• Do EMS Programs need to apply for 2 Authorizations, one full and conditional if they have access to advanced providers that cannot respond 24/7 365?

   No. A service program will only need to make one application for authorization. During the authorization process Bureau staff (EMS Field Coordinators) will work with the applicant to identify what the full authorization level will be based on what level of staff and care that could respond 24/7 as well as what level of care could be provided on a conditional basis if indicated. This process will be the same for currently authorized service programs who are seeking renewal reauthorization.

• The way I am understanding the draft is that the only way that a service can consider themselves as "full authorization" is that they have that ambulance staffed 24/7 at their level of authorization for 911 and emergency calls. What if your Paramedic goes on a hospital to hospital transfer and your back up 911 crew is an EMT crew? Then technically, you will be in violation as your 911 crew is then not staffed with a Paramedic. I know it says "initial" however not all transfers are "emergent." This is going to be very damaging to rural Iowa and Critical Access Hospitals. I recommend you remove the verbiage that restricts a service with Conditional Authorization from advertising or holding themselves out to the public as such.

   In the scenario above the service program has a full authorization at the paramedic level and only staffs the initial response vehicle with a paramedic. The primary vehicle and staff are not available due to another call (inter-faculty transfer) as described any additional request for an ambulance (while the initial staff and vehicle were not available while on another call) will be considered a subsequent request and response could be with minimum staffing of an EMT and driver or by a transport agreement with another service program. The service shall hold themselves out and advertise at the full authorization level.

• So if we have 1 paramedic available to respond to either our service or another local service needs this may not allow us to have a paramedic available for our services 1st out needs, would this be allowed in the future and how would our service be classified?

   The service program will seek conditional authorization. The service program will identify what level of care could be guaranteed for each initial request 24/7. If a transporting service program the minimum staffing will be at the EMT level. If your service program is a non-transporting service, the minimum staffing will be at the EMR level. If your program has access to a higher level of provider on an infrequent basis a conditional authorization will allow the program to function at the higher level when staffing allowed.
Is there a specific temp the garage the ambulance is stored in needs to be?

The specific temperature range will be based on what pharmaceuticals are stored in the ambulance as well as the specific recommendations for sensitive medical equipment the service program may house.

Are you going to be providing a format online for data reporting?

The minimum data reporting format is established in the Image Trend Elite software program currently available to each Iowa service program.

As a non-transport agency, the proposed rules state that we can only transport in an ambulance. What was your reasoning for this idea? And how do we transport in an ambulance if there aren't any available? Existing rules allowed us to transport in an emergency vehicle.

Patients who are being treated by an authorized service program and require transport need to be transported in a vehicle specifically designed to provide emergency medical care.

We have 1 Paramedic available to our community and the 1st out 911 is a stubbed toe, would we be able to utilize a BLS crew on this call and reserve the paramedic for a more critical call?

This will be acceptable if there is a valid triage process. An example might be utilizing an emergency medical dispatch (EMD) program approved by the service program’s medical director.

If you already have a transport agreement can you just affiliate with them, and what happens if they don’t agree?

A service program can affiliate with any authorized service program they wish to affiliate with if the other program can assist them and they meet the minimum number of calls either alone or when combined with another program. Nothing will require another authorized service program to accept another service program as an affiliate. In situations where a service program cannot identify another program to affiliate with the BETS EMS Field Coordinators will provide assistance in identifying options.

I have a few questions: 1. Can we get a copy of the slides emailed to us? 2. You are sending through the 100 call - 2 years consecutively? 3. Is the 100 call volume based on entries into Elite or does it include mutual aid and disregards?

Copies of the slides and a recording of the webinar will be posted on the Bureau’s webpage in a few days. The number of calls will be based on the most current two consecutive years of data submission into Elite.
In chapter 132.3(5) what data do we need to report in addition to the patient care reports that we are already sending you?

If your service is utilizing Elite for the PCR the minimum data elements are being submitted.

There is already a Delaware County EMS association. Can all the volunteer services in the county just join all in one affiliation under the association?

That will meet the requirements if the total number of calls by all affiliated service programs meets or exceeds the 100 calls per year and responsibilities for compliance are identified.

We already have a 28E Agreement within Story County will that suffice?

That will meet the requirements if the total number of calls by all affiliated service programs meets or exceeds the 100 calls per year and responsibilities for compliance are identified.

So if a service takes on several small affiliate services who would pay for the increased administrative duties to the one who takes over the affiliate?

The affiliate agreement should not be viewed as “taking on” other services, rather a partnership to mutually benefit each service to comply with rules and expectations of the public we serve. Fiscal obligations should be defined within the affiliation agreement.

So, just if we affiliate with another service that not does mean that we go to each other’s calls correct?

That is correct unless your agreement states that is an expectation.

Would both departments write a separate report? That would be the only way that I see that - that call would count for your department.

Each authorized service program should submit data each time they are dispatched to ensure an accurate count of resources for EMS response is being reflected.

So, by going together with another town how does the financial work?

Fiscal obligations should be defined within the affiliation agreement.

What about affiliates and crossing county lines and jurisdictions? How does the funding work out with pulling from different county funds or township funding?

Fiscal obligations should be defined within the affiliation agreement.
With all the time and effort put into these changes would it not also be applicable for IDPH push for EMS as an essential service?

The Department agrees that EMS is an essential service. BETS is committed to EMS system development and will continue to work closely with the EMS professional association to find solutions to ongoing challenges.

Meaning our checkbook remains our money?

Fiscal obligations should be defined within the affiliation agreement.

Forced affiliation creates lots of questions about how to handle liability insurance; compensation; workers comp and other issues that might create barriers for this to be successful. Has IDPH taken these issues into account and developed recommendations on how to navigate through them? Requiring non-transport services with < 100 calls/year to affiliate seems heavy handed, especially in cases where the service has a robust CQI program in place and follows all administrative rules. Has there been any consideration given for an exception to that call threshold (and the requirement to affiliate) if the service can effectively demonstrate they are in full compliance with chapter 132? There was a big push in the 1980’s to establish non-transport first responder units in rural communities – staffed largely by volunteers --so that these areas had access to some level of basic life support/first response prior to the arrival of an ambulance. Does IDPH have any concerns that the forced affiliation rule might squelch some of that desire for small communities to maintain first responder groups?

The Department will continue to monitor the requirements for affiliation and identify if additional options can be offered. Affiliation with one or more other service programs should not have a negative effect on any service program. The purpose of affiliation is to assist service programs in maintaining compliance as well as providing additional resources to programs.

There is Iowa statute that allows for legal agreements between governmental entities to share resources and personnel capacity. It is recommended that legal counsel is accessed to assist in 28 E or 28 D agreements.

As a non-transport service how do we bill for services rendered through our affiliate transport service in the proposed rules?

The Department will provide guidance on options for non-transport service programs.

Can you clarify; will affiliated services still maintain a unique service authorization number and go through the inspection process on a regular cadence?

Affiliated service programs will maintain individual service program authorization numbers and will participate in the inspection process.
JANUARY 30, 2019 - CHAPTER 132 WEBINAR QUESTIONS

- If you have one or two paramedics but they may not be able to respond 24/7 - does that mean that the EMT's would still just respond at an EMT level even though the service may be an AEMT or Paramedic level

  This service program will be fully authorized at the EMT level with a conditional authorization at the AEMT or Paramedic level. The service will respond at the level of available service providers-EMT or when the AEMT or Paramedics are available, at that level.

- So are they authorized at a basic level then?

  The service program will identify what level of EMS care the service program can guarantee for each initial response to 911 or emergency calls. That will be the “full authorization” level.

- When we transfer a patient to a big city hospital from our hospital, are you guys going to track if we submit our report to that big hospital? Basically are we going to be in trouble if we do not submit that report?

  The BETS compliance officer will get involved if a hospital files a complaint regarding the failure to receive a final report within 24 hours.

- We are less than 1 mile from MN can we affiliate across State lines?

  No, an affiliation will need to be with another service program authorized in Iowa.

- We are an AEMT level but our 2 Paramedics work full time outside of our district and are not available to respond with our service. Now we respond as an EMT level if that is the highest level of medical provider available

  The service program will identify what level of EMS care the service program can guarantee for each initial response to 911 or emergency calls. That will be the “full authorization” level. If your service cannot provide AEMT or paramedic level care on each initial 911 or emergency call your service’s level of authorization should be at EMT level unless an AEMT or paramedic can respond on an intermittent basis. If they can respond intermittently then the service will seek conditional level authorization.

- A Current Non Transport service now has 3 EMT and 6 EMR on crew. It is currently a EMT non transport. However, they may not have EMT on every call. So future state would be a Full authorization at EMR with a Conditional EMT authorization?

  That is correct.

- So we are non-transport - 24/365 - what do we apply under?

  A non-transport service will be fully authorized at the minimum level of EMR. If your service can guarantee a higher level of EMS provider on each initial 911 or emergency call (when the service is able to respond) then that will be the service’s full authorization level (e.g. EMT, AEMT, or Paramedic). If the non-transport service can provide a higher
level of EMS provider on an infrequent basis then the service can receive a conditional authorization level.

- Does having online medical control with an ER count as having that medial direction 24/7?
  Yes, if approved by the service program’s medical director.

- Will non-transporting (response) vehicles be required to have yearly vehicle inspections by an authorized mechanic?
  No. The requirement for the annual inspection will be applicable only to ambulances.

- My Full authorization hospital based ambulance is 24/7 Paramedic. New standard is Full Authorization Paramedic for the 1st ambulance. The second ambulance can be staffed with? Could it be EMT and EMR?
  The second ambulance must be staffed with a minimum of an EMT and a driver. EMRs cannot serve as primary staff (attend the patient) on a transporting service program.

- Is Image Trend Elite going to be paired down for the non-transport first responder services to make it easier to complete forms? The services that don't/can't bill have a lot of tabs that are not needed?
  The Department has a workgroup that will be looking at revisions to the current NEMSIS-3 data elements.

- If two departments that are dispatched out to the same call - would both departments write up a PCR separately? This is the only way that I can see that the call would count for both of the departments.
  A PCR is required by any and each service program that provides patient care.

- So, if we as a non-transport, and we have a transport agreement that assures a response 24-7. Would we be full or conditional? Based on volunteer coverage during daytime.
  Full or conditional authorization level will be based on the minimum level of EMS care the service can provide on each initial 911 or emergency call when the non-transport service program is able to respond.

- For an all-volunteer, non-transport department that have limited members, and are at times unable to respond to a call due to members otherwise gone (work, travel, etc.), how does the 24/7 requirement effect their status? Is there a certain percentage of calls required to respond to? For example, during day calls we may not have at least 2 people to respond, but the service we have a transport agreement with is able to respond.
  There is not a minimum number of calls or percentage of calls a service program must respond to in order to be authorized. A non-transport service program must have an executed transport agreement and simultaneous dispatch with an authorized transport service program.
The same conditions will be expected of a transporting service program who cannot meet minimum staffing requirements 24/7. For instance, an authorized transporting service program can only meet minimum staffing requirements from 6:00 pm to 6:00 am Monday through Friday due to staff working out-of-town. The service program will have an established full authorization based on the minimum level of EMS that will be guaranteed when the service program responds and a conditional authorization if a higher level of EMS level can be provide on an intermittent basis. For the time when the service program could not respond due to lack of staff an executed transport agreement with another authorized service program is required.

- How can we assure 24/hr. 7 day a week coverage when we are a volunteer service and have a call during the day when we don’t have many members that work in town? That would be conditional?

  The guaranteed level of EMS care will only be relevant when the service program is able to respond. For times when the service program cannot respond due to lack of staff an executed transport agreement with another authorized service program will be required.

- We only have two ems members at this time, and cannot guarantee a 24/7 ems response, however we have an automatic mutual aid with a neighboring town who has better staffing. Does this still count as having 24/7 response? Or does this mean we cannot have a service? Both towns do have the same transport agreement.

  If a service program cannot guarantee a response 24/7 for the initial 911 or emergency call due to lack of staff an executed transport agreement will be required. The service program can meet the 24/7 requirement either by being able to respond to the initial request each time or have an executed transport agreement for the times they are unable to respond.

- Thank you - We are a non-transport service and can respond at an EMT with conditional AEMT level.

  Correct

- Can you tell us what is our benefit of affiliating if we meet every aspect, except the 100 calls per year?

  There are services and resources that can always be shared between two or more service programs for efficiency and effectiveness.

- If two services with < 100 calls per year each affiliate, does their total call volume still need to exceed 100 calls/year?

  The combined number of calls between the two service programs should meet or exceed 100 calls per year.
What is required response for a service provider, you keep stating everything as a 24-7 response but in times of severe weather and storms that may make transportation impossible without severe risk to the crew, where would the provider stand on this topic??

The requirements in Chapter 132 only relate to the service program’s responsibilities.

What about the services that don’t have 24/7 medical coverage?
If a service program cannot guarantee a response 24/7 for the initial 911 or emergency call due to lack of staff an executed transport agreement will be required. The service program can meet the 24/7 requirement either by being able to respond to the initial request each time or have an executed transport agreement for the times they are unable to respond.

Will there be a list of Medications such as analgesics AEMT's can give? Will there be new training guidelines issued as there will be major learning with the ability to give those.

The EMS Clinical Guidelines identifies drug classification when a medication should be considered for treatment. Specific medications will be identified by the service program’s medical director and protocol.

As a way to continue to promote EMS as a legitimate health care provider. The state needs to change from certified or License.

Iowa Code chapter 272C.1(5) is the statutory authority which indicates the terms licensing, registration, certification and derivations are synonymous.

Will departments have to affiliate if only the 100 calls are not met?
Yes.

Iowa needs to change from Certified EMS level to License. At least at the EMT, AEMT and Paramedic levels.

Iowa Code chapter 272C.1(5) is the statutory authority which indicates the terms licensing, registration, certification and derivations are synonymous.

SCOPE OF PRACTICE QUESTIONS

Why can’t the EMR give oxygen by nasal cannula?
The DRAFT Scope of Practice does allow the EMR to administer oxygen via a simple nasal cannula but not by a high-flow cannula.

Why no pulse ox for EMRs?
The current National EMS Educational Standards for the EMR does not include education to support the utilization or interpretation of pulse oximetry by an EMR.
• If we can’t use pulse ox, how do we decide if they need oxygen?

    As an EMR the utilization of oxygen should be based on the patient’s signs and symptoms.

• Pulse ox, has also pointed us in the direction of a-fib quickly, this would be a bad decision.

    Pulse oximetry should not be utilized as an assessment tool for atrial fibrillation by an EMR or other levels of EMS providers without the skill of EKG interpretation.

• So, a non-transport volunteer fire department that averages 90 calls a year of which approximately 35 are "medical" calls with an EMR, EMT and RN who operates as an EMT would have to affiliate with another service? A transport service is always also paged when the volunteer fire dept. is paged. What happens if there are not any FD medical personnel that respond? What if the FD doesn't have any personnel available to respond at all? The State of Iowa is making it where small volunteer services really don't want to offer services anymore.

    The non-transport service program could affiliate with the transporting service program if the combined calls meet or exceed the 100 calls per year.

    If a service program cannot guarantee a response 24/7 for the initial 911 or emergency call due to lack of staff an executed transport agreement will be required. The service program can meet the 24/7 requirement either by being able to respond to the initial request each time or have an executed transport agreement for the times they are unable to respond.

• Will you send a mass e-mail when these slides are posted on the website?

    The Bureau will send an email message to all EMS service program directors when the slides and recording are posted along with a link.

• Iowa has a high number of volunteers which is the only way for the most part that rural communities are able to provide some form of service. If we do not streamline the process and simplify there will some be no providers left to legislate?

    Affiliation with one or more services will assist in sharing administrative requirements among the services.

• What if you are not a national registry EMT but just an Iowa EMT when this goes into effect? Will those people be effected?

    The DRAFT Scope of Practice only addresses the Iowa EMS provider.

• Can you clarify if LVAD would be a Paramedic or a CCP skill?

    Left ventricular assist device (LVAD) is a circulatory augmentation device. Monitoring of a circulatory augmentation device is a CCP level skill/procedure.
• Same with the medication TPN.

  Total parenteral nutrition (TPN) is typically administered through a peripherally inserted central catheter (PICC) line or a central line. If the TPN is being administered through either of these central routes it is a paramedic or CCP level skill to monitor or access.

• Igel airways are approved for which Levels?

  The i-gel® airway is a supraglottic airway and limited to the AEMT, Paramedic, and CCP levels.

• Why did they take the ability of an EMT to use a King to keep an airway?

  The King LT Airway® is an oral airway and can be used by EMR, EMT, AEMT, Paramedic, or CCP level providers.

• We were educated for the use of pulse ox, during our EMR classes

  While some programs may instruct outside of the National EMS Educational Standards there are no national testing (certifying) standards for the EMR and the skill is not within the EMR’s Iowa scope of practice.

• We can administer Narcan but not use a pulse ox??

  Intra-nasal or auto-injectable Narcan can be administered by EMR, EMT, AEMT, Paramedic, or CCP. Pulse oximetry is a skill at the EMT, AEMT, Paramedic, and CCP levels.

• What are the specific drugs that the AEMT will be allowed to administer going forward in these new protocols/scope of practice?

  Specific medications will be identified by the service program’s medical director and protocol.

• If a completely volunteer department can't 100% ensure 24/7/365 coverage will we not be able to be an affiliate and if we are not able to find another department to affiliate with will we no longer be a EMS provider if we have less than 100 calls per year,

  If a service program cannot guarantee a response 24/7 for the initial 911 or emergency call due to lack of staff an executed transport agreement will be required. The service program can meet the 24/7 requirement either by being able to respond to the initial request each time or have an executed transport agreement for the times they are unable to respond.

  If a service program has difficulty identifying another service program to affiliate with the Bureau’s EMS Field Coordinators will assist in identifying options.

• You are going to publish the slides in this webinar correct?

  The Bureau will send an email message to all EMS service program directors when the slides and recording are posted along with a link.