

EMS ADVISORY COUNCIL MEETING
MINUTES
January 30, 2014
Pioneer Room, State Capitol

Approval of Minutes:

There was an error in the spelling of 'Mandaree' on the second to last page of October's minutes.

Motion made to approve the minutes from October 17, 2013 meeting with the one correction as listed.

Motion made by Diane Witteman seconded by Ken Reed.

No further discussion; motion carried.

Introductions

Introductions were done around the table.

Kelli Sears was introduced as the new training coordinator with DEMST. She started on January 27. Kelli has been a paramedic since 2004 and is originally from Bismarck and has been the working FT as the paramedic program director in Minot.

Ken Reed is the new community paramedic coordinator with DEMST and works from home on a half-time basis.

EMSAC Role in QI Subcommittee

The committee has not met. There is now funding for evaluation centering towards QI in the cardiac system of care. There is a meeting next week in Aberdeen for kick off of measurements.

ACEP has released the report card for the state of EMS in each state. North Dakota scored 8th overall. The complete report can be seen here: <http://www.emreportcard.org/>

There was discussion revolving around the various EMSAC subcommittees and how to keep them progressing in between EMSAC meetings and then include committee reports on each EMSAC agenda. Below are the established subcommittees and their chairs.

- Strategic Planning (Tom)
- Quality Improvement (Dr Sather)
- Electronic Patient Information (Lindsey)
 - Question over clarification of HIN or to include electronic submission. This should be discussed and decided during the 'purpose of committee' discussion. The feeling was that it should ideally be one committee and change if needed in the future.
- Dispatch (Liz)
- Community Paramedic (Ken)

Suggestions include:

- Having face-to-face meetings the night before / morning of each EMSAC meeting.
- Having at least one teleconference meeting between EMSAC meetings.

- Compose a listing of committee members so members can see who is on each subcommittee as well as the cross-over issues (attached).
- Utilizing 'doodle polls' or something similar for meeting dates.
- Each subcommittee should create a purpose and work on the subcommittee framework during their first call.
 - Marlene will create and email to DEMST (attached).
- Possible formation of a legislative committee – will be established if the need arises.
- Be aware of legislative timing with scheduling meetings.
 - Legislative issues should be brought forward in April meeting.
 - Optional packages may be brought forward through DEMST.

Establishing a Strategic Planning Subcommittee

This subcommittee has not met.

Dispatch Subcommittee Report

Although this subcommittee has not met Liz shared with the council members that there has been a lot of discussion behind the scenes with the 911 Association, Lindsey and Liz. Liz stated that the DoH has an opportunity to be included in the development of the NextGen 9-1-1 system and the EMS layer.

The intent of the legislative mandate for quickest EMS-to-dispatch is best patient outcome. There has been discussion of some of the key factors that are problems in achieving best patient outcome:

1. QRUs.
 - a. Lack of a 24/7 requirement.
 - b. QRU layer isn't clearly identified.
 - c. Verbal understandings.
 - d. Lack of 'industrial QRU' licensure level – these QRUs are included in lists of licensed QRUs even though they do not respond to general EMS calls.
2. 'Chute-time' isn't built into the response time in regards to quickest EMS to scene.
 - a. Not all PSAPs have CAD.
 - b. Time is when unit moves – not a designated time calculation.
 - c. A variety of non-compliance exists.
 - d. DoH feels information should come from the PSAP but this won't happen with a mandate. DoH and 911 Association working together towards this goal.
 - e. Next step would be a presentation by DoH to the ESC3 committee (emergency services communications coordinating committee).
3. Substations
 - a. Coverage and response areas.

The NextGen 9-1-1 system gives the ability to utilize more information to actually dispatch the quickest response taking into consideration things like speed, surface type, air transport, intercept response, etc. It's a dynamic system and will be electronically maintained rather than in a map book. The 911 Association is developing the infrastructure and will be responsible for bringing things up legislatively.

Rules Status

Curt and Tom had a conference call regarding the progress of rules. The draft rules have been submitted for review and Tom will be meeting with Tim Wiedrich for discussion. Community Paramedic rules have not been written. The hope is for completion prior to the legislative session.

The report from ACEP may justify need for some rule changes. It was stated that sometimes something needs to be in rule in order to show that something is already being done in the state to avoid getting low scores on national studies.

Lynette is sending a clarification of HIN description to be changed in the October minutes.

Motion made to approve the minutes from October 17, 2013 meeting with these amended changes.

Original motion and second verified by Diane Witteman and Ken Reed.

No further discussion; motion carried.

Community Paramedic Subcommittee Update

Ken reported that the subcommittee has met twice and is meeting again on February 3 in Jamestown.

Progress identified:

- Inclusion criteria for agencies included in the pilot process have been decided.
- Two agencies have been preapproved (F-M Ambulance and Rugby) in order to get started as quickly as possible.
- Proposal format has not been developed.
- Nine people are enrolled in the class starting February 3.
- The decision was made to move ahead with the Hennepin program using the national curriculum rather than create a new curriculum at this point.
 - 60 hours of didactic education
 - Builds on the paramedic knowledge base
 - Drills in on long term / chronic diseases
 - In-depth physical exams
 - Class project of needs analysis in their community
- Needs and usage will be varied by community; i.e. Fargo is looking primarily at serving 'frequent fliers' whereas Rugby is looking at more out-reach usage for clinics.
- Letters are going out to all ambulance services looking for interested entities.
 - Must have at least one FT paramedic
 - Must have relationship with primary care facility
- Another stakeholder meeting will be held in March.
- May not have a comprehensive program upon completion of the pilot project
 - CP must be a recognized level of licensure to be eligible for reimbursement
 - Medicaid rules address this licensure level and reimbursement rates
 - Rules must be written for ND
 - Minnesota has been working on their CP program for seven years and is still in progress
- CP program set up around maintaining EMS community coverage

Lucas Device Project

- A notice was sent to all ambulance services.
- Devices can be ordered as soon as the first 106 contracts are submitted.
- The other 106 devices can be ordered after May.
- The program is set up so ambulance services do not have to pay until after they get funding from the state.
- DoH will be keeping five units as loaners as needed.
- Services can take out service contracts individually if desired but would be paid on their own.
- Six hospitals with cardiac cath labs will get two devices per facility.

- Training is provided
 - 15 – 20 instructors to be trained and then train services
 - Physiocontrol working with NDEMSEA
 - 3 hour train-the-trainer
 - 1.5 hour service trainings
 - Notify Curt of interest of instructors
 - Depending on unit delivery – end of February / early March
 - Joe Schmitz from Physiocontrol will be training hospitals
 - SIMND is getting five devices; one for each truck and a back-up device

Funding Area Grants Update

(See attached document for update including notes from meeting)

Pilot Project Update

- There are still a lot of questions out there regarding the pilot project recertification program.
- A-Team – a group of ‘experts’ trained at the local level to answer pilot program questions.
- Information and resources will be compiled on the DEMST website.

EVOC Survey

Curt sent out an electronic EVOC survey to all EVOC instructors.

(See attached results)

DEMST is looking to make changes to EVOC rules during the rule change process.

STEMI/Stroke Coordinator Position

- This will be a full-time position housed in DEMST.
- The job description is in the works.
- The Stroke System of Care Task Force has been meeting in full force again and DEMST would like to get this filled as soon as possible.

Other Business

Lindsey presented a listing of ambulance call volume.

(See attached)

Dr Sather shared with the council that he has been working with a Utah group developing an ALS Industrial QRU for oil field response. This is a system of disaster mode where the site is on lock down and all employees are trained for emergencies in one position or another. The system involves a paramedic on site, an aircraft landing site, predetermined information and knowledge of all available resources, i.e. ALS / BLS ambulances, aircrafts, etc. This is a brand new system to the oil industry as a whole.

June shared that AHA continues work with CPR training and schools. DPI has reimbursement information for the program. AHA hopes to maintain the funding for future years however this was not a school mandate.

Jim Demell brought up for discussion EMS safety in regards to responding to incidents during inclement weather. There have been more than one situation recently of EMS personnel putting themselves in

danger during zero visibility and blizzard conditions as the interstates are not closed when they feel they should be.

- Suggestion to write a letter to the governor voicing these concerns.
- DOT no longer governs the closing of interstates.
- HP now controls these situations and it is a long procedure to shut down the interstates.
- Zero visibility isn't enough criteria.
- Rally stakeholders in the county / area and move ahead with the cause.
- Above all EMS providers need to remember scene safety.

Meeting Adjourned