

**EMS ADVISORY COUNCIL MEETING
MINUTES
August 18, 2011
Pioneer Room, State Capitol Building**

Members Present: Jeff Sather, Mark Nelson, Doug Anderson, Tim Meyer, Curt Halmrast, Diane Witteman, Kari Enget, June Herman, Terry Ault, Liz Beck and Gerry Uglem

Members Not Present: Marlene Miller and Jerry Jurena

DoH Representatives Present: Tim Wiedrich, Amy Eberle, Lindsey Narloch, Kari Kuhn, Jan Franklund, Linda Zahn, Tom Nehring, Ed Gregoire

Others Present: Ken Reed, Cody Friesz

Welcome and Introductions

Tom gave a brief welcome and thanked everybody for their commitment to this new Council. Introductions were done around the table.

Minutes for these meetings will be emailed to council members as well as being posted on the DEMST website (www.ndhealth.gov/ems).

Tom feels that tasks associated with the passing of HB 1044 will be the initial primary tasks for this council. Most of the information discussed today was sent prior to today's meeting. There have been two revisions done of the Rural EMS Improvement Project final report since the version contained in the binders. DEMST will hold off sending further versions until the final version has been completed. The strategic visioning document, looking at EMS in 2020, should be printed and sent in the near future.

EMS Advisory Council Purpose

Tom reviewed the purpose of the EMS Advisory Council (see attached). The first three bullet points are pulled from HB 1044:

1. Recommend to the ND DoH the plan for integrated emergency medical services in the state
2. Development and recommendation of emergency medical services funding areas and budget criteria
3. Development of the emergency medical services funding areas and recommendations of the application process

This document lists council members as well as member responsibilities, terms of office, travel reimbursement and voting processes.

Tom put the election of chair and vice chair to council decision. Doug Anderson suggested this decision be made at the end of the meeting after members had a chance to have some discussion about the upcoming tasks. Members voted unanimously in agreement with this suggestion. Dr. Sather suggested considering co-chairs rather than a chair / vice chair. He suggested that co-chairs make for a smoother sharing of duties.

After an inquiry Tom explained that he believes the officer positions should be voting members of the EMSAC and not a DoH employee. This council should be a working body and belong to the members.

Rural EMS Improvement Project (see attached *Final Presentation*)

This was a 14-month project from May 2010 – June 2011. SafeTech Solutions was the company selected through the RFP process to complete the project tasks. John Becknell was the project manager and spent a lot of time in North Dakota and with Tom and DEMST. Tom expressed that he is very pleased with the outcome of SafeTech's efforts.

Highlights of the project include:

- Eight leadership summits – face to face group meetings. This is where John spent a lot of time gaining knowledge of current ambulance leadership and situations. John was also at the Minot EMS Rendezvous in 2010 where he did a lot of visiting with EMS personnel.
- Three regional consultants were hired: Jim DeMell, Mona Thompson, and Lynn Hartman. These coordinators spent time consulting with the EMS agencies in their area and getting to know their specific issues and working towards regional collaboration.
- SafeTech has four leadership training levels. Five level one sessions were presented in North Dakota and one level two. These sessions were very well attended and the feedback was very good. Tom mentioned that the committee may want to look into this as a future task.
- A recruitment workshop was held at the 2011 EMS Rendezvous. This session was also well attended. SafeTech brought in a speaker from Denver for this presentation.
- An introduction for ND EMS medical directors. There are 71 medical directors in North Dakota with an average of 5 or 6 showing up at the medical director meetings. A medical director handbook and job description were developed and are available on the DEMST website along with the other SafeTech documents.
- An introduction to quality was developed for medical directors as well as ambulance managers use.

John spent a great deal of time in direct consultation with local agencies looking at best practices and helping with strategies for the future. He was also involved in the strategic visioning for EMS 2020 in North Dakota.

There were three focus studies completed during the project: 1. Pembina County – looking at the system approach, 2. Cass County – looking at this seemingly functional area as a possible model for others, 3. Oil Impact Region – the crisis happening in western ND. This has led to the formation of ‘oil impact EMS – OIEMS’ – a subsidiary under NDEMSEA with leadership by Alan Hanson.

The final touches to the statewide assessment are still being completed. 83 of 134 surveys were returned and many individual discussions took place. Some of the conclusions and recommendations of the project were discussed as shown in the attached *Final Presentation*.

Possible collaboration and regionalization and investment in leadership training were discussed. As well as the possible use of community paramedics (see attached *CP Curriculum Presentation 811*).

Doug Anderson asked about data regarding the average age of the EMS providers in North Dakota. Tom believes there will be information regarding this in the final report when completed.

There was also discussion about comparisons between ND EMS and that of other rural states. The oil boom is bringing EMS providers into ND from all over the country. Tom thought this was a good idea and will be doing some of this legwork through conversations at the upcoming NASEMSO meeting. Tom shared that there are 17,000 ambulances in the US, 12,000 of which are volunteer services. Dr. Sather commented that with ND being a ‘super rural’ state, there isn’t very many to compare it to but we can always learn by best practices of others whether rural or urban.

One hope for the future is to gain attention of various foundations, etc. for funding resources and pave the way for developing models for others to learn from without entirely ‘reinventing the wheel’.

The suggestion was made to have representatives from those focus areas (Cass, Pembina, and oil impact) to come speak to the EMSAC. Tom stated that he is also hoping to have John Becknell come and speak to this group as well as the governor and the legislature. John sees many EMS systems and has a wider national perspective on EMS as a whole. There was discussion about the troubles of those that did not respond or attend any of the sessions and that the local roots of the ambulance services must be honored.

If anybody notices any errors in the current version of the final report, please email Tom.

History of Staffing Grants (see attached copy of grant allocation)

In 2007 there was \$1.25 million appropriated for staffing grants. In 2009 \$1 million was added to this funding. In 2011 OMB withdrew this added million saying it was a one-time funding source. With the \$3 million from HB 1044, there is \$1.25 to be spent from 7/1/2011 – 6/30/2012 and \$3 million from 7/1/2012 – 6/30/2013.

Thirty-eight services applied for funding, which totaled more than the allotted \$1.25 million. All 38 services that applied prior to the deadline were funded, although some were not funded for the total amount requested. There were two services that put in their application after the deadline that were not funded.

There will be a total of \$4.25 million to divide equally during the next biennium (2013 – 2015).

Review of HB 1044 (see copy of HB 1044 in EMSAC binders)

Section 1

There was discussion surrounding the phrasing of ‘...and may designate their service areas.’ and what the intent was. This is a concern to the Division, ambulance services, as well as PSAPs. There will be discussion and rule writing to be done surrounding this bill.

Section 2

This section contains the description of the new EMSAC. However, it does not outline the membership other than specifying 3 seats to be assigned by ‘an emergency medical services organization’ (NDEMSEA) as well as a BLS and an ALS representative. The other seats are to be designated by the State Health Officer, not to exceed 14 voting members.

There was much discussion regarding the formation of the *emergency medical services funding areas*. Discussion included questions of available information, laws surrounding the dispatching of the closest available ambulance, and the patient care perspective.

Requested information to be provided includes:

- A presentation of the EMSA information already formatted
- Maps showing the established services and their call volume
- Definition of reasonable EMS (see attached)
- Maps (map book provided in binder)
- Population information
- Run time information
- Information in REIP and other reports regarding future projections (oil impact)
- Collaborations already in place
- A/G opinion regarding dispatching of closes ambulance
- Locations of hospitals
- Raw data and information relating to patient care
- Analysis of the 8 counties reporting no funding and their call volume and viability, etc.
- Possible tax information

It was decided that more information and discussion needs to take place before possibly forming a task force to work on this issue. Input from all representatives is needed at this time.

It was discussed that the intent of the ‘local matching funds’ does not include volunteer time, but rather to increase dollars received from local funding. This will also need to be defined in rule to express the correct intent. There was also discussion about the use of a cap on the funding given to funding areas.

Oil Impact EMS (see attached *Final Presentation*)

The impact of the oil boom on EMS has been immense. John Becknell's discussion with individual providers in the western part of the state has revealed their sense of being overwhelmed. The population, crime rates, and EMS calls have gone up drastically. There are also issues with locating addresses in the newly developed 'man camps' and with chemicals that are new to the workers.

DEMST Rule Changes (see attached draft rules)

After some discussion in DEMST, there are some highlighted proposed changes. Please review these drafts and submit any thoughts or requests to Ed egregoire@nd.gov and Tom trnehrling@nd.gov. A compilation of proposed rules will be brought back to the EMSAC for further discussion.

Education Roll-out Update (see attached *Overview of transition by level*)

Ed stated that there are 27 different levels of EMT nationwide. The new EMS standards that are being implemented will make this uniform and will make it much easier for granting reciprocity across state borders. The rollout sessions explain the new levels of EMS providers as well as the new standards and the new teaching format. In the past EMS courses followed the DOT curriculum which could not be changed. The new standards utilize competency based training. Ed has put a sample schedule and average time with the new standards as requested by instructors. The EMT course curriculum was 110 hours, the new average time is 150 – 190 hours including all seat time rather than only classroom time. This time is only a guide – not a requirement. Competency based training requires the learning time to be as long as is necessary to be sure that all students in the class become competent in the skills required.

There have been 5 of 6 NAEMSE rollout sessions completed. The session schedule for June in Minot was canceled due to the flooding. This rollout session is required for every instructor in the state. The session counts as an I/C refresher or a complete continuing education coordinator course.

STEMI / Stroke Programs (June Herman)

The American Heart Association and the Department of Health have both been working with the heart disease / stroke programs. June stated that in recent studies heart attack and stroke has been identified as the biggest fear in rural North Dakota.

Over 80% of North Dakota hospitals are on board with the stroke registry. DoH is a 'superuser' meaning they can pull any / all data from the registry. AHA is working to encourage hospitals to develop stroke response teams. A 'stroke systems of care task force' has been designed to work on systems and protocols relating to stroke. Currently there are four stroke centers in North Dakota with four additional hospitals in progress.

A mission life line director has been hired and will be starting September 1, 2011. This person will be working to aid in the development of a system modeled after South Dakota including providing 12-lead EKGs to ambulances to transmit information to hospitals, whether BLS or ALS. They are also working to make CPR a requirement for high school graduation.

Trauma System Overview (Amy Eberle see attached *ND Trauma Brochure and Trauma System Summary*)

Amy gave a brief overview of the trauma system which began in 1995 through federal funding with the goal of ensuring appropriate response and the decrease of morbidity and mortality. Currently the system operates on limited funding, but has just received an additional \$50,000 per biennium for a part time medical director position.

There are currently 6 level IIs, 16 level IVs, and 23 level Vs. There is currently a shift taking place from level IVs to level Vs due to the availability of providers. Belcourt is an IHS hospital and therefore not required to be designated, and at this point is the only hospital in North Dakota that is not designated. All hospitals are required to submit data to the trauma registry and recently they have started a QI process by doing case reviews by level IIs of level IVs and Vs.

EMSC Overview (Mary Tello-Pool)

Mary gave a brief overview of the EMS for Children program which is also located within the Division of EMS and Trauma. The EMSC program rotates around performance measures based on the federal grant that funds the program. They are currently in the third year of a 3-year cycle. Mary has recently worked to obtain funding for required pediatric supplies for ambulance services. EMSC participates in activities in the community in support of safety and care for children, including disbursement of crayons and activities to shelters during the recent flood events in the state and disaster preparation and recovery information for their parents.

Election of Chairs

After discussion of the need for familiarity with the EMS system in North Dakota as well as leadership ability, it was unanimously decided to elect Tim Meyer and Curt Halmrast to the co-chair positions.

The following details were decided in regards to upcoming meetings:

- Face-to-face as often as possible, especially through this beginning busy time
- Begin no earlier than 10AM to allow time for travel
- A minimum of six hours in length to make travel time and expense worthwhile
- Information should be sent out ahead of time to be reviewed prior to the meeting

Other Business

No other business was presented.

Next Meeting

The next meeting is scheduled for September 15 with agenda and more information to come.

Meeting Adjourned