

Community Paramedic Subcommittee

MINUTES

November 21, 2013

- All members stated that they have received and reviewed the curriculum as provided by Gary Wingrove
- Suggestion of holding another stakeholder meeting
- The Department has been working on change the legislatively approved STEMI / CP position to be a STEMI / Stroke position while adding a ½ time contracted CP position
 - Discussion of contracting Ken Reed for this position
 - Issues of legislative intent and possible conflict of interest must be answered
- Extensive discussion regarding how to choose initial communities to begin the project
 - Those with good working relationships
 - Those willing and interested with a paramedic and cooperative relationships
 - F-M has the resources as well as cooperative relationships
 - Possible inclusion of a community impacted by oil and working with a shortage of providers
 - Possibly one urban and two rural communities (one in oil impacted area, one not)
 - Establish ambulance services with paramedics
- Judy Lee is very interested in this project and the division / committee has been asked to keep her and the Interim Health Services Committee informed of progress
- Agreement to conduct initial class with paramedic level only
 - Involve EMTs in the future to include underserved communities
 - EMTs don't have the knowledge to conduct community / patient education of things such as diabetes
 - Work towards including other provider levels in the future
- Committee needs to develop a work plan and establish who is responsible for what / when
 - Stakeholder meeting
 - Establishment of didactic site and education sites
 - Establish interest from EMS communities
 - Use base curriculum
- Curriculum
 - Time and cost effective to use established MN program
 - Tweak curriculum in the future to meet needs of ND
 - Legislative intent to get a program up and running not to work on a curriculum
 - Identify a core group of paramedics to send to Hennepin County program
 - Majority done on-line
 - \$2500
 - Ken stated that he did all his clinicals in ND
 - **Committee consensus to utilize MN training**
- **Tom and Ken will hold a conference call with Kai Hjermsstad** to begin conversations to start ASAP in 2014.
 - When
 - How

- How much
- Locate potential champions – EMS, public health, paramedics
- Find paramedics first – then look for resources of cooperation

1. Tom / Ken draft letter to send to services looking for paramedics to train.

a. By beginning of December.

b. Possible 60 day window for return.

c. February 1 (class starts in January – then not till August)

d. Solicit interest – conveying the knowledge that locations will be picked for pilot (atleast 2 per site) services with paid paramedic on staff (phone call vs letter)

2. Letter of agreement between DoH and EMS entities

3. MOU Hennepin county / individuals / education program

4. 12 paramedics can be a standalone ND course – Jan 27 beginning date

5. Possibility of additional class not on normal start dates

6. Designate clinical sites

7. Decide measurable – readmissions, etc.

8. F-M – at least 4 - 8

9. Rural

a. Rugby 4 – 6?

b. Steele – possible (clinic looked at as competition – but possibly shutting down) and good working relationship with Sanford / St As (would not have 2 able to attend)

c. Dickinson or another community in SW...not sure about availability of paramedics for training (possible 2 + in SW ND)

- Program sustainability is the issue rather than securing original volunteers

- Reimbursement for tuition

- DEMST will find eligible sites with paramedics

- FM / Rugby will move forward with sending paramedics in January

- Data collection issues will need to be addressed

- Evaluation will come back to Ken/Tom/committee

- Identify potential physician champion –

- Dr Jeff Sather – over committed

- Dr Heidi Lako-Adamson

- Committee members think about, inform and discuss with primary care physicians when out

- Protocols and practicals will be dealt with at future meetings