

EMS ADVISORY COUNCIL MEETING
MINUTES
June 20, 2013
Room 210-212 State Capitol

Members Present: Curt Halmrast, Tim Meyer, Diane Witteman, Jeff Sather, Kari Enget, Liz Beck, Lynette Dickson, Lynn Hartman and Marlene Miller.

Members Not Present: June Herman and Terry Ault.

DoH Representation Present: Lindsey Narloch, Ed Gregoire, Ruth Hursman, Tom Nehring, Jan Franklund, Amanda Roehrich and Linda Zahn.

Others Present: Mona Thompson, Jim DeMell and Sherm Syverson.

Curt Halmrast welcomed the committee and introductions were made around the table.

Approval of Minutes:

Motion made to approve the minutes from January 17, 2013 meeting.

Motion made by Kari Enget, Motion seconded by Lynn Hartman.

No further discussion; motion carried.

This meeting did not follow the agenda. Minutes are written as the meeting was conducted.

Funding Area Grant Update: (Agenda item 2) Amanda

At the time of this meeting , \$517,000 of awarded funds was left unspent. The services with funds remaining had been contacted by DEMST and had plans to spend their remaining funds. Sixty-nine applications were received this grant cycle for a total request of \$7,785,002. The average request was \$109,648 with the lowest request being \$14,270 and the highest request \$312,350. A large amount of money requested is for staffing requirements.

Jim DeMell contacted 13 ambulance services for their opinions on the current grant process.

Some of the results:

- 9 said the financial portion was more difficult
- 2 said it was really smooth
- 2 services had issues with the other service/s in their funding area
- 2 were hospital based
- 6 expressed appreciation for the grant money
- 3 felt they were penalized if they had too much money in the bank

Several services mentioned that the process was very time consuming.

Lindsey explained that the Department felt there needed to be more efforts in establishing need. She also explained that money in the bank displays sustainability and good business structure, yet less need.

Mona said she encourages services to do financial statements. DEMST has realized that there are ambulance squad leaders that still don't know about the Big Picture data base and updating their squad rosters or what Web Cur is.

DEMST will let the service know the reason for not getting funded if the application is not approved.

Community Paramedic Update (Agenda item 5)

Sherm and Curt: There will be a coordinator for the Community Paramedic and STEMI programs located in the Health Department. This position will be important to get all involved entities working together. The next step is to have a stakeholders meeting and decide what areas to promote. Education is going to be a big piece of this program. The target for the class will be fall of 2014. Different names have been discussed in place of Community Paramedic, one of which would be Community EMS. The hope is to eliminate some confusion currently circulating about the program.

Leadership and Management Training update (Agenda Item 7)

This is a 3 course curriculum in helping service managers lead and run their ambulance service. There are 32 people signed up for the first class. The class sizes would only be 30-35 people and 1-2 hours per topic for each of the 7 hour courses. There will be evaluations after each course.

The first course will cover the basics of operations. The second course will center around budgets and finances. The third course will deal with HR issues.

The EMS Association is not sure of their role in future trainings because it takes a lot of their resources. They might be working with Lynette Dickson and her group to help out with these trainings.

Substation Discussion (Agenda item 9)

Lindsey has been working with 911 to fix issues and make things more uniform throughout the state. Next Generation 911 is now running on analog system. The counties have agreed to contribute funds to have a coordinator work with them to get on an IP network to allow better technology for the 911 system. The cost for ambulance services remains the big question. Liz will do some checking into this so ambulances can plan for future expenses. Next Generation is going to need state wide coverage areas for PSAPs and then another layer for ambulances. This would make more standardized procedures and streamline the dispatching of substations and setting up coverage areas. The belief is that there will be more substations within the next year so the dispatching issue needs to be decided.

Liz mentioned that the number of steps to change boundaries of coverage is cumbersome and there are 24 counties handled by state radio. Next Generation will improve this situation. If a substation wouldn't be available there is a layer that can go over the map and calls can be divided out. The layers will be completed by 2014 so they need to decide on best practices by then. Tim suggested a committee should work on this so it was decided that the Dispatch committee (Lindsey, Liz, Diane, Kari and Jim) will work on this.

Other: Lindsey also sent out a handout of an open website that the public can use for license verification for individuals or agencies. The information will come from the DEMST Big Picture database. We are still not sure what information should be shown to the public. Currently, it will show their active

license, status and expiration. DEMST will be making final decisions on viable information and working with the vendor to finalize and implement.

Questions on Written Summaries – Program updates (Agenda item 12)

EMSC – The ambulances will be receiving pediatric pads for their AED's. The EMSC coordinator position is still open.

Trauma – Ruth is working on getting Belcourt designated. The State Trauma Conference will be held in Minot this year on September 10, 11 and 12.

Education –The pilot project with NREMT for new processes is in process. The new EMS education has been rolled out. We have 2 NREMT reps manning a 'ND Hotline'. Online registrations have begun. The education hours needed have decreased from 72 to 40 hours for EMT (50 hours for AEMT and 60 hours for Paramedic). There will be no more new refresher courses allowed but any presently in process will count. There will be a recertification form available soon on the DEMST web site that can be completed with continuing education hours to recertify as state EMR. The recertification model is better and more dynamic than the refresher course. People with 2015 expiration dates will need to take an assessment test. Ed encourages EMR's to become certified with NREMT. Most states won't accept an EMR certification from another state and are requiring EMR's to be Nationally registered. As of January 1, all Paramedic programs have to be accredited with CoA. Bismarck, Jamestown and Fargo's programs are already accredited and Minot is working on getting their accreditation.

Dispatch- Lindsey attended the last meeting and then sat in on a breakout session with state radio counties. One of the major problems that came up was the inability of ambulances to hear everything that dispatch is saying to them and vice versa. There will be a letter going out from them regarding communication issues such as digital clicking and then waiting two seconds to talk, repeating pages etc. Each county has standard operating procedures with state radio and that is how state radio dispatches for that county.

State radio is down three dispatchers but have received additional FTE's to add some more. They will also be adding more towers this fall and will be having a new dispatch center at Fraire Barracks. Jason has been contacting the air services because he is trying to create another layer of how far the air services can physically respond.

Liz is going to talk to program managers. DOT brings in entities of all areas of Emergency service response.

Funding Area Grant Update (Agenda item 2) Tom

Issues for committee to consider: HB 1358 was the original bill for monies for EMS in oil impact areas. There was \$14 million in original bill, the first engrossment in Section 9 had 6.2 million was for the rest of the state. If a county received \$5 million or more from oil production taxes they were eligible (21 ambulances in those counties). If those counties wouldn't have been eligible it would have decreased our net number of funding areas from 94 to 78. The final language in the bill made no mention of this eligibility. Tom took this issue back to the Attorney General to go through the legislative records to make a determination if it is still the intent to make ambulance services in oil impacted areas non-

eligible for rural EMS assistance grant. Tom has not heard back from the AG's office yet. Tom recommended that the services apply for Rural EMS Assistance grant. Some of the concerns our office is hearing are – 1. Why should a service in an oil impact area be eligible for both grants and 2. What if there are two services in a funding area and one is in an oil impact county and the other isn't. Oil Impact grants are only granted to those counties and they prioritize according to levels. It is undecided if oil impact funds can be used for staffing issues.

Rules Update (Agenda item 3)

~~There is no longer certification in the state for Trauma. According to American College of Surgeons they must have successful completion of ATLS Certification.~~ The American College of Surgeons has changed the verbiage used related to ATLS certification. Providers are no longer said to be certified or not certified. The new verbiage is, the provider has 'successfully completed and is current in ATLS'. So that is something that has to be updated in the rules. We won't meet the August deadline for Health Council rules submission.

Stroke and STEMI (Agenda item 4)

We have been approved for full-time equivalent (FTE) for a SSTEMI/Community Paramedic coordinator. We will be advertising for this position after July 1. DEMST is working closely with Chronic Disease division on this program. STEMI has been coordinated by ND Heart Association up to this point but Tom is unclear how long they will be involved once the Helmsley grant money runs out. Stroke dollars will now come to the Health Department and be divided up between Chronic Disease and DEMST. DEMST will have responsibility for the medical side of the program to include working with providers and running the Stroke System of Care Task Force. The Chronic Disease division will be working on the public side of the program, such as education. Both of these programs have been managed with full-time employees. DEMST continues to manage a huge work load, including getting these new programs up and running.

There was discussion regarding the importance of the Rural EMS improvement project sustainability assessment tool that was utilized in the FA grant completion. The reason for this was for DEMST get another view of the future of ambulance services in ND. There are ambulance services in ND that are non-sustainable right now that don't want to close but are having a hard time handling calls. The belief is that there will be a few less ambulances in the next year and that some of these may change to substations. Sustainability of ambulances is very important to providing EMS in a reasonable fashion. There was a suggestion that there may need to be regional meetings when an ambulance is having trouble to allow the other ambulances in the region to know what the issues are and work on a plan for the future.

SIM ND (Agenda item 6)

This program is up and running. There are four trucks in the state. The first training will be held in July. The six tertiary care hospitals in ND are making this possible because they have training crews and the vehicles in their community. The Helmsley grant paid for 100% of salaries for training crews for the first year, 2/3 for the second year and 1/3 for the third year. We are in the second year right now. The

salaries will then be picked up by the tertiary hospitals supplying the staff. The stakeholders in this program include the Helmsley Group, the six tertiary care hospitals, SIM ND (at ND Star UND), the Health Department and all the ambulance services and critical care access hospitals. The goal of this program is to make it to every ambulance service and every critical access hospital annually. There are other groups that want to utilize the program, such as disaster preparedness, the rural trauma team, ATLS etc. The contact person for scheduling the crews is Amy Malheim (701-777-5619), the coordinator located at UND.

Medical Director (Agenda item 8)

During the 2013 legislative session there was a significant increase in dollars for the state trauma program. Last biennium \$50,000 was budgeted for a trauma medical director position. This budget was increased to \$175,000 for the current biennium. Dr. Szlabick is currently the trauma medical director has agreed to be the EMS medical director as well. The hope is that the state EMS medical director will work closely with ambulance services and their medical directors on quality improvement. He/she would be a liaison to service medical directors, have meetings with them, and do training for them and work on process improvement (PI). **Motion made by Jeff Sather to recommend Dr. Szlabick as the state EMS Medical director, seconded by Lynn Hartman. Motion carried.**

EMSAC role in QI process (Agenda item 10)

There are no statutes in the state that protect QI activities for EMS. Tom passed out copy of 23-27-04.3 and suggested that the state medical director work with a subcommittee on performance/quality Improvement of EMS in the state. Dr. Sather, and Kari agreed to work on this committee. Sherm recommended Kathy Lonski from F-M ambulance to this subcommittee also as this is her duty at FM. Tom and Ruth can work on it ad hoc. It was suggested that they begin work on format and parameters and bring back to the EMSAC for further input.

Strategic Planning (Agenda item 11)

A copy of HB 1044 was sent out with the FA grant guidance. This includes creating a plan for integrated EMS services in the state. Tom would like EMSAC to work with DEMST and get a plan together by July 2014 to be presented to the legislature during the next session. The plan should include progress made with grants and collaboration of services, which way we should move towards the future, and what obstacles there are.

Tom expressed gratitude to Curt and the EMS Association as well as Tim Meyer and Ken Tupa for all their efforts during the legislative session. The EMS industry has benefited from their hard work and now we should move forward on future planning. We need to keep records of the accomplishments and progress and report these back to the legislators. Tom sees this as part of the goals for EMSAC. A subcommittee needs to be established to begin work on this.

Membership of committee

There was discussion regarding the open positions on the EMSAC.

Council members agreed on Senator Judy Lee for the legislative position. Tom will approach Dr. Dwelle regarding this nomination.

It was also agreed upon to have Tom talk to Jerry Jurena about having Rocky Zastoupil act as his replacement.

Suggestions for remaining position include:

- DOT - Karen Mongeon
- HIT -Sheldon Wolf, Chad Peterson
- Ken Reed – EMS /community paramedic
- Someone from Highway Patrol

Council members will e-mail suggestions to Tom. This decision needs to be finalized at the next meeting.

In July/August some of the terms will be up. Everyone is agreeable to stay on as members. Curt will send out the list of members, who they represent and the year they are up.

Other Business (Agenda item 13)

There is a new grant opportunity for ND. Tom, Dr Dwelle and Tim Wiedrich met with the Helmsley group and they would like us to submit a grant for purchasing a Lucas Device(Mechanical CPR Device from Physio Control) for every ambulance service in the state. This is an opportunity for an additional \$2.4 million going out to ND EMS. Dr. Sather is in favor of it, and says it would lessen the physical stress of an attendant doing CPR. Mona has also done research on it and said they received a lot of positive feedback. It is a very consistent machine and simple to use and easily transported. Tom will write the grant and if accepted DEMST will send letters to ambulance services. **Dr. Sather made a motion for Tom to go ahead with writing the grant to the Helmsley group for the Lucas Device purchases, Kari Enget seconded. Motion carried.**

Motion made by Tim Meyer to adjourn, seconded by Diane Witteman. Motion carried. Meeting adjourned.