



Division of EMS and Trauma

April 2014

DEMST Awards Funding Area Grants

**By: Amanda Roehrlich, DEMST Grants
Manager**

The current cycle of the Rural EMS Assistance Fund ending June 30, 2014 is nearing completion. As of the end of March 2014, 5 of the 69 funding areas that were funded through this grant had yet to spend any of their award, which totals \$190,140. Also, 46 of the 69 funding areas had spent less than 75 percent of their award. According to the special conditions and reporting requirements in the Notice of Grant Award that was signed by each funding area

- Approved expenses are to be submitted monthly via the Program Reporting System.
- Reimbursement requests must be made within 90 days of the expense unless approved by the Department.
- The Department will monitor grantee spending each quarter to determine if spending is equivalent to the quarter(s) completed to date. For example expenditures for the period July through September should be approximately 25 percent of the total grant, as the July through September quarter is 25 percent of the grant period. If spending falls below the appropriate percentage and the Department determines that it will result in unspent funds, the grant award amount will be reduced by amendment and those recovered funds shall be reallocated to other funding areas.

Please review these requirements and if you need assistance with submitting your requests for reimbursement, please contact me.

We are currently preparing the grant guidance for the upcoming cycle of the Rural EMS Assistance Fund. We are not anticipating any major changes from last cycle and would like to release the guidance in April 2014. We will place an announcement on our website when the guidance and application are released. For more information, please contact me at the DEMST office.



LUCAS Device Distribution

**By: Amanda Roehrlich, DEMST Grants
Manager**

The distribution of Lucas devices has begun for The Leona M. and Harry B. Helmsley Charitable Trust Grant. For those whose paperwork is complete and approved, a packet will be mailed which includes a check or an electronic payment advice for the equipment you will be receiving as well as a copy of the signed Notice of Grant Award. According to the Notice of Grant Award, these funds are to be used to pay Physio-Control, Inc. for the equipment. Please remember that ownership and maintenance of this equipment belongs to the grantee and that the grantee is responsible for insuring the equipment on their policy. Grantees will soon be contacted for training. Do not use the equipment until proper training has occurred. If there are any questions, please feel free to contact me.



Meet The New EMS Training Coordinator

By: Kelli Sears

Greetings All: As the new North Dakota EMS Training Coordinator I thought I would take a moment to introduce myself. My name is Kelli Sears. I was born and raised in Bismarck, and am happy to be returning to the capital city where I am close to my family.

My EMS history began when I attended EMT school in Jamestown in the summer of 2003 and moved to Minot in the fall of 2003 to attend paramedic school at Community Ambulance Service. I have been working as a Paramedic in Minot since June of 2004. I have worked for Community Ambulance Service of Minot, Golden Heart EMS (Minot Air Force Base), Northstar Criticair, and most recently for Dakota College at Bottineau/Community Ambulance Service of Minot as the Paramedic Program Director/EMS instructor. In December of 2013 I graduated from Valley City State University with a Bachelor of Science Degree in Career and Technical Education.

My husband, Brian, retired from the USAF in November of 2012 after 20 years as security forces. He is currently working for Ameripride and is also looking forward to the move to Bismarck knowing that we will not be receiving any military orders that tell us otherwise. Together we have a three year old daughter Norah, who keeps us on our toes every day. She enjoys spending time at the lake in the summer and riding on "Papa's Pontoon." I also have two step-children. Elicia is 17 and excited about going to college to become a teacher; Bradley is 15 and has plans to one day join the military; he is actively involved in ROTC.

In my spare time I enjoy playing at the park with my daughter, cooking, spending time at the lake, reading, and catching up with my friends.

I have thoroughly enjoyed my time thus far at DEMST. Everyone here has been very welcoming and supportive of the learning process. I am passionate about EMS education and N.D. EMS as a whole. I believe we can make a difference in people's lives and that we should always aspire to be the best EMS system we can be. I look forward to working with you all in the near future.



Out and About with EMSC

By: Elizabeth Pihlaja, EMSC Coordinator

Emergency Medical Services for Children (EMSC) is excited for upcoming opportunities to network with kids and teens this spring and summer. EMSC will join other vendors who share an interest in educating children and teens about safety in the sun and on the water, sports, nutrition, and their all-around well-being at three upcoming events.

The first event will be St. Alexius & Kohl's Summer Fun and Safety Day, which will be held Thursday, May 1 at the University of Mary Leach Field House. EMSC staff will host a booth with a fun game and educational materials about sun safety, farm safety, swimming and water safety, bike and helmet safety, and ATV safety. EMSC has participated in this event for several years, and this year's event promises to bring just as much fun!

Next, EMSC staff will attend Xcel Energy Family Day at the North Dakota State Fair on Tuesday, July 22. For the past several years, EMSC has attended Family Day at the State Fair with the Make Your Own First Aid Kit booth. This has been very popular with kids of all ages, as well as with their parents. Last year approximately 500 kids were educated on first aid and what is needed to assemble their own basic First Aid Kit. The EMSC First Aid Kit consists of a small pair of rubber gloves, a cleansing towelette, an antiseptic towelette, an antibiotic towelette, a small band aide, a large band aide, anti-itch cream, an insect repellent towelette, a sting relief towelette and a sunscreen towelette, all of which they pick themselves and place in a small Ziploc baggie with the EMSC logo on it. All items are supplied depending on program funds and item availability.

In August, EMSC will have a booth at the 5th Annual Kohl's/St. Alexius Back to School Extravaganza at Dykshoorn Park in Mandan. In 2013, approximately 600 kids and teens visited the booth and made first aid kits. The Back to School Extravaganza promotes healthy eating, the importance of physical activity, and keeping yourself safe. Kids were encouraged to bring a stuffed animal that wasn't feeling well or was injured to the event's "Emergency Department," a large white tent staffed with St. Alexius personnel. Children then went through the steps of checking their patient in, describing what was wrong with their patient and having their patient seen by a nurse and doctor, and an x-ray technician if necessary. The outcome of the patient was always

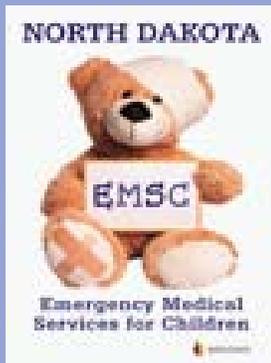
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good! Kids were also able to enjoy inflatables, outdoor games, taekwondo and karate demonstrations, entertainment by local gymnastic and dance teams, and food and music.



Annie Pihlaja brings her baby doll with a sore tummy to be treated at the Back to School Extravaganza.

These events are very important in EMSC's goal of outreach and education for kids. For more information on these events, if you have ideas for outreach and educational events, or for more information on the EMSC program, please contact Jan or Elizabeth at the DEMST office.



Upcoming Dates to Remember:

EMSC Advisory Committee Meetings

June 5, 2014

September 4, 2014

December 4, 2014

All are scheduled for 12:00 CST

Capitol Building Resource Room / Teleconference

SW Regional Trauma Meeting

April 9, 2014 @ 12:00 CST

NW Regional Trauma Meeting

April 10, 2014 @ 12:00 CST

NE / SE Regional Trauma Meeting

April 15, 2014 @ 12:00 CST

17th Annual ND State Trauma Conference

September 24 - 25, 2014

Fargo

EMS Advisory Council Meetings

April 24, 2014; 10 a.m. - 4 p.m. CST

Capitol Building - Brynhild Haugland Room

July 24, 2014 - 10 a.m. - 4 p.m. CST

AV Rooms 210 - 212

October 23 - 10 a.m. - 4 p.m. CST

AV Rooms 210 - 212

See NDEMSEA.org regarding the following events:

Leadership Course - Level II

May 9 - 10

Seven Seas, Mandan

EMS Management Course #2

May 12

Comfort Inn, Bismarck

Meet The New EMSC Coordinator

By: Elizabeth Pihlaja

My name is Elizabeth Pihlaja and I am the new EMSC coordinator. I began work in August, taking over for Mary Tello-Pool. I moved to Bismarck from Minneapolis/Saint Paul, where I went to school (Go Gophers!), and even though I miss the Twin Cities, I am having a great time exploring North Dakota. I had previously worked as a program evaluator at a small research and evaluation firm in Minneapolis, as well as in programming and communications for the Minnesota March of Dimes and in developing assessments for the Minnesota Department of Human Services. Prior to earning my graduate degree, I worked in early childhood education as a preschool teacher and as a special education paraprofessional in the Minneapolis Public Schools. I love working with people and I have had such positive experiences so far at the Department of Health, especially in the Division of EMS and Trauma. I was a little apprehensive about moving to Bismarck, but coming into such a supportive, knowledgeable, and fun workplace has made it all 100 percent worthwhile.

My husband Chris is an editor of an online publication that focuses on technology and gadgets. We have a two-year-old daughter, Anneliese, who loves Bismarck so far (especially "Mama's tower" of the Capitol building and all the parks). She is interested in dance and gymnastics and I am wholeheartedly ready to be a dance mom, complete with bedazzled water bottle and t-shirts printed with Annie's picture.

In my spare time, I enjoy reading, watching horror movies, and exploring old cemeteries. Our family loves dinosaurs, so we are very excited to check out the museums and digs next summer!

I have thoroughly enjoyed the time I have spent in the role of EMSC coordinator so far. I am beyond grateful to my coworkers for guiding me in the right direction and offering support whenever needed. I have been so impressed with the state EMS personnel I have worked with in completing North Dakota's re-assessment of EMS agencies and consider myself very lucky to be working in a state with such a strong EMS system. I know we have made great strides toward ensuring that North Dakota children are safe and appropriately treated in emergency situations, and I cannot wait to be a part of that process!



Elizabeth Pihlaja and her family.

***** Reminder*****

Always inform DEMST of any changes regarding your ambulance service. DEMST records need to reflect the most current information regarding squad leaders, medical directors, mailing addresses for both squad leaders and agencies, ambulance vehicle information, telephone numbers, as well as the correct contact person with correct contact information.

This information is very important to ensure smooth communication for many reasons, including legislation, general information, licensure and grant applications, as well as processing new squad members or relicensure issues.

We also encourage you to have an agency e-mail on file and updated at all times.

This information can be updated online by the squad leader, or submitted to DEMST through e-mail (dems@nd.gov), telephone (701.328.2388), fax (701.328.1702) or mail:

North Dakota Department of Health
Division of EMS and Trauma
600 E. Boulevard Ave - Dept. 301
Bismarck, N.D. 58505-0200

Do NOT wait until the next licensing process to submit corrections of any pertinent information.

What is ATLS?

By: Ruth Hursman, State Trauma Coordinator

ATLS, or Advanced Trauma Life Support, is a training program for physicians, physician's assistants and nurse practitioners. The course was developed by the American College of Surgeons and teaches the management of acute trauma patients in a simplified and standardized approach. ATLS is widely accepted as the standard of care for initial assessment and treatment in all trauma centers, regardless of the designation level. The course advocates that life-threatening injuries be treated immediately, with the most time-critical interventions performed as early as possible. The course also reinforces skills that are rarely used in the rural facilities, but which are critical in a trauma situation, such as intubation and chest tube placement.

Within North Dakota's trauma system, it is a requirement that any provider who is covering call for trauma patients in the emergency room (ER) have successfully completed all phases of the ATLS course and be current in ATLS. Successful completion cards, listing an expiration date, are sent to ATLS participants who have successfully completed and passed both the practical and written portions of the course. If the provider covering call is not current in ATLS, a provider who is current in ATLS must be available to respond in person to the ER within 20 minutes. The use of phone consultation with an ATLS physician or the use of eEmergency DOES NOT replace the need for the on-site provider to be current in ATLS.

ATLS courses are held at various facilities across the nation, but within North Dakota, ATLS courses are held at Altru Health System in Grand Forks, Sanford Medical Center in Fargo and St. Alexius Medical Center in Bismarck. A listing of upcoming classes can be found on the DEMST website at: <http://www.ndhealth.gov/trauma/resource/>. It is important to schedule providers in ATLS courses early, often six months in advance. Courses tend to fill up quickly and spaces for mid-level providers fill up extremely fast. Providers are encouraged to re-verify by the time their status expires, but there is a six month grace period beyond the expiration date printed on the ATLS card. This provides a small amount of cushion in case a delay in course completion occurs due to illness or class cancellation, etc. Do not rely upon this grace period and remind providers to sign up for classes early.

All providers, physicians, physician's assistants and nurse practitioners, must take and successfully pass both the written and practical portions of the ATLS course in order to be considered "current in ATLS." Since 2007, ALL providers DO receive an actual ATLS card and certificate upon successfully passing the written and practical exams. CME credit hours are now only given out to providers who have successfully passed both the written and practical exam. There are no credit hours awarded to providers who do not pass the course.

All trauma designated facilities are responsible to assure that the providers who are covering ER call for trauma patients at their facility are current in ATLS. This is true whether the provider is their employee or a locum provider. The use of eEmergency or consultation with a tertiary facility does not replace the need to have a provider current in ATLS respond on-site within 20 minutes for all trauma team activations.



Community Paramedic Program Update

By: Ken Reed, Community Paramedic Coordinator

North Dakota is joining a growing number of other states that are exploring the potential impact of the Community Paramedic concept on our EMS services. Community Paramedic is one aspect of the development of Mobile Integrated Healthcare programs that are being implemented in both urban and rural EMS service areas throughout the U.S. and internationally. Mobile Integrated Healthcare is the term utilized to discuss innovative partnerships between EMS agencies and other healthcare agencies to deliver primary healthcare services. Community Paramedics are experienced field Paramedics who undergo additional education based on a consensus curriculum to provide a wider range of primary and non-emergent care.

In 2013, the North Dakota Legislature authorized the Department of Health to conduct a pilot Community Paramedic program to establish the feasibility and potential benefits to both EMS agencies and the patient population in their service areas. The authorization included funding for a half-time coordinator working from within the Division of EMS & Trauma along with funds for Community Paramedic training/equipment. The Coordinator works with a subcommittee of the North Dakota EMS Advisory Council to develop and evaluate the impact of the pilot Community Paramedic program.

A great deal of progress has been made on developing the pilot project to date. Two potential sites have been identified to participate and additional EMS agencies have been solicited to develop proposals to participate in the pilot project. Currently, five Paramedics from FM Ambulance in Fargo and three Paramedics from Rugby EMS are enrolled in the Community Paramedic program offered by Hennepin Technical College in Minneapolis via distance education. The FM proposal is to focus on reducing the impact of frequent users of 911 and ED services for non-emergent issues. The Rugby program will be used to expand the services of the hospital and clinic to include reduction of readmissions for chronic health conditions, on-site evaluation of patients unable to reach the clinic and support of the hospital's hospice program.

An initial stakeholder meeting was held in 2012 to engage the vast audience of healthcare agencies who have a potential interaction with a Community Paramedic program. We continue to work with as many of the other healthcare delivery providers to find

innovative ways that EMS can partner with them to improve the health of their respective patient populations.

Much work remains to be done as the pilot program moves forward. We need to develop metrics to evaluate the impact that the Community Paramedics have on the health of the patients they care for and look at the financial impact that care has on reducing monies spent on healthcare in particular. We also need to find educational programs in North Dakota that are willing and capable of providing the Community Paramedic training in-state. Long term projects will focus on determining if additional rules/regulations may be necessary at the State level and finding ways for the care provided by Community Paramedics to be compensated by the third party payers and other healthcare entities.

Questions or comments about the pilot Community Paramedic project should be directed to Ken Reed, Community Paramedic Coordinator with the DEMST. He can be reached at kreed@nd.gov.

Did you know?

DEMST is currently working on rule changes!

We will communicate these changes in numerous ways. This is another reason it is important to keep your contact information up-to-date!

Rule changes will be posted on our website, a link will be posted on Facebook, and we will email them to all N.D. EMS agencies. We will also mail a letter to listed squad leaders with highlighted changes as well as information regarding where to find the complete listing.



Small Can Be Good

By: Lindsey B. Narloch, Research Analyst

North Dakota is a small state in terms of population. Vermont and Wyoming are the only states that have fewer people than N.D. Many have heard comments like “People actually live in North Dakota?” One could read satires on the Onion.com such as, ”North Dakota Still Leads Nation In Parking Availability” or “North Dakota Flooding Reminds People Of North Dakota’s Existence.” I tend to hear these things at national conferences. Small is sometimes seen as bad or less important, but I will argue that it gives us advantages in system building, technology, and medical advances.

EMS Pilot Project – North Dakota was the first state to take advantage of the National Registry of EMTs pilot project. Sure, there have been some change pains and confusion, but the hour requirement for recertification has been lessened for the first time since 1974 for North Dakota’s providers.

| Recertification Hours | Total Hours - Prior to Pilot (Refresher and Continuing Ed) | Total Hours - Pilot Project (NNCR, LCCR, ICCR) |
|-----------------------------------|---|---|
| EMR (Formerly First Responder) | 16 | 16 |
| EMT | 72 | 40 |
| AEM (As well as Intermediates) | 72 | 50 |
| Paramedic | 72 | 60 |

NEMSIS – North Dakota was one of the first ten states to submit data to the National EMS Information System (NEMSIS). NEMSIS at a national level collects this information and produces a national research dataset to enable research as EMS moves more towards evidence-based practices.

ND Trauma System – North Dakota was the first state to implement performance improvement at a regional and state level that involved all hospitals. These quarterly meetings have enhanced the care of trauma patients in our state by bringing together all the players to discuss what went well, what could have gone better, and what could be changed in the system to fix problem areas.

Next Generation 911 – The 911 system in America uses very outdated technology to achieve its mission. As part of Next Generation, the services and data bases will be IP-based. The location of a call will be sent with the call rather than located in a database that could be outdated. Next Generation 911 will allow centers to receive 911 texts. The ND 911 Association, the ND Association of Counties, and county 911 coordinators are working on this and expect to be one of the first states to provide Next Generation 911 services across the entire state.

So when the jokes about being small continue coming, just laugh and know that North Dakota is ahead of a lot of states in many areas because of our size. Small isn’t bad. Small makes us nimble. The jokes usually stop after I tell them what we are up to and what we have accomplished in North Dakota.



Facebook Roundup

- The American College of Emergency Physicians has posted America's Emergency Care Environment report card by state.

North Dakota

Category Grades

| | 2009 | | 2014 | |
|-----------------------------------|------|-------|------|-------|
| | Rank | Grade | Rank | Grade |
| Overall: | 10 | C+ | 8 | C+ |
| Access to Emergency Care: | 6 | B- | 8 | C |
| Quality/Patient Safety: | 31 | C- | 36 | D+ |
| Medical Liability: | 14 | C+ | 8 | B+ |
| Public Health/ Injury Prevention: | 30 | D+ | 38 | D- |
| Disaster Preparedness: | 5 | A | 2 | A |

[Jump to a State](#)

- MSN did a story on the worst time to get sick. The story stated, "Suffering a life-threatening event at night or on a weekend may be linked with higher mortality rates, according to a new study published in the journal BMJ."
- Safekids.org has useful safety information for children and you can also sign up for the bimonthly product recalls listserv to stay current on child-related recalls.
- March was Brain Injury Awareness month.
- Remember that after renewing your certification with the National Registry, you need to be licensed in North Dakota in order to legally practice. If you renewed by March 31, 2014, your North Dakota license will expire on June 30, 2014. Don't wait until the last minute!

You don't have to be a member on Facebook to view the division's Facebook page. Just type facebook.com/NDDEMST into your internet browser.



Contact the Division of EMS and Trauma

Phone: 701.328.2388 or 866.382.3367

Fax: 701.328.1702

Email: dems@nd.gov

Website: ndhealth.gov/ems

Facebook: facebook.com/NDDEMST

- Tom Nehring, Director**
trnehring@nd.gov
- Ruth Hursman, State Trauma Coordinator**
rhursman@nd.gov
- Kelli Sears, State EMS Training Coordinator**
knsears@nd.gov
- Lindsey Narloch, Research Analyst**
lindseybnarloch@nd.gov
- Amanda Roehrich, Grants Coordinator**
arroehrich@nd.gov
- Elizabeth Pihlaja, EMSC Coordinator**
epihlaja@nd.gov
- Ken Reed, Community Paramedic Coordinator**
kreed@nd.gov
- Kari Kuhn, Admin Support Supervisor/
CISM Coordinator**
kkuhn@nd.gov
- Jan Franklund, EMSC Assistant**
jfranklund@nd.gov
- Linda Zahn, Administrative Support**
lzahn@nd.gov



NORTH DAKOTA DEPARTMENT of HEALTH

North Dakota Department of Health
Division of EMS and Trauma
600 E. Boulevard Ave., Dept. 301
Bismarck, ND 58505-0200
Telephone: 701.328.2388
Fax: 701.328.1702
www.ndhealth.gov/ems
dems@nd.gov