

PROFESSIONAL DEVELOPMENT SUBCOMMITTEE MEETING  
BUREAU OF EMS AND PREPAREDNESS  
February 12, 2014  
10:00 a.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 February 12, 2014 10:00 a.m.  
2 PROCEEDINGS

3 \*\*\*

4 **ROSS FOWLKS:** I'd like to welcome everybody out  
5 to the special development subcommittee. Thank you for  
6 coming, giving your time to us. We need to do  
7 introductions for everybody here. We good with -- can you  
8 hear everybody's names okay?

9 **Keep your voices up when you talk, and if you**  
10 **don't have a name in front of you, please announce who you**  
11 **are when you have a comment to make.**

12 **Let's go ahead and start with our action items.**  
13 **Everybody get a copy of the minutes? Everybody had a**  
14 **chance to review them? I did notice they are very, very**  
15 **detailed.**

16 **UNKNOWN:** We're in trouble now.

17 **JIM HANSEN:** I hate to read myself.

18 **ROSS FOWLKS:** And so that also puts us in mind,  
19 we probably ought to watch what we say sometimes, I guess.  
20 So I found myself getting a little bit too off base. So  
21 anyway, we'll keep with that.

22 **Do we have a motion to approve the minutes? Or**  
23 **I guess we'll do a vote to approve the minutes. Anything**  
24 **that needs to be brought out first? Dennis had a couple**  
25 **of changes on his --**

A P P E A R A N C E S

- Ross Fowlks
- Dennis Bang
- Jenny Allred
- LaRae Thorpe
- Shawn Lund
- Russell Malone
- Jim Hansen
- Terri Hoffman
- Guy Dansie
- Paula Fuller
- Shellie Young
- Dr. Peter Taillac
- Von Johnson
- Alicia Gleave (Phone)
- Tami Goodin
- Cindy Huish
- Suzanne Barton

1 **DENNIS BANG:** No.

2 **ROSS FOWLKS:** -- just some notes.

3 **DENNIS BANG:** No. Just some notes, yeah.

4 **ROSS FOWLKS:** I saw yellow all over yours.

5 **DENNIS BANG:** Yeah, that wasn't -- floor  
6 changes.

7 **ROSS FOWLKS:** All right. So with that being  
8 said, do we have approval for the minutes? All those in  
9 favor say aye.

10 **COLLECTIVELY:** Aye.

11 **ROSS FOWLKS:** Anybody opposed? Okay.

12 **Second action item: Paramedic Community**  
13 **Recommendations. Jim Hansen. And Clare is not here yet,**  
14 **right?**

15 **JIM HANSEN:** Should we divert for a little bit?

16 **ROSS FOWLKS:** We can do that until Clare  
17 Baldwin -- if he doesn't get here, you'll have to speak to  
18 it.

19 **JIM HANSEN:** I can speak to it.

20 **ROSS FOWLKS:** All right. Sounds good.  
21 **Information items. EMS Rules, Task Force and**  
22 **Rules Update. Guy Dansie, do you have some information**  
23 **for us on that? Your name is there.**

24 **GUY DANSIE:** Sure. We -- as many of you  
25 probably already know, we have -- the Bureau has

1 established a new task force for development and review of  
 2 the rules, administrative rules. This was in response to  
 3 the new rule changes that went into effect in October.  
 4 We're going back through looking at all the public comment  
 5 that was received and, you know, trying to polish the  
 6 rules to reflect any changes or any things that may have  
 7 been missed in the first set.  
 8 That process we've had -- we've met twice. We  
 9 met in December and again in January, and this will be our  
 10 third meeting.  
 11 Currently, we're focusing on R426-4, which is  
 12 operations. And we -- the past meeting we dealt with some  
 13 of the requirements for emergency vehicle operators. That  
 14 is a new rule that just went into effect this year because  
 15 of the statute change from the last legislative session.  
 16 So we -- we've looked at the EVO requirements.  
 17 We've updated those. We're going through -- I'm currently  
 18 revising or adding public comment to changes in the  
 19 operation's piece and leaving that so that they can --  
 20 they can view those changes and then either approve those  
 21 or disapprove of those.  
 22 We eventually will be working through the  
 23 professional development piece on certification, R426-5,  
 24 which pertains to this group, and we will look to you for  
 25 information advice. What I plan to do is work with them

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1 on actually reviewing any public comment, and then we will  
 2 hopefully have you guys look at the rule itself and decide  
 3 if there's any changes that need to be made. And then we  
 4 can push those changes through the EMS committee and on  
 5 through the process for approval.  
 6 So it's just a new -- kind of a new way. We  
 7 used to have ad hoc task forces for rule changes, but this  
 8 is a permanent task force, and we will be looking to you  
 9 guys for anything that pertains to the professional  
 10 development part of it.  
 11 JIM HANSEN: Guy, are you going to go through a  
 12 rule and make any changes you decide to change and then  
 13 just change that rule rather than trying to do all of the  
 14 rules all at once?  
 15 GUY DANSIE: Yes. The -- the existing rules, as  
 16 you know, there used to be -- like a year ago, we had  
 17 rules that were numbered out of sequence. There was  
 18 R426-2, which was air medical. There was, I believe -5,  
 19 -6 and it jumped up.  
 20 JIM HANSEN: Fifteen.  
 21 GUY DANSIE: Fifteen, 16, yeah. So there were  
 22 all these pieces and they weren't numbered sequentially.  
 23 So under the Governor's directive, and Dennis and I both  
 24 worked on different task forces to rewrite the rules and  
 25 to revise them so there was one to nine. We condensed

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1 some of the rules into one number. There were a few  
 2 changes made, you know, according to what the EMS  
 3 Committee and the Task Force proposed.  
 4 So we've kind of -- we went through this  
 5 comprehensive change. And also because we redid a  
 6 renumber and we added so many things, we did a complete  
 7 repeal and reenact of the existing language. It's just  
 8 easier to get rid of everything and then put the new stuff  
 9 in place.  
 10 But from here on out, as we look at the rules,  
 11 we'll look at each piece individually so that it won't be  
 12 a big sweeping change of all the rules, it will just be  
 13 piece by piece. So it will be much easier to work with.  
 14 It will be, you know, a bite size piece rather than  
 15 working on the whole elephant.  
 16 ROSS FOWLKS: So this committee or task force is  
 17 ongoing, right? It's not going to go away. So once they  
 18 get to one end, they are going to start.  
 19 GUY DANSIE: It looks that way right now. I  
 20 think there's plenty of new changes, new things. As we  
 21 go -- like the national standards, different things like  
 22 that, there's plenty of changes on the horizon right now.  
 23 I think it's going to take us a year or two at least. And  
 24 then we might pare back the meeting frequency. Right now  
 25 we are meeting every month. In fact, we are scheduled to

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1 meet for four hours this next meeting.  
 2 So hopefully Dr. Taillac will have plenty of  
 3 coffee for everybody. You can put that in there.  
 4 But we're trying to hurry as fast as we can to  
 5 review the public comments and either, you know, vote on  
 6 those up or down, and then we'll move into some of the  
 7 policy that -- the actual content and revise the content  
 8 as we need to.  
 9 DENNIS BANG: The nice thing about this rule  
 10 task force is, is that rather than our rules getting so  
 11 out of date and so far behind, this will keep them current  
 12 all the time. So if something comes up, it can go to that  
 13 rules committee and they can make those changes as they  
 14 come. You know, like he said, the frequency of the  
 15 meeting may, you know, spread but it will -- it will  
 16 always be there. So if something comes up, they can  
 17 actually, you know, look at the time.  
 18 Also, is there anyone on the phone?  
 19 ALICIA GLEAVE: Alicia Gleave from Richfield  
 20 Communications.  
 21 ROSS FOWLKS: Welcome.  
 22 (Reporter did not hear.)  
 23 ROSS FOWLKS: I'm sorry. I don't know names  
 24 very well.  
 25 DENNIS BANG: Anyone else on the phone?

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1 GUY DANSIE: We're going to put your name badge  
 2 by the phone, Alicia.  
 3 ROSS FOWLKS: So now when the phone speaks, it's  
 4 Alicia.  
 5 DR. PETER TAILLAC: Great idea.  
 6 ROSS FOWLKS: I like the idea going back in the  
 7 committee, the rules and redoing them all the time. Like  
 8 I say, things sit there for years and never get looked at  
 9 again and changed around and you don't know. Not that we  
 10 experienced that in the last little bit.  
 11 GUY DANSIE: Well, I hope this will provide us  
 12 some consistency. And what we plan to do, obviously there  
 13 are different sets of -- there's different parts of the  
 14 rule that need different expertise. And so this will be a  
 15 stable group. We will have the, like, the air ambulance  
 16 group or -- I'm just thinking of some of them off the top  
 17 of my head. It's different -- like professional  
 18 development, different groups that have that specific  
 19 expert will consult with the task force. Does that make  
 20 sense?  
 21 ROSS FOWLKS: Yeah.  
 22 GUY DANSIE: That's kind of how Paul envisioned  
 23 it. So...  
 24 ROSS FOWLKS: What are the terms on there  
 25 assigned to the task force?

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1 GUY DANSIE: The terms?  
 2 ROSS FOWLKS: I mean, how long are they going to  
 3 be there?  
 4 GUY DANSIE: I'm trying to think. I think we  
 5 had some that were two, three and four years back.  
 6 LARAE THORPE: How many people on the committee?  
 7 GUY DANSIE: Good question. I believe there's  
 8 15, 16 slots and we filled -- just guessing -- but 11 or  
 9 12 of those slots have been filled.  
 10 We asked for a broad -- for different agency --  
 11 not agencies but different types of organizations to send  
 12 a representative, and we've had a few of those that  
 13 haven't filled their spots yet. We've tried to have  
 14 representation from large and small hospitals, the Fire  
 15 Chiefs representative. We have the association, the EMT's  
 16 representative. Emergency Department, Nursing  
 17 Association, whatever their title is, their  
 18 representative. So we're trying to get a broad group --  
 19 law enforcement -- I'd have to pull the actual membership  
 20 list to get all the different titles, but we're trying to  
 21 get -- and we have instructors. So we're trying to get a  
 22 diversity of people.  
 23 ROSS FOWLKS: Any other comments on the task  
 24 force? Okay. We'll move on to our next item:  
 25 Supraglottic Airway Updates.

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1 DENNIS BANG: And Von just walked in the door.  
 2 ROSS FOWLKS: That's perfect. So you need a  
 3 minute to collect yourself?  
 4 VON JOHNSON: No, we're good.  
 5 ROSS FOWLKS: So we just started. Supraglottic  
 6 Airway Update.  
 7 VON JOHNSON: Okay. Through the research that  
 8 I've done and everything, I think I need to change my  
 9 attitude. Actually can see that these -- I've read  
 10 probably a dozen or more studies, and all of them  
 11 contradicted what I felt. So they all say that they're  
 12 good, adequate airway. And that the issues that I based  
 13 on are not concerns, so I'll take back what I said.  
 14 ROSS FOWLKS: So, therefore, we're good with the  
 15 supraglottic airways. The concerns we had were now taken  
 16 care of.  
 17 All right. In that case No. 6, National  
 18 Registry/AEMT. Dennis.  
 19 DENNIS BANG: Just kind of an update on that.  
 20 We're going to be going with the National Registry for the  
 21 AEMT. Hopefully, we can do that in July. Something we  
 22 are looking at doing when we do that is we're looking at  
 23 putting in programs rather than using just course  
 24 coordinators. What we are trying to do and what we want  
 25 to do with that is Jim's going to set up some criteria

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1 that you would have to do, that they'd have to come meet,  
 2 come through a hospital, through one of the colleges,  
 3 universities, that type of thing, agencies, and we'll  
 4 probably be able to do that, but we will have criteria  
 5 they will have to meet to be able to become a program.  
 6 We're trying to increase the quality of those  
 7 programs, the depth and the breadth is so much more and  
 8 yet they don't seem to want to meet that standard, but I  
 9 think this way we can. We're going to be looking at  
 10 classroom size. We're going to be looking at equipment.  
 11 We're going to be looking at the instructors that you use.  
 12 And I don't know, Jim, any other thing that you wanted --  
 13 JIM HANSEN: No.  
 14 DENNIS BANG: -- to look at? And it's just a  
 15 preliminary thing that we are looking into that I -- we  
 16 want to be able to do that. We're going to bring that in  
 17 as we probably bring in the national registry for that.  
 18 A couple of questions that Russ had from the  
 19 last one I did posting the information on, we were talking  
 20 about the ENR. While I'm on national registry, I thought  
 21 I'd go ahead and do this.  
 22 National registry for -- and they are done  
 23 differently. National registry charges for -- and we were  
 24 talking about the first responder or the EM emergency  
 25 responder. National registry charges \$65 for an

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1 application fee and for the seat time, which is to take  
 2 the written test.  
 3 Now, they don't charge for the practical test in  
 4 the fact that you have to use a national registry  
 5 representative to come in and administer that test, but  
 6 you could use all your own instructors there.  
 7 So that usually runs -- the course or that would  
 8 be the program would pay that person to do that. We will  
 9 actually still use our own people, our State people to do  
 10 it. They won't be national registry reps, but we'll send  
 11 them through the course so they can be a national registry  
 12 rep.  
 13 So I -- when I talked to them, they were saying  
 14 that what a normal national registry would charge when  
 15 they would come in and do a test like that would be  
 16 somewhere between 200 and \$500. So, you know, they are  
 17 going to have to kind of build that in. And I had the  
 18 figures but I tore that sheet off and didn't bring it in  
 19 with me.  
 20 But we are charging right now for, like, an EMR  
 21 is \$120. And that EMR, if you did strictly national  
 22 registry, would be -- was it 200, wasn't it, Jim?  
 23 JIM HANSEN: 160.  
 24 DENNIS BANG: Was it 160? No, it was more than  
 25 that -- anyway it would be more. So we're still -- kept

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1 that fee down.  
 2 Right now for the advanced EMT, we're charging a  
 3 \$120 and national registry will be for -- just for the  
 4 test itself, for the advance is a 100 and then you still  
 5 got your other fees on there. You got your \$30 quality  
 6 assurance fee is on there. You got your practical test  
 7 fee, which would be -- I think we moved that down to \$40  
 8 at the PCI meeting which is 30. So you are still looking  
 9 just about what we -- it would be a little bit more. I  
 10 think it would be 200 against the 160 for the AEMT.  
 11 And then the other question that was brought up,  
 12 and I can't remember why because I just was skimming  
 13 through these and somebody walked in my office, but kind  
 14 of an update on the AEMT. We've got 3,140 that are  
 15 certified EMT intermediates. We still have 459, which I  
 16 think those, as long as they -- is if their certification  
 17 expires, I don't think we will get any of those. They  
 18 were all dropped back to EMT base -- not to basis but back  
 19 to EMTs.  
 20 We tried to get it changed on our -- on here so  
 21 when they looked into our system, it would be -- just show  
 22 as an EMT and not an EMT intermediate, and it's too  
 23 complicated for the system to do that.  
 24 PETER TAILLAC: Really?  
 25 DENNIS BANG: Sherry told me we could do it and

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1 then she called me back and she says, "Dennis, it's just  
 2 not going to work well." I said, "Fine. We'll just leave  
 3 it." Everybody knows it's just -- we want -- we thought  
 4 it would clear up a little bit of the cloudiness but we  
 5 can't do that.  
 6 PETER TAILLAC: And you expect those to just  
 7 drop off?  
 8 DENNIS BANG: I think they will drop off.  
 9 Because what we did, Peter, is we sent them emails to  
 10 every mail address we had. We sent them mailers as well  
 11 and through the post office. And these -- you know, and  
 12 so I think -- I think they are just going -- I think  
 13 they'll just go away. So I don't know any other way to do  
 14 it, you know. We have no other way.  
 15 So that's all I have.  
 16 VON JOHNSON: Dennis, quick question on that.  
 17 So would if they do, for some reason they out of the blue  
 18 decide to come back?  
 19 DENNIS BANG: We -- we have something built in  
 20 for that as well.  
 21 VON JOHNSON: That's what I am wondering.  
 22 What's the process for that?  
 23 DENNIS BANG: If they decide they want to come  
 24 back even after they -- you know, while they are still  
 25 certified as an EMT, they can come back and they can take

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1 the written AEMT test, show that they have so many hours  
 2 until the certification expires, and they can certify as  
 3 the AEMT.  
 4 Now, after that -- after they expire, then  
 5 they're -- they're done but --  
 6 VON JOHNSON: And they are starting completely  
 7 over?  
 8 DENNIS BANG: Yeah.  
 9 ROSS FOWLKS: And Craig reminds me the 150  
 10 question test not the transition test.  
 11 DENNIS BANG: It would be the 150 questions  
 12 test. But we left that door open for them if there's  
 13 somebody that decides I want to get back into it and I  
 14 didn't realize it. So we wanted to leave that open for  
 15 them. But we did feel like they needed to take the 150  
 16 question test.  
 17 VON JOHNSON: Okay.  
 18 ROSS FOWLKS: Any other comments? Any other  
 19 questions?  
 20 DENNIS BANG: No.  
 21 LARAE THORPE: I have one comment. Just that it  
 22 doesn't show on the website that we're registered,  
 23 contracted with Pearson Bue for the written for national,  
 24 and we are. So we have been for a couple of years.  
 25 DENNIS BANG: We don't -- right at the moment

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1 we're not doing anything with Pearson Bue.  
 2 LARAE THORPE: Right. But I mean with the  
 3 national that written has to be administered through  
 4 Pearson Bue and, yeah, Mountainland contracted a couple of  
 5 years ago to provide it at our sites, so it is an option.  
 6 DENNIS BANG: We have a few of them, but we  
 7 don't -- we don't advertise it because it's not something  
 8 that we --  
 9 LARAE THORPE: Right. It doesn't show up on  
 10 national either. It's interesting.  
 11 DENNIS BANG: They also just opened up Dixie for  
 12 us. So Dixie is opened up as well.  
 13 LARAE THORPE: So maybe it's something we need  
 14 to do at our end -- or my end so that we can get that put  
 15 on that site for an option for the written.  
 16 DENNIS BANG: They actually gave me -- I think  
 17 I've got a map. I'm not sure yours isn't -- no, it  
 18 doesn't have it on here.  
 19 LARAE THORPE: Yeah.  
 20 DENNIS BANG: I've got the others.  
 21 LARAE THORPE: I looked again last night.  
 22 DENNIS BANG: Yeah, because she sent me --  
 23 there's a couple that aren't marked and yours may be one  
 24 of those. I'll have to look and see. But, no, I will  
 25 tell them to list it on there. I'll call. I can take

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1 care of that.  
 2 LARAE THORPE: Yeah, I just confirmed again with  
 3 our test center to see if we were still in line with them.  
 4 And yeah, we provide Pearson Bue tests among other things  
 5 as well, electricians and stuff, so.  
 6 DENNIS BANG: Good. I appreciate that because  
 7 I'll go ahead and handle and make sure they list it. The  
 8 only one that's really opened is actually in Sandy. So  
 9 that would make it more convenient.  
 10 LARAE THORPE: Yeah, and our site fee is only  
 11 \$5.  
 12 DENNIS BANG: Which makes it better as well.  
 13 LARAE THORPE: Yeah, affordable. It should be.  
 14 DENNIS BANG: All right. Thank you.  
 15 LARAE THORPE: That's just coffee for the test.  
 16 ROSS FOWLKS: So any other questions regarding  
 17 national registry?  
 18 No. 7, Nurse to Paramedic Update. I think we've  
 19 talked about that one every time we've been here. We know  
 20 where we're at.  
 21 So anybody have anything new to add to that?  
 22 Come on, Dennis, you always say something.  
 23 DENNIS BANG: I don't have anything to say.  
 24 ROSS FOWLKS: Okay. That may be showing up on  
 25 our agenda the next couple of times too. We'll just kind

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1 of keep that in place so if somebody has something to add  
 2 in the future.  
 3 DENNIS BANG: The only thing I have -- the only  
 4 thing I can really add is it's going to have to be done on  
 5 an individual basis. You are going to have to get with --  
 6 the only thing we can come up with, you'll have to talk to  
 7 the paramedic programs and see if they are willing to work  
 8 with you on an individual basis with us. And that's the  
 9 only thing I've been able to come up with that will work.  
 10 ROSS FOWLKS: That was my understanding when we  
 11 last left it, it's an individual thing with the post items  
 12 and what they will accept as far as the time they've put  
 13 into their class at their colleges or universities.  
 14 Okay. If there's nothing else to add to that,  
 15 we can jump right to No. 8, Other Announcements. Anybody  
 16 have anything they need to bring before the committee  
 17 today?  
 18 TAMI GOODIN: Tami Goodin with the Bureau of  
 19 Emergency Medical Services. Just as a reminder, we're  
 20 going to have the EMS award ceremony on July 9th. So  
 21 hopefully the applications will be out soon on the  
 22 website, on our website. But I just wanted to save the  
 23 date for you guys. And the place will be determined, but  
 24 it's going to be July 9th at 10 o'clock.  
 25 ROSS FOWLKS: Thank you, Tami. This brings us

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1 to Clare still hasn't shown up.  
 2 JIM HANSEN: No, he hasn't yet.  
 3 PETER TAILLAC: I can make a quick announcement,  
 4 too, Ross, if you don't mind.  
 5 ROSS FOWLKS: What's that?  
 6 PETER TAILLAC: I can make a quick announcement.  
 7 ROSS FOWLKS: Okay.  
 8 PETER TAILLAC: And some of you may have seen it  
 9 already. Yesterday we sent out the update on the drug  
 10 shortage list. It's not specifically for this committee,  
 11 but just thought I'd get it in.  
 12 So the use of EMS Emergency Medications Six  
 13 Months Past Their Expiration Date Policy, it's a long  
 14 name, is still in effect. And there's a new version of  
 15 the drug list which looks pretty much the same. There's a  
 16 couple of little minor additions and deletions to the  
 17 drugs that you can use past their expiration date if you  
 18 are out of the ones that aren't expired.  
 19 And just to let everyone know if you haven't  
 20 heard, that involves normal saline and now Lactated  
 21 Ringer's interestingly. So be conservative on your saline  
 22 use particularly so you don't run out. Supposedly the  
 23 liter bags are the ones that are the most short.  
 24 So your agencies could use, you know, saline  
 25 locks instead of IVs when, when necessary, when you don't

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1 really need the fluid. So that's all. Thanks.  
 2 ROSS FOWLKS: Any other announcements?  
 3 LARAE THORPE: We're having a hard time getting  
 4 serum too. We're at least three months out on my order.  
 5 I'm having a difficult time. I'm at least three months  
 6 out when I order from PSS and a lot of them are having  
 7 trouble getting serum.  
 8 PETER TAILLAC: That's not officially on the  
 9 list just because it's not a real EMS drug, but I know the  
 10 agencies use it internally. But I've read the same thing,  
 11 that that was also short.  
 12 LARAE THORPE: So just keep it in mind when you  
 13 are doing your ordering.  
 14 PETER TAILLAC: So we do have -- that's relative  
 15 to the State's requirement that when you either certify or  
 16 recertify, you have a current TB test. So if someone is  
 17 out of TB and you can't find it, just send us a note to  
 18 that effect and I guess we can put that on hold or  
 19 something.  
 20 JIM HANSEN: X-ray.  
 21 DENNIS BANG: Peter, I have a question and I  
 22 know -- I know the answer already, but have you ever come  
 23 up with why we're still having such a shortage?  
 24 PETER TAILLAC: That's a really good question  
 25 and no one knows for sure. They look at, like, three or

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1 four different little -- not little, but issues like  
 2 there's only one or two manufacturers for a lot, one for a  
 3 lot of these drugs. They are all generics. They are kind  
 4 of low margin meds for the most part. And those  
 5 manufacturers, just because of factory necessity, have to  
 6 take a line down for maintenance and that kind of thing.  
 7 And when it does that, it really affects the supply,  
 8 No. 1. No. 2 the FDA does inspections and sometimes finds  
 9 deficiencies in some of the factories and they have to  
 10 correct those and then interrupts the supply for a while.  
 11 We're not allowed to get meds from overseas,  
 12 interestingly. So if that drug is made in India or in  
 13 who knows where, Europe somewhere, then it requires  
 14 special FDA approval to import it from overseas. So that  
 15 doesn't happen very often. It's happened with a couple of  
 16 cancer chemotherapy drugs, interestingly, but nothing on  
 17 our list so to speak.  
 18 And it's just weird that all this has happened  
 19 over the last few years and it never really happened  
 20 before. And so what's different, nobody really knows.  
 21 It's succeeded in making the prices go up, though.  
 22 ROSS FOWLKS: And you comment about overseas. I  
 23 mean, overseas are out of the country. Are they having a  
 24 shortage of these drugs?  
 25 PETER TAILLAC: I don't know the answer to that.

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1 I don't know the answer to that. I haven't looked into  
 2 that.  
 3 ROSS FOWLKS: That can go into another whole  
 4 two-hour story we probably don't want to get into.  
 5 PETER TAILLAC: It's interesting, though,  
 6 because you would think that, you know, by supply and  
 7 demand someone would just start making, you know,  
 8 whatever, amiodarone or something because it's not that  
 9 hard to do for a chemical company, but it doesn't seem to  
 10 be happening. Don't know.  
 11 ROSS FOWLKS: All right. Well, let's go back up  
 12 to Action Item No. 3 then. Jim has been trying to avoid  
 13 this.  
 14 JIM HANSEN: You know, and really I think part  
 15 of the reason why Clare isn't here is because this really  
 16 is more of an operations issue than a professional  
 17 development issue because they really are just changing a  
 18 little bit of their ways that they are going to be doing  
 19 business. They did report to the EMS Committee in the  
 20 last meeting basically saying this is what we are doing  
 21 and wanted to more or less pilot this program.  
 22 Mobile Integrated Healthcare, basically their  
 23 concept is twofold. No. 1 is that they are putting a  
 24 nurse in the dispatch center. And prior to medical  
 25 dispatch does have actual priority cards for this nurse to

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1 use so when a low acuity call comes in, it's transferred  
 2 to the nurse but then can deal with the patient, either  
 3 determine what other resources might be available to that  
 4 person, what -- if needs be, can make an appointment with  
 5 this patient.  
 6 And then they set -- their second part is they  
 7 do have two paramedics that are -- have some training in  
 8 resource management source of things so that they can go  
 9 out after -- when this appointment is made with the  
 10 individual and they can sit down with the patient,  
 11 determine what resources are available, what can happen.  
 12 Basically the concept is based on -- I don't  
 13 want to use that word -- I'll use loyal customers, is  
 14 their catch phrase they are using, for their loyal  
 15 customers who are constantly calling and want to deal with  
 16 them and find out what the issues are and how they can do  
 17 it.  
 18 And then the other part of it is readmittance  
 19 into the hospital. If a patient is released from the  
 20 hospital and returns to the hospital within 30 days with  
 21 that same condition or same problem, then they are not --  
 22 PETER TAILLAC: Medicare doesn't pay for them  
 23 for the second admission.  
 24 JIM HANSEN: And so the hospitals are interested  
 25 in -- so they do have grant monies coming from the Nurse's

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1 Association to help with the cost of this program.  
 2 And so that's more or less what the program is.  
 3 I know Unified is looking a little bit at it. The one  
 4 element they are looking at is the nurse dispatch element  
 5 of it, making that more available because, like Salt Lake  
 6 City's dispatch does, this makes Sandy and anybody else --  
 7 ROSS FOWLKS: Just Sandy?  
 8 JIM HANSEN: Just Sandy so far. And so they are  
 9 looking at expanding that to make it available for valley  
 10 wide if possible.  
 11 PETER TAILLAC: So this pilot project they are  
 12 doing is, really, they are making a real effort to not  
 13 have it exceed current scope of practice for the  
 14 paramedics. So the nurse is a different part of it  
 15 obviously. But when a paramedic goes in the non -- you  
 16 know, in their slow response vehicle to check on the  
 17 patient, to help make sure they took their medicines, to  
 18 do, you know, kind of a welfare check or set them up for  
 19 their next appointment with their primary care doctor, the  
 20 paramedic is not doing anything that's not within the  
 21 scope of practice currently.  
 22 I have a feeling as this develops, if this is  
 23 successful, that that will change. That potentially  
 24 paramedics will be doing other things. I don't know,  
 25 providing Lasix, which still would be in the scope of

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1 practice, but providing meds to a patient that was  
 2 discharged from the hospital that needs it, managing some  
 3 of their insulin needs and that sort of thing over time  
 4 with some of these folks.  
 5 So I think it might involve this committee as  
 6 this develops over the next couple of years and probably  
 7 involve writing some rule to sort of outline the  
 8 boundaries of the community paramedic medicine programs as  
 9 they develop. And I really think that each agency will  
 10 find different needs in their community. That some will  
 11 overlap and be the same but other communities may not have  
 12 the same needs as Salt Lake City does, for example.  
 13 So I really think it's a program that can  
 14 ultimately be tailored to each community to see what the  
 15 needs are, depending on how many nursing homes you have  
 16 versus hospitals and that sort of thing. How far away the  
 17 specialists are so the paramedics can become or even the  
 18 AEMTs can be trained to become sort of an outreach for the  
 19 specialist to do welfare checks for the patient after they  
 20 are discharged. I'm really excited about it actually.  
 21 I think it will involve this group eventually as  
 22 new rule is developed and training programs start to be  
 23 developed around this concept ultimately.  
 24 ROSS FOWLKS: West Jordan now is doing what they  
 25 call Car 53 where it's just they have extra staff on duty

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1 that day. They put them in a car and let them respond on  
 2 alpha calls and things like that just to do -- just to  
 3 check before they call in any other resources. And it's  
 4 worked out well for them so far when they have the  
 5 resources available to staff it.  
 6 I also know looking around in years past, you  
 7 have a Tooele valley which does a similar type thing as  
 8 Car 53 where you send them out as a single resource.  
 9 Charleston, North Carolina uses advanced --  
 10 it's -- I think they call it Advanced Practice Paramedic.  
 11 PETER TAILLAC: I think they call it that.  
 12 ROSS FOWLKS: Where they send it out. They have  
 13 one person who rides, like a supervisor, an officer, he  
 14 responds on all critical calls. And he's got the advanced  
 15 practice airways and everything else that he carries. So  
 16 I think we're going to see a lot of different options come  
 17 up. A lot of it is budget driven for you to send a large  
 18 apparatus or something else. So I think those things will  
 19 be coming across our table here in the future.  
 20 DENNIS BANG: Did you call it Card 53?  
 21 ROSS FOWLKS: Car 53.  
 22 DR. PETER TAILLAC: Car 53, Car 53 where are  
 23 you?  
 24 ROSS FOWLKS: Car 53 where are you? Yeah, so  
 25 it's just what they've come up with. They run out of

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1 Station 53. It's just a single --  
 2 PETER TAILLAC: I didn't know that. It sounds  
 3 like likewise, they are not really doing anything outside  
 4 the scope of practice.  
 5 ROSS FOWLKS: No.  
 6 PETER TAILLAC: They are just not sending an  
 7 ambulance vehicle, full fire department setup and  
 8 everything to a minor call. They'll take a look at it  
 9 first.  
 10 ROSS FOWLKS: And they'll get there, they'll  
 11 look at it, and they'll call in all the resources they  
 12 can. Maybe they just need an ambulance, maybe they need a  
 13 full assignment. So it seems to be working out.  
 14 UNKNOWN: That's West Jordan?  
 15 ROSS FOWLKS: West Jordan is doing that.  
 16 They've been doing that for eight months now.  
 17 PETER TAILLAC: Is it going okay? As far as you  
 18 know?  
 19 ROSS FOWLKS: They seem to like it.  
 20 DR. PETER TAILLAC: No disasters?  
 21 ROSS FOWLKS: As long as they've got extra  
 22 staff.  
 23 So any other questions or comments on the  
 24 paramedic committee recommendation?  
 25 Any other new business that needs to be brought

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1 up? Everybody is happy?  
 2 Any assignments from the EMS Committee?  
 3 DENNIS BANG: No, the only assignment they gave  
 4 us was for Clare to come in and speak to us about the  
 5 community -- well, I call it the Community Paramedics.  
 6 PETER TAILLAC: That's fine.  
 7 ROSS FOWLKS: Okay. Well, all right, if there's  
 8 no other business or no other comments, do we have a  
 9 motion to adjourn?  
 10 LARAE THORPE: Motion to adjourn.  
 11 ROSS FOWLKS: Thank you.  
 12 RUSSELL MALONE: Seconded.  
 13 ROSS FOWLKS: Russ seconds it. Okay. All of  
 14 those in favor of adjourning.  
 15 COLLECTIVELY: Aye.  
 16 (Meeting was adjourned at 10:39 a.m.)  
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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 25th day of February, 2014.

\_\_\_\_\_  
 SUSAN S. SPROUSE, RPR, CSR  
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