion on the train derailment, the state epidemiologist for the Ohio Department of Health gave a debriefing of the incident. On February 3, 2023, **53** cars of a Norfolk Southern train derailed in East Palestine. The epidemiologist provided the participants with an overview of the air monitoring, confounding factors, Epi-Aid requests, and how information was gathered using the Assessment of Chemical Exposures (ACE) survey.



The PHEP program is funded by the Centers for Disease Control and Prevention (CDC) and 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). They work 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.

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 Environmental Health and Communicable Diseases, Bureau of Emergency Medical Services and Preparedness, and the Idaho Bureau of Laboratories. In addition, funding is also distributed via subgrants with seven PHDs and five tribal nations.



NEW APPROACH IN SUBGRANTS

The PHEP program has implemented an innovative approach for developing and managing subgrants as a new five-year project period (2024-2029) begins. The purpose of changing the process was to provide the PHDs the latitude to create their own scopes of work, providing flexibility for staffing, enabling transparency on how funds are being used, and ensuring all funds are expended every year. In the past, all seven PHDs had the exact same scope of work, and now each will be able to address threats, hazards, and projects specific to their jurisdiction.

There is a ranking system for hundreds of functions and tasks within the 15 capabilities ranging from no ability/capacity to full ability/capacity. When ranked lower on the scale the PHDs must propose measurable activities and outputs to build their capability and capacity. They are also required to show evidence when they have successfully reached full ability/capacity.

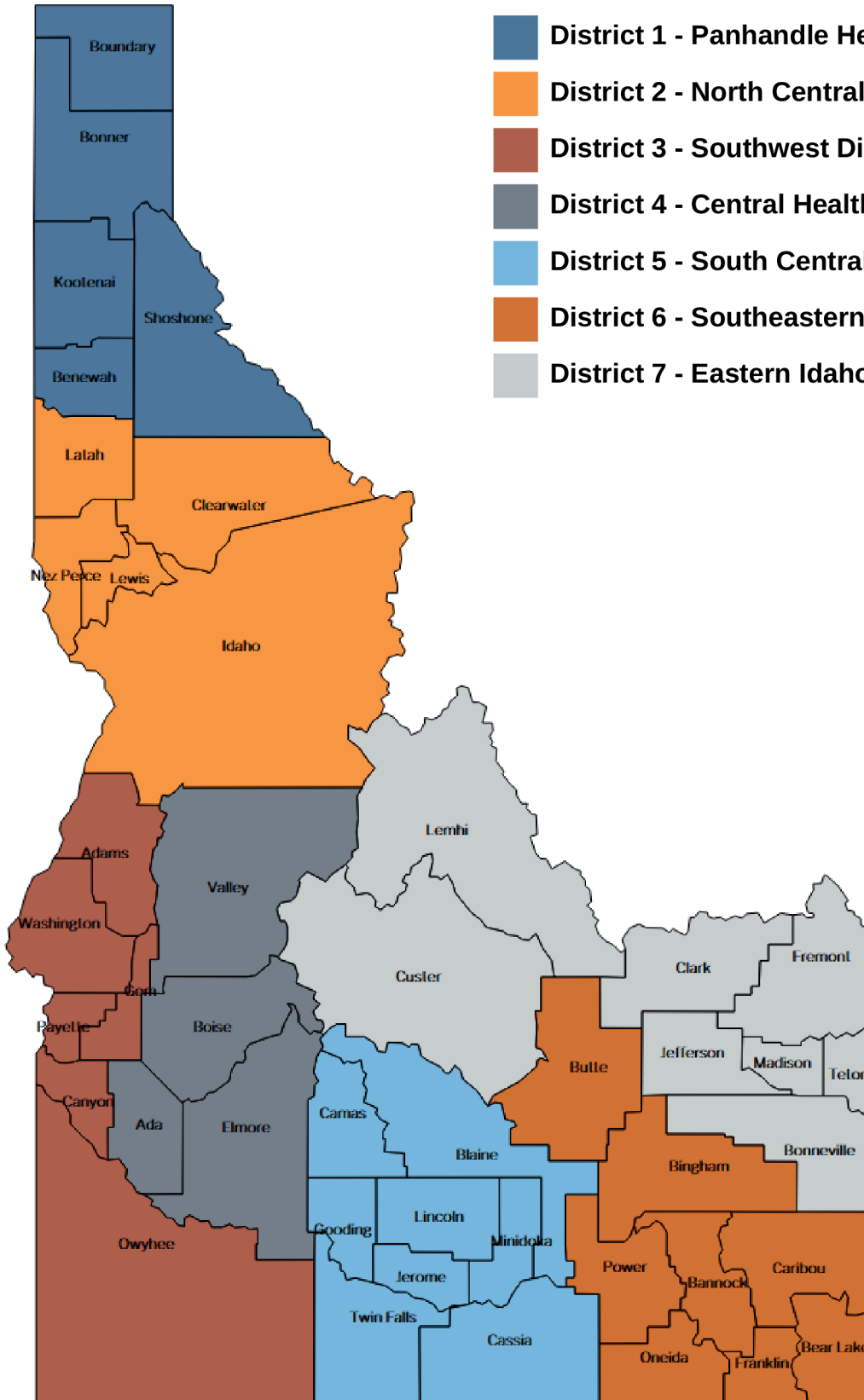
The PHDs will be required to provide budgetary information on the following:

- Personnel and Fringe
- In-State Travel
- Out-of-State Travel
- Equipment
- Supplies
- Other

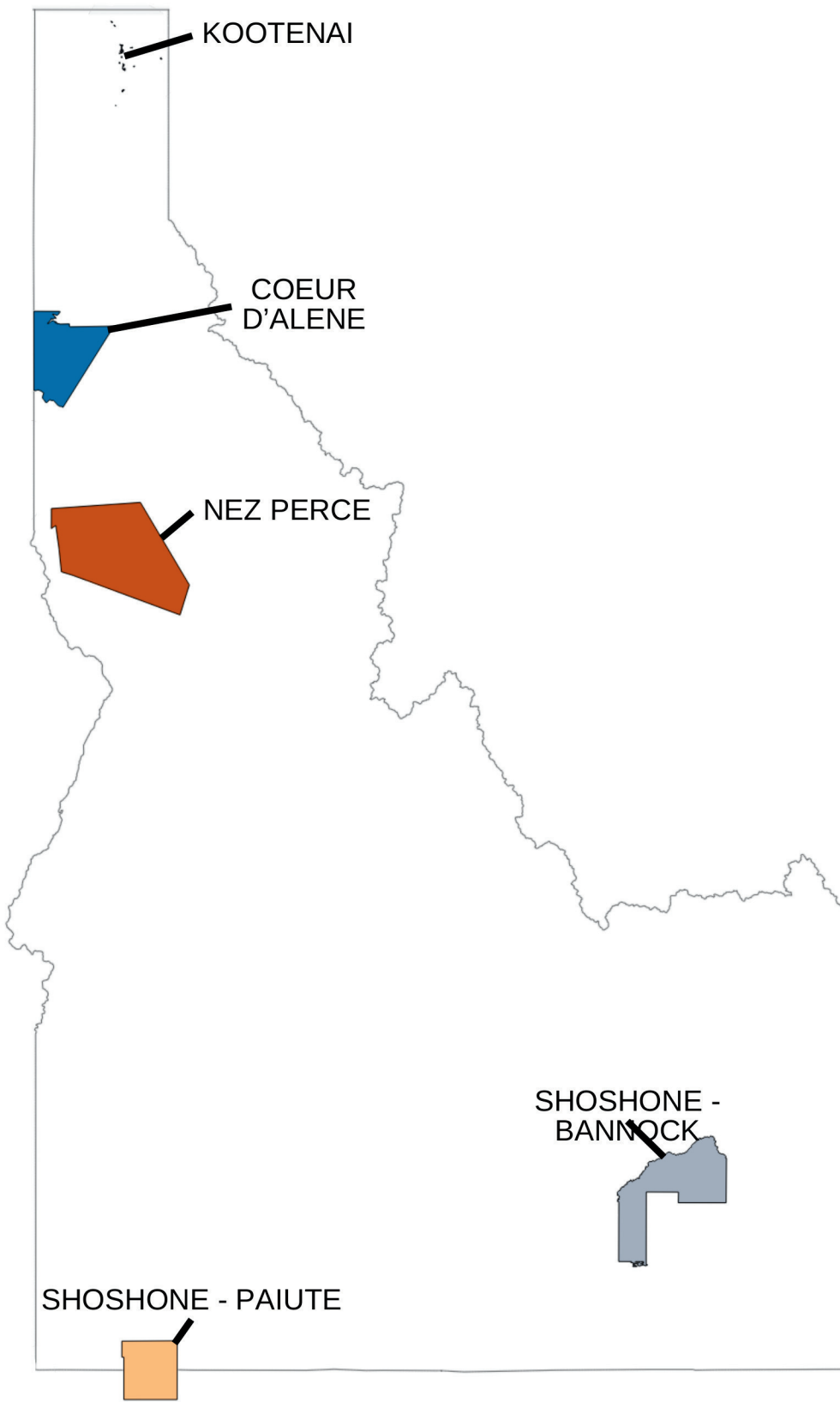
TRIBAL NATIONS

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.

Refer to map on page 7 for Idaho tribal lands.



PHPR TRIBAL NATIONS MAP





The 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 effects of emergencies and disasters. This support also aids in improving the nation's ability to withstand adversity, strengthen health and emergency response systems, and enhance national health security. The HPP aims to improve patient outcomes, minimizing the need for federal and supplemental state resources during emergencies, and facilitating rapid recovery through a regional disaster health response system.

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

- Foundation for Healthcare and Medical Readiness
- Healthcare and Medical Response Readiness
- Continuity of Healthcare Service Delivery
- Medical Surge



HPP funding primarily supports maintaining healthcare coalitions to plan for coordinated healthcare disaster response.

In Idaho, there are three regional healthcare coalitions (RHCC):

- North Idaho Health Care Coalition
- Western Idaho Health Care Coalition
- Greater Idaho Health Care Coalition

The coalitions collaborate with a variety of stakeholders to obtain the above capabilities. These stakeholders include their core coalition members, which are hospitals, emergency medical services (including inter-facility and non-EMS transport), emergency management, and PHDs. A map of the RHCCs can be found on page 11.

ULTIMATE CADUCEUS EXERCISE

The U.S. Transportation Command conducted Ultimate Caduceus 2023, an annual patient movement full-scale exercise to simulate mass transport of injured troops from one point to another. The exercise took place in Boise, Idaho; Portland, Oregon; Joint Base Lewis-McChord in Washington; and Joint Base Elmendorf-Richardson in Alaska. The Boise Federal Coordinating Center (FCC) supported Ultimate Caduceus 2023 by providing National Disaster Medical System (NDMS) hospital beds through the activation of the Boise FCC and Patient Reception Site. The exercise evaluated the Boise FCC and its ability to activate and process military patients through the Patient Reception Site to local NDMS Hospitals.

The exercise assessed capabilities to provide field training to aeromedical evacuation and critical care transport teams, medical staging systems, as well as reception sites and onward movement functions for global patient movement. The exercise had participants from 366 Medical Group, Mountain Home Air Force Base, Ada County Emergency Management, Ada County Paramedics, American Red Cross, City of Boise Emergency Management, City of Boise Police Department, Idaho Office of Emergency Management (IOEM), Idaho Department of Health and Welfare (DHW), Intermountain Hospital, National Interagency Fire Center, Saint Alphonsus Health System, St. Luke's Health System, Veterans Health Administration Office of Emergency, Western Idaho Healthcare Coalition, and West Valley Medical Center.



**EXERCISE PARTICIPANTS AND OBSERVERS
FOR ULTIMATE CADUCEUS 2023**

POWER OUTAGE SUPPORT

The Department of Health and Human Services (HHS) emPOWER Program is a mission-critical partnership between the Administration for Strategic Preparedness and Response and the Centers for Medicare and Medicaid Services. 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.

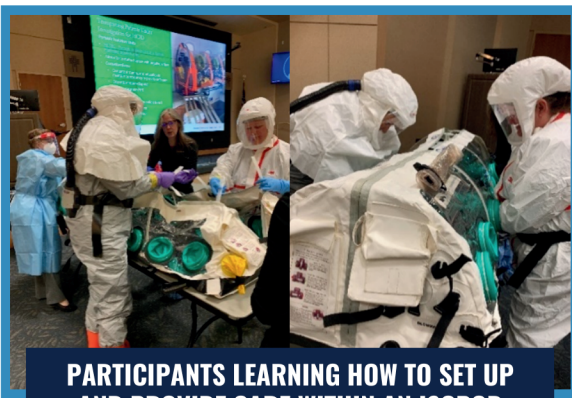
On August 4th, 2023, there was a submitted emPOWER request on behalf of Panhandle Health District due to the Parkway fire in Kootenai County and the Buckskin 2 fire in Bonner County.

PERSONAL PROTECTIVE EQUIPMENT TRAINING

In March and April of 2023, DHW coordinated with Providence Sacred Heart Medical Center and Children's Hospital and the Region 10 Emerging Special Pathogens Treatment Center to provide free Special Pathogens Preparedness Training to Idaho's hospitals, healthcare providers, EMS, and PHDs. The trainings were held statewide, with **13** sessions and **80** participants. Idaho was the first state to pilot this training.

The four-hour training sessions included:

- How to use an ISOPOD.
 - An ISOPOD is a portable device that provides a negative pressure environment and is used during the transportation of a patient known or suspected to have Ebola or another special pathogen.
- How to wrap a containment area if an ISOPOD is unavailable.
- How to identify, isolate, and inform.
- Proper personal protective equipment donning and doffing for a patient.
- Coordination with public health on waste management and clean up.



**PARTICIPANTS LEARNING HOW TO SET UP
AND PROVIDE CARE WITHIN AN ISOPOD**

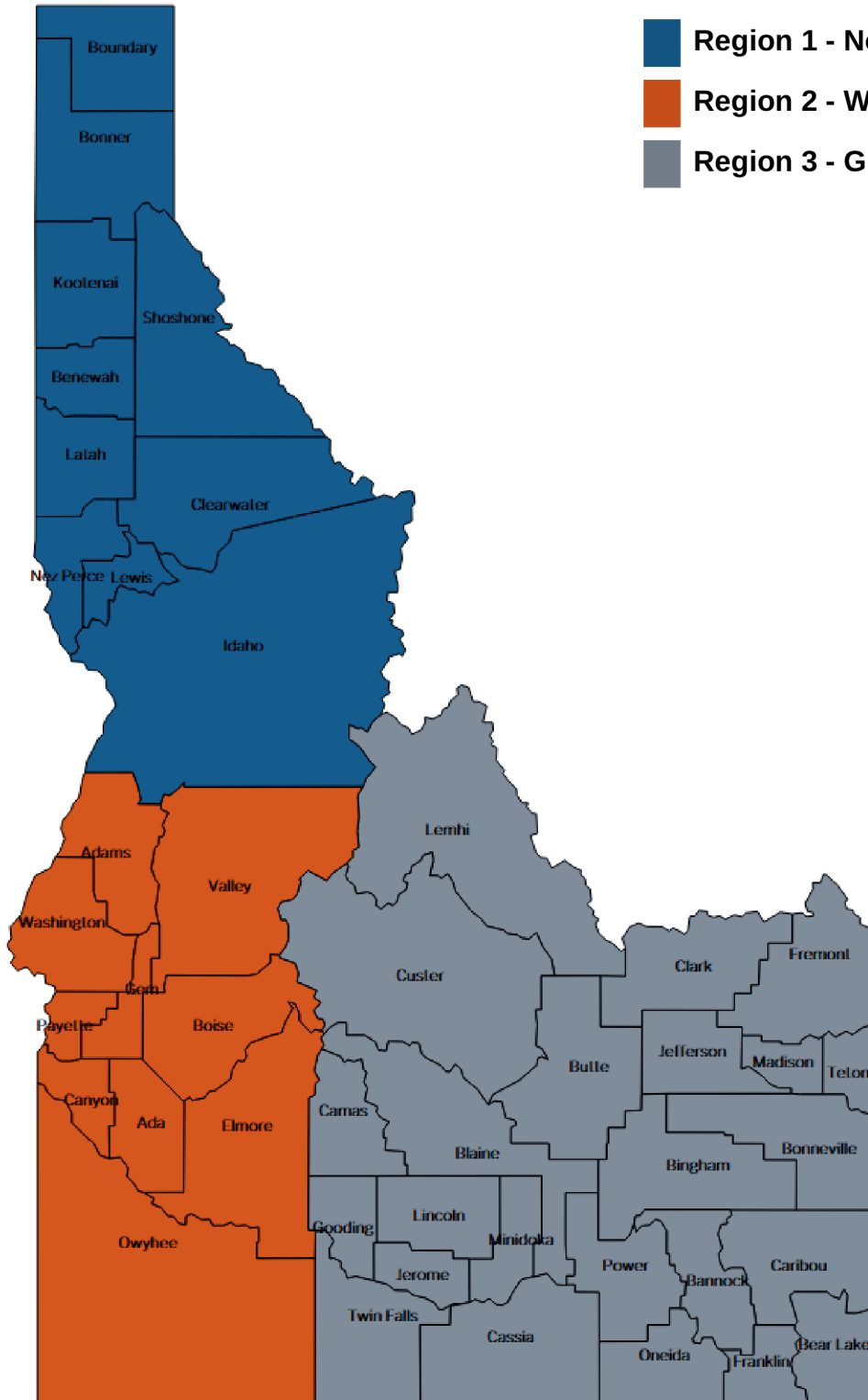


MEDICAL OPERATIONS COORDINATION CELL

Idaho Medical Operations Coordination Cell (I-MOCC) calls began during the COVID-19 response in September 2021. An average call had approximately **40** participants from hospitals, PHDs, DHW staff, federal partners, and tribal nations, with PHPR acting as the facilitator for the call.

The cadence of calls varied from daily, weekly, to monthly, depending on the response need. During 2023, calls were held to assist hospitals with resource challenges, such as the methotrexate medication shortage. Hospitals and pharmacies were able to locate and share resources in order to maintain cancer patient treatment across the state.

In addition to the I-MOCC, there were monthly Steady State calls that provided the opportunity to provide situational awareness, support, and share lessons learned. Events included in the Steady State calls were the three hospital cyberattacks in Eastern Idaho, a bus crash on Highway 55, and a gas line disruption in Northern Idaho.





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
- IOEM
- 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
MERIDIAN, ID**

STATECOMM CALL VOLUME 2021-2023



Type	2021	2022	2023
Airmed	1,040	1,161	1,593
Amber Alert	7	2	1
Critical Incident Stress Management	17	7	8
Dynamic Message Sign	967	927	879
Emergency Medical Dispatch	582	552	529
EMS ground and air dispatch	2,358	2,307	2,275
Flight Following	133	197	167
Hazmat	246	229	246
Health Care Bridge Call	7	4	8
ITD Highway	6,253	6,553	6,908
ITD Log	27,279	25,282	23,793
ITD Road Closure	87	75	114
ITD Traffic Sign	486	438	393
ITD Traffic Signal	517	434	478
Master Log	3119	2373	2139
Miscellaneous	89	100	77
Pager/Radio tests	1,584	1,584	1,584
Paging	161	183	163
Public Drinking Water	4	3	5
Rail	63	76	85

47,020
TOTAL CALLS

44,509
TOTAL CALLS

43,468
TOTAL CALLS

2021

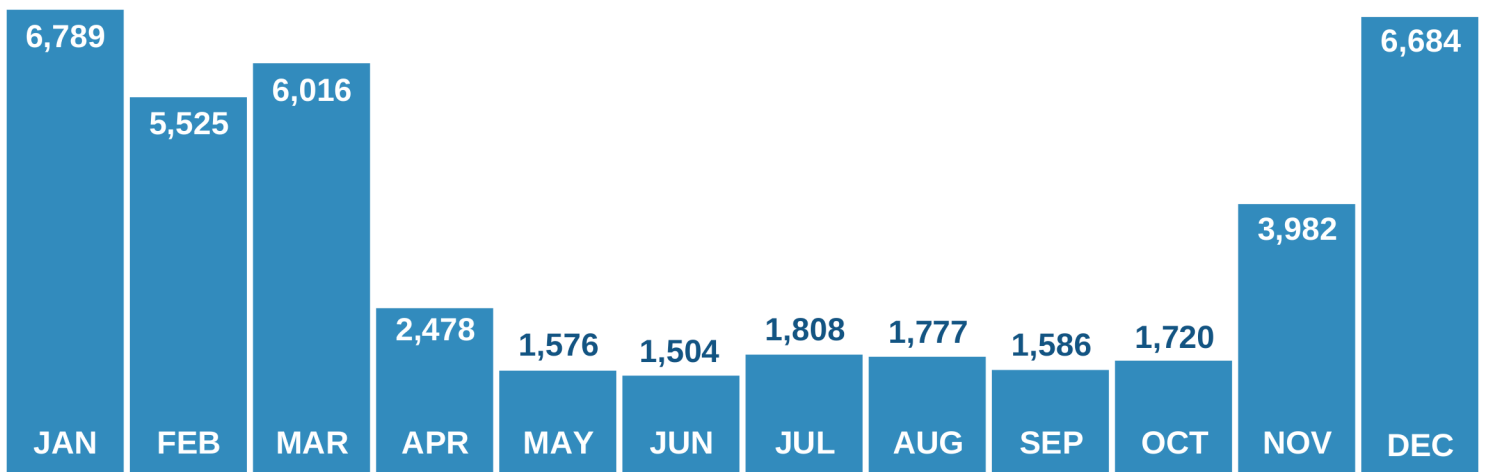
2022

2023

STATECOMM CALL VOLUME 2023 BREAKDOWN



Type	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Airmed	103	99	92	112	147	169	206	154	161	167	110	73
Amber Alert	0	0	0	0	0	0	0	0	0	0	0	1
Critical Incident Stress Management	0	0	1	1	0	1	1	1	0	0	2	1
Dynamic Message Sign	103	126	143	73	25	49	54	51	57	52	62	84
Emergency Medical Dispatch	29	45	31	47	58	49	62	51	51	38	27	41
EMS Ground & Air Dispatch	158	164	131	174	213	221	282	238	231	173	126	164
Flight Following	69	31	8	18	3	0	2	0	0	0	0	36
Hazmat	16	18	19	15	20	26	25	19	22	21	22	23
Health Care Bridge Call	0	0	0	0	0	0	0	4	2	1	1	0
ITD Highway	793	759	910	531	420	346	482	490	384	431	526	836
ITD Log	5,129	3,891	4,227	1,102	291	248	256	271	239	411	2,737	4,991
ITD Road Closure	12	35	27	16	2	3	3	2	5	1	3	5
ITD Traffic Sign	28	28	56	33	20	30	28	36	38	29	37	30
ITD Traffic Signal	33	21	40	29	38	38	45	63	41	42	27	61
Master Log	169	164	166	171	183	165	192	216	191	196	150	176
Miscellaneous	1	4	5	3	7	8	10	13	6	6	5	9
Pager/Radio tests	132	132	132	132	132	132	132	132	132	132	132	132
Paging	4	3	15	17	10	13	18	23	21	16	9	14
Public Drinking Water	0	0	0	2	0	2	0	1	0	0	0	0
Rail	10	5	13	2	7	4	10	12	5	4	6	7



2023 CAPABILITIES



COVERAGE

EMS Radio/Paging communications statewide

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



PRE-ARRIVAL MEDICAL INSTRUCTION

- Provides 911 callers with medical instructions prior to EMS arriving on scene via Priority Dispatch.
- Communicate patient information to EMS prior to their arrival and coordinates air medical response if necessary.



COORDINATION AND 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 ITD
- Pre-hospital death tissue referral notification coordination
- Logging Emergency Incident Coordination
- Hazardous Materials and Weapons of Mass Destruction (WMD) contact point
- Railroad incident point of contact



NOTIFY AND ALERT

- 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.
- Direct contact with 44 county sheriff's offices and Idaho State Police (ISP).



PROJECT RISE

In 2023 StateComm successfully implemented a step pay incentive plan called Project RISE. The purpose of Project RISE is to recruit and retain seasoned dispatch employees at the StateComm center who possess critical, specialized skills through step pay incentives. Project RISE distributes pay increases to employees for the attainment of certificates, mandatory certifications, other achievements relevant to their job class and the StateComm mission, and to reward employees who take on additional duties or tasks. Project RISE is an effective way to remain competitive and provide a career ladder for the staff at StateComm who are extremely dedicated to their profession but have very limited opportunities to advance in their careers.

ENDANGERED MISSING PERSON ALERT

In 2023, StateComm worked with ISP and implemented 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 SUPPORT

StateComm participated in **32** exercises in 2023 with agencies including but not limited to: Idaho Power, Gem County LEPC, Boise FD/Micron, Magic Reservoir, PacifiCorp, INL Naval Reactor

Facility, 101st Civil Support Team, Ada County Paramedics active shooter, Nez Perce County/Lewiston Fire, Barber Dam, Idaho Mountain Search and Rescue, Air St. Luke's, Caldwell Fire, Mountain Home AFB, AVISTA Utilities, US Bureau of Reclamation, Central District Health (PHD 4) Panhandle Health (PHD 1), South West District Health (PHD 3) and Idaho Falls Fire.

StateComm's Emergency Communication Officers participate in the exercises through their normal dispatch duties, and StateComm management is included in the planning of large-scale exercises.

OUTREACH PRESENTATIONS

StateComm provided **17** StateComm 101 presentations, reaching approx. **450** people, to several agencies including but not limited to multiple Local Emergency Planning Committees, DPH Open House meetings, DEQ, Snake River Valley Fire Chiefs, Garden Valley Fire Department, Meridian Fire, Ada County Paramedics, Naval Reactor Facility Team, IDT, National Department of Transportation, Air St Luke's, Region 2 first responders, Meridian Medical Arts Charter School, Northwest Nazarene University (NNU) and Boise State University (BSU) nursing school classes. The StateComm presentations to the BSU Nursing students are part of the BSU Nursing Community Health course curriculum, and NNU would also like this to be an annual training opportunity for their nursing students.



The Strategy, Quality, and Innovation (SQI) section's primary functions are to:

- Apply strategic approaches to planning, decision making, resource allocation, and implementation of Bureau and Division-wide goals
- Seek to prevent, protect, and correct problems that arise within Bureau operations and services provided to customers
- Evaluate, study, and optimize processes, systems, and functions through quality improvement practices
- Continually innovate to enhance value and modernize Bureau operations
- Manage a variety of quality improvement, quality assurance, performance management, and innovation projects utilizing project management methodologies
- Implement strategies for affecting, controlling, and adapting to change
- Use data-centric and analytical approaches to project future needs

The SQI team achieves their primary functions by adhering to their mission.

Mission: Communicate. Innovate. Elevate. Repeat.

Much of their work revolves around change. This requires consistent and effective communication while using a variety of different approaches to achieve impactful outcomes. They work closely with various internal and external stakeholders and partners to ensure projects are effective and meaningful.

SQI will continue to observe and listen to ensure they strategize for success, drive change, and improve outcomes while creating thriving working relationships to better meet the needs of fellow colleagues and Idahoans.



COMMUNICATE. INNOVATE. ELEVATE. REPEAT.



Continuing efforts from 2022, the SQI team, along with members from SOC, provided a pivotal support role in the EMS Sustainability Task Force (EMSSTF). This Task Force was formed to address the population, job market, and access to healthcare across the state. The Bureau gathered external 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.

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

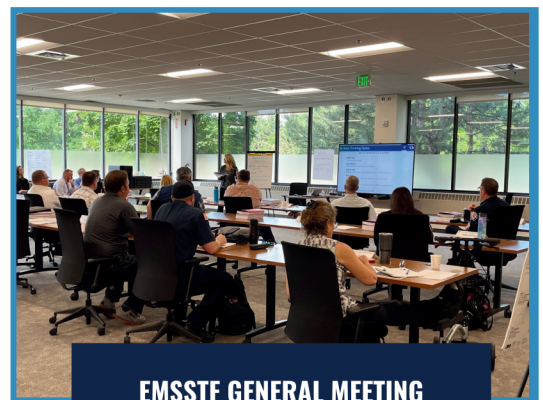
The work groups and their areas of focus were:

- Wages and Benefits - Evaluating the wages and benefits of EMS personnel across the state.
- Funding - Finding possible sources of funding for future legislation that would help support a sustainable EMS system.
- Rules and Coverage - Working on creating legislative language and a formula for EMS agency funding.
- Innovation - Strategizing ways to not only make the EMS systems in Idaho sustainable, but what options can be pursued to help the systems thrive.
- Billing and Revenue - Evaluating billing systems throughout the state and developing guidance to help EMS agencies with various billing scenarios.
- Performance Measures - Determining the standards that need to be met to assure EMS agencies would be eligible for funding laid out by future legislation.
- Communications - Creating messaging and media elements to best illustrate the Task Force message.

The SQI team served on several work groups and provided support for the task force. They maintained both the external EMSSTF site to share information with the community and the internal SharePoint site to share information and collaborate throughout the task force. SQI sent out task force weekly updates to share information about task force accomplishments and future work.

The EMSSTF will continue into 2024. For more information on the taskforce, please visit:

<https://healthandwelfare.idaho.gov/about-dhw/boards-councils-committees/emergency-medical-services-sustainability-task-force-emsstf>



EMSSTF GENERAL MEETING

EMSSTF COVERAGE MAPPING AND FUNDING MODEL



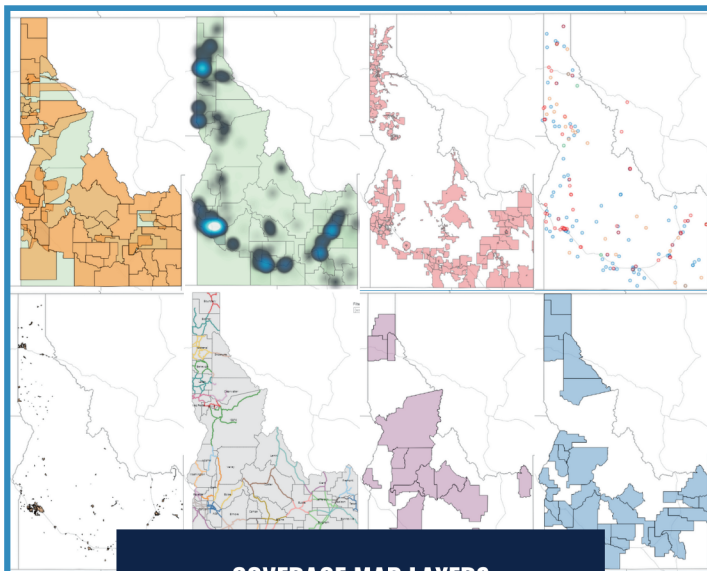
As part of the efforts from the EMSSTF to create a funding model for legislation, there were multiple data elements gathered to evaluate the readiness cost of Idaho's rural EMS response.

Data elements gathered included:

- 2022 EMS Calls
- Ambulance Districts
- Fire Districts
- Hospital Districts
- City Districts
- Population by City and County
- EMS Agency Coverage Districts
- Major Roadway Mileage

These items were geocoded and mapped out. Several elements did not have geographic information, so custom districts or spots were made based off of address or historical document information. The dashboard of these maps overlaid the data of call information, population, mileage, or agency information. Information could also be filtered by agency, county, or different call response criteria. There were over **130,000** separate data elements in the call data alone.

Once gathered, a team from the Bureau worked through different funding formulas based off of the information. After much brainstorming and many different iterations, there was a model that was deemed suitable. The model was presented to several entities for feedback and has garnered support. This model will be incorporated in the 2024 legislation created for the Task Force mission.



COVERAGE MAP LAYERS

ZOOMED OUT VIEW OF THE FUNDING FORMULA



While presenting the EMSSTF to the Idaho Association of Counties, there was a common sentiment among the room for each county to have EMS plans documenting current 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 moving forward.

In January of 2023, the Bureau contracted with seven planners to collect information and develop detailed assessments of each county's EMS system with the end goal of capturing resources already in place, resources needed, challenges, and potential solutions to provide appropriate and reliable response to medical emergencies. To balance workloads amongst the planners, Idaho's 44 counties were split into **six** areas of responsibility (AORs). Each AOR contained seven to eight counties. A map of the AORs can be found on the next page. Each planner worked directly with elected officials, EMS agencies, fire departments, Quick Response Units (QRUs), the EMSSTF, the Bureau, and various other stakeholders throughout the project's timeline.

Their project timeline mainly consisted of the following areas: research and data collection; creating and dispersing an **86**-question resource assessment; stakeholder engagement; and the report drafting, review, and publication process. Each area was crucial to the outcome and overall success of the project.

Prior to report publication, each planner visited agencies to give them one last chance to review the report, provide feedback and revisions, validate the data provided, and to ensure their stories were captured accurately. Once revisions and feedback were incorporated, all 44 county-focused EMS resource assessment reports were completed and combined into one final report.

The SQI team heavily supported the entire project by the following:

- Creating a SharePoint site for the planner team for document collaboration and sharing information.
- Creating an additional site on the Bureau's website to house planner information, biographies, updates, timelines, monthly individual planner summaries, and a collective team summary to share planner information with the public.
- Gathering information and giving planners access to data reporting platforms for work in their reports.
- Meeting weekly with the planning team to capture updates, identify any needs or concerns, answer questions, etc.
- Assisting the team during the document review process to help with quality, accuracy, revisions, and proper formatting.
- Conducting a hot wash near the end of the project period to capture what went well, what did not, and what could be improved upon.

The full report can be found here:

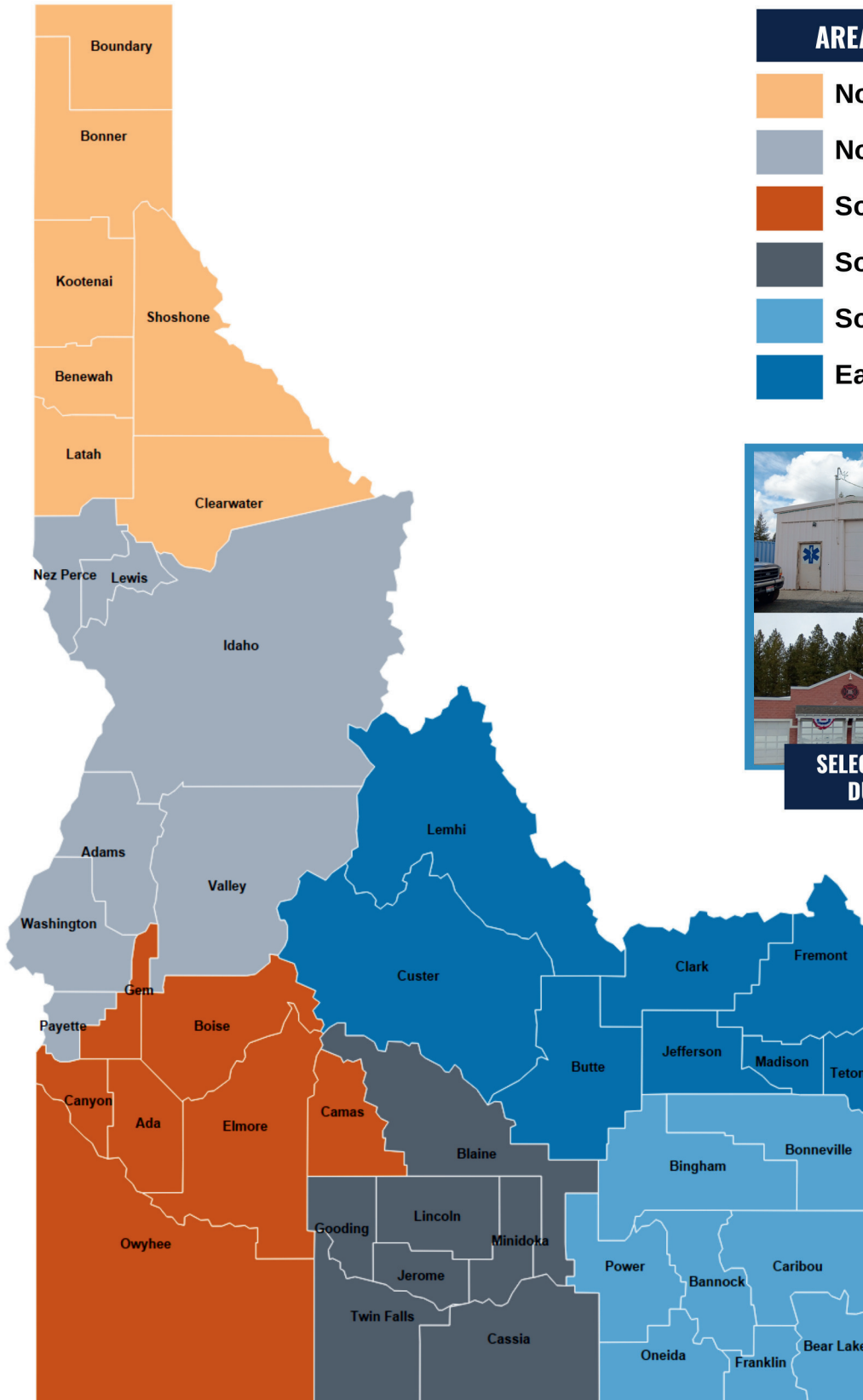
<https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=28484&dbid=0&repo=PUBLIC-DOCUMENTS&cr=1>.

EMS PLANNER AREAS OF RESPONSIBILITY



AREAS OF RESPONSIBILITY (AOR)

- North
- North Central
- Southwest
- South Central
- Southeast
- East



SELECT PHOTOS TAKEN BY EMS PLANNERS DURING THEIR OUTREACH EFFORTS



To move away from a sunseting platform, the Bureau was required 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 DHW'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. While much of the planning was done in 2022, the development and implementation of the site was mainly accomplished 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 to be a nonviable option for files due to the maintenance and limitations. SQI created areas and pages for sections to manage their documents within the Bureau's SharePoint site. The team worked with Bureau leadership to develop guidelines and policies for things such as file naming conventions and basic library structuring. A system was built to archive files and attach retention schedules using Power Automate, a SharePoint integrated tool. While the archival process was originally going to move to a file storage system named Laserfiche, it was decided that a system within SharePoint would be more practical. This would allow an easier adoption of the process, as well as limit the confusion and permissions challenges posed by adopting a separate system.

Guides were also created to help Bureau employees learn how to use the systems and manage the changes. While the main migration and integration stage is complete, continued improvements and review of site elements will be ongoing.

Welcome to the Bureau of Emergency Medical Services and Preparedness!

This site is the main internal site for the Bureau. This site houses bureau documents, resources, and tools for work within the bureau.

For more information and news, refer to the links to the right →

Please fill out the 2024 Wellness Committee Planning Survey

Document Libraries

THE BUREAU SHAREPOINT HOME PAGE

Weekly Report

Staff Resources

Vehicles Reservations

Bureau Policies

Tips and Guides for SharePoint

Basic How-To Guide

File Management

Questions about the site? Contact Eli

Jensen, Elijah - EMS Business Analyst



The National Emergency Medical Services Information System (NEMSIS) maintains the national EMS Patient Care Report (PCR) database. NEMSIS updated the software version from 3.4 to 3.5 in 2023. Idaho EMS agencies use either the state supplied ePCR product (Elite) provided by ImageTrend, or use a PCR software vendor to submit their PCRs. Idaho transitioned six agencies on December 1st, 2023, to test the new software version. Testing went well with no major issues arising. On January 1st, 2024, Idaho transitioned the remaining 180 Idaho agencies that use the ImageTrend state ePCR product. The feedback has been very positive from both agency administrators and EMS providers.

Project planning included creating a communication plan with a timeline, conducting weekly project meetings, and creating a webinar outlining the transition activities.

We loaded the new NEMSIS national validation rules, created 447 new State level validation rules, and revised some visibility rules. Validation rules ensure mandatory data elements are present and in the proper format. The changes from v3.4 to v3.5 were technical fixes of two data elements, the removal of deprecated data elements, a few data element description changes, the addition of new data values for some data elements, and the addition of new data elements. Additionally, we created all new 3.5 run forms for system level access, as well as new 3.5 custom run forms for agencies that use a customized PCR run form.

Aside from ImageTrend, four other ePCR vendors (ESO, emsCharts[ZOLL], Traumasoft, and First Due) service Idaho agencies with ePCR services. All emsCharts, Traumasoft, and First Due agencies have converted to NEMSIS version 3.5. ESO has not transitioned any Idaho agencies to v3.5 yet but expects to bring them all up to v3.5 within the next couple of months.

Idaho expects all Idaho EMS agencies, including ESO contracted agencies, to be fully converted to NEMSIS v3.5 no later than April 1, 2024.



QUALITY IMPROVEMENT PROJECTS



One of SQL's annual responsibilities is to increase the Bureau's operational efficiency by identifying processes in need of improvement. To accomplish this, the team identifies, conducts, facilitates, and/or manages QI projects throughout the Bureau and works collaboratively with other teams and sections to improve the overall quality and efficiency of operations. Several QI projects were initiated in 2023 and utilized QI methodologies while adhering to the DPH's QI project requirements, while also aligning with their strategic plan objectives when applicable.

EMSAVE GRANT MANUAL AND COMMUNICATION PLAN

This project was initiated to update the EMSAVE grant manual by documenting the year-long EMSAVE grant cycle process. This manual will ensure any member of the grants team, or any member of the Bureau could effectively implement and complete each step throughout the grant cycle. This step-by-step manual is necessary to eliminate a single point of failure, reduce errors, inform and educate members of the grants team of their roles and responsibilities, and to ensure the correct information is being communicated internally and externally.

Internal communication with grant teammates is crucial throughout the cycle to ensure each step is known, planned for, and implemented. Communication with EMS agencies is constant throughout the cycle and spans a variety of topics (i.e., application questions, award notifications, eligibility, etc.). A communication plan and timeline were incorporated into the QI project to guarantee each step was accurately documented, easy to find, and consistently communicated correctly, both internally and externally.

In the upcoming year, the EMSAVE grant manual will be tested with the current grant cycle and any necessary changes will be incorporated. The communication plan and timeline portion will consist

of a graphic on the Bureau's SharePoint site to provide information on where the process is, where it needs to be throughout the grant cycle, and with what groups communications need to sent.

EMSAVE GRANT APPLICATION AUTOMATION

The EMSAVE grant application has remained relatively unchanged throughout the years. The only changes made were updates to equipment and vehicle costs, eligibility items, grant webinar dates and times, and changes to improve the application instructions and process.

While the changes have been minimal, the grants team has continually run into recurring problems with incomplete information submitted by applicants or manual data entry errors. SQL and members of SOC implemented the EMSAVE Grant Application Automation QI project to address these issues.

The team met with ImageTrend, the vendor for the Idaho Gateway for EMS license management system (IGEMS), to determine if automating the application would be timely and affordable. After several meetings, discussions, and negotiations, it was determined to be a viable option for the EMSAVE application.

QUALITY IMPROVEMENT PROJECTS

Members of the QI team began building the grant application in IGEMS and chose to utilize ImageTrend for any higher development needs.

In 2024, the QI team will test the application in IGEMS and make any necessary changes, reconvene with ImageTrend for potential higher development needs, test the application with a select number of EMS agencies, and implement prior to the FY2025 grant cycle. The team aims to see an improvement in data quality and higher accuracy in IGEMS, more convenient access to data and reports in IGEMS, reliable award calculations, quicker application processing and award notifications, and an easier and more streamlined grant application process for our EMS agencies.

BUREAU ONBOARDING PROCESS

The Bureau lacked a formal and standardized onboarding process to integrate new employees and provide them with the necessary knowledge, skills, and expectations to become an effective member of the collective team. By creating and implementing a standardized process, the interruption in workflows would be reduced, while integrating new employees professionally, efficiently, and systematically. The process would also inform the new employee of social and performance expectations so they could quickly become a productive and contributing member of their section and to the Bureau.

The idea was well received by the Bureau management team, and many expressed interest in having one of their direct reports participate in the project. SQI formed a QI team and kicked off the Bureau Onboarding Process QI project.



The QI team met with individuals throughout the Bureau who are responsible for onboarding new hires. The QI team flow charted current processes then met with applicable individuals to capture the ideal onboarding process for their team. Capturing and revising this information was a lengthy process, but it was completed in 2023. The team then began work on automating this process and creating an online platform in PowerApps towards the end of the year.

In 2024, the team looks forward to completing the build, testing, vetting the process to the Bureau management team, implementing, and achieving the following:

- All staff being able to follow and assist with onboarding a new employee by utilizing the process and tools created
- New employees feeling welcomed, informed, and engaged on day one
- New employees will be knowledgeable of expectations for their role and duties within the Bureau
- New employees will know what is expected of them throughout their employment at the Bureau
- The onboarding process will become more efficient, informative, transparent, and timely
- Turnover will potentially be reduced.
- New employees will be confident and secure in our internal processes

SQI

QUALITY IMPROVEMENT PROJECTS



EMS DATA DEEP DIVE

The Bureau gathers large amounts of information pertaining to EMS personnel, calls, agencies, education, and system performance. While data is great to have, it is important that this information is being used to spot outliers and aid in decision making. SQI and SOC team members worked to identify data points that would be ideal to gather detailed reports on quickly and easily.

Dashboards were made to display provider counts, demographics, fleet performance, education performance, and various other data points. The majority of the project has been completed, with wrap up of the project slated for 2024.



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 SOC Section, their focus continued to expand in 2023 to include new projects such as infectious disease / special pathogen transport planning, training new EMS leaders and educators, and supporting the EMSSTF. Additionally, SOC distributed almost \$5 million in state and federal funding to Idaho EMS agencies through the EMSAVE, ARPA, and Lifesaver grants for the purchase of much-needed EMS vehicles and equipment. SOC personnel also worked on numerous projects in partnership with local, state and federal agencies including the IOEM, PHPR, Federal Emergency Management Agency (FEMA), HHS, and ASPR Regional Emerging Special Pathogen Treatment Center (RESPTC).

SOC

SYSTEMS OF CARE GRANTS



AMERICAN RESCUE PLAN AMBULANCE GRANT

The Legislature approved \$2.5 million, funded by ARPA, to assist EMS agencies negatively affected by the COVID-19 pandemic. The Bureau decided to use this money to purchase much-needed ambulances, with an emphasis on assisting rural EMS agencies. Money was allocated to EMS agencies through the normal grants process. In order to use the entire \$2.5 million while awarding the most ambulances, the grants team chose to award **12** ambulances, with a price cap of **\$208,333** for each ambulance. All ambulances awarded went to rural EMS agencies.

EMS AMBULANCE VEHICLE AND EQUIPMENT GRANT

During the FY 2023 EMSAVE grant cycle, approximately \$1.7 million in dedicated funds was awarded to Idaho EMS agencies. The grant is 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.

EMS LIFESAVER GRANT

There was \$350,000 in federal funding made available to Idaho EMS agencies from the “CDC’s National Initiative to Address COVID-19 Health Disparities” grant. The Bureau disbursed these funds to EMS agencies through the 2023 Lifesaver Grant. The funding was limited to the purchase of non-disposable equipment related to patient care, communications, and safety. A price cap was set at \$5,000 for each individual item, with a maximum of \$25,000 per EMS agency. The 2023 Lifesaver grant funded **23** different EMS agencies to purchase **260** critical items for their services.

SOC

SYSTEMS OF CARE ACTIVITIES AND PROJECTS

PHPR EBOLA / SPECIAL PATHOGEN WORKGROUP

Recognizing the needs of Idaho hospitals and EMS agencies to prepare for the possible treatment and transport of a patient suffering from exposure or disease cause by a highly infectious special pathogen (such as Ebola or other virulent emerging disease), Systems of Care and PPHR personnel continued to partner with the HHS and the ASPR 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 personnel to safely transport these types of patients to appropriate definitive care while protecting the medical providers and the public. SOC also partnered with the Spokane, Washington-based RESPTC to plan and hold a four-hour in-person “train the trainer” sessions throughout Idaho to educate hospital and EMS personnel in special pathogen transport containment systems, advanced PPE, waste management, infection avoidance, and to provide global updates on emerging diseases.

EMS LEADERSHIP ACADEMY

In October 2023, members of the EMS Advisory Committee, EMS Physician Commission, and SOC held the second annual EMS Leadership Academy in Boise for 18 new EMS leaders selected by a competitive application process. The sixteen-hour course introduced the attendees to the responsibilities of leading EMS agencies. The subjects covered 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. Dinners for attendees were sponsored by Life Flight Network and Classic Air Medical/Portneuf Air Rescue.

IDAPA 16.01.03 RULES REWRITE

During 2023, the SOC section undertook the monumental task of rewriting IDAPA 16.01.03 – EMS Agency Licensure Requirements. IDAPA 16.01.03 dictates how EMS agencies become licensed in Idaho and outlines the requirements those agencies must follow to maintain Idaho licensure. Many rules previously contained in this chapter were confusing, redundant, no longer pertinent, and some rules needed to be updated to balance national EMS standards, EMS agency sustainability, and public safety. During the rewrite process, SOC actively sought external stakeholder input from every aspect of EMS operations and EMS agency types, including holding informal open meetings, two formal negotiated rulemaking meetings, two formal public hearings, and additional solicitations for input from all agency administrators and medical directors. The new rules were also vetted by the EMS Physician Commission (EMSPC). The result of this effort was 100% consensus from all participating stakeholders for all rules contained in the chapter.



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

The Standards and Compliance team 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.



SOC AGENCIES



EMS AGENCIES

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.

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 the following:

- Basic Life Support (BLS)
- Intermediate Life Support (ILS)
- Advanced Life Support (ALS)

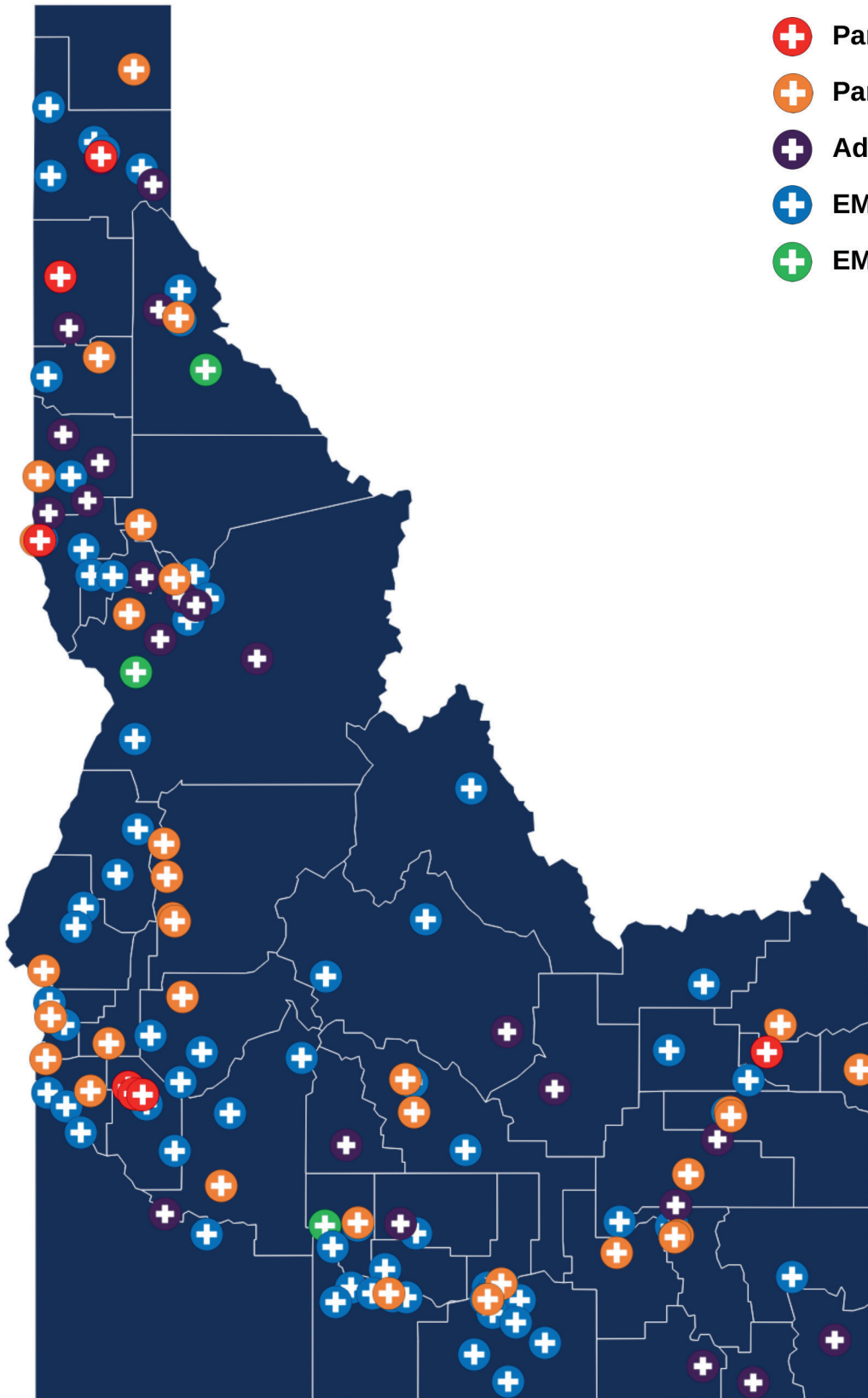
2023 BREAKDOWN

BLS
99

ILS
26

ALS
65

TOTAL AGENCIES
190



- + Paramedic / ALS Critical Care
- + Paramedic / ALS
- + Advanced / ILS
- + EMT / BLS
- + EMR / BLS



PERSONNEL CLASSIFICATIONS

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.

2023 BREAKDOWN

EMR
135

EMT
3,219

AEMT
583

PARAMEDIC
1,202

TOTAL PERSONNEL
5,139

PERSONNEL LICENSURE CYCLE AND VOLUNTEERS



In 2023, **1,983** personnel were either seeking initial licensure or renewing a license. The breakdown of each is provided immediately below:

INITIAL

EMR

20

EMT

473

AEMT

59

PARAMEDIC

122

TOTAL INITIAL LICENSES

674

RENEWALS

EMR

15

EMT

616

AEMT

216

PARAMEDIC

462

TOTAL RENEWED LICENSES

1,309

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. There are **1,799** Idaho providers listed as volunteers and represent **35%** of EMS personnel in the field, with many of them working or volunteering with more than one EMS Agency.



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 2023 calendar year:

3 CASES OPENED

2 CASES CLOSED

3 ADMINISTRATIVE LICENSES ACTIONS

- 2 REVOKED
- 1 SUSPENDED

2 CASES REMAIN OPEN



The EMS program oversees the process for contracting site surveyors to perform vehicle and equipment inspections for the **190** EMS Agencies across the state. There were **15** EMS providers from Idaho selected through an application process. They were then trained to perform spot check inspections at agency locations. The EMS program handles any issues discovered by the Site Surveyors to ensure EMS Agencies are maintaining the required equipment and vehicles based on the clinical capabilities of the license.

Upon request from an EMS agency administrator or local elected official, EMS Program staff 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 EMS program is responsible for licensing and assisting in the development of Community Health Emergency Medical Services (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 2023, the Bureau continued a project with Get Healthy Idaho in Elmore County, Idaho 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 CHEMS 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 in 2024.



EMS ADVISORY COMMITTEE

EMSAC is a 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 Prehospital Agency Administration
- Volunteer Prehospital 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





The 2014 Idaho Legislature approved and funded a plan to develop a statewide Time Sensitive Emergency (TSE) system of care to address three of the top five causes of death in Idaho: trauma, stroke, and heart attack (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, prehospital response, transport, hospital emergency/acute care, rehabilitation, and quality improvement. The TSE program aims to create a seamless transition between each level of care, with the goal of getting the right patient to the right place at the right time.



IDAHO TIME SENSITIVE EMERGENCY SYSTEM

TRAUMA | STROKE | STEMI



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 TSE Council and Idaho Legislature approved adding two new designations in 2023, STEMI Level I+ (Comprehensive STEMI care plus cardiogenic shock capable) and Stroke Level II+ (Primary stroke care plus mechanical thrombectomy capable).

The following lists the available designations:

TRAUMA	STROKE	STEMI Heart Attack / ST-Elevation Myocardial Infarction
LEVEL I TRAUMA CENTER	LEVEL I STROKE CENTER (COMPREHENSIVE)	LEVEL I+ STEMI CENTER (RECEIVING AND CARDIOGENIC SHOCK CAPABLE)
LEVEL II TRAUMA CENTER	LEVEL II+ STROKE CENTER (PRIMARY AND THROMBECTOMY CAPABLE)	LEVEL I STEMI CENTER (RECEIVING)
LEVEL III TRAUMA CENTER	LEVEL II STROKE CENTER (PRIMARY)	LEVEL II STEMI CENTER (REFERRING)
LEVEL IV TRAUMA CENTER	LEVEL III STROKE CENTER (ACUTE STROKE READY)	
LEVEL V TRAUMA CENTER		
PEDIATRIC LEVEL I TRAUMA CENTER		
PEDIATRIC LEVEL II TRAUMA CENTER		

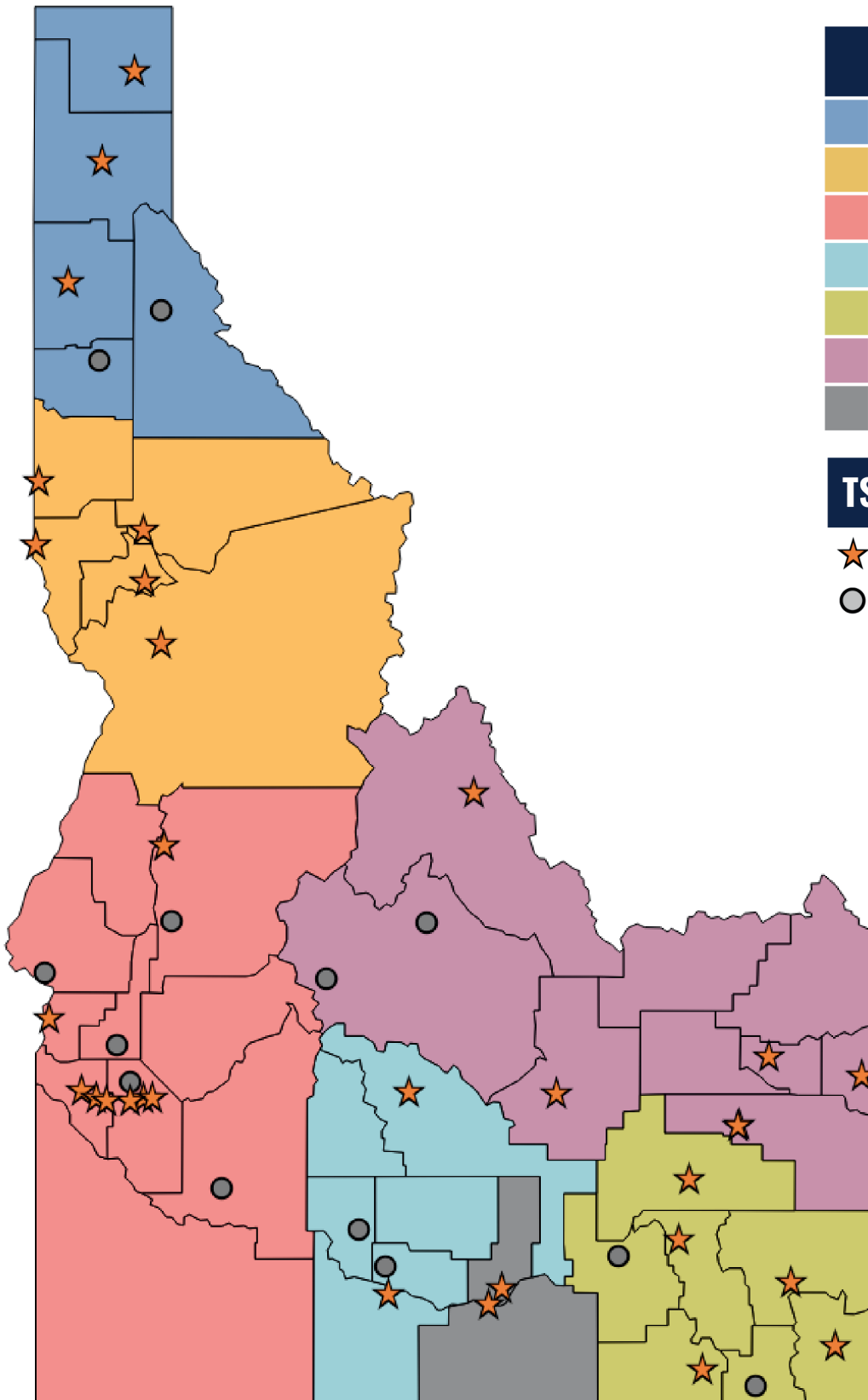
TSE DESIGNATIONS

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 2023, there were **28** trauma designations, **18** STEMI designations, and **15** stroke designations. The TSE staff continues to provide technical assistance, consultation, and education to facilities seeking designation. In 2023, updated standards manual and TSE Rules were presented to the Idaho Legislature, which were passed and became effective July 1, 2023. The table on the next page presents the facilities with an active designation as of December 31, 2023.



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 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 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 IV		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		Level II
Syringa Hospital	Level IV		
Teton Valley Hospital - Driggs	Level IV	Level III	Level II
West Valley Medical Center		Level II	Level II

TSE DESIGNATION MAP



TSE REGIONS

Region 1 - North

Region 2 - North Central

Region 3 - Southwest

Region 4 - South Central

Region 5 - Southeast

Region 6 - East

Region 4 and 5 - Split

TSE CENTER DESIGNATIONS

★ TSE Designated Center

○ Non TSE Designated Center

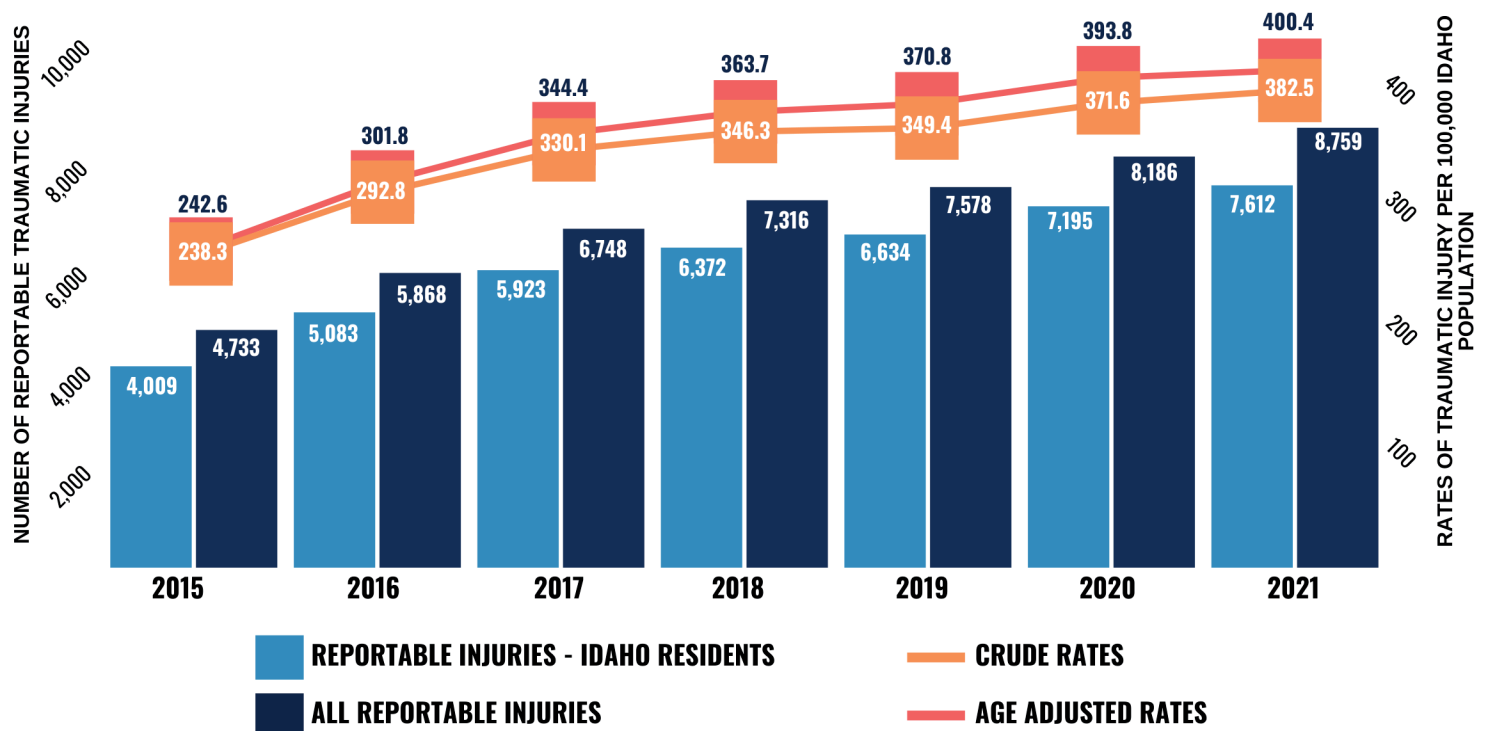


The TSE program oversees the Idaho TSE Registry, which collects statewide trauma, stroke, and heart attack data. Information is collected from facilities based on specific inclusion and exclusion criteria to identify patients who should be included in the registry. The TSE Registry staff has worked diligently to refine criteria and educate facilities on data entry requirements. Data entry requirements for 2023 will not be entered until June of 2024. 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 and facilities to encourage more real time data entry to expedite the timeline for presenting final numbers. 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.

Detailed information and statistical data can be found here: <https://idahotseregistry.org/>

The primary mechanism of injury is falls, resulting in **5,044** cases of reportable trauma. Designated facilities are using this data to incorporate more robust fall prevention programs like Fit and Fall Proof™

TRENDS IN REPORTABLE TRAUMATIC INJURIES OCCURING DURING 2015 - 2021



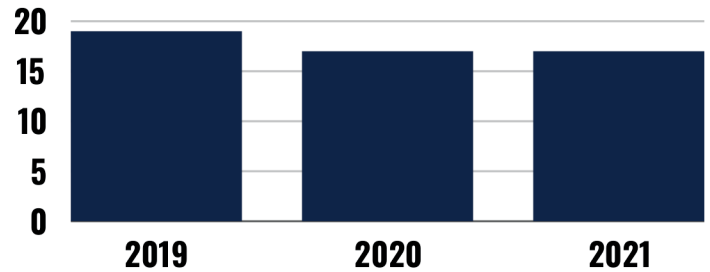


In 2021 there were **2,798** reportable stroke cases. Recognizing a stroke and obtaining proper brain imaging is the first step in determining treatment options. Designated stroke hospitals are required to have quality metrics in place to measure how quickly certain procedures are being performed. To the right is a graph showing the time from when a patient arrives at the hospital to when they have brain imaging performed. The goal is less than 20 minutes.

In 2021 there were **1,082** reportable STEMI (heart attack) cases. Like all time sensitive emergencies, recognizing and starting treatment as soon as possible results in the best chance of survival. STEMI designated centers also track various quality measures to improve performance. Determining what type of heart rhythm a patient is experiencing is the first step. Facilities track how quickly they obtain an electrocardiogram (ECG) with the goal being less than 10 minutes from when the patient arrives at the hospital.

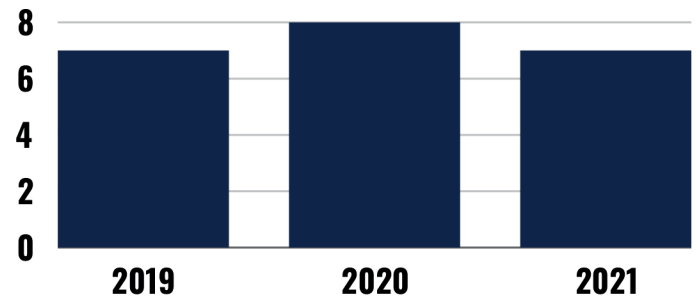
DOOR TO BRAIN IMAGING

(GOAL <20 MINUTES)
MEDIAN TIME IN MINUTES



DOOR TO ECG

(GOAL <10 MINUTES)
MEDIAN TIME IN MINUTES



TSE ACTIVITIES AND PROJECTS



OUTREACH AND EDUCATION

The TSE program works to provide outreach and education to EMS providers and facility staff in a variety of ways. The TSE program 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.

TSE 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
- Bonner County Emergency Medical Services
 - Advanced Life Support

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 over **5,300** Yellow Dot kits to Idaho citizens. An educational video and more information can be found on the TSE website:

<https://healthandwelfare.idaho.gov/providers/ida-ho-time-sensitive-emergency/idaho-yellow-dot-program>



EMS FOR CHILDREN PROGRAM



The EMS for Children Program (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 that state of the art emergency medical care is provided to all children and adolescents, and 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 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 manner.



IDAHO
EMSC State Partnership Program

The EMSC program aims to meet the following new performance measures below:

1. Establish an EMSC Advisory Committee with the required core members, convening at least four times each grant year.
2. Ensure sufficient oversight of the EMSC grant program by maintaining one full-time state partnership program manager that is dedicated solely to the EMSC State Partnership Program.
3. Support data collection, analysis, and continuous quality improvement.
4. Expand the uptake of Pediatric Readiness in Emergency Departments (EDs).
5. Improve Pediatric Readiness in EMS Systems.
6. Increase pediatric disaster readiness in hospital EDs and prehospital EMS agencies.
7. Prioritize and advance family partnership and leadership.

EMSC continues to be a standing agenda item at all TSE Regional meetings as well as TSE Council, EMSAC, and EMSPC. Other programs and organizations, including Idaho coalitions, have recognized the work of the Idaho EMSC program and requested presentations at meetings. EMSC has retained the same committee members for the last two years. These members are highly engaged in the care of pediatric patients and were heavily involved in the development of the Idaho Pediatric Readiness Recognition Program. This complex process 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 program will be implemented January 1, 2024. The committee will begin creating a recognition program for EMS agencies throughout 2024 with the goal to implement this program in 2025. EMSC's primary focus continues to be on training and education for prehospital EMS agencies and hospital emergency departments, especially in rural areas that do not have many resources available.



The EMSC program supports multiple EMS conferences with a requirement to provide pediatric specific lectures and/or hands-on skills. EMSC also sponsored five pediatric mobile simulations to Critical Access Hospitals and EMS agencies throughout the state within the last year. In addition, EMSC partnered with St. Luke's Children's Hospital to host the first Pediatric Emergency Care Conference for Prehospital Providers in April 2023. This conference was free for all attendees, included skills labs, and provided continuing education credits. A Pediatric Education for Prehospital Professionals (PEPP) course was also offered to EMS providers. EMSC collaborated with the Healthcare Preparedness Program to provide sensory bags to all hospitals and EMS agencies in Idaho. These sensory bags are utilized for children with autism or to comfort children who have been overwhelmed by a traumatic event.



