

EMS OPERATIONS SUBCOMMITTEE MEETING
BUREAU OF EMS AND PREPAREDNESS

November 13, 2013
1:00 p.m.

Location: Bureau of EMS and Preparedness
3750 South Highland Drive
4th Floor Conference Room 425
Salt Lake City, Utah 84114

Reporter: Susan S. Sprouse

1 November 13, 2013 1:00 p.m.
2 PROCEEDINGS

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4 TRACY BRAITHWAITE: I'd like to welcome
5 everybody. My name is Tracy Braithwaite and I'm with
6 North Sanpete Ambulance Service. Welcome to our
7 subcommittee meeting. I'd just like to have everybody
8 introduce themselves, those that are here.

9 GUY DANSIE: Can I interject one thing? This is
10 Susan. She's actually been assigned under -- we have her
11 under contract to take care of all of our minutes, and
12 free up Jenny to help with the agendas and the planning
13 part of things a little bit more. So Jenny is actually
14 helping with the other subcommittee now. And Susan is
15 doing the minutes of this one and the EMS committee and
16 the other subcommittees and so forth.

17 So, when we speak, we need to make sure that she
18 knows who we are and she'll interject if need be -- if
19 needs be, is that okay? All right. Just wanted to make
20 sure you knew what she was doing -- what she is doing.

21 CHRIS DELAMARE: I'm Chris Delamare with Gold
22 Cross Ambulance.

23 ERIC BAUMAN: Eric Bauman with Ogden Fire.

24 DR. BRENT MABEY: I'm Dr. Brent Mabey, physician
25 with EMS experience.

A P P E A R A N C E S

Tracy Braithwaite
Guy Dansie
Chris Delamare
Eric Bauman
Dr. Brent Mabey
Jenny Allred
Shelley Peterson
Dr. Eric Swanson

1 JENNY ALLRED: Jenny Allred, Bureau of EMS and
2 Preparedness.

3 GUY DANSIE: I'm Guy Dansie with the Bureau of
4 EMS Preparedness.

5 TRACY BRAITHWAITE: Okay. First thing, I don't
6 have a quorum, so I don't know if we can do anything about
7 it. But we have our minutes to go over. We haven't had a
8 meeting for a little while. So it's interesting to see if
9 we can remember all this stuff. I didn't see any issues
10 when I read through it. Anybody see anything?

11 CHRIS DELAMARE: Is sounds like I'm going to say
12 I move to approve the minutes, but can we do that with --
13 without a quorum? So it looks good to me other than that.

14 GUY DANSIE: Well -- well, we'll just make note
15 that it's -- we haven't seen any corrections to the
16 minutes.

17 Introduce yourself so --

18 SHELLEY PETERSON: Shelley Peterson with Logan
19 911.

20 DR. BRENT MABEY: One question on the minutes.
21 On the emergency vehicle operators task force, I made a
22 motion that we gather information and see what national
23 programs are available, what -- what agencies are doing
24 with their training, simulators, and that was to be
25 presented at the next meeting. Do we have any update on

1 that?
2 GUY DANSIE: Yes, in fact, as you see that's our
3 next agenda item.
4 DR. BRENT MABEY: Perfect. Thank you.
5 GUY DANSIE: So do you want to wait for the
6 minutes and -- or approval of the minutes for another
7 time?
8 TRACY BRAITHWAITE: We'll just shelf that for
9 now and move on to our next item.
10 CHRIS DELAMARE: Well, I have just a question on
11 this. How -- what happens if our next meeting we still
12 don't have another quorum and how long do we let this go?
13 GUY DANSIE: The minutes?
14 CHRIS DELAMARE: Uh-huh. How does that work?
15 I'm just curious.
16 GUY DANSIE: I'm not sure, honestly.
17 DR. BRENT MABEY: I think they have to just
18 continue to stack up and then when you finally have a
19 quorum, you have to approve them all at the same time.
20 CHRIS DELAMARE: Okay.
21 DR. BRENT MABEY: I think that's all you can do.
22 GUY DANSIE: That sounds good. And if we do get
23 a quorum --
24 CHRIS DELAMARE: Which is how many?
25 GUY DANSIE: Eight, correct, Jenny? Jenny, we

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1 have to have eight? It's a simple majority.
2 TRACY BRAITHWAITE: Okay. So we'll shelf that
3 for now and we'll move on to talk about the second item,
4 emergency vehicle operator policy. I'll turn it over to
5 Chris or Guy, whoever wants to speak.
6 GUY DANSIE: You want to speak a little bit? Go
7 ahead.
8 CHRIS DELAMARE: We can -- I think Eric and I
9 can probably share the same amount of time. How's that?
10 ERIC BAUMAN: Sure.
11 CHRIS DELAMARE: And if I misspeak -- if I
12 misspeak, correct me.
13 Honestly, we did write a rule for EVO. It was,
14 I believe, passed with the current rules and it's in the
15 current rules as written. Do we have copies of that?
16 GUY DANSIE: Yeah, that should be part of your
17 handout.
18 CHRIS DELAMARE: And what we did, Dr. Mabey,
19 just based on your motion, we did kind of as a committee,
20 we looked at that. We did look at Wisconsin, Florida, New
21 Mexico. Was New Mexico one of them?
22 ERIC BAUMAN: I think Iowa.
23 CHRIS DELAMARE: Iowa. So we did look at a
24 bunch of different states to see what they had. And I
25 want to say there were seven states that have a rule in

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1 place regarding EVO operations. Now I want to -- I don't
2 remember the number of states that had not a rule but --
3 what -- how to describe it. They had some type of
4 literature.
5 GUY DANSIE: Policy.
6 CHRIS DELAMARE: -- that -- that we would
7 encourage you to do, but nothing set in stone that said
8 they had to do it. We -- we actually looked mainly at
9 Wisconsin. They had quite a study that determined and
10 kind of went through their EVO operations.
11 We looked -- and we kind of wrote the rule based
12 off of what Wisconsin had done, and we felt -- or no, it
13 was Florida. We went off of Florida's, which we thought
14 was probably the strongest and well balanced as far as the
15 rules go. We looked at what's the NHTSA EVO course and
16 there was another one.
17 GUY DANSIE: It was the U.S. Fire
18 Administration.
19 CHRIS DELAMARE: U.S. Fire Administration.
20 GUY DANSIE: That's where -- yeah, that's where
21 we adopted the bullet points that are on there.
22 CHRIS DELAMARE: Which is considered the policy,
23 right? Or what -- what -- what do we call that?
24 GUY DANSIE: The -- those were their --
25 CHRIS DELAMARE: We had the rules and then we

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1 had their criteria for judging.
2 GUY DANSIE: Right. Well, we wrote the rules
3 based on, like, what you said on other state's rules that
4 we found. And then we based -- we developed the policy
5 based as a training criteria that's on the handout. And
6 that was based off of the U.S. Fire Administration's
7 emergency vehicle operators guidance they -- they issued.
8 And we actually copied those verbatim with the exception
9 of I reworded one that, under advisement of staff, to
10 review agency standard operating procedures.
11 CHRIS DELAMARE: Right. Okay.
12 GUY DANSIE: I just reworded that. It was
13 worded a little differently.
14 CHRIS DELAMARE: Sure.
15 GUY DANSIE: But we -- we adopted those. What
16 do we want to call them -- those -- those elements to --
17 to determine if -- when we start enforcing this rule, we
18 want the agencies to submit their training plans to us and
19 we wanted to use this criteria to -- to either accept or
20 reject the plan that they submitted in their relicensure.
21 And then -- in the rule, it talks a little bit
22 about what is the worst and what the expectation is. We
23 didn't put very much information about the training
24 program in the rule. Actually there's nothing in there
25 about it, other than the qualifications for the driver.

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1 And then we will use that criteria to determine if their
 2 training plan is acceptable to the -- to the department.
 3 CHRIS DELAMARE: I think it's -- I think it's
 4 important -- I was just going to say, I think it's
 5 important to know that what you see before you, you see a
 6 bunch of strike outs. The rule is actually as written
 7 without those strike outs in them. The strike outs came
 8 as a result of public comment.
 9 GUY DANSIE: Strong public comment. The State
 10 Fire Chief's Association felt that we had gone a little
 11 too far in requiring certain elements to be -- to be part
 12 of the rule. So the rule was passed, but it was -- it was
 13 done so under the advisement that we would reevaluate
 14 those -- that criteria based on their comments to the
 15 rule. That -- that was set forth to our executive
 16 director's office, the department of health and executive
 17 director, and he specifically asked us to go back through
 18 and reconsider the part that is struck out.
 19 And so in my opinion, this more than likely will
 20 be struck out from the rule. That's why I went ahead and
 21 added the strikes outs.
 22 So we're not going to -- we're not going to --
 23 to -- we're -- we're going to start this rules group and
 24 relook at the rules. And so I just -- I just wanted to
 25 let you know that we probably won't be enforcing that

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1 strike out part, you know, as far as having registration
 2 and so forth, that part of it won't be done until after
 3 our rules group meets.
 4 DR. BRENT MABEY: On part C, it says, "Is
 5 trained in the safe operations of emergency vehicles."
 6 What does that mean? Does that mean that a department
 7 could define that as they want? Then it says, "It has
 8 completed an approved emergency vehicle operator's
 9 course." Is there an approved course? Is there a
 10 standard course or is that what any agency, any department
 11 determines it to be?
 12 GUY DANSIE: Well, the department determines if
 13 it's approved. And that -- that is actually why we
 14 developed the bullet points below and we adopted those
 15 from the U.S. Fire -- Fire Administration.
 16 DR. BRENT MABEY: Okay.
 17 GUY DANSIE: We wanted some way to evaluate
 18 courses and we realize this is a new rule and a new
 19 expectation. So we didn't want to be over, overly
 20 burdensome on rural or smaller agencies that have
 21 inadequate funds to provide extensive training.
 22 So we looked at national resources, included in
 23 its national highways traffic safety administration and --
 24 and some of the other online resources. And we -- and we
 25 looked at their elements of their training and we felt

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1 that we could probably judge the elements if somebody
 2 wanted to develop their own course or -- or have a vendor
 3 provide that training, then we can, we can look at their
 4 proposal and then judge their proposal based on that
 5 criteria.
 6 DR. BRENT MABEY: So then it's each agency gives
 7 to you their proposal --
 8 GUY DANSIE: Right.
 9 DR. BRENT MABEY: -- how they're going to meet
 10 that section?
 11 GUY DANSIE: Right. And then --
 12 DR. BRENT MABEY: And then you approve it?
 13 GUY DANSIE: Or reject it or whatever it needs
 14 to be.
 15 DR. BRENT MABEY: Yeah, I think this is a really
 16 big deal. Any time an ambulance goes with lights and
 17 sirens, the public is put at harm. And every year people
 18 are injured in these circumstances. So it's not a minor
 19 issue.
 20 GUY DANSIE: Right.
 21 DR. BRENT MABEY: And, you know, when you have
 22 an ambulance killing a citizen --
 23 GUY DANSIE: Yeah.
 24 DR. BRENT MABEY: -- this policy is then put
 25 under a microscope and we're held to -- held to the

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1 criteria.
 2 GUY DANSIE: Right.
 3 DR. BRENT MABEY: So anyway, I just -- I think
 4 there's a lot of responsibility in this. And I do feel
 5 strongly about it, though.
 6 ERIC BAUMAN: And we support it a hundred
 7 percent too, and that's what I think we all felt, it's
 8 extremely important.
 9 One of the main focuses for us was making sure
 10 it was attainable. We didn't want to come up with a
 11 policy. And then one of the huge issues for us for rural
 12 agencies, when we did the survey, we found that most of
 13 the large agencies had --
 14 (Reporter could not hear.)
 15 ERIC BAUMAN: So most of the large agencies had
 16 a program in place. And some -- and many agencies had a
 17 program in place that was not a commercial program. It
 18 was one they had developed themselves. And so we just
 19 wanted to make sure that we weren't putting smaller rural
 20 agencies at a disadvantage to where they couldn't -- they
 21 didn't have the financial funding or people to do this.
 22 So that's why we kind of, yeah, well, let's look at some
 23 essential criteria to find it. And then as long as their
 24 programs meet that, then that program could be approved.
 25 DR. BRENT MABEY: I would think that there's

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1 from the big departments enough willingness to help the
 2 small departments.
 3 CHRIS DELAMARE: Sure.
 4 DR. BRENT MABEY: That it shouldn't be a big
 5 cost. And a lot of the programs should easily be exported
 6 to the small agencies so that they really have no issue or
 7 burden to meet but --
 8 ERIC BAUMAN: And there are free programs
 9 available like Guy mentioned. It's a program --
 10 GUY DANSIE: It's a great program online. So
 11 agencies can use those and that was another --
 12 DR. BRENT MABEY: You know, I think something
 13 like that would be nice to say at a minimum that the
 14 program is done. Because you are now adding no additional
 15 financial impact to a small agency.
 16 CHRIS DELAMARE: But they're -- the NHTSA
 17 program to us is so broad. And I mean, we looked at the
 18 ends of a book, that was probably that thick.
 19 DR. BRENT MABEY: Really?
 20 ERIC BAUMAN: There's quite a bit of time
 21 associated with it too, and will be challenging to
 22 develop.
 23 CHRIS DELAMARE: And it was pretty broad. So we
 24 wanted to kind of narrow that scope down to say, what were
 25 the -- what are the main objectives that we -- that we

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1 feel were important? And that's why these objectives
 2 here, which came from that national fire --
 3 GUY DANSIE: U.S. Fire Administration.
 4 CHRIS DELAMARE: U.S. Fire Administration, we
 5 felt that those were probably the most weeding down, if
 6 you will, but the most important criteria to be met in any
 7 program. And we didn't want to say that you had to do
 8 this program. Your program could be whatever it is, you
 9 just have to meet these or these points.
 10 DR. BRENT MABEY: How -- how do these training
 11 criteria at the bottom of the regulation connect with the
 12 regulation? How does that work legally? You've got
 13 R426-4-400 vehicle operations, then down below here you've
 14 got training criteria. Are they connected somehow in rule
 15 or is that something just in policy that they are
 16 connected?
 17 GUY DANSIE: It's -- it's only in policy. The
 18 -- like I said, the burden falls to the department to
 19 approve the emergency vehicle operator's course. And so
 20 this is -- this policy is the criteria.
 21 We wanted to make it a standardized policy so
 22 that everybody would -- would know the rules by which they
 23 were -- not the rules, but by the standards at which they
 24 are held to. I -- I didn't feel comfortable just -- just
 25 looking at somebody's plan without some set criteria.

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1 DR. BRENT MABEY: No, I --
 2 GUY DANSIE: So yeah, I'm trying to make -- make
 3 it standard as much as possible, with the understanding,
 4 and this is part of the reason we left the rule very vague
 5 on what the approval was and what the course was, is we
 6 wanted to go through this process for a year or two and
 7 figure out as we experience, as the agencies experience
 8 the training, what kinds of issues might arise from our
 9 rule and then maybe readdress the rule, reamend the rule,
 10 and maybe if we could make the rule more prescriptive on
 11 what is required. But we kind of wanted to wait until we
 12 found out how it's going to be implemented on the front
 13 end and learn from our mistakes and then enroll the rule.
 14 DR. BRENT MABEY: But in practice the department
 15 has to approve --
 16 GUY DANSIE: Right.
 17 DR. BRENT MABEY: -- the -- their training?
 18 THE COURT: The training.
 19 CHRIS DELAMARE: And so -- so the state would
 20 actually approve that training based off of does their
 21 program meet all these objectives.
 22 DR. BRENT MABEY: Okay.
 23 CHRIS DELAMARE: And that's what we were just
 24 kind of giving them. That's what these bullet points are
 25 to say, when they bring it to Guy, Guy is like, okay, how

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1 do I know this is an approved course? Okay, it meets
 2 these criteria.
 3 GUY DANSIE: It gives me a yardstick to measure
 4 by.
 5 CHRIS DELAMARE: And I think the other side of
 6 this rule, though, I think it was important to remember is
 7 not every agency was doing this in the state. I think
 8 this rule starts us off with now requiring each agency to
 9 do something.
 10 GUY DANSIE: Right.
 11 CHRIS DELAMARE: And doing something is going to
 12 be a whole lot better than doing nothing.
 13 DR. BRENT MABEY: Yeah. That's why I made the
 14 comments at that previous meeting. You know, I follow the
 15 literature on this and I'm not a big fan of lights and
 16 sirens, period. You know, the added safety to the patient
 17 is not that great. The added risk to the population is
 18 significant.
 19 GUY DANSIE: Right. Right.
 20 DR. BRENT MABEY: And so anyway, I'm glad to see
 21 this and I'll be interested to get your report over the
 22 next year as to how it worked out.
 23 GUY DANSIE: Yeah.
 24 DR. BRENT MABEY: Even though we have small
 25 agencies rather than say, you know, we'll give you a pass,

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1 I think we'll say we'll help you meet these standards.
 2 CHRIS DELAMARE: I think that was our feeling of
 3 doubt, right?
 4 ERIC BAUMAN: We wanted to make sure that from
 5 your own standpoint there was plenty of resources for
 6 agencies, and not like we were out there and making it an
 7 extensive program.
 8 DR. BRENT MABEY: Okay.
 9 GUY DANSIE: And one other thing I wanted to add
 10 to our discussion is we decided that as with any new rule
 11 there's usually a grace period to -- to allow the agencies
 12 to develop their training and submit their training plans.
 13 And we decided to go ahead and -- and suggest July 1st of
 14 2014. And that -- that's something the task force came up
 15 with. And I think the department is comfortable with
 16 that. And if with your approval, we will suggest that to
 17 the EMS committee in the next EMS committee meeting. That
 18 would be our cutoff date. And -- and between January and
 19 July have the agency submit a training plan either
 20 electronically or by mail stating what -- what they will
 21 be doing.
 22 And then after July 1st of 2014, we will have
 23 our ambulance inspectors, and this is required as part of
 24 our statute, the statute that the department would follow
 25 up with the compliance inspections on an annual basis.

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1 And that's part of the rule as well, No. 7,
 2 4.6-4-400 Part 7. We will have our inspectors start
 3 inspecting the agencies for compliance starting in
 4 July 1st of 2014.
 5 Is there any feedback on that date or that
 6 process? You guys have any objections to that?
 7 CHRIS DELAMARE: Well, the two of us over here,
 8 we're not going to object to it.
 9 GUY DANSIE: Well, they're part of the task
 10 force. I know Tracy and --
 11 TRACY BRAITHWAITE: I don't have any -- or
 12 Shelly or anybody in the audience has any -- any input on
 13 the date?
 14 SHELLEY PETERSON: There's probably a lot of
 15 departments that are already doing it, aren't there?
 16 CHRIS DELAMARE: There are, yeah.
 17 GUY DANSIE: There are.
 18 DR. BRENT MABEY: I would bet in urban areas,
 19 all of the -- most of the departments are already doing
 20 it. My concern is in the rural and semi-rural regions
 21 that it's not occurring. And where it's not part of a
 22 rule and just part of departmental policy is that easily
 23 escaped from a service?
 24 GUY DANSIE: You mean, would they be able to
 25 violate it and get away with it?

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1 DR. BRENT MABEY: Yes.
 2 GUY DANSIE: Maybe to some extent. I -- I -- I
 3 think that most -- most agencies, if we say this is a
 4 requirement, I believe that we'll have a high compliance
 5 rate. If we continue to have problems -- the statute says
 6 that -- that starting in January there has to be a rule in
 7 place and effective, and we met that criteria already.
 8 And -- and there is a penalty that we can
 9 implement. If you read in the rule, it says, "Services
 10 unable to verify compliance are subject to disciplinary
 11 action, Subsection 63G-3-201-5 and Section 26-23-6, which
 12 means that they're -- they are liable to the disciplinary
 13 actions, the civil penalties and fines that are associated
 14 with all of the rules that we enforce. That would be up
 15 to the Attorney General's Office, if he felt that we
 16 needed to issue a fine, if there was a noncompliant
 17 agency. Typically we haven't done that if they're
 18 willing to make some effort, there are corrective action
 19 plans to meet the requirement.
 20 So what I am saying basically is there may be
 21 some noncompliance come July 1st, but we will work with
 22 those agencies to try and bring into compliance before
 23 issuing the fines.
 24 CHRIS DELAMARE: Well, I think that's why we
 25 decided to go with July 1st, just to see if people kind of

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1 ramp up to say, yeah, we're aware that it's out there, now
 2 we know we need to have it done.
 3 GUY DANSIE: Right. And definitely we're very
 4 careful when enforcing penalties that we don't damage an
 5 agency that's already struggling financially. So try to,
 6 try to work with education or influence the leadership
 7 before we take any punitive -- but not punitive, civil
 8 damages.
 9 CHRIS DELAMARE: Because of the survey that was
 10 sent out, there's how many agencies are that would fall
 11 under this rule in the state? There was 116. Is that a
 12 number I remember correctly?
 13 GUY DANSIE: Roughly. Tami, how many
 14 transporting agencies do we have?
 15 TAMI GOODIN: We're probably up to 97 for
 16 transport.
 17 GUY DANSIE: And then we have the quick
 18 response.
 19 TAMI GOODIN: Yeah.
 20 GUY DANSIE: How many more? 30?
 21 TAMI GOODIN: So I think about 130, yeah.
 22 CHRIS DELAMARE: You think 130?
 23 TAMI GOODIN: Ish.
 24 GUY DANSIE: It's about.
 25 CHRIS DELAMARE: I want to say, I think that

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1 there was only about 75 that responded to that survey.
 2 And that's why we -- we're just guessing on, you know,
 3 about 50 agencies. Whether they are doing it or not,
 4 we're just saying if they hadn't -- didn't respond to the
 5 survey, well, they probably didn't do this or won't do
 6 this. And out of that 75 responded, I think we determined
 7 it was probably another 30, maybe.
 8 GUY DANSIE: Yeah.
 9 CHRIS DELAMARE: Does that sound about right?
 10 GUY DANSIE: Yeah, it seemed like about a third
 11 that hadn't done anything at all.
 12 CHRIS DELAMARE: Hadn't been doing anything at
 13 all. So, I mean, if you're looking at 80 agencies out of
 14 130, almost 50 percent that aren't, that don't have this.
 15 DR. BRENT MABEY: That's scary.
 16 GUY DANSIE: We've also noticed since we
 17 submitted the survey questions, we've had some that have
 18 actually come into compliance just by asking the question.
 19 So -- so it's -- hopefully that will happen.
 20 DR. BRENT MABEY: It might be nice to more
 21 forcefully pose the question, and just say the department
 22 is not making it optional, you have to respond to the
 23 question, are you doing this or not. Right? So --
 24 GUY DANSIE: Well, we're going to go one step
 25 further, we're going to actually require the plan.

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1 That's --
 2 DR. BRENT MABEY: That's in July, isn't it?
 3 GUY DANSIE: Well, that -- they have from
 4 January until July to submit their plan. And we'll put
 5 that -- we'll store that with their licensing information
 6 here. And as they relicense that will be one of the
 7 relicensure requirements is they will have to submit an
 8 emergency plan with the department.
 9 TRACY BRAITHWAITE: Now how is this going to be
 10 communicated to those agencies? Are you just going to do
 11 an email or are you going to send it out with the reps,
 12 the regional reps or what?
 13 GUY DANSIE: Well, we will -- we will do a
 14 multi-pronged approach. We will do an email. We will
 15 have the regional consultants with their EMS councils at
 16 the local level and then we'll also -- if there's any that
 17 we know they're not in compliance, we'll follow up with a
 18 written letter.
 19 DR. BRENT MABEY: Yeah, I -- I -- I don't want
 20 anybody claiming that they didn't know.
 21 GUY DANSIE: Didn't know, right.
 22 CHRIS DELAMARE: Absolutely. Anything more you
 23 want?
 24 ERIC BAUMAN: No.
 25 TRACY BRAITHWAITE: I think the discussion is

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1 good on that. So we'll move on since we -- can't do
 2 anything.
 3 CHRIS DELAMARE: Well, I was going to say, you
 4 asked about if we can approve to send this to the EMS
 5 Committee. I guess we can't, really.
 6 GUY DANSIE: Well, we can't vote on it with the
 7 quorum. As long as all of you at the table are
 8 comfortable, I would go ahead --
 9 DR. BRENT MABEY: Those in attendance move.
 10 GUY DANSIE: Those in attendance move.
 11 DR. BRENT MABEY: You know, and I think, you
 12 know, we still -- anyway, yeah, just to pass it along to
 13 the EMS people we feel strongly that this needs to be put
 14 in force and clearly announced to the agencies that this
 15 is not a negotiable issue.
 16 CHRIS DELAMARE: Okay. I'm good with that, if
 17 you're good with that.
 18 GUY DANSIE: Okay. We'll move that forward to
 19 the EMS Committee.
 20 TRACY BRAITHWAITE: And we'll move on to No. 5,
 21 rural task force and update.
 22 GUY DANSIE: Okay. I'm going to be talking more
 23 again. Recently, because of our rule making process that
 24 we have gone, undergone over the last two-plus years,
 25 Paul Patrick felt that we needed to establish a permanent

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1 task force for rule advisement to the department, Bureau
 2 of EMS and also to the EMS Committee. And actually Jay
 3 Downs is here today representing the EMS Committee. He's
 4 sitting in the back. He was appointed to be the liaison
 5 to the EMS Committee to this group, and I'm also the
 6 liaison for the Bureau to this new task force.
 7 CHRIS DELAMARE: Shouldn't he be sitting up
 8 here?
 9 GUY DANSIE: He can be up here.
 10 CHRIS DELAMARE: He should be up here.
 11 GUY DANSIE: He can be up here.
 12 JAY DOWNS: I'm cool.
 13 CHRIS DELAMARE: He's cool. He's done his time
 14 at the table, wouldn't you say?
 15 ERIC BAUMAN: I just wanted to see him eat his
 16 Oreos, that's why.
 17 SHELLEY PETERSON: I was going to say he's
 18 eating.
 19 GUY DANSIE: What -- what I wanted to do is just
 20 to bring it to your attention what we're planning to do.
 21 This is under action or code entitled 26-8A. It discusses
 22 the -- the department has the authority to establish a
 23 task force for rules to advise the department and to
 24 advise the EMS Committee.
 25 And so Paul felt that we should probably set

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1 that up on a permanent basis. They will be working
 2 closely with the subcommittees and with the EMS Committee
 3 in determining what rules should be and how they should be
 4 amended going forward.
 5 We are planning to start that group in December,
 6 December 11th is our first scheduled meeting. The
 7 representatives in that group will be largely for the
 8 associations, different representative groups that have
 9 interest in emergency medical services. We plan to have
 10 hospital representation. We have representatives from,
 11 like, the Utah State fire chiefs, the Utah Association of
 12 EMTs, AFCO for dispatch, the Utah Association of EMTs.
 13 Did I already say that one?
 14 CHRIS DELAMARE: I think you did.
 15 GUY DANSIE: And the medical director's group,
 16 will be on for agencies. Anyways, there's some others
 17 too.
 18 And then there's also training like course
 19 coordinators and training officers. I'm trying to
 20 remember some of the others. That -- that's most of the
 21 list. There's probably some others I missed.
 22 But what we plan to do is get, is have each of
 23 those associations that we've asked to send a
 24 representative on their behalf. And then there were four
 25 positions that were at large from the state representing

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1 different types of agencies. And we received applications
 2 for some of those positions. So we will be selecting
 3 those four positions and then -- and then working with the
 4 associations on the others.
 5 Plan to meet December 11th. This is under the
 6 advisement of our department director stating that with
 7 all the public comment that went into the rules that have
 8 just been re-effective, we needed to have a process to go
 9 back and review the public comment and possibly amend the
 10 rules and then to -- to work with us in anything that we
 11 may see under these new rules, to advise them and then
 12 they can help us word those rules and we'll go ahead and
 13 try to make new rules effective.
 14 CHRIS DELAMARE: And any representatives that
 15 were from the subcommittees that were on the previous
 16 rules task force are no longer on this one.
 17 GUY DANSIE: Right. The previous task force was
 18 set up specifically for that set of rules to remain
 19 effective, and that has happened. So the review of that
 20 assignment has lapsed. This is a new, more of a
 21 permanent -- the positions in this group will be either
 22 two, three or four-year positions, and they will be as
 23 needed.
 24 So it's -- it's similar to what we've done in
 25 the past. However, this one is a standing task force that

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1 will, the positions will go on. The opportunity to meet
 2 will be on more of a permanent basis. Does that make
 3 sense?
 4 I'm trying to figure out how it's all going to
 5 coordinate and mesh with our subcommittees and the EMS
 6 Committee at this point. So that's the direction I move
 7 in and that's the direction we are heading.
 8 It's go -- we will have that open to the public
 9 to my best knowledge. So anybody that's in this group or
 10 anybody that has any concerns about the rules that are
 11 under review can come and we'll discuss those concerns. I
 12 -- I prefer to have the discussion before the rules are
 13 made rather than imposing the rules and then having all
 14 the negative feedback about the rules.
 15 CHRIS DELAMARE: Right.
 16 GUY DANSIE: So that's our intent is to do that.
 17 Do you guys have any questions on this, on that process or
 18 what we're planning to do?
 19 And then --
 20 TRACY BRAITHWAITE: I don't have anything.
 21 Okay, so with that we'll just keep moving on down.
 22 Dan, I don't see Dan here.
 23 GUY DANSIE: Dan. Dan had a meeting down in the
 24 Moab area that came up and he wasn't able to make it.
 25 They laugh. Is he here? No, I knew he was trying to get

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1 back but he told me he probably wouldn't make it.
 2 Dan has been tasked this year, and he's assigned
 3 to do an EMS disaster transport plan, primarily how would
 4 we facilitate supplies or ambulances from out of state
 5 coming into the state to provide support for the local
 6 agencies? That's our -- that's what our goal is, is to
 7 develop a plan to do that.
 8 That will include the staging sites, working --
 9 working with the agencies to develop resource lists so we
 10 know what's already out there, what things we might be
 11 able to use during a disaster that are not currently being
 12 used.
 13 Mutual aid agreements is another big area that
 14 we're trying to work on. And I know Jay Downs, up in the
 15 Cache County area, they've been working on that. We
 16 developed a template that can be used state wide or highly
 17 encourage anybody that's -- that's working on mutual aid,
 18 you know, have certain criteria in mutual aid that
 19 includes patient care, protocols, liability for the
 20 providers and also for billing.
 21 And that's something that Dan is going to
 22 continue working on to develop, not only the mutual aid
 23 aspects but also the plan for the state and how to
 24 implement resources to help the agencies. Just wanted to
 25 bring it to your attention and ask for any input or any

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1 thoughts that you might have in doing this.
 2 CHRIS DELAMARE: Is -- is some of the idea on
 3 the equipment or is it going to be tiered like you start
 4 regionally and then you go broader from there?
 5 GUY DANSIE: Correct. What the current plan is
 6 and what we've always done is we tend to work, you know,
 7 from -- from a single agency to the adjacent agencies and
 8 then make the event bigger, bringing in further outside
 9 resources. And that's kind of the model that the Cache
 10 County has worked with and developed up there. And we
 11 kind of would like to continue using that concept
 12 throughout the state.
 13 One of the things that we've always required in
 14 licensure that they -- that the agencies submit mutual aid
 15 agreements, but we haven't been very specific in what that
 16 means. They -- they usually will submit information in
 17 rural areas stating, oh, I have my, you know, the county
 18 next to me will respond and I'll respond to them. It's
 19 been more of a gentleman's agreement, that type of a
 20 thing.
 21 But we wanted to drill down a little bit and set
 22 up some specific things that they say that they will do,
 23 so there's a clear understanding before the event, and
 24 also to assess what, what people's resources are and what
 25 their needs might be. Does that make sense?

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1 CHRIS DELAMARE: Yeah.
 2 GUY DANSIE: We need to get into it a little
 3 further than we have in the past. But it usually starts
 4 local like it always does, and it will, you know, broadens
 5 as it becomes a bigger event.
 6 CHRIS DELAMARE: One of the things that I would
 7 just like to bring up on that is to consider that if you
 8 are bringing in -- I'm just looking for now, say,
 9 ambulance services, and we're going to expect those guys
 10 to respond within our cities and stuff, how are they going
 11 to know where to go. So one of the things I would say to
 12 consider is do you take -- so Gold Cross has two Gold
 13 Cross employees. Do we split them up and say one goes on
 14 that outside agency, one stays with our agency? By doing
 15 so is there -- is there a liability that comes into that
 16 other agency's insurance and what have you, having not an
 17 employee of their's operating their equipment or working
 18 on that equipment?
 19 GUY DANSIE: That was one of the things that I
 20 know that Jay with their group, they worked on, and they
 21 -- they -- they decided to kind of go away from that type
 22 of model, but rather have each crew work as they normally
 23 would if they were responding in their own area, but
 24 respond to the -- to the --
 25 CHRIS DELAMARE: To the disaster.

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1 GUY DANSIE: -- to the disaster area. And most
 2 of the support was felt was probably better served by
 3 helping with interfacility transports rather than
 4 responding to the scene.
 5 Now granted, if there's a large earthquake in
 6 the Salt Lake area or something like that, and the
 7 resources are tapped out, we would probably have to have
 8 outside agencies help respond to the scene. But under
 9 smaller disasters, we would primarily have the local
 10 agencies responding to the scene and then we would have
 11 the outside agencies responding to the hospital to
 12 transfer patients out of the hospital to -- to other
 13 hospitals. Does that make sense?
 14 CHRIS DELAMARE: Yeah.
 15 GUY DANSIE: And we felt that's what -- Jay
 16 might want to speak to that a little bit.
 17 JAY DOWNS: We also figured out that, you know,
 18 we've been in the same problem with radio communications,
 19 is because you're dealing with VHF when we get, you know
 20 the -- a hundred megahertz system.
 21 So one of the things we decided to do was the --
 22 two things. No. 1 is, is the hosting agency or wherever
 23 the disaster is at ought to have some forethought of how
 24 to deal with agencies coming in, whether they have maps,
 25 map books, officers that are there to help take care of

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1 it, say, oh, okay, you've got to go to Madison Avenue,
 2 that's up on da, da, da, da, da, you know.
 3 So what we left it up is for the agencies to
 4 come up with their own plans so when these outside
 5 agencies come in, that they can direct them where to go.
 6 It was -- the scene -- the whole MCI and mutual
 7 aid thing is so dynamic, you can't say you're going to do
 8 it this way every time. Because your disasters are
 9 different. You might have an earthquake, you might have a
 10 bus accident, you might have an airplane crash.
 11 GUY DANSIE: Right.
 12 JAY DOWNS: So basically we said, okay,
 13 depending on that, but each agency needs to determine
 14 how -- when they bring in mutual aid agencies, how they're
 15 going to take care of those agencies and things like
 16 communications and also topography, so to speak.
 17 CHRIS DELAMARE: How -- what was some of the
 18 ideas? Say you have multi-agencies, just as he said we
 19 have a big earthquake here in the valley, you're going to
 20 have multiple agencies responding, how do you determine
 21 where to send resources and to which agency for them to be
 22 overseeing those outside agencies?
 23 JAY DOWNS: Well, each county EOC should have
 24 what they call an ESFA coordinator. And that ESFA
 25 coordinator, the ESFA coordinator should decide on what

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1 needs to happen.
 2 So in essence, the dispatch center starts
 3 sending calls to the ESFA coordinator. And they start
 4 making decisions on where the ambulances are best needed
 5 or best staged. Again, it depends on the incident. So
 6 it's dynamic that way.
 7 So the ESFA coordinator, which should probably
 8 be made up of all the medical personnel, so you could have
 9 hospital people there, you should have your ambulance
 10 providers there, and then they get together and they say,
 11 okay, I'm bringing in three ambulances to Salt Lake from,
 12 say, Ogden. All right, I want them to go to station 1,
 13 and that's where they're going to stage up at. Because a
 14 disaster might be, you know, in downtown Salt Lake.
 15 So it's dynamic, but, however, that ESFA
 16 coordinated group would have to get together and decide on
 17 how and what -- how best to utilize the ambulances.
 18 Example, for us up in Cache, what we would
 19 probably do, if we brought in ambulances from Salt Lake,
 20 they would head to Logan and probably be start
 21 heading right back to Salt Lake for transfers. By the
 22 time they get there, the incident is probably gearing
 23 down --
 24 GUY DANSIE: Right.
 25 JAY DOWNS: -- so we're taking patients out.

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1 But I can't say what it would be for Ogden and I can't say
 2 what it would be for Salt Lake. That's why the individual
 3 agencies have got to come into play and start thinking of
 4 that and how to handle mutual aid agencies come in,
 5 whether it be the state or outside agencies, they've got
 6 to start thinking about that, how would I best utilize
 7 those folks.
 8 CHRIS DELAMARE: That's a good point.
 9 GUY DANSIE: Thanks, Jay.
 10 JAY DOWNS: You're welcome.
 11 GUY DANSIE: Dan couldn't have said it better
 12 himself.
 13 JAY DOWNS: I came ups for him.
 14 GUY DANSIE: So we appreciate that. And I
 15 apologize Dan wasn't able to make it. But that -- that's
 16 Dan's goal basically is to work with the agencies and --
 17 and start developing these plans. So we're good there.
 18 TRACY BRAITHWAITE: Okay. Anymore on that
 19 topic?
 20 Okay. We'll move on to Allan talking about
 21 starting up grants and rates.
 22 ALLAN LIU: Good afternoon. I'm Allan Liu of
 23 the Bureau of EMS. Just to update you on EMS grants.
 24 There was a hiccup in August/September of rolling them
 25 out. They have been sent out to EMS agencies and agencies

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1 have received them by now.
 2 A few agencies were disqualified because they
 3 did not submit the fiscal reporting guides and some of
 4 them were pretty hefty grants. So just reminding you to
 5 be data compliant and fiscal reporting guide compliant on
 6 that.
 7 One of the issues of why the EMS grants were
 8 delayed was there's a shortfall of fines and forfeitures,
 9 about 400,000 last fiscal year. And so there's
 10 discussions internally about taking money away from per
 11 capita or competitive and to the talk of \$200,000, which
 12 is a lot. And because of those folks who were
 13 noncompliant, we found that \$200,000 gap in that and were
 14 able to continue with the rest of the EMS grants.
 15 Another grant I've been working on is the AED
 16 grants. It was \$150,000 out of House Bill 118. About
 17 50,000 went to schools, 100,000 went to law enforcement.
 18 There's talk of doing this again with another bill from
 19 the legislatures to -- for another 150,000, 200. We'll
 20 see on that. The request, we received \$250,000 in
 21 requests. And we focused on the schools and law
 22 enforcement this time and that's how we disbursed 150,000.
 23 Last thing is ambulance rates. It's on the
 24 Bureau websites under Laws and Rules. They're suppose to
 25 become effective July 1, but because of rules -- some

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1 things, with all of those finally passing, they're
 2 effective October 21st. We are looking at rates may be
 3 changing in January, February, and we'll see how that goes
 4 because of that gap between July and October.
 5 That's what I have. Any questions or anything?
 6 TRACY BRAITHWAITE: Thanks, Allan.
 7 ALLAN LIU: Thank you.
 8 TRACY BRAITHWAITE: Moving right along, we'll
 9 get to Performance Improvement Workshop with Matt
 10 Christensen.
 11 MATHEW CHRISTENSEN: I've got a couple of
 12 agendas for this Performance Improvement Workshop.
 13 GUY DANSIE: Can you introduce yourself?
 14 Mathew's kind of --
 15 MATHEW CHRISTENSEN: Mathew Christensen.
 16 GUY DANSIE: First time with the Bureau.
 17 MATHEW CHRISTENSEN: I've been involved with the
 18 Bureau of Emergency Medical Services.
 19 GUY DANSIE: He works with --
 20 MATHEW CHRISTENSEN: Shari Hunsaker. Yeah, she
 21 couldn't be here today, so I am presenting on what she
 22 wanted to talk to you about.
 23 The EMS Bureau is -- is providing a Performance
 24 Improvement Workshop. Over the next month there's going
 25 to be three different locations where this workshop is

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1 going to be held. Next week is the first one, on
 2 Wednesday. And it's going to be at the North Davis Fire
 3 District up in Ogden. And then the following one is
 4 December 3rd in Provo at the Utah County Historic
 5 Courthouse, and then on December 12th, West Valley City at
 6 the Utah Cultural Celebration Center.
 7 All the EMS agencies are invited. They can go
 8 at any one of these performance improvement workshops.
 9 Dispatch center, hospital staff also invited.
 10 We've got the agenda here on this and I'll just
 11 go through it quickly. Dr. Peter Taillac is going to be
 12 talking about IV fluid resuscitation in trauma patients
 13 and how we can improve performance there.
 14 Dr. Howard Kadish is going to be talking about
 15 pediatric vital signs and collecting that information
 16 correctly.
 17 And then Tia Dalrymple is going to have a lab
 18 where we actually have a hands-on workshop with collecting
 19 blood pressure with pediatric patients.
 20 You can register online for this. And if you
 21 have any questions there's some contact information at the
 22 end. But feel free to get the word out and come on out
 23 and attend.
 24 Any questions?
 25 CHRIS DELAMARE: Is there any cost associated

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1 with it?
 2 MATHEW CHRISTENSEN: No. There's lunch provided
 3 and travel will be reimbursed. No costs. Just let us
 4 know and you're welcome to come.
 5 GUY DANSIE: Thank you, Mathew.
 6 TRACY BRAITHWAITE: Any other comments on that?
 7 All right. I guess we're on to other
 8 announcements. I guess I'll go around and have everybody
 9 bring up stuff that they have.
 10 Chris, we'll go with you. Anything?
 11 CHRIS DELAMARE: No, I've said my peace.
 12 ERIC BAUMAN: Nothing from me.
 13 DR. ERIC SWANSON: None.
 14 DR. BRENT MABEY: Nothing.
 15 TRACY BRAITHWAITE: I actually -- you do have
 16 something?
 17 GUY DANSIE: I have one. Go ahead.
 18 TRACY BRAITHWAITE: No, you go ahead first.
 19 You're a good talker.
 20 GUY DANSIE: I don't know about that. We have
 21 -- we receive some federal money every year to do a
 22 leadership seminar for rural agencies. And we'll be
 23 holding that. I know it doesn't pertain to half of you
 24 but for Tracy and Shelly and some of the others, we have a
 25 rural workshop, well, seminar that will be held in

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1 Richfield. And we're looking at April 22nd and 23rd, I
 2 believe, a Tuesday and a Wednesday. And just wanted to
 3 let you know about it. Give you a heads up.
 4 We haven't planned the agenda yet. We do have
 5 some of our speakers already in mind, and we -- we know
 6 that we're doing a part of it on burns. We have Annette
 7 Matherly from the University of Utah that will be
 8 presenting on burn care in the field. And then we will be
 9 doing rural issues and leadership types of things as we've
 10 done in the past. So I just wanted to make sure you knew
 11 about that.
 12 TRACY BRAITHWAITE: Yeah, speaking of somebody
 13 that's gone through -- I went last year to one of those.
 14 It's quite -- so I enjoyed that.
 15 One thing I have I was just going to bring up, I
 16 just wanted to ask people what they thought of this.
 17 Something is going down in our area. I don't know if it's
 18 going around other places. But our local hospital is an
 19 IHC facility. And for -- for years we've been hearing
 20 these rumors that they're going to charge -- well, they
 21 send a nurse on a lot of our interfacility transports.
 22 And I guess from my perspective, I don't know,
 23 sometimes they're sending them for no reason, but -- but
 24 now there's been talk that our hospital is going to charge
 25 the patient to send the nurse and they're going to do it

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1 through Life Flight. And but now the ambulance has also
 2 been billing these patients. And to me that doesn't sound
 3 right. I don't know if anybody has heard anything like
 4 this. Is it just our hospital doing this or what's going
 5 on, but I just wanted to hear. If somebody from the state
 6 or anyone --
 7 GUY DANSIE: I -- I don't know about it. I
 8 don't know.
 9 DR. BRENT MABEY: You know, I think the best
 10 thing to do is to have somebody in your area contact the
 11 local hospital administrator and just ask for
 12 clarification instead of coming off the rumor.
 13 TRACY BRAITHWAITE: Well, yeah. And what we --
 14 we -- we have. And they said that's what they're going to
 15 do.
 16 DR. BRENT MABEY: Well --
 17 TRACY BRAITHWAITE: And then they charge through
 18 Life Flight to have a nurse go with us on these
 19 transports.
 20 DR. BRENT MABEY: Well, then I think you give
 21 that to the Bureau and let them look at it and see if it's
 22 appropriate.
 23 GUY DANSIE: Is it a specialty type transport?
 24 TRACY BRAITHWAITE: It's just whenever they feel
 25 like they need to send a nurse.

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1 GUY DANSIE: Under the medical direction?
 2 TRACY BRAITHWAITE: Yeah.
 3 DR. BRENT MABEY: You know, if you've got people
 4 in your area who are not comfortable with an L bag and
 5 they have to send a nurse to deal with that, you know,
 6 that's, that's reasonable, you know, if you don't have
 7 somebody who can manage that.
 8 TRACY BRAITHWAITE: I don't have a problem with
 9 sending the nurse on things like, you know, cardiac stuff.
 10 CHRIS DELAMARE: Don't they need licensing?
 11 TRACY BRAITHWAITE: Yeah, I just -- my big
 12 concern was the charging of the patient through Life
 13 Flight when we're already charging the patient for the
 14 ground transport itself.
 15 CHRIS DELAMARE: Yeah, I know.
 16 TRACY BRAITHWAITE: Does Allan have anything on
 17 that?
 18 ALLAN LIU: Well, the Bureau regulates -- it's
 19 Allan -- the Bureau regulates the ambulance rates and what
 20 the EMS agencies can charge. So now they've skirting
 21 things to have the hospital or Life Flight charge. And
 22 we'll have to go through the rules and things to verify
 23 because that affects the patient a lot. And I understand
 24 Tracy's heartburn on this because now the patient's
 25 getting double billed, one for the ambulance transport and

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1 then the other by the hospital. We'll have to look at
 2 this.
 3 TRACY BRAITHWAITE: Yeah, that's my main
 4 concern --
 5 GUY DANSIE: That might be something to be
 6 proposed to the EMS Committee.
 7 TAMI GOODIN: No, Allan said the same thing.
 8 TRACY BRAITHWAITE: Yeah, that was my main
 9 concern. It seems to me like we'll be double billing.
 10 DR. BRENT MABEY: I -- I think the Bureau should
 11 just ask for clarification from Intermountain and find out
 12 what's going on with it, so that the Bureau knows. And
 13 then if that question arises elsewhere, you've got
 14 clarification.
 15 GUY DANSIE: Good point.
 16 CHRIS DELAMARE: I would almost say, though, I
 17 mean even though Allan says the Bureau license -- or
 18 rules -- regulates ambulance transports, but doesn't that
 19 taking a nurse on there have something to do with the
 20 ambulance service's license? That's the question I have
 21 is if they are saying this nurse is going, they're --
 22 they're really affecting the transporting agency's
 23 capabilities, if you will.
 24 DR. BRENT MABEY: But there has been precedent
 25 even in this area, you know, if you've got a situation

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1 where due to weather Life Flight's not flying and, you
 2 know, you've got them coming on your rig to transport with
 3 you in the valley because of weather, they will still bill
 4 Life Flight rate for that because you've got approved.
 5 CHRIS DELAMARE: Yeah, but that's only if --
 6 that's if it's Life Flight personnel and it was a flight
 7 set up.
 8 DR. BRENT MABEY: Yeah, and so -- and so this
 9 might be the way they are billing it through Life Flight,
 10 because that's been the pattern in the past.
 11 But again, if your evidence of this lacks skill
 12 with what is needed for that patient, that might be
 13 reasonable. But I think the Bureau should get
 14 clarification. And we might have to have a policy written
 15 --
 16 GUY DANSIE: Yeah.
 17 DR. BRENT MABEY: -- to -- to understand what
 18 this is. Because if this is an extension of the
 19 definition of air transport, then the Bureau has a right
 20 to understand what it is when it's going to be applied.
 21 GUY DANSIE: Good point.
 22 TRACY BRAITHWAITE: And I think that's -- that's
 23 one of my concerns is, at least locally, our hospital,
 24 it's just whatever the physician or the P.A. that's on
 25 decides needs to go with the nurse. You know, I've had

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1 things that definitely -- that don't need a nurse to go
 2 with. You know, it's a simple orthopedic injury. It's
 3 not something I think needs a nurse to go with.
 4 GUY DANSIE: Maybe besides getting clarification
 5 with Intermountain, we should also have our medical
 6 director review that and work with the local medical
 7 directors on issuing some type of guidance.
 8 DR. BRENT MABEY: Yeah, that's -- that's one of
 9 the --
 10 GUY DANSIE: Or getting it more standardized.
 11 DR. BRENT MABEY: Peter Taillac might want to
 12 contact Life Flight and find out what they're doing, why
 13 they're doing it, and the Bureau requests a policy
 14 statement that it can review and critique.
 15 GUY DANSIE: Right. And then work with the
 16 local medical directors to make sure we're getting in
 17 front of them.
 18 DR. BRENT MABEY: Yes.
 19 TRACY BRAITHWAITE: I just wanted to get some
 20 clarification.
 21 GUY DANSIE: No, no, no. It's a good
 22 discussion.
 23 DR. BRENT MABEY: No, I think clarification is
 24 needed all the way around, and I think the Bureau has a
 25 right to ask that.

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1 **CHRIS DELAMARE:** Is the nurse doing treatment?
2 **Are they bringing equipment with them?**
3 **TRACY BRAITHWAITE:** Yes, they -- lots of time
4 **they bring a cardiac kit with additional cardiac meds and**
5 **stuff like that on. I think we've brought fetal monitors**
6 **and things like that.**
7 **DR. BRENT MABEY:** Well, it sounds like in some
8 **cases it's been appropriate --**
9 **TRACY BRAITHWAITE:** It has.
10 **DR. BRENT MABEY:** -- in other cases it hasn't.
11 **TRACY BRAITHWAITE:** Yeah, most of the time. I
12 **would say half the time it's not.**
13 **DR. BRENT MABEY:** And that's why I think we have
14 **to get clarification for when they're doing it and why**
15 **they are doing it, because, you know, it's an added cost.**
16 **TRACY BRAITHWAITE:** You know, you need help too
17 **by purchasing new monitors in the hospital to advance**
18 **capabilities, but it's still --**
19 **GUY DANSIE:** We'll look into it further. And if
20 **we have --**
21 **DR. BRENT MABEY:** Put that -- put that on the
22 **agenda so we get a report on that at our next meeting just**
23 **so we can find out what happened.**
24 **GUY DANSIE:** I'll consult with Dr. Taillac on
25 **this.**

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1 **TRACY BRAITHWAITE:** Okay. Thanks.
2 **DR. BRENT MABEY:** Does that sound good if we
3 **just it put on our agenda for our next meeting?**
4 **TRACY BRAITHWAITE:** Yeah, I just wanted to get
5 **your guy's opinion on that. That's something we've been**
6 **talking about down there. We've never felt quite easy**
7 **about it.**
8 **DR. BRENT MABEY:** Down there is where?
9 **TRACY BRAITHWAITE:** Sanpete County Hospital.
10 **DR. BRENT MABEY:** Sanpete County Hospital.
11 **TRACY BRAITHWAITE:** The hospital isn't the
12 **question.**
13 **CHRIS DELAMARE:** This has happened --
14 **TRACY BRAITHWAITE:** In our facility, yeah. So
15 **that's the only thing I have.**
16 **So if anybody else have anything? Oh, yes.**
17 **TAMI GOODIN:** Tami with the Bureau of EMS. Just
18 **a couple of updates.**
19 **Since the rules have been passed, also the**
20 **protocols, Dr. Taillac's EMS protocol guidelines are**
21 **approved now. He's working with Scott Munson to get it on**
22 **the website. So those protocol guidelines will be on the**
23 **website hopefully before Thanksgiving. So just to let you**
24 **know on that.**
25 **And also, we have the -- just to save the date**

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1 **on your medical director course on April 7th. So let your**
2 **job know. So -- and that's going to be at Springdale.**
3 **And then --**
4 **DR. BRENT MABEY:** I went to the last ones. I've
5 **went for four years now.**
6 **TAMI GOODIN:** And then we have the -- like Allan
7 **said, we have the rates online since they're approved and**
8 **we have the new equipment list for the AEMT and all the**
9 **other levels online. So that will be really helpful for**
10 **the agencies to get for the AEMT -- AEMT relicensing.**
11 **There's nothing agencies have to do. We're just going to**
12 **issue a new license for an AEMT license. So I just wanted**
13 **to let everybody know on that.**
14 **TRACY BRAITHWAITE:** One question I do have on
15 **the guidelines. Are they going to be in word format as**
16 **well to make it easier for agencies to kind of tweak them**
17 **or is it in a PDF format?**
18 **TAMI GOODIN:** I think they're PDF. I'm not 100
19 **percent sure.**
20 **JAY DOWNS:** They are PDF.
21 **GUY DANSIE:** I wonder if Dr. Taillac would have
22 **those --**
23 **TAMMY:** I'm sure he would.
24 **GUY DANSIE:** -- in Word, and he might be able to
25 **send those to me.**

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1 **TRACY BRAITHWAITE:** I've been working on that
2 **with our medical director. He's been working with Dr.**
3 **Taillac to try to get a Word version of that too.**
4 **GUY DANSIE:** Yeah, because it's great protocol.
5 **We just wanted to do a couple of things that made it more**
6 **specific to our agency.**
7 **TRACY BRAITHWAITE:** Yeah, that's what we've been
8 **working on. It's kind of hard to copy and paste from**
9 **PDF's to Word.**
10 **GUY DANSIE:** We can request that and see if he
11 **has that.**
12 **TRACY BRAITHWAITE:** Anybody else have anything?
13 **I guess we don't need a motion to adjourn because we don't**
14 **have a quorum. So it's been fun. See you next time.**
15 **(Meeting was adjourned.)**

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C E R T I F I C A T E

STATE OF UTAH)
)
COUNTY OF UTAH)

This is to certify that the foregoing proceedings were taken before me, Susan S. Sprouse, a Certified Shorthand Reporter in and for the State of Utah, residing in Salt Lake County, Utah;

That the proceedings were reported by me in stenotype, and thereafter caused by me to be transcribed into printed form, and that a true and correct transcription of said testimony so taken and transcribed is set forth in the foregoing pages, inclusive.

DATED this 25 day of November, 2013.

SUSAN S. SPROUSE, RPR, CSR
LICENSE NO. 5965543-7801