2024

THE IDAHO BUREAU OF EMERGENCY MEDICAL SERVICES AND PREPAREDNESS

# ANNUAL BUREAU REPORT

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# EXECUTIVE SUMMARY

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 Hospital Preparedness Program (HPP)
2. State Communications Center (StateComm)
3. Strategy, Quality, and Innovation (SQI)
4. 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 (PHDs), and state, local, and federal partners.

The Bureau remains committed to supporting systems of emergency response, 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.

## SECTION OVERVIEW

The Public Health Preparedness and Response Section (PHPR) is a critical component of ensuring the state's readiness to respond effectively to public health emergencies and disasters.

**This section is structured around two key programmatic areas:**

- Public Health Emergency Preparedness Program (PHEP): The PHEP program focuses on enhancing the capabilities of state, local, tribal, and territorial public health systems to prepare for, respond to, and recover from public health emergencies. This includes activities such as developing emergency response plans, conducting trainings and exercises, and coordinating with partners to strengthen community resilience and ensure public health continuity during emergencies.

- Hospital Preparedness Program (HPP): The HPP supports healthcare systems in building and sustaining the capacity to respond to health emergencies effectively. The program emphasizes collaboration among healthcare organizations, public health agencies, and emergency management to enhance surge capacity, coordinate patient care, and ensure the continuity of essential healthcare services during crises.

These programs enable the PHPR Section to address a wide range of potential threats such as natural disasters, infectious disease outbreaks, man-made incidents, and other emergencies. Through their work, the PHPR program plays a vital role in safeguarding public health and strengthening statewide preparedness efforts.

## READINESS AND RESPONSE PARTNER COLLABORATION

Collaboration is essential for the PHPR team in enhancing public health preparedness in Idaho. The following initiatives reflect the team's dedication to building partnerships and improving statewide readiness and response capabilities throughout 2024.

**Key highlights include**:

- Developing the Emergency Support Function 8 Public Health and Medical Services Situation Status (ESF8 SITSTAT) for weekly reporting, improving situational awareness
- Participating in Readiness Rendezvous events to discuss preparedness topics with stakeholders
- Collaborating with the Northern Idaho Healthcare Coalition for a cybersecurity conference to protect public health systems from cyber threats
- Engaging in a strategic meeting with Administration for Strategic Preparedness and Response (ASPR) representatives to address patient movement challenges during infectious disease responses

## PHEP

The PHEP Program is crucial for enhancing Idaho's public health emergency preparedness. In 2024, the program provided funding to support local health districts and tribal partners, enabling tailored preparedness strategies.

**Key highlights include:**

- Funding Allocation: Financial support was provided for seven local health districts and three tribal partners. These funds were used for planning, training, and exercises aligned with capabilities outlined by the CDC.
- Pass-Through Funding:  Financial aid was provided to the Idaho Bureau of Laboratories and the Bureau of Environmental Health for improved infectious disease detection and monitoring.
- Collaborative Initiatives: The program worked with local districts and tribes to conduct readiness activities to strengthen public health and healthcare preparedness.

These efforts demonstrate the PHEP Program's commitment to building resilient public health systems and safeguarding Idaho communities against various emergencies.

## HOSPITAL PREPAREDNESS PROGRAM

The HPP enhances Idaho's healthcare systems' readiness for emergencies. The program is crucial for building a resilient healthcare system in Idaho, ensuring preparedness and safety for communities during crises through ongoing investments in collaboration and training.

**Key highlights include:**

- Funding and Reach: Financial support was provided for healthcare coalitions, ensuring essential services during crises.
- Healthcare Coalition Development: The program strengthened regional collaboration among healthcare organizations.
    - Risk Assessments and Planning: Identified hazards to create tailored emergency response plans.
    - Training and Exercises: Funded training to improve healthcare personnel readiness, including a full-scale active shooter simulation.
    - Equipment and Supplies: Provided essential gear like ventilators and Personal Protective Equipment (PPE) to improve surge capacity.
    - Information Sharing: Developed communication systems for timely information exchange during emergencies.

## LOGISTICS

The PHPR Logistics Section collaborated with the ASPR Strategic National Stockpile to obtain PPE for dairy workers in Idaho at risk of Highly Pathogenic Avian Influenza (HPAI).

**Key items included:**

- Respirators
- Goggles
- Gloves
- Face shields
- N95 masks

These items were shipped to the most affected areas with a distribution plan for other dairies.

Additionally, the PHPR Logistics Section is implementing ASPR's Inventory Management and Tracking System for SNS products, pending finalization of the data platform, which has been delayed due to personnel assigned to other emergencies. A training program for PHD partners will follow. They also requested a validation site visit to the SNS in 2025 and coordinated with the Idaho Office of Emergency Management (IOEM) to improve understanding of each agency's capabilities.

## COLLABORATIVE RESPONSE

Idaho actively addressed H5N1 by collaborating with federal agencies like the CDC and United States Department of Agriculture to monitor and manage potential outbreaks. The Idaho State Department of Agriculture and the Idaho Department of Health and Welfare have established comprehensive surveillance programs that test wild birds, poultry, and other potentially exposed animals. The Idaho Bureau of Laboratories utilizes advanced diagnostic techniques for quick detection.

The state's response also included testing and biosecurity measures for dairy cattle, training farmers on best practices to prevent H5N1 transmission. In case of an outbreak, Idaho would implement rapid containment protocols, including depopulating infected poultry, movement restrictions, and public health measures. Effective communication among state agencies, local governments, and agricultural groups ensures a coordinated response, safeguarding the agricultural industry and public health.

## MEDICAL OPERATIONS COORDINATION CALLS

In 2024, PHPR held monthly Medical Operations Coordination Cell calls addressing key public health challenges and enhanced coordination among healthcare partners. These calls focused on measles preparedness, respiratory infection awareness, and the impact of Hurricane Helene on IV fluid supply due to damage at damage to a key manufacturing plant. Discussions included resource allocation, hospital capacity, and strategies for patient care.

Additionally, PHPR created an IV fluid shortage survey within the Idaho Resource Tracking System, requiring hospitals to report on shortages and conservation strategies. This proactive approach strengthened communication and support for healthcare providers across Idaho.

## RISK ASSESSMENT UPDATED

July 2024 initiated a new five-year Public Health Emergency Preparedness Cooperative Agreement cycle (2024 – 2029). This introduced updated guidelines and requirements. During this period, each state health department must modernize its preparedness program, with significant changes to reporting risk assessments. New data elements were added, and guidance was released, followed by a CDC reporting template in November. States are required to resubmit their latest risk assessments by January 31, 2025, prompting a review of the 2021 assessment. The PHPR Section, with PHD partners, gathered information on hazards, partnerships, and vulnerabilities. This analysis led to new sections in the updated risk assessment, identifying top hazards and system vulnerabilities. The updated assessment is undergoing final review and is set for submission by the deadline.

## READY IDAHO TRAINING SERIES

The PHPR Section initiated the Ready Idaho Training Series to facilitate collaboration among planning partners through statewide workshops. In 2024, PHPR conducted 11 sessions with 259 attendees, featuring speakers from various sectors discussing their roles in disaster response.

In March 2024, a recovery workshop was held to identify critical assets and services for recovery after disasters, with presentations from experts including the IOEM.

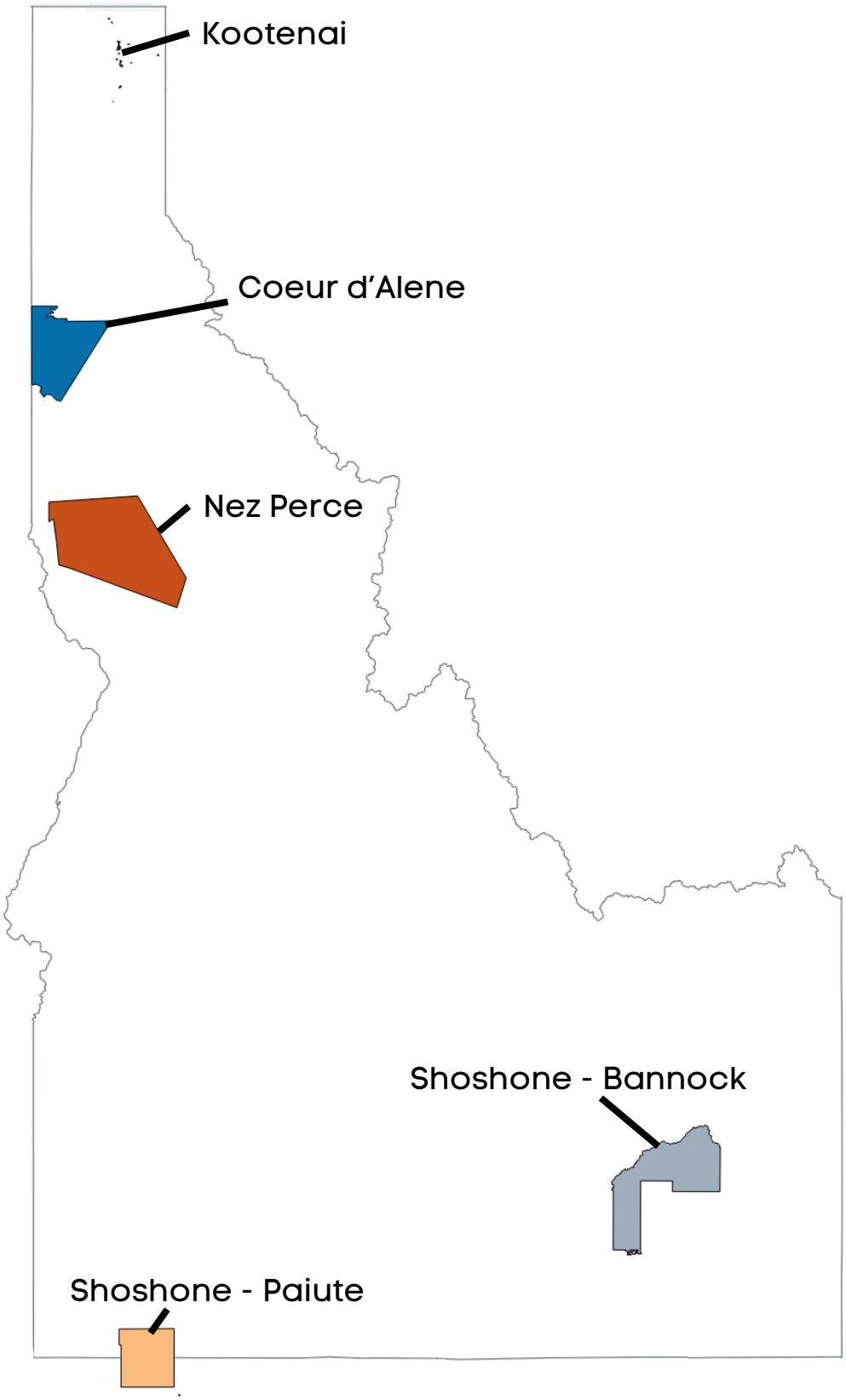
Additionally, the June 2024 Fatality Management Workshop focused on coordinating fatality management services post-mass-fatality incidents, featuring speakers from organizations like the National Transportation Safety Board. Presenters also discussed impacts of natural gas disruptions and planning for chemical, biological, and nuclear emergencies. The Department of Health and Human Services provided resources on cybersecurity best practices for the healthcare sector.

## POWER OUTAGES

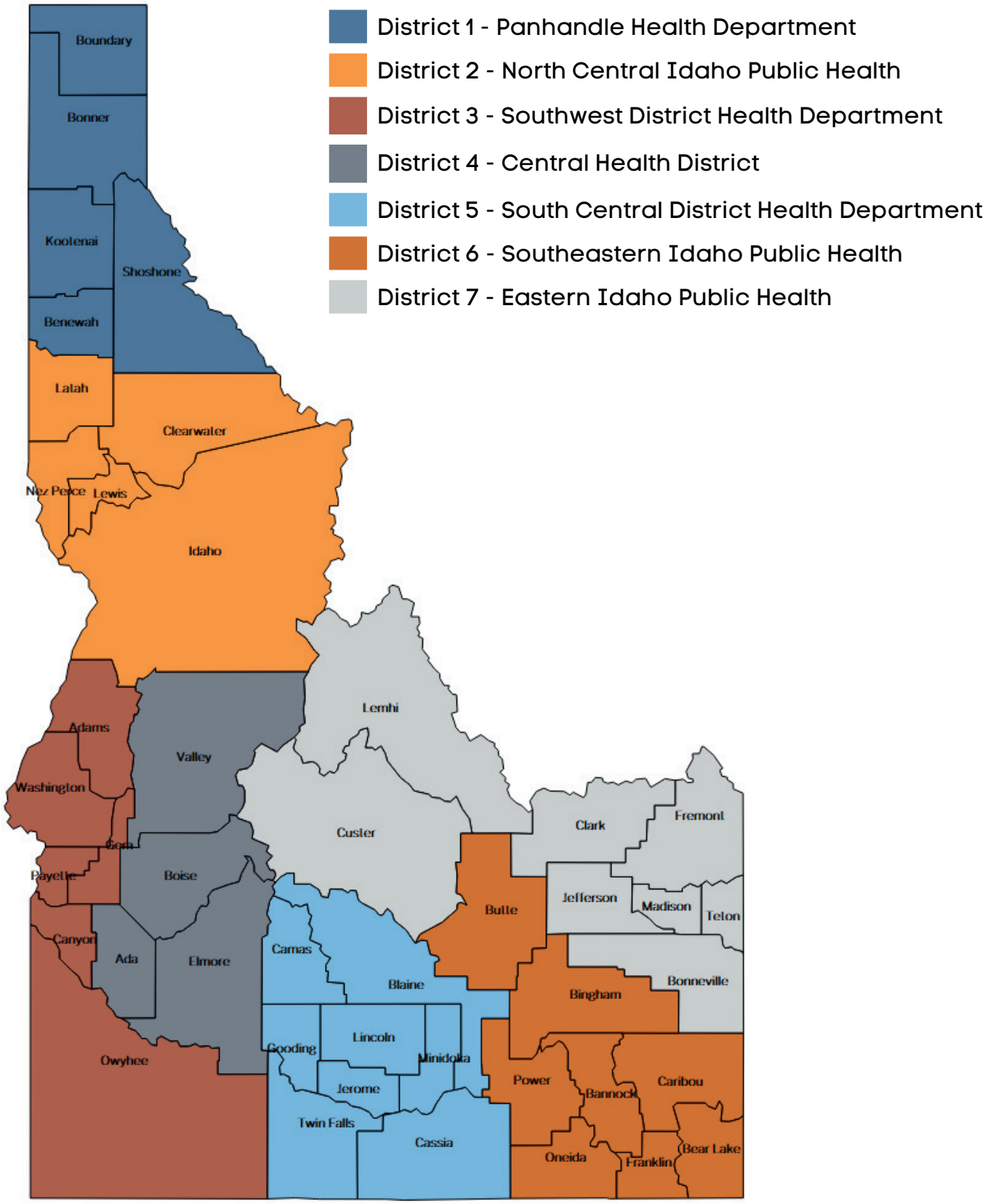
This year, the PHPR Section focused on the emPOWER program from HHS, improving processes for those reliant on powered medical equipment during power outages. Four summer events led to requests for individual data on affected individuals. A major thunderstorm in Payette County prompted a formal request to HHS, resulting in quick power restoration despite initial delays. Idaho faced numerous storms and wildfires in 2024, with Southwest District Health and Central District Health making multiple requests for data.

Lessons from these events were shared with local health districts. The emPOWER program currently tracks data from Medicare users, illustrating the impact of power loss on communities. Future collaborations with Idaho Medicaid and power companies are encouraged to better support vulnerable community members.

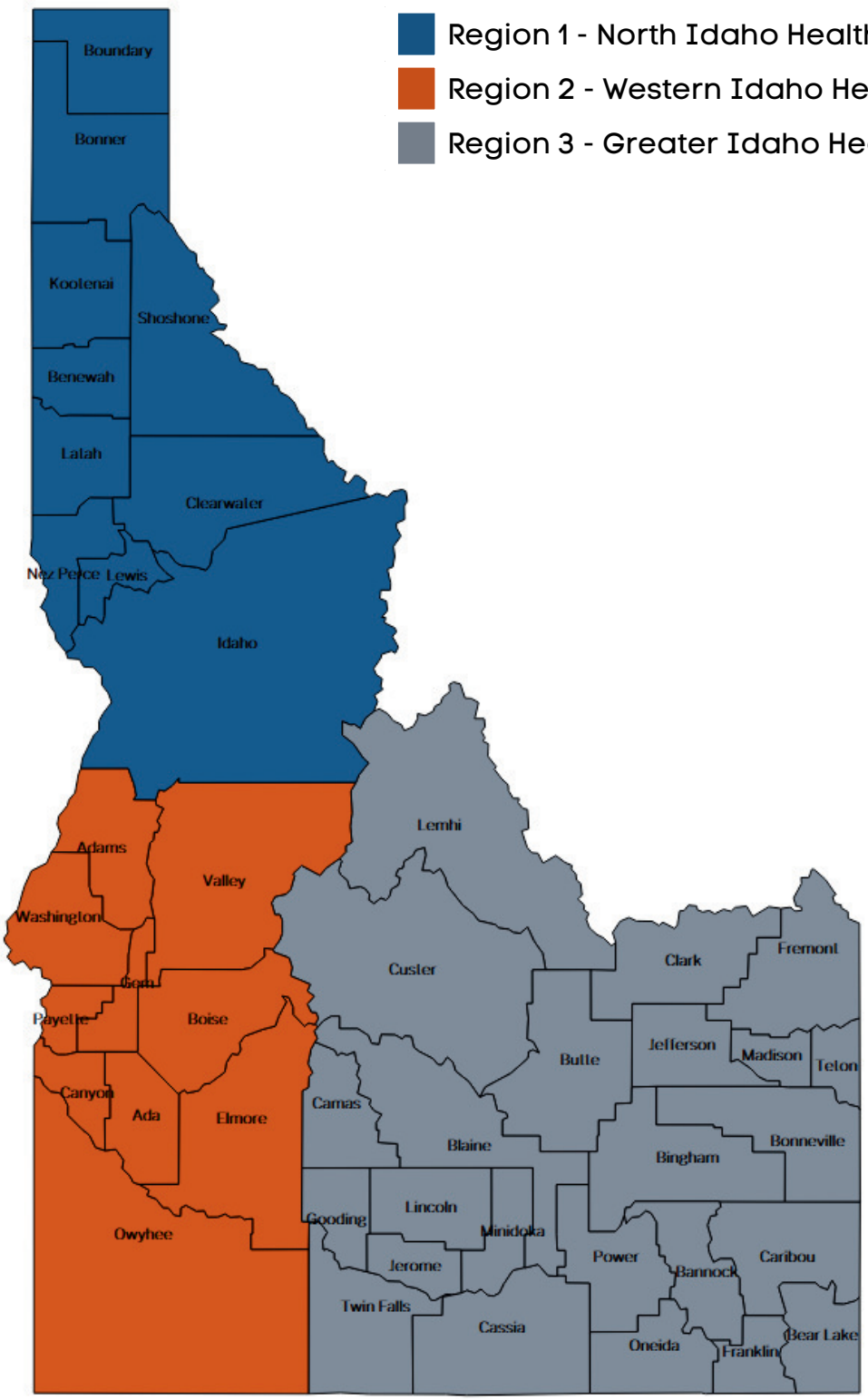
# TRIBAL NATIONS MAP



# PUBLIC HEALTH DISTRICTS



# REGIONAL HEALTHCARE COALITIONS



## SECTION OVERVIEW

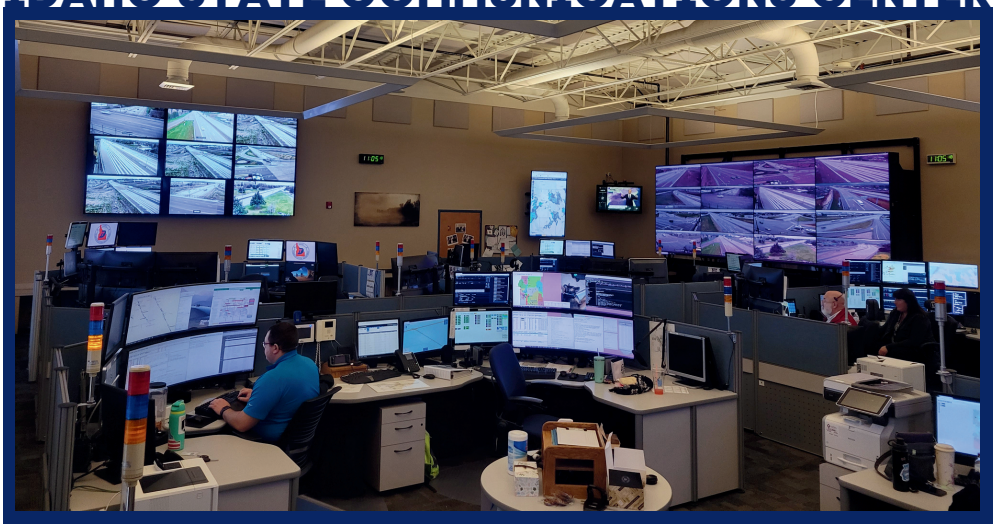
StateComm is an emergency communications and coordination center located in Meridian, Idaho that operates 24 hours a day, 366 days a year. The center is a unique public health communications resource as well as a dispatch center for 16 rural communities throughout the state. StateComm monitors all radio traffic on EMS frequencies 1 and 2 and 700 MHz.

Emergency Communication Officers (ECOs) are certified Emergency Medical Dispatchers 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
- Department 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



# 2024 STATECOMM CAPABILITIES

## COVERAGE

- EMS Radio/Paging communications statewide
  - 41 Statewide EMS mountaintop base stations
  - EMS Dispatch in 16 Rural Communities

## PREARRIVAL MEDICAL INSTRUCTION

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

## COORDINATION AND MONITORING

- Coordinates 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 contact point.
- Railroad incident point of contact.

## NOTIFICATION AND ALERT

- Primary notification point for the National Alert Warning System.
- Public Health incident contact point for hospitals and state and local health districts.
- Primary activation point for the Idaho Emergency Alert System 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.

| TYPE | 2022 | 2023 | 2024 |
|---|---|---|---|
| AIRMED | 1161 | 1593 | 1550 |
| AMBER ALERT | 2 | 1 | 2 |
| CRITICAL INCIDENT STRESS MANAGEMENT | 7 | 8 | 7 |
| DYNAMIC MESSAGE SIGN | 927 | 879 | 815 |
| EMERGENCY MEDICAL DISPATCH | 552 | 529 | 423 |
| EMS GROUND AND AIR DISPATCH | 2307 | 2275 | 2127 |
| FLIGHT FOLLOWING | 197 | 167 | 158 |
| HAZMAT | 229 | 246 | 260 |
| HEALTH CARE BRIDGE CALL | 4 | 8 | 3 |
| ITD HIGHWAY | 6553 | 6908 | 7458 |
| ITD LOG | 25282 | 23793 | 22405 |
| ITD ROAD CLOSURE | 75 | 114 | 77 |
| ITD TRAFFIC SIGN | 438 | 393 | 420 |
| ITD TRAFFIC SIGNAL | 434 | 478 | 432 |
| MASTER LOG | 2373 | 2139 | 2157 |
| MISCELLANEOUS | 100 | 77 | 96 |
| PAGER/RADIO TESTS | 1584 | 1584 | 1584 |
| PAGING | 183 | 163 | 125 |
| PUBLIC DRINKING WATER | 3 | 5 | 3 |
| RAIL | 76 | 85 | 66 |
| **TOTAL** | **44509** | **43468** | **40168** |

## 2024 CALL BREAKDOWN

| TYPE | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| AIRMED | 64 | 88 | 93 | 130 | 156 | 178 | 182 | 180 | 171 | 129 | 103 | 76 |
| AMBER ALERT | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| HEALTH CARE BRIDGE CALL | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| CRITICAL INCIDENT STRESS MANAGEMENT | 1 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 1 | 0 | 1 | 0 |
| EMS GROUND AND AIR DISPATCH | 153 | 120 | 141 | 156 | 168 | 243 | 232 | 212 | 169 | 189 | 182 | 162 |
| DYNAMIC MESSAGE SIGN | 152 | 71 | 115 | 56 | 46 | 35 | 52 | 50 | 41 | 42 | 57 | 98 |
| FLIGHT FOLLOWING | 38 | 36 | 8 | 16 | 0 | 0 | 24 | 2 | 0 | 0 | 0 | 34 |
| HAZMAT* | 18 | 17 | 23 | 13 | 33 | 25 | 34 | 27 | 24 | 14 | 13 | 19 |
| ITD HIGHWAY | 1427 | 658 | 753 | 456 | 395 | 420 | 489 | 513 | 416 | 436 | 596 | 899 |
| ITD LOG | 5778 | 4117 | 3107 | 537 | 291 | 228 | 267 | 272 | 233 | 344 | 2942 | 4289 |
| MASTER LOG | 154 | 150 | 179 | 202 | 162 | 157 | 180 | 201 | 209 | 209 | 187 | 167 |
| MISCELLANEOUS | 6 | 1 | 5 | 6 | 8 | 11 | 9 | 10 | 5 | 20 | 12 | 3 |
| PAGING | 5 | 13 | 7 | 8 | 7 | 13 | 15 | 16 | 11 | 8 | 11 | 11 |
| PUBLIC DRINKING WATER | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 0 | 0 |
| RAIL | 5 | 4 | 7 | 4 | 8 | 2 | 4 | 9 | 6 | 6 | 4 | 7 |
| ITD ROAD CLOSURE | 31 | 4 | 15 | 2 | 3 | 0 | 7 | 5 | 2 | 4 | 0 | 4 |
| ITD TRAFFIC SIGN | 45 | 39 | 45 | 35 | 37 | 47 | 22 | 26 | 24 | 43 | 30 | 27 |
| ITD TRAFFIC SIGNAL | 37 | 33 | 31 | 39 | 37 | 25 | 48 | 32 | 38 | 36 | 39 | 37 |
| PAGER/RADIO TESTS | 132 | 132 | 132 | 132 | 132 | 132 | 132 | 132 | 132 | 132 | 132 | 132 |
| EMERGENCY MEDICAL DISPATCH | 41 | 25 | 26 | 31 | 28 | 43 | 42 | 35 | 40 | 37 | 34 | 41 |
| **TOTAL** | **8088** | **5509** | **4689** | **1824** | **1512** | **1562** | **1741** | **1722** | **1523** | **1649** | **4343** | **6006** |

## OUTREACH AND EDUCATION

In 2024, StateComm participated in 26 exercises with agencies from around Idaho. StateComm's ECOs participate in the exercises through their normal dispatch duties, and StateComm management is included in the planning of large-scale exercises.

StateComm provided 23 "StateComm 101" presentations, reaching approximately 800 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, ITD, 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.

## QUALITY IMPROVEMENT/ASSURANCE

StateComm worked to develop a quality improvement (QI) and quality assurance (QA) program. With new personnel assigned to this role, StateComm has worked to improve systems and processes while also developing documentation standard practices overall.

## SECTION OVERVIEW

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 QI practices
- Continually innovate to enhance value and modernize Bureau operations
- Manage a variety of QI, QA, 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.

## SPRING ORGANIZATIONAL CLEANING

This process was created by SQI to assure that organizational units around the Bureau stay current and optimized. The process began in 2024 but will be implemented annually from now on.

Each February, SQI revisits the Bureau's internal site pages, processes, policies, manuals, SOP's, file libraries, external website, etc. to ensure they are relevant and accurate.

## DATA TEAM

The team was formed with members of SQI and SOC to improve our ability to collect, analyze, visualize, and report data. Their work is crucial to building confidence and reliability through data integrity and transparency with our patient care reporting (PCR) and license management data. Ultimately, the data team will transform the Bureau from being data aware to data driven to benefit our stakeholders, customers, partners, EMS agencies and personnel, and the residents of Idaho.

Currently, the team is pursuing the following objectives:

- Develop a process to track public record requests and data requests
- Create team structure through a manual or a standard operating procedure
- Improve the knowledge and understanding of the databases and tools available to us
- Improve the accuracy, reliability, and confidence of reports pulled in both the IGEMS License Management and PCR systems
- Improve the timeliness of agency PCR submission within seven days or less.

## NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION (NHTSA) REASSESSMENT

Idaho underwent the NHTSA Reassessment in June of 2024. The reassessment process evaluated the current EMS system effectiveness in relation to the original assessment, subsequent system modifications, integration of technology, and nationally accepted standards.

SQI utilized project management methodologies and executed research and the development of briefing materials and a presentation well within the deadline. The event was well-organized, and the Bureau received special recognition for the "extraordinary efforts for well-organized briefings

and comprehensive briefing packages sent to the reassessment team and for the remarkable and efficient administrative support to the reassessment team prior to their arrival and during the team's visit." Recommendations from the report are currently being pursued. The statewide EMS strategic plan and the creation of the Data Team to facilitate and encourage real time, automated data reporting and transfers in the IGEMS PCR system.

## WILDLY IMPORTANT GOAL

In efforts to support the department and division's wildly important goal (WIG) the Bureau is pursuing the following goal, "Increase the education rate of licensed EMS personnel from 0% in 2024 to 90% in June of 2026 about preventing child abuse and keeping families safe and together."

The Bureau WIG goal team, in collaboration with the appropriate partners, will create a resource guide for EMS personnel to reference and leave behind when they detect indicators of vulnerable and at-risk family environments. The team has started discussions with appropriate partners and collecting resources germane to the goal. Regional guide development is the next step.

**Next steps:**

- Work to achieve a statewide EMS Strategic Plan.
- Facilitate and manage the Bureau strategic planning process and publish a Bureau level strategic plan.
- Improve the Bureau's ability to evolve from data-aware to driven and become a reliable resource for statewide EMS data by consistently delivering real-time data and identifying trends or hot spots to improve our EMS personnel's ability to respond and provide patient care.
- Continue to optimize the systems utilized by our EMS agencies and providers to create efficiencies for our EMS agencies and personnel and to help improve our data quality and reliability.
- Identify inefficiencies and implement processes for efficient operations so each section and program in the Bureau, including SQI, can react to the demands of new projects and deadlines.

## BUDGET PROCESS

This process was created to ensure all Bureau budget owners were responsible for managing their budgets, tracking their expenses, balancing their "checkbooks," approving and reconciling invoices, and to ensure projection of future needs and costs.

SQI documented the new process in a Budget standard operating procedure (SOP). The SOP has been tested in the last quarterly budget and quasi budget reviews. Feedback was provided and incorporated into the SOP.

The budget process and SOP has removed the single point of failure and has allowed for all budget owners to improve their understanding of their section or program's budget, and to prepare for budget reviews with minimal help or guidance.

## WEBSITE RENOVATION

Idaho EMS agencies use the Bureau's external facing website for information and guidance on education, licensing, certification, medical direction, reciprocity, grants, PCR, Community Health EMS (CHEMS), and much more. The Bureau received many phone calls from EMS personnel and agency administrators stating the website was hard to navigate, information was difficult to find, resources were dated, and some mentioned they do not even bother to use the website.

In effort to address the feedback, SQI facilitated and managed the Website Renovation QI project. The team worked with different sections and programs within the Bureau to develop new page content and designs that would mitigate the addressed issues. EMS personnel were asked to test the website and provide feedback prior to the website going live. Implementation of the renovated website has been successful, and further work will be done to assure the content stays up to date and relevant.

## BUREAU ONBOARDING PROCESS

SQI initiated a QI project to develop and implement a standardized Bureau onboarding process.

**The process aimed to:**

- Reduce the interruption to workflows
- Improve the new employee's experience
- Provide connectedness to the organization
- Provide transparent expectations
- Ensure knowledge of standardized training, resources, and information

SQI developed an automated process catered to each section, program, and level of supervisory responsibility. The automated tool also allows for easy updates and revisions to job responsibilities and workflows; functions as an offboarding tool to remove access and permissions to certain databases and sites; and tracks Bureau provided supplies and tools such as laptops, cell phones, software, etc.

## EMS AGENCY VEHICLE AND EQUIPMENT (EMSAVE) GRANT

EMSAVE is an annual grant administered by our Bureau. Aside from adhering to division and department policies, the grant process is very complex and time consuming and support from staff at various times throughout the grant cycle is a necessity. To safeguard the grant and its cyclical process, an EMSAVE Grant team was formed, and several QI projects were identified to improve the efficiency and timeliness of the grant cycle for internal Bureau staff and Idaho's EMS agencies.

## EMSAVE GRANT MANUAL

SQI collaborated with the SOC team on a project to rewrite the EMSAVE Grant Manual. The manual was last updated in 2019 and did not reflect several changes to polices and processes. The updated manual has much more detail, enabling staff with very little training to assist in various EMSAVE grant processes.

## EMSAVE GRANT APPLICATION AUTOMATION

The application process has remained unchanged for many years. During and after each grant cycle, Bureau staff identify and attempt to resolve issues with the application instructions and related processes. Automating the application process would add much needed clarity, reduce data entry time and errors, and improve the overall application process for applicants as well as Bureau staff. SQI has led the EMSAVE automation QI project for several years. The automated application has been created in the bureau's license management system (LMS). The next steps are testing with the LMS software vendor and EMS agencies before the new system is implemented.

## PCR DATA TRACKING

The IGEMS PCR tiered team provides PCR support based on the technical expertise and system permissions needed to resolve issues and to improve agency customer service. They began collecting weekly PCR call data in April. The data collected included caller (EMS agencies/personnel), date, issue, and time to resolution.

The data collected determined call triage was not working as intended due to miscommunication and call triaging issues. Expectations were continually communicated to the team lead. Over time, data proved appropriate call triage was taking place, the number of calls received by the highest tier had been reduced, and through feedback and communication with the team, knowledge and system proficiency had increased.

## PCR MANUAL AND SUCCESSION PLANNING

For several years, all knowledge of the IGEMS PCR system resided with one staff member and a manual documenting system processes and tiered team responsibilities was nonexistent.

**A manual has been drafted and includes the following:**

- System overview
- General system knowledge
- PCR Tiered Team definitions, scenarios, and training plan
- Appropriate call triage
- Step-by-step instructions for a variety of frequently asked system questions or issues.

The manual has been vetted to the IGEMS PCR Tiered team. Feedback has been incorporated and will be published in 2025. Once completed, the manual will be a resource for pre-existing and new staff members on their roles and responsibilities with the system and the tiered team. The manual will be reviewed and updated annually.

Although a team and a manual has been created to share, document, and distribute the wealth information necessary for PCR system administration and customer service, succession planning efforts have begun to address any knowledge gaps.

## EVENT AND MEETING PREPARATION

SQI created a standardized event/meeting planning and preparation process to address gaps and inefficiencies and to ensure that meetings hosted by the Bureau are consistent and of the highest possible quality. The team continues to test and refine the process at meetings throughout 2025.

## SECTION OVERVIEW

**The Systems of Care section consists of three programs:**

- Emergency Medical Services (EMS)
- Standards and Compliance (S&C)
- Time Sensitive Emergencies (TSE)

Each group, 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 2024, beyond its normal responsibilities, SOC's focus expanded to include new initiatives such as planning for infectious disease and special pathogen transport, as well as training new EMS leaders from rural areas across the state. Additionally, SOC distributed over $1.7 million in state funding to Idaho EMS agencies through the EMSAVE grant for the purchase of much-needed EMS vehicles and equipment. SOC personnel also worked on numerous projects in partnership with other local, state and federal agencies including PHPR, county and municipal government officials, ASPR Regional Emerging Special Pathogen Treatment Center (RESPTC), and the Department of Homeland Security.

## EMSAVE

During the FY 2024 EMSAVE grant cycle, which opened in January 2024, approximately $1.7 million in dedicated funds was awarded to Idaho EMS agencies. The grant is competitive, with scoring based on numerous criteria 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 44 equipment awards were disbursed to agencies.

## HIGH CONSEQUENCE INFECTIOUS DISEASE

Recognizing the needs of Idaho hospitals and EMS agencies to prepare for the possible treatment and transport of a patient suffering from exposure or infection of a High Consequence Infections Disease (HCID). Systems of Care and PHPR personnel continued to partner with the ASPR RESPTC, EMS agencies, hospitals, the Air National Guard, and other states in the northwest. HCIDs include diseases such as Ebola, Marburg, and other emerging viral threats.

The goal of this partnership is to plan patient transport of HCID patients from their initial location to a Regional Special Pathogen Treatment Center, either by air or ground. This goal includes operational plans to safely transport these types of patients to appropriate definitive care while protecting the transport team and the public.

## EMS LEADERSHIP ACADEMY

In October 2024, members of the EMS Advisory Committee (EMSAC), EMS Physician Commission (EMSPC), and SOC held the third annual EMS Leadership Academy in Boise. There were 20 new EMS leaders selected from around the state through 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, QA program development, budgeting, and EMS regulations. The academy was sponsored by the Bureau and included no out-of-pocket tuition or lodging costs to attendees. Dinners for attendees were sponsored by Air Saint Luke's and Intermountain Health/Portneuf Air Rescue.

## FIRST RESPONDER RESOURCE GROUP

In 2024, an individual within SOC was appointed to serve on the First Responder Resource Group (FRRG), which is a working group within the Science and Technology Directorate (S&T) in the Department of Homeland Security. The FRRG helps S&T identify and prioritize mission capability gaps and facilitates the rapid development of critical solutions to address responders' everyday technology needs in the field.

Members represent a broad range of disciplines (law enforcement, fire service, emergency medical services, emergency management, and more), government sectors (local, state, tribal, and federal), and geographic regions.

The FRRG is part of S&T's solution development process, which subjects all projects to rigorous and transparent validation to ensure not only that the projects meet legitimate first responder needs but also that their deliverables are highly likely to be transitioned into use.

## EMS PROGRAM OVERVIEW

The EMS program staff are responsible for assistance and oversight of EMS agencies, personnel, and education. EMS agencies and personnel provide patient care at the scene of an emergency and provide transport to and between hospitals. 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 EMSAC and EMSPC since their inception.

## EMS AGENCY VEHICLE & EQUIPMENT INSPECTIONS

The EMS program oversees the process for contracting site surveyors to perform vehicle and equipment inspections on the 200+ EMS Agencies across the state.

There were 15 EMS providers from Idaho selected through an application process and 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.

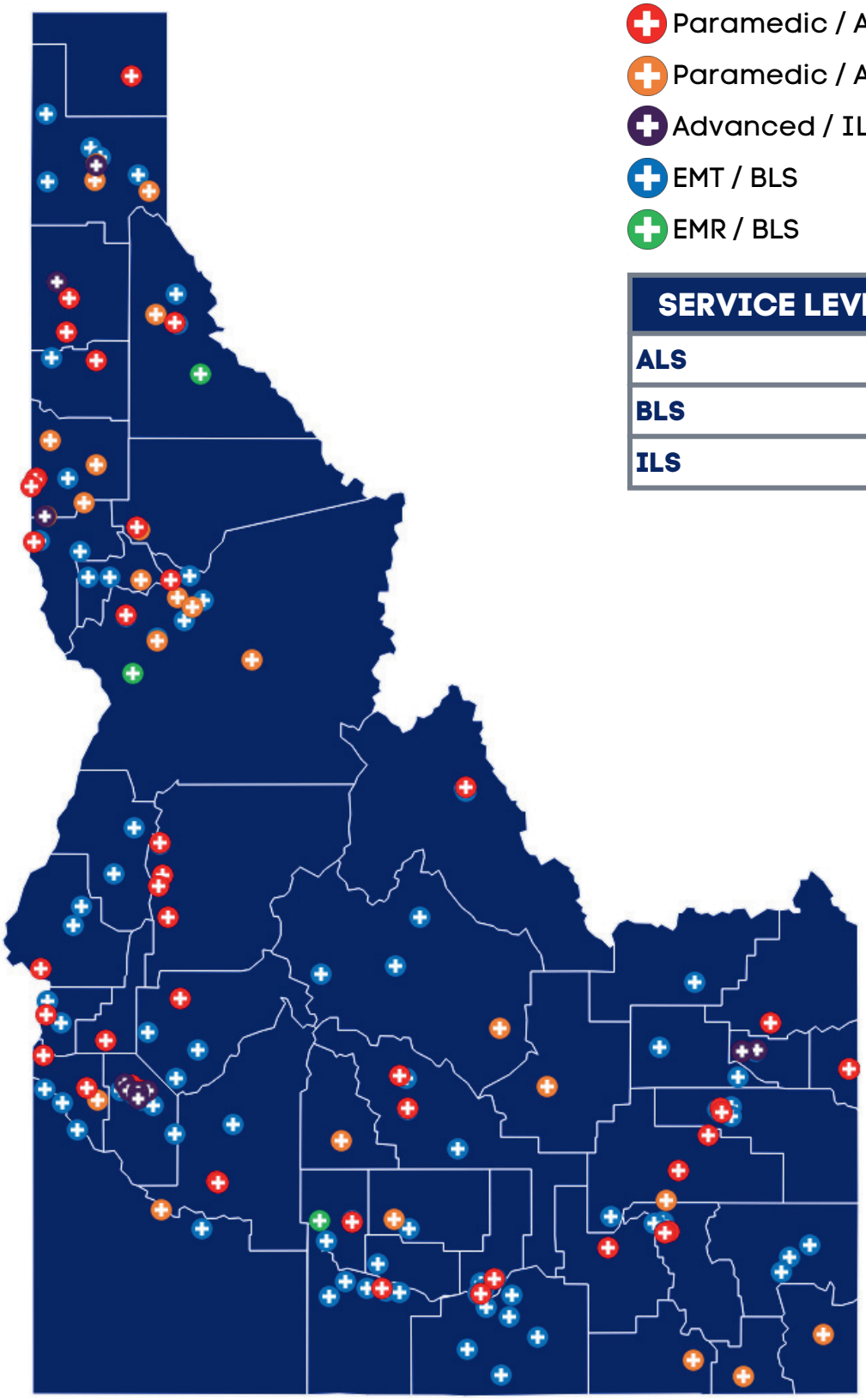
## EMS AGENCY LICENSURE

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.

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).

In 2024, Idaho was comprised of 204 EMS agencies that were dispersed throughout the state. See the next page for breakdown of licensed EMS agencies, station distribution, clinical capabilities, and map of the geographic dispersion throughout Idaho.

## EMS AGENCY MAP



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

| SERVICE LEVEL | COUNT |
|---|---|
| ALS | 79 |
| BLS | 98 |
| ILS | 27 |

## 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.

## EMS PERSONNEL VOLUNTEERS

Idaho's EMS system faces significant challenges due to the state's geographic complexities and reliance on volunteer providers. Volunteers play an integral role in responding to emergencies and providing prehospital patient care in all counties in Idaho. There were 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 EDUCATION PROGRAMS

The EMS program staff approve EMS education programs that demonstrate 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.

## EMS INSTRUCTOR DEVELOPMENT WORKSHOP

The EMS program hosted an in-person, eight-hour adult methodology course in Boise for current EMS instructors. Completion of an approved adult methodology course (or equivalent) and recurrent training during each recertification period is required to maintain certification as an EMS instructor in Idaho. Recognizing the challenges rural EMS providers face in accessing this training, the Bureau organized and hosted the course. Tuition was provided free of charge for EMS providers, and lodging scholarships were offered to volunteer EMS providers. Around 51 total instructors successfully 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 substantiated, the Bureau may take disciplinary action.

See below for additional 2024 investigation information:

| | |
|---|---|
| **CASES OPENED** | 12 |
| **CASES CLOSED** | 13 |
| **ADMINISTRATIVE LICENSES ACTIONS** | 4 |
| **CASES REMAIN OPEN** | 3 |

## RULE REVIEW

The EMS program and SQI reviewed agency compliance with IDAPA agency licensing requirements for reporting response data and patient care records. Currently 90% of 911 Response Services are reporting data, and when Interfacility Transfer, and Air Medical services are included that number goes to 85%. Problems with PCR vendors after the transition to NEMSIS v3.5 resulted in a setback to this goal. Improvements have already been made, and continued improvements will be observable when vendor compliance issues are resolved.

## COMMUNITY HEALTH EMERGENCY MEDICAL SERVICES

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 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 2024, 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 in the area
- 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 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.

## EMS ADVISORY COMMITTEE

EMSAC is a 20-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 is composed of members from the following organizations and specialties:**

- ITD
- Primary Emergency Physician
- Trauma Surgeon
- Idaho Board of Nursing
- EMS Instructor
- Idaho Hospital Association (IHA)
- 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:**

- American Academy of Pediatrics
- American College of Emergency Physicians
- American College of Surgeons Committee on Trauma
- Idaho Associates of Counties
- The Bureau
- Idaho Fire Chief's Association
- IHA
- 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.

## S&C PROGRAM OVERVIEW

The Standards and Compliance program 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 as it relates to their licensing and education responsibilities.

## EMS PERSONNEL LICENSURE

Any individual who provides prehospital emergency medical care must obtain and 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): 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 additional 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 2024, Idaho recognized the following providers by licensure level:**

| CLINICAL LEVEL | COUNT |
|---|---|
| EMR | 124 |
| EMT | 3279 |
| AEMT | 587 |
| PARAMEDIC | 1257 |
| TOTAL | 5247 |

In 2024, 699 providers renewed their EMS licensure.

**The breakdown of each is provided below:**

| CLINICAL LEVEL | COUNT |
|---|---|
| EMR | 11 |
| EMT | 336 |
| AEMT | 121 |
| PARAMEDIC | 231 |
| TOTAL | 699 |

## TSE PROGRAM OVERVIEW

The Time Sensitive Emergency (TSE) program was created to address three of the top five 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, with the goal of getting the right patient to the right place at the right time.

IDAHO TIME SENSITIVE EMERGENCY SYSTEM
TRAUMA | STROKE | STEMI

## 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 tables lists the available designations:**

| 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 |

| STROKE DESIGNATIONS | | | |
|---|---|---|---|
| LEVEL I STROKE CENTER (COMPREHENSIVE) | LEVEL II+ STROKE CENTER (PRIMARY PLUS THROMBECTOMY CAPABLE) | LEVEL II STROKE CENTER (PRIMARY) | LEVEL III STROKE CENTER (ACUTE STROKE READY) |

| HEART ATTACK / ST-ELEVATION MYOCARDIAL INFARCTION (STEMI) | | |
|---|---|---|
| LEVEL I+ STEMI (RECEIVING PLUS CARDIOGENIC SHOCK CAPABLE) | LEVEL I STEMI CENTER (RECEIVING) | LEVEL II STEMI CENTER (REFERRING) |

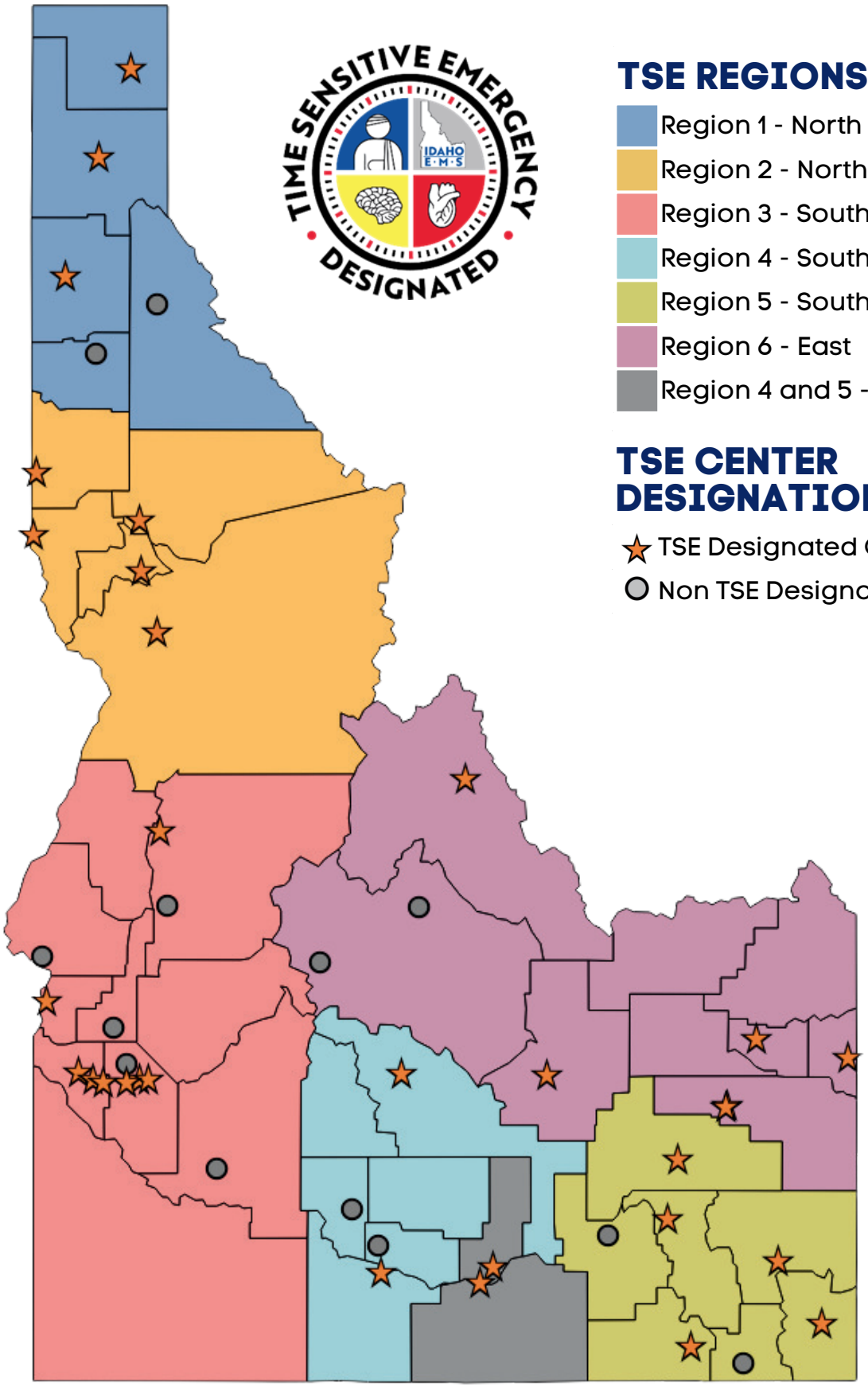
## DESIGNATION BREAKDOWN

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 designations. In 2024, the program set a goal to increase the amount of stroke and STEMI designations, primarily for Critical Access Hospitals (CAH). The program experienced great growth, adding eleven new designations. As of December 2024, there are a total of 28 trauma designations, 22 STEMI designations and 17 stroke designations. The TSE staff continues to provide technical assistance, consultation, and education to facilities seeking designation. The table on the next page presents the facilities with an active designation as of December 31, 2024.

# SOC - TSE

| 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 | | LEVEL II |
| Cassia Regional Hospital | LEVEL IV | LEVEL III | LEVEL II |
| Clearwater Valley Hospital – Orofino | LEVEL IV | LEVEL III | LEVEL II |
| Eastern Idaho Regional Medical Center | LEVEL II | LEVEL II+ | LEVEL I |
| Gritman Medical Center - Moscow | LEVEL IV | | |
| Idaho Falls Community Hospital | LEVEL III | LEVEL II | LEVEL II |
| Kootenai Health – Coeur d'Alene | LEVEL II | LEVEL II | LEVEL I |
| Lost Rivers Medical Center | 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+ |
| Saint Alphonsus Nampa 12st ER | | | LEVEL II |
| Saint Alphonsus Eagle Health Plaza | | | LEVEL II |
| 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 | LEVEL III | LEVEL II |
| 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 III | LEVEL II | |

# SOC - TSE




## 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

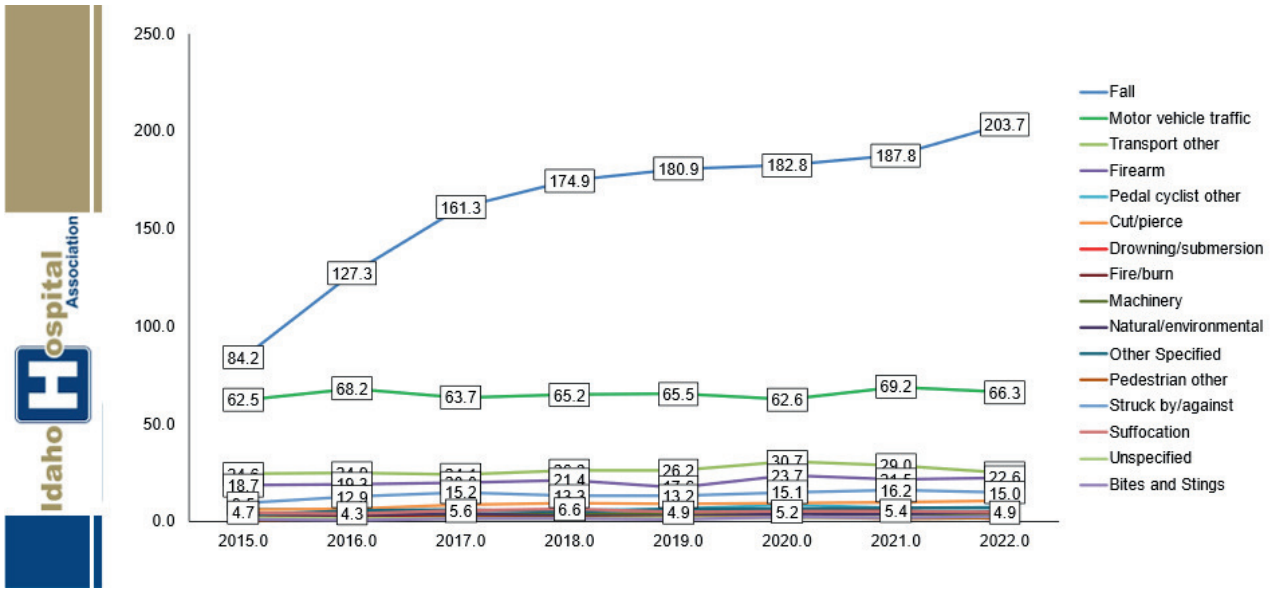
## TSE REGISTRY

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 2024 will not be entered until June of 2025. 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 IHA 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://healthandwelfare.idaho.gov/providers/idaho-time-sensitive-emergency/education-and-resources

The number of reportable trauma cases in Idaho continues to rise each year.

## TRENDS IN AGE-ADJUSTED RATES OF REPORTABLE TRAUMATIC INJURIES BY MECHANISM OF INJURY 2015-2022



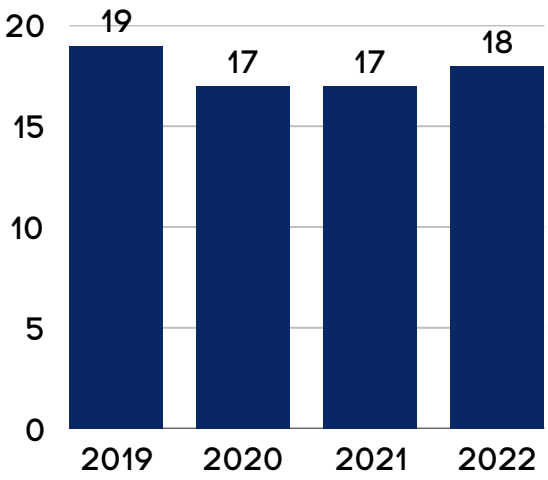
# SOC - TSE

Falls remain the primary mechanism of injury resulting in 5,503 cases of reportable trauma in 2022 (increased by 459 from 2021). Designated facilities are using this data to incorporate more robust fall prevention programs like Fit and Fall Proof™.

In 2022, there were 3,045 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. Below 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.

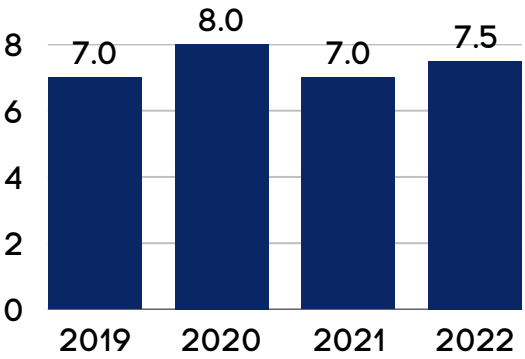
## DOOR TO BRAIN IMAGING

(GOAL <20 MINUTES)
MEDIAN TIME IN MINUTES




## DOOR TO ECG

(GOAL <10 MINUTES)
MEDIAN TIME IN MINUTES




In 2022 there were 1,091 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.

## OUTREACH AND EDUCATION

In 2024, a full day "Regional Roundtable TSE Council Meeting" was held in Idaho Falls, which gave providers in the eastern part of the state the opportunity to interact with the TSE Council. Providers throughout the state could join virtually to receive 2.5 hours of free continuing medical education credits, in which over 90 people joined! The TSE program supported and attended Spring Fling in Grangeville, 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.

## NEW TSE DESIGNATIONS

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

**The following agencies have been designated:**

- Ada County-City Emergency Services System: Advanced Life Support
- Bonner County Emergency Medical Services: Advanced Life Support
- Kootenai County Emergency Medical Services System: Advanced Life Support
- Minidoka Memorial Hospital Emergency Response Ambulance: Intermediate 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 8,300 Yellow Dot kits to Idaho citizens, with 2,994 being requested in 2024.

**An educational video and more information can be found on the TSE website:**
https://healthandwelfare.idaho.gov/providers/idaho-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.

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.

**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 program manager that is dedicated solely to the EMSC State Partnership Program
3. Support data collection, analysis, and continuous QI
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, EMSPC, and the Regional Interagency Committee on EMS. EMSC has retained the same committee members for the last three 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 recognition program was implemented as of January 1, 2024. Two hospitals have since been recognized and a third application was recently submitted. The committee began creating a recognition program for EMS agencies in April 2024 with the goal to implement this program in late 2025.

# SOC - TSE

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. We will also be sponsoring an additional seven pediatric mobile simulations to CAHs and EMS agencies throughout the state before the end of the grant year. In addition, EMSC partnered again with St. Luke's Children's Hospital to host the second Pediatric Emergency Care Conference for Prehospital Providers in April 2024. This conference was free for all attendees, included skills labs, and provided continuing education credits. EMSC collaborated with the HPP to deliver 229 sensory bags to hospitals and EMS agencies in Idaho. These sensory bags are utilized for children with autism or to comfort any child who has been overwhelmed by a traumatic event. Lastly, EMSC is contracted with Handtevy, a resuscitation application, to provide services for EMS in three counties and to agencies who previously utilized the app. This service provides rapid access to medication dosing, equipment, CPR assistance, and facilitates real time documentation.

IDAHO
EMSC State Partnership Program