

**EMS ADVISORY COUNCIL MEETING  
MINUTES  
January 18, 2012  
AV Room 210-212 State Capitol**

**Members Present:** Tim Meyer, Curt Halmrast, Jeff Sather, Gerald Uglem, Kari Enget, Diane Witteman, Marlene Miller, June Herman, Liz Beck, Terry Ault, Lynn Hartman, Dr Sather, Mark Nelson (11:00)

**MembersNot Present:** Jerry Jurena, Doug Anderson

**DoH Representatives Present:** Tom Nehring, Ed Gregoire, Lindsey Narloch, Amy Eberle, Mary Tello-Pool, Linda Zahn, Jan Franklund, Kari Kuhn.

**Others Present:** Mona Thompson, Jim DeMell, Cody Friesz

Tim Meyer welcomed the committee and introductions were made around the table.

**Approval of Minutes:** Terry Ault was left off the list of attendees. He will be added to correctly show those council members in attendance.

June moved to approve the minutes with the addition of Terry Ault to the list of attendees.

Diane seconded the motion.

No further discussion – motion approved.

**Apology Letter – Tom Nehring**

Tom distributed a draft copy of an apology letter being sent by DEMST to all ambulance services. Tom explained that the wrong listserv was used in distribution of the information regarding the current staffing grant. DEMST is unaware of how many possibly eligible services did not receive this information. The error was brought to light in December when Senator Gary Lee from Casselton contacted the office.

The council recommended adding a deadline to the letter for eligible services to contact DEMST.

There was a discussion regarding possible solutions to the issue.

**CMS Grant (See Attached)**

Curt introduced a Healthcare Innovation Challenge grant. This opportunity consists of \$1 billion to fund innovative services being awarded in \$1 million to \$30 million awards. DEMST is working with NDEMSEA through this grant opportunity. The application is due January 27, 2012 with another opportunity to apply in August, 2012. If the January application is denied, it will be critiqued which could better the chances of being awarded when applying in August.

This project is specifically looking for innovative ideas therefore Marlene asked if regionalization of EMS is innovative or not. Tom N and Tim M agree that there isn't a lot of regionalization or a general state system of EMS in other states and if there is regionalization it is in mostly larger cities.

There was further discussion regarding options for grant application.

**Pharmacy Rules Update (see attached) – Tim M**

Tim feels there may currently be compliance issues due to the fact that the current rules are outdated and do not seem to be the norm at this time. This process will include a public hearing and an opportunity for written comment.

Current: A pharmacy or pharmacist must own all medications in an ambulance.

Proposed: Gives the option of the medical director having ownership of the drugs.

Current: Any unused portion of drugs is currently required to be 'wasted' in the presence of a doctor or nurse.

Proposed: If you have the legal authority to use the drug you should have the legal authority to dispose of it.

There are also proposed changes in the record keeping of drugs giving ambulances the ability to monitor controlled medications as they see fit while abiding by federal regulations.

Tim stated that about 95% of the proposed changes were accepted by the Board of Pharmacy and that they have been very good to work with. The public hearing will be at one of the next two board meetings.

Dr Sather recommended these proposed rules be sent to all ALS services.

### **STEMI Update**

The survey that was done several months ago didn't give a true report of current needs. The recent survey has relayed information that more specifically shows the current equipment needs of ambulance services.

Curt will meet with Mindy to review survey results. This survey was quite detailed regarding what equipment is already out there to verify its ability to be updated. Most of the difficulty has been with the transmission of data and cross-communication between systems. This meeting will also include discussion of the funding plan. This is a reimbursement program with the transaction required to take place between the service and the vendor.

Dr Sather feels that the EMSAC can be helpful with this process and that this may be a regionalization issue with services / hospitals that work together making sure to utilize the same systems. There may be some communication needed to providers / services in the state regarding SOP, training and current rules and regulations. There is some feeling of being overwhelmed by providers with unclear expectations of reading the EKG by BLS personnel / services. The expectations of application and transmission must be made clear.

AHA is looking forward to the coming legislative session for appropriate language to be included in upcoming rules and regulations. Dr Sather feels that the challenge will be in implementing the system and getting it to run smoothly. This is limited grant funding and should be taken advantage of while it is available. It will not be there later.

### **Crash Data (see attached) – Mark Nelson**

Mark provided 2008, 2009, and 2010 data and maps.

The highlighted counties on the 'crashes by county' list are oil counties.

National average has been 1.08 / 1.09 with North Dakota's average running over 2.

Tom believes this will be useful when reviewing funding areas and their criteria and that it would be useful to overlay ambulance areas with the crash map. Lindsey has worked with DOT previously to create this.

### **OIEMS Update and Oil Impact Funding (see attached) – Cody and Tom**

Cody gave an update regarding the requirements of the Energy Impact Grant Program with applications being due on 1/31/2012. Cody is urging all services that are eligible to apply as he believes that future funding availability will be determined at least in large part by the amount applied for during this cycle. Agencies should

apply for whatever they feel they need, including staffing even though staffing hasn't been approved as a fundable expense at this time. Another option is to use any money saved for capital expenses towards staffing and if funded to use the funding for garages, equipment, vehicles, sleeping quarters, etc.

Tom expressed his appreciation to NDEMSEA in their recent activities such as forming OIEMS, and working with funding issues, etc.

EMS services need to apply through a political subdivision. There is no specification regarding detail of narrative but the application does not allow much room for detail. Each service is visited directly prior to awarding funding.

There was some discussion regarding the complications with oil service specific EMS providers and the transfer of care to the responding ambulance with continuance of care.

### **Dispatch Subcommittee Update – Liz Beck**

Two surveys have been distributed; one to EMS agencies and one to dispatch agencies. These surveys were not sent to counties supported by state radio as state radio did a separate survey regarding the 38 services they dispatch.

Sixteen of 22 dispatch centers responded. Liz thanked the subcommittee members for all of their work. The dispatch survey consisted of 32 questions. The subcommittee has met and identified areas for a closer look at areas of opportunities for education and growth.

The survey results show that status checks are generally not done or are done 'as needed'. There is an identified gap in the availability of radios. Paramedics may carry a radio, but many EMTs don't. Many services leave radios in rigs and some don't have portable radios. There was discussion of purchasing portable radios with available funding.

The survey results show possible issues with radio communications.

1. Not using the right channel.
2. Out of repeater range.
3. Not waiting two seconds after pushing button to speak.

This could be an opportunity for EMS communication education.

There was discussion about BLS requesting ALS response from dispatch as well as the automatic dispatching of ALS in required instances. This may be another opportunity for education on communication between EMS and dispatch.

There are a list of required collected times in statute for the 911 Association and it appears these times are being collected. Other fields for recording time are on patient care reports and it appears these times are being collected except for patient contact time. Time spent waiting for extrication, etc. are not being reported back to dispatch for collection on a regular basis.

Some dispatch agencies requested more communications with EMS through regional meetings, conferences, regional training specific to dispatch, etc. There were suggestions made that bringing EMS and dispatch together through these means in order to give dispatch more of an understanding of what happens in the field would make more of a fluid team. This opportunity could take place at EMS conferences or at spring / fall APCO conferences. There were suggestions of the possibility of cross over training between EMD / EMS with the possibility of receiving continuing education for training.

Survey questions in relation to notification to EMS by dispatch of the 'nature of the call' resulted in mostly answers of 'most of the time' or 'all of the time'.

Most dispatch agencies responded that a medical director does not review the EMD cards used.

There was also a suggestion of compiling and examining 'best practices' utilized by EMD agencies.

There was mention of two times in Williams County that the entire dispatch system apparently went down. The feeling is that this was due to infrastructure issues. There was no specific information known and Liz would like to find out more on this issue to look for possible solutions or issues.

Liz plans to have a draft of survey results completed March – April 2012. Diane will be drafting a list of expectations of EMS / EMD such as if an EMS agency doesn't respond within 2 – 3 minutes of initial page, EMD will page again. It was suggested this be put in the Response Time magazine.

#### **Community Paramedic Subcommittee Update – Marlene Miller**

This subcommittee has had one meeting. There are minutes available upon request.

The subcommittee's purpose is decidedly to be a think tank for the EMS advisory council with a concentrated look at community paramedics with representation from the advisory council as well as external representation from Wayne Fahy and Sherm Syverson. Marlene commented on the uncertainty of North Dakota readiness, and that Minnesota is passing legislation. There is a fit for this in all areas, but probably with different uses.

The purpose would be to expand the paramedic role rather than the scope. F-M Ambulance has purchased a curriculum in connection with Minnesota. There are no national standards at this time. The subcommittee is identifying stakeholders and inviting Gary Wingrove to their next meeting. Gary was part of SafeTech at one time and has spearheaded community paramedic programs. The thought is that DoH / DEMST would act as the licensing board with a similar procedure as the current licensures.

#### **Rule Changes (see attached) – Tom**

Rule changes were discussed. Council recommendations will be taken into consideration and rules will be redrafted and presented to the council again via email for comments and discussion at the February meeting.

Tom has created a draft policy for council review regarding the 'Rural EMS Assistance Fund'. It was originally thought that these requirements needed to be in rule, but it has come to light that they can be in policy. This will allow for much more flexibility for future changes.

Some of the important points Tom mentioned in regards to these requirements were: defining an active service member, keeping it simple and an emphasis / incentive for collaboration within and outside funding areas.

#### **Next Meeting**

February 16 in the Brynhild Haugland Room. This is located on the west end of the ground floor of the capitol building.

#### **Meeting Adjourned**