

<p>Date: 5/12-13 Call to Order: 5/12 11:35 Adjourn:</p>	<p>Chair: Heather Koponen Vice Chair: Dan Thomas Recorded by: Brenda Bowie</p>	<p>Minutes Reviewed: December 9, 2011 Motion to Accept: John Everson Motion Seconded: John Pearson Motion: Passed</p>	
<p>Attending: Heather Koponen, Linda Curda, Dorothy Hight, Carol Odinzoff, Sue Steward, Beverly Davis, Cyndy Langmeade, Herman Geffe, Donna Hicks, Chester Mark, Dan Thomas, Cheryl DeBose, Joanne Ward, Torie Heart, Brenda Bowie- Telephonic attendance, John Everson</p>			
AGENDA ITEM	DESCRIPTION	DISCUSSION/CONCLUSION	RECOMMENDED ACTION
<p>CHAP Directors Report</p>	<p>CHAP Directors update by Sue Steward</p>	<p>Torie Heart- 5/11 was a sub-committee meeting to define a vision for change and to develop a tool to improve communication between CHAP directors and ARC. Members included ARC, RAC and CD</p> <p>Convocation this year will be a work group versus a regular convocation.</p> <p>CHAM revision- CHAP directors looking at developing a process that will allow the CHAP program manage CHAM revision in a way that isn't focused on individuals versus being dependant on the process</p> <p>Process mapping session was done yesterday to improve the above with a target statement of "There is no clear process for everyone to follow that leads to miscommunication, (contact CHAP distance learning process if clearly defined..... Get Sue to send the statement to me. Next step is to meet again in September. Dorothy felt that all the stakeholders weren't identified and that needed to be done as part of the process.</p> <p>CHAP directors wanted to make sure that corporations aren't using ARC as a means of orientation to CHAP.</p> <p>CHAP directors wants ARC to finish up the projects going on now, 5 purposes</p>	

<p>Round Robin Reports</p>		<p>too much and beyond their scope of practice. Historically there was a program where Torie or Carol could go out and do a program review.</p> <p>Dan requested a document share site on the State site so that documents could be shared by the different organizations without ARC approval for shared use.</p> <p>Linda suggested that there is a document tracking area so that documents being worked on can get appropriate feedback from people.</p> <p>Carol has all the medical standing orders, tests on a separate site that is available only to Training people. It is presently hidden.</p> <p>Round Robin reports submitted ahead of time. Need to be brief- only elements that are outstanding for statewide concern should be mentioned. Keep brief.</p> <p>Chester- YKHC- passed their review with 100% Fluoride varnish standing order done, 4 vacancies, looking for a replacement for Nancy. Looking for instructors to come up for 1-2 weeks for preceptorships.</p> <p>Changes regionally to CHAM- medicine handbook- ear cultures- crossed out of CHAM. Ibuprophen dosing is changing to full dose only for kids. Metronidazole, crossing out the OK for use with nursing children, changes in STI protocol- getting Suprax out to the villages.</p> <p>Linda Curda reminded participants that regional changes need to be sent to Torie so there is a CHAP repository so that these issues can be monitored.</p> <p>Donna Copper River- Doing better, hired ? new NP. ANTHC- on schedule despite being short staffed ? of ANTCH and YK collaborating with short staffing to make all sessions happen.</p>	
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Forms review	Procedure for curriculum/CHAM review	<p>Cert Board Report- ? has resigned from YK but will be working with ANTHC- her input has been invaluable Electronic application has been going to the board members to review the process so that they can shorten the face to face time needed to do certification. Is still in test mode but moving forward. Board will be meeting in Bethel the week of the 6th of June- very packed agenda. Field visits give a better view at what is going on in the field/certification board.</p> <p>DLN- standards should be up on website and are what we should be working under. Updated standards need to be sent out still. Again- changes are held up with "process"</p> <p>Tasked to put out a study to review certification board standards to look at the specific wording around training, training centers and methodology, to see if these need to be altered to reflect the present adult learning world and the present world of technology. 2nd study will review RAC guidelines, tools and process to make this line up with the above recommended changes. These will be recommendations that need to be discussed and voted on but will guide us toward the change so that criteria makes the standards meet the desired outcomes. By September, we will understand how big of a project that this becomes. AFCHAN is working with this as well. RAC is hoping that they will be included in the recommended changes and before the review.</p> <p>Rest- see attached notes.</p> <p>Reviewed curriculum/CHAM procedure steps review.</p> <p>Sue- noted that the work is what the directors had been looking for- in the way the process is being developed. By recording the steps of what happens during change they are starting to record the change process that will takes us forward.</p>	
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<p>Continuing Education Guideline Project</p>	<p>Linda Curda presented</p>	<p>Torie- noted that if the CHAM changes then the curriculum should be aligned.</p> <p>Linda- 2010 curriculum was clear about what it didn't have done and what should have been done. Standing orders do need to be added to the curriculum. It will be important that we "sync" our processes. Linda offered herself and Peggy as "tools" of the process of moving forward with the process.</p> <p>Dan commented about the accessing the need for "extra help" for CHAM revision. This had been a problem in the past.</p> <p>Heather- curriculum revision draft- Where do we get input from CHAP directors, Medical directors in this process.</p> <p>General comments regarding CE guidelines: most felt it really helped to clarify the earlier document. Torie-felt it was long but questioned whether we should have just one CE log at the end rather than have one for CHA/P's versus CHA's in training.</p> <p>Back page is a handout to the CHP's to simplify what they need to know.</p> <p>Will be looking at entire group input tomorrow to give the guidance to the workgroup at this point- general input- not wordsmithing. Then the workgroup will take it and hopefully bring back a final product to the group for September.</p>	
<p>Post-session learning needs workgroup. Break out sessions-</p>	<p>Phyllis Farrell and Dawyn Sawyer not present today.</p>	<p>Authors of the PSLN revision Draft</p>	

<p>Field training duties of :CI/SI</p> <p>Dated 5/12/11</p>	<p>Heather Koponen</p>	<p>committee to record process.</p> <p>Revision- TABE testing and construction of website needs to be identified</p> <p>Immunizations added</p> <p>Added role of Alaska Community Health Aide</p> <p>Documentation and Completion of pre-session to be sent to training center</p> <p>Communication to training center- with a listing of contact info.</p> <p>Identify CHAP? Might need to be tweaked.</p> <p>Application should be sent at least 4 weeks prior to session.</p> <p>Confirm the training center and trainee through session</p> <p>Schedule post session learning needs as soon as possible after the training.</p> <p>Complete ??</p> <p>Directly observe CHA in clinical practice for direct use of CHAM</p> <p>Completion of field training document</p> <p>Define time health aide has to work before next training</p> <p>Coordination between EMS training and clinical</p> <p>Standing orders scope, testing, training related to duties</p> <p>Tracking of individual learning needs and training</p> <p>Competencies per regional guidelines</p> <p>Precepting and re-entry guidelines to be done by mid-level provider.</p> <p>Linda suggested it should be separated because there are different criteria for re-entry versus basic training duties.</p> <p>Lab quality control- independent of basic training.</p> <p>No hour requirement between 1 and 2 just "full time employment" and contact of minimum of 20 patients. Torie suggested requirements be listed first.</p> <p>Sharon suggested we should have a template for our documents in order to format them for use.</p> <p>Links- suggested that there are links to the "sub guidelines" like</p>	<p>No second on motion to table</p>
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<p>CE Guidelines Revision</p>	<p>Heather Koponen Dorothy Hight</p>	<p>continuing education. Also suggested differentiating the employer responsibilities/vs state CHAP responsibilities</p> <p>Next step- need a group to take this on to get it through the process- Heather Koponen only volunteer. Suggested that this be tabled for an indefinite time or until CHAP director's move to move forward</p> <p>Much of the time was spent on the process versus the project. Individual comments- would be great to be received in order to take this to the committee. Parallel process of updating this document and the process</p> <p>Broad ideas that applied to the document- purpose to Clarify the process of CE and what is appropriate CE both for health aides in basic training and outside of basic training. Table of contents was felt to be a good idea CHA/P is suggested as the title for the CHA in need of basic training. Other major suggestion was to refer people back to the website- where another process was referred- subsequently reducing the paper (hyperlinks) Strong piece of this is the need to check for the accuracy of formal titles of the documents and the referral to other documents. Draft CE logs suggested was asked to be removed because they are not the official documents- a hyperlink to the cert board document will be created instead. Standardized definitions will be added- in the definition Diagram is there to help the supervisor make the appropriate choices on the decision making process for CE. Acronyms and definitions were made- significant definitions- Sponsoring and offering organization.</p> <p>Page 57 Certification board is not a sponsoring organization?</p>	<p>Recommended that changes recommended are applied to documents and be returned to ARC as part of written report next meeting because it does not have an active group to work on it at this time.</p>
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<p>Review of CE hours draft Document Revision Project</p>	<p>Heather Koponen</p>	<p>past? Is on the library- needs to be incorporated.</p> <p>Torie- refrain from value judgments ? about CHAP? Terms like rare? Rare not a good qualifier. Reference the University credit that they can get for their EMS training. Board has never audited a training center in the process? ?? about CE forms. Can we decrease forms- for the process of credentialing/re-credentialing.</p> <p>Off the top of head notes attempting to identify the process of review. Carol Odinzoff had separated out the process of review as the CE document was reviewed. Identifying needs and having this approved. Project committee is developed Membership is identified by: Limiting the numbers of projects being worked on Primary reading Note taking Discussion of the notes, meeting with written comments given to the group Determining level of review needed and steps necessary, what kind of presentation necessary and review of how this change will impact other documents. Timeframe for completing documents When is a motion needed Where do these projects come from? CD, Field, who needs to approve them? If so what process and timeline would go on there. Making sure that the documents all have footers with revision dates. How do we keep processes from disappearing when a person disappears. ARC needs to maintain a project list that remains a part of the agenda or minutes so that things do not get lost.</p> <p>ARC working process is attempting to be identified. One of these pieces should be a folder for shared regional materials for</p>	<p>Project will go back to committee for presentation in September.</p> <p>Joanne, Heather, will take forward</p>
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<p>New Document or Form</p> <p>Preceptorship and Credentialing committee</p>	<p>Dan Thomas</p>	<p>Sharon wanted prenatal/gestational age entered, reporting on the critical skills list at all? Write up for screening exam- is that necessary.</p> <p>Is presentation a critical skill- Dr. Golnick Study, <i>Community Health Aide/Practitioner Clinical Practice Description</i>, emphasized that prenatal complications needed to be emphasized. Bleeding and preterm labor in particular- not presentation. Prenatal abdomen should be more than 15 weeks. John- believes that defining beyond 28 weeks will be too difficult to achieve in a preceptorship. Focus of accurate fetal heart tones as the critical skill.</p> <p>Long discussion about critical skills subsequent. Prenatal visit must include fetal heart tones, if the patient is over 28 weeks health aide should be assessing fetal heart tones, fundal height and presentation. Mention of weeks in prior document will be removed.</p> <p>Reporting issue? #7 Valuable that the health aide is able to give a verbal report in an emergency. Now it is difficult for the health aide to give a full report second to MD's response. Technology has taken over a lot of the reporting process. Dorothy felt that this skill needs to be taken out and look at the necessary outcome. The skill is being taught differently even within different training centers.</p> <p>Screening PE write up. Will need to be done, but not counted as a patient if not a complete HEAP.</p> <p>Apical pulse- needs to be taken one minute for rate, rhythm and heart sounds. However, heart rate in an infant can be difficult to count for a minute and it was agreed that a time period didn't need to be there for that.</p> <p>Skills list- move to 81/2 by 11 paper.</p>	
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ROUND ROBIN REPORTS_ MAY 2011

Report to CHAP Directors & ARC
EMS Training Committee Meeting 4/19/11-4/21/11
Submitted by Jean Rounds-Riley, PA-C 5/11/11

General Information: The National EMS Agenda for the Future: No new information.

Training Committee is trying to align Regulation Change proposals so the levels in the Alaska system will be similar to the National Guidelines, but still manageable for Alaska's situation. To get on the list serve for up-to-date information about the EMS National Agenda for the Future: Individuals and organizational representatives, including those who are not members of NASEMSO, are invited to subscribe to NASEMSO's EMS Education Agenda Implementation List Serve. To subscribe to the list, users will have to send an email to lyris@lists.nasemso.org with the subject of the email containing "subscribe ems education agenda implementation nasemso 2009" (without the quotation marks.) When you send an email, you will get an email back asking to confirm their email address. The subscribing member will simply need to reply to the email in order to be added as a member.

State EMS Office: Division Chief position over Preparedness/Trauma/EMS still vacant. (EMTs were given automatic certification extensions, to give State office time to catch up.)

Regulations changes:

State now planning to request limited Regulations changes, asked Training Committee for a prioritized short list. I will let you know when limited changes are out for public comment.

I suggest that anyone interested review the current Regulations, and send any pressing concerns to me or to your regional EMS coordinator.

EMS CME and Training:

- SEREMS Board discussed the future of ETT, and decided to keep it, and to continue to focus on the needs of rural communities.
 - They will be reviewing and revising the course Objectives, Curriculum and Book.
 - Comments/ suggestions are welcome. Contact Anjela Johnston at education@serems.org
- SEREMS is still working with UAS on distance (hybrid) ETT. They have a draft version that is being reviewed now with hopes of having it available soon.
- SEREMS Symposium 4/15/11-4/16/11 included a review of the state Cold Injury Guidelines, hope to have draft changes this year. Also looking at Prolonged Transport Guidelines.
- Kenai Peninsula College (KPC) will be trying a hybrid EMT-3 class this summer, using a sophisticated camera system—will see how it works and what might be more widely applicable.
- KPC planning to offer a Methods of Instruction (MOI) class this summer (required to become an ETT or EMT instructor)
- Voted to recommend removing limit on # of hours of CME that can be done by self-study or distance. (But retaining recertification requirement of skills check off/practical and written exam.)
- Next SREMS Symposium will be in Anchorage 11/09/11-11/12/11. Send nominations for awards to the state EMS office at: <http://www.ems.alaska.gov/ACEMS/awards/default.htm>

EMS Testing:

Worked on a cost-saving short-term solution for the EMT written exams conflicting with the 2010 AHA Guidelines.

Future EMS Training Committee meetings proposed dates and locations:

- Sept 28-Sept 30 2011 Anchorage
- Jan 25-Jan 27 2112 Juneau (tentative)

Next Meeting Agenda will include:

- Review/Revise Practical Exams
- Review CME Requirements—Categories, hours, media, approval process, etc.
- Updates/Ongoing education for Instructors

Comments/Suggestions encouraged.

**ANTHC CHAP
ARC Round Robin Report
May, 2011**

Since Feb, 2011 until the present, ANTHC CHAP has provided the following:

1. Mar/Apr - Session III – 6 CHAs completed
2. Jan, 2011 – Session II – 6 CHAs completed
3. SIV in progress with 6 CHAs. Completion ceremony is scheduled for May 20 at 2:30pm in the hospital.

We are actively recruiting full time instructors to fill 2 vacant positions.

Bev Davis, PA-C
Training Coordinator
ANTHC CHAP

5/11/11

Round Robin Report for Nome Training Center

1. We are fully staffed. A sixth trainer (Mary Clark ANP) has joined us for three months which allows us to do some village travel/preceptorships.
2. We are training on schedule.
3. We had 12 students at our March EPSDT/Well Child CME, including two from Maniilaq. We will repeat this CME in October.

SEARCH

On task with 2011 training schedule
Short 1 instructor position

NSHC- Village Health Services:

We have 47 employees out of 60 positions, have 13 positions open. We have 4 positions possible more that will be filled by May 2nd. We have one SI position open. 2 SI's holding the fort down until the 3rd comes back. Since our last ARC meeting, there has been an EPSDT CE training, 2-Session I's, 1-Session II (in progress as of April 25th), and there will be a EMT-I full that have just started May 9th. We have a clinic closed due to structure issues and hoping problem will be resolved here soon.

Kodiak Area Native Association

The logo for CHAP (Community Health Association of Port) is displayed in white, bold, sans-serif capital letters on a solid black rectangular background.

From: John Pearson, CHAP Director
CC: Joanne Ward, CHAP Administrator
Re: KANA CHAP Round Robin Report

CHAP Staff: KANA CHAP currently has 18 employees, there are currently 2 vacancies.

Located at KANA: Community Health Director, CHAP Administrator, and the Kodiak based Itinerant Health Aide.

Village Clinics:

Electronic Health Records have been launched in Akhiok, Larsen Bay, Old Harbor, Ouzinkie and Port Lions.

Akhiok: One health aide for Akhiok attended Session III training in Anchorage in March 21st through April 9th. The other health aide paperwork for attending Session III will be sent out next week. Akhiok is fully staffed at this time.

Karluk: Sarah and Mary Reft are still working in the clinic. Karluk is fully staffed at this time.

Larsen Bay: Larsen Bay currently has one vacancy and due to the lack of housing in Larsen Bay the Itinerant Health Aide is scheduled to provide one week of coverage per month.

Old Harbor: Joyce Elvehjem and Stella Krumrey are working in the clinic. James "Christian" Cooke has relocated to Port Lions to fill the vacant position there as the housing he was in needed to be used for another family. At this time Old Harbor has one vacancy but due to the lack of housing in Old Harbor James Cooke is scheduled to provide one week of coverage per month.

Ouzinkie: At this time Ouzinkie has just hired a health aide who is completing her Pre Session before submitting her application for Session I. One of our health aides from another village or our itinerant has been providing rotating coverage every other week.

Port Lions: Is fully staffed at this time. All three of the health aides from Port Lions currently provide itinerant coverage needed in the other villages.

Training Needs:

Juanita Muller – Ouzinkie will need Session I

Raemona Howard – Larsen Bay is scheduled to attend Session I – Sitka in August 2011

Joanne Vaudrin – Akhiok will need Session III

Sam Kenoyer – Larsen Bay will need his Preceptorship

Irene Nelson – Port Lions will need her Preceptorship

Bristol Bay Area Health Corporation

Underwent 2 rounds of budget “compressions”- with delay in IHS funding and the federal budget.
Cindy Fyfe was laid off from her position at CHAP and is now HIMS Director.

Marshall Van Scoyk turned in his resignation as CHAP Director

Training Manager position was eliminated

Brenda Bowie is Acting CHAP director

Field Coordinators are now all stationed in villages and are ½ time CHA’s, 2 field coordinator positions were eliminated.

Presently all vacancies frozen except 1 itinerant and 2 village based positions.

EHR roll out is underway.