

EMS ADVISORY COUNCIL MEETING
MINUTES
July 24, 2014
AV Room 210 – 212 State Capitol

Members Present: June Herman (phone), Marlene Miller (phone), Kari Enget, Lynn Hartman, Curt Halmrast, Karin Mongeon, Jeff Sather, Tim Meyer, Ken Reed, Diane Witteman (phone)

Members Not Present: Terry Ault, Jerry Juren, Lynette Dickson.

DoH Representation Present: Tom Nehring, Jan Franklund, Amanda Roehrich, Lindsey Narloch, Elizabeth Pihlaja, Kelli Sears, Shila Thorson, Ruth Hursman, Dr. Szlabick and Kari Kuhn.

Others Present: Ron Lawler – FM Ambulance, Adam Parker – Sanford

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

Approval of Minutes:

Motion made to approve the minutes from April 24, 2014 meeting.

Motion made by Jeff Sather, seconded by Lynn Hartman

No further discussion; motion carried.

The council made the decision to do roll call voting on recommendations.

Membership Changes

Karin Mongeon is replacing Mark Nelson. Appreciation was extended to Karin for agreeing to serve.

Representative Chet Pollert out of Carrington has agreed to serve on the council and will be sent an appointment letter from Dr Dwelle. Representative Pollert serves on the appropriations committee.

Shila Thorson is the new Stroke / Cardiac Care Coordinator within the Division of EMS and Trauma. Shila started with DEMST in April. The stroke and cardiac systems continue to move forward within the state.

After some discussion it was decided by council members to invite the chair of the cardiac care task force (cardiologist) and the chair of the stroke system f care task force (interventional cardiologist) to sit on the EMSAC as non-voting members.

Old Business

Three years ago American Heart Association was granted funding from the Helmsley Charitable Funds to begin the STEMI project in North Dakota. This three-year cycle is coming to an end. In November of 2013, North Dakota received funding for distribution of LUCAS devices. The first phase is complete and funds have been received for the second phase. This program is evolving into a system of care rather than just a STEMI project and LUCAS device project. There is \$114,000 remaining of the AHA STEMI project funds. This funding is being turned over to DoH rather than extending funding to AHA. The plan for these funds is to be used for sustainability of the STEMI/cardiac care system. These funds should be spent by the end of the current biennium.

Approximately half of the ambulance services have received their LUCAS devices.

Rules

Once rule changes are finalized within DEMST, they then go through the approval process within the Department. At that point an abbreviated announcement is sent to state newspapers. The public hearing will be held five weeks after the notice. Due to a process change, rule changes do not have to go the Health Council anymore. All comments from the public hearing will then need to be addressed. The Attorney General's office determines legality. All proposed rule changes will be sent to EMSAC as well as all ambulance services in North Dakota and to anybody requesting copies. They will also be posted on the DEMST website with a link posted on our Facebook page.

33-11-01.2-06

Substation Assets.

It is the opinion of the Department that substation assets should be signed over to the headquarter ambulance service. In previous discussion, EMSAC had recommended this language be removed as it is believed to have been an obstacle to the forming of substations.

Diane shared through her experience that it is much easier to administer when assets are turned over. There are insurance issues when ambulance vehicles are not turned over. Diane is in support of leaving the language in rule as it is requiring the relinquishing of assets to the headquarters ambulance. Ken agreed stating that the headquarter ambulance assumes the responsibility 'doing the heavy lifting', while the substation is no longer eligible to bill, etc, leaving no reason for them to maintain ownership. Tim M. stated that it was originally added as a tool to push the consolidation factor into the EMS system. Diane stated that while everything is put into Mohall's account, income and expenses are still identified separately as belonging to substations.

Motion #1 Leave the substation language as written in 33-11-01.2-06 to include the turnover of assets by the substation ambulance to the headquarter ambulance.

Motion made by Curt Halmrast, seconded by Kari Enget.

Discussion: Lynn feels some services may be discouraged by this requirement. Council members felt that this may mean that they aren't ready to change or that they need to look at the future of their service. Diane has a working model that can be outlined and followed with business models changed as needed.

No further discussion; motion carried.

33-11-01.2-10

PCR Drop Off

The current proposed rule is a 24-hour drop off requirement for PCR.

The statement was made that 'an abbreviated report is as dangerous as no report' and that a complete report must be delivered to the hospital at the time of patient drop off. The Department wants to it in rule that a PCR is immediately delivered to the hospital with the patient.

There are issues in the arena of medical records operability.

There was discussion regarding issues of immediate drop off vs the necessity of immediate drop off for appropriate patient care, the value of EMS, the current operability of the electronic records system and the possibilities of future system changes with allocation of funds.

Motion #2 EMS Advisory Council is in support of the Department seeking funding through an OAR for development of PCR submission through electronic means to include statewide EPCR capabilities.

Motion made by Lynn Hartman, seconded by Dr Sather.

No further discussion; motion carried.

Motion #3 Keep the current draft language of 33-11-01.2-10 as is stating a 24-hour requirement for PCR drop off.

Motion made by Ken Reed, seconded by Kari Enget.

Discussion: Dr Sather suggested changing to 'as soon as possible, but not longer than 24 hours' in an effort to stress the importance of immediate drop off. The statement was made that when they get done and when they get dropped at the hospital are two different things.

Motion #3 is withdrawn by Ken with a second agreement of withdrawal by Kari.

Motion #3 Change language of 33-11-01.2-10 to be written to convey an emphasis on immediacy with obvious exceptions to allow up to 24-hours drop off.

Motion made by Dr Sather, seconded by Kari Enget.

No further discussion; motion carried.

Stroke Language

The council discussed the readiness of the state to have stroke language included in the rules. June stated that she is willing to have alternate language but she feels there needs to be language to support efforts being made by the stroke system of care. Suggestion: '*Transport according to regional transport protocols taking into consideration appropriately designated hospitals.*' How will rule changes made now affect policies once designation of stroke ready hospitals begins in North Dakota.

Motion #4 Maintain currently proposed language to include July 1, 2015 as well as inclusion of the comprehensive level.

Motion made by Curt Halmrast, seconded by Jeff Sather.

No further discussion; motion carried.

State Certifications 33-36

There was discussion regarding the Department's desire to look into maintaining a state level certification for those levels being phased out by the National Registry. Tim W. would like DEMST to survey EMT-I/85s regarding their intentions and the level of interest of maintain a state certification if there was one available to them. This level would not be available as a new certification.

Discussed rotated around the dated skill-set of I/85s and the fact that DEMST representatives announced as of 2010 that I/85s would be no longer available in North Dakota. It was also stated that DEMST is revisiting the previously made decision regarding a state endorsed transition to AEMT. A state certification level would then require a state recertification process. The question was also raised regarding those that have already transitioned and whether or not they would be allowed to transition back.

Motion #5 Maintain a state licensure level of EMT-I/85 with AEMT recertification requirements.

Made by Ken Reed, seconded by Curt Halmrast.

No further discussion; motion carried.

(This was later reversed through conversations between DEMST and Tim Wiedrich and review of rules currently in place: 33-36-01-03)

Updates – Subcommittees:

Strategic Planning – Tom Nehring

This subcommittee has not met since the last EMSAC meeting.

Dispatch – Lindsey Narloch

This subcommittee has not met since the last EMSAC meeting.

Quality Improvement – Jeff Sather

This subcommittee has met via teleconference and began developing a plan to look at small pilot project. They have a few services that have agreed to take part. They plan to try to convene in September for a kick off rather than start off over summer.

EMS Information Interoperability – Lindsey Narloch

This subcommittee has brought forth a recommendation to EMSAC to create a timeline to have all ambulances transition to electronic to PCR.

After discussion, EMSAC referred a recommendation back to the subcommittee that the timeline wait for direction from the OAR as referred to earlier in reference to electronic PCR submission.

Community Paramedic – Ken Reed

The first class has graduated. Fargo students are doing clinicals while Ruby has seen their first 4 patients.

Bowman has enrolled 2 students in the August class, Billings county is still trying to meet with Ken to finalize plan. A fifth proposal has been received from Carrington. Ken continues to monitor activities at the national level. Tom and Ken are giving testimony to the interim committee next week 7/30.

EMS Movement to Higher Education

There was brief discussion over the possibilities of levels of EMS other than paramedic moving towards affiliation with high education institutions. Kelli shared that at this point it is still being discussed at COA. Although council members agreed that it would enhance training, it also appeared to be the consensus that there wouldn't be much movement in that direction until more levels of EMS providers in North Dakota are paid.

Update – LUCAS Device Project – Tom Nehring / Amanda Roehrich

Funding was received on July 8 for the second phase. There were more than 20 waiting which are now in accounting. Kelli will be contacting the 11 ambulances and hospitals that have not submitted contracts at this time.

Update – Funding Area Grants – Amanda Roehrich

The scoring has been done and the information has been put into a spreadsheet. We are currently in the process of determining allowable and unallowable expenses and determining funding scenarios. 69 applications were received including 6 new applicants. There were 8 previous applicants that did not reapply. There was a total of \$8.8 million in ask, with the largest request being \$325,618.

The question still remains of how to encourage collaboration and combining of funding areas.

Curt suggested the possibility of having a subcommittee to look at the commonalities between applications of funding areas: Tim Meyer, Curt Halmrast, Tom Nehring and Amanda Nehring.

Trauma – Ruth Hursman

The state trauma committee met last week. Ruth received feedback about physicians in level IV and V facilities that are board certified in emergency medicine. They don't feel that ATLS is a certification that they need to keep current and they feel this needs to be a changed in the trauma rules. The trauma committee feels no change is needed.

Stroke / Cardiac – Shila Thorson

The Mission Lifeline Conference is in Fargo August 5-6 including the stroke task force meeting as well as a Mission Lifeline meeting. The first cardiac task force meeting will be held the end of October.

EMSC – Elizabeth Pihlaja

Strategic planning is a priority for EMSC and Elizabeth is looking for improvement in the future as there has not been a lot of improvement in performance measures in the last few years. She has asked the EMSC advisory committee for suggestions for use of carryover funds to the benefit of ambulance services.

EMSC was in attendance at the state fair with the first aid kit booth as well as an event in Mandan in August. Elizabeth will be attending the EMSC national meeting next week.

Training – Kelli Sears

The bulk of recertification has been completed with the normal stragglers coming in. Kelli continues to get CEUs in for approval.

Kelli is in the process of developing an education committee for input on education and training for the future of EMS in North Dakota such as AEMT transition, the future of the instructor/coordinators, training institutions, etc.

Collaboration with NDHA Regarding Behavioral Health Issues

This was suggested at the last meeting especially in the western part of the state. Jerry and Tom have not met. Tom will be in contact with Jerry.

Schedule for 2015 EMSAC Meetings

January 22

April 23

July 23

October 22

Member Reports

Curt - NDEMSEA – Lynn Hartman is now the third regional advisor as Mona has cut back to ½ time.

Tim expressed appreciation to the council as a whole for their feedback and efforts.

Other business –

Tom brought up sustainability issues regarding some services that have been viewed as stable services that are now having issues.

Tom also brought up the issue of new services trying to start up in areas where there may / may not be a need and the appropriate way to handle this situation.

Points to ponder: What is the quality of care being practiced by ems in North Dakota? How do we measure the quality, increase quality improvement and medical director involvement?

Adjourn