

**EMS ADVISORY COUNCIL MEETING
MINUTES
February 16, 2012
Brynhild Haugland Room State Capitol**

Members Present: Doug Anderson, Lynn Harman, Marlene Miller, Curt Halmrast, Tim Meyer, Jeff Sather, Kari Enget, Diane Witteman, June Herman, Terry Ault, Mark Nelson

Members Not Present: Jerry Jurena, Liz Beck

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

Others Present: Mona Thompson, Jim DeMell

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

Approval of Minutes:

Motion to approve the January 18, 2012 minutes as written.

Motion made by Doug Anderson.

Motion seconded by Kari Enget.

No further discussion; motion carried.

Patient Care Reports – Continuum of Care

There was discussion in regards to the time requirements for submitting patient care reports (PCRs) to hospitals / ERs by EMS agencies / personnel. If not submitted immediately does this diminish the perceived importance of EMS work. This information should be available to assure the continuum of appropriate care of a patient. Dr Sather compared it to the importance of required short reports submitted to the patient record by surgeons. Tom is looking for council recommendation.

Lindsey stated that we do have an electronic data submission system but very few services use it as a sole means of input. (See survey results)

The division will decide on a list of required short report elements and bring them back to the council for discussion. This report will be put in rule in the future, but not as an added requirement to the full report.

Impact of Measure 2 – Curt Halmrast

Curt handed out information showing the impact of Measure 2 on individual county basis in an effort to make EMS aware of the possible implications. Curt recommended the following websites for information regarding this measure: keepitlocalnd.com; empowerthetaxpayer.blogspot.com; [secretary of state \(nd.gov/sos\)](http://secretaryofstate.nd.gov/sos), North Dakota League of Cities (ndlc.org), or just Google 'Measure 2 property taxes'.

DEMST takes a neutral stance on this issue.

Discussion of Possible Changes in Data Collection Vendor - Lindsey

The largest vendor for electronic data submission gave a sales presentation to DEMST. Lindsey feels that while there are a lot of good things, she feels changes wouldn't be very noticeable to the end user. The screens look very similar, but the data and reporting would be much better. There has been no firm dollar amounts given and DEMST is in the very beginning stages of exploring this issue.

Marlene brought up the Health Information Network (HIN) which is a nationwide movement to connect all patient care systems. Lindsey stated that North Dakota is in line for such a program by being NEMSIS compliant.

There was discussion about the need for quality improvement in EMS and encouragement of data entry. This discussion included billing companies and inputting of data for the ambulance services they serve. This information needs to be inputted or reviewed by the ambulance services themselves to assure correctness. It was decided by council to plan this as a future agenda topic.

STEMI Update – Dr Sather, June Herman

Mindy Cook was unavailable but sent an email update to Dr. Sather and June.

EMS allocations have been finalized and the program will initially start in the NW and SE quadrants. Each ambulance service and substation will be eligible to receive at least one monitor (up to \$20,000 allocated) and the larger services (about 1,000 calls or greater) will be allocated monitors based on primary units staffed out on the street.

There have been technical issues regarding appropriate receiving stations and various types of equipment. Monitor vendors are standing in the way of the technology available. Due to proprietary issues, allowable software must be utilized to get the EKG report before the patient arrives at the hospital. The capability is there through Med-Media for EKG transmission systems to interact with electronic PCRs, but this is also not allowed due to proprietary issues.

A grant funded stroke and STEMI conference is in the works. June will be sending information about upcoming stakeholders meeting to DEMST for distribution.

Year 1 of the 3-year grant is monitor placement, Year 2 is education to services and hospitals, and Year 3 is system development. Dr Sather advised that ambulance services not buy anything until they know for sure what to buy in collaboration with the hospital.

There was brief discussion about areas of need, incidence of STEMI and retention of competencies. Dr Sather commented that his advice has been to put the 12-lead on every patient to get to learn how to use the device. Individual protocol will depend on level of service and medical direction.

Dispatch Subcommittee Update

This subcommittee has not met since last EMSAC meeting.

Tom plans to communicate with Liz and Lindsey prior to attending the upcoming 911 Association meeting.

Community Paramedic Subcommittee Update – Marlene Miller

This subcommittee has met twice since last EMSAC meeting. Gary Wingrove joined via telephone for their last meeting and will be meeting with the group in person next week. Some points brought by Gary include:

- Put forethought into potential legislation.
- Be thoughtful of the terminology; “cp” vs “CP”.
- Myths vs facts.
- Community paramedicine doesn’t just include paramedics.
- No two CP programs are the same. Communities must use them to fit their needs.
- ‘Community Health Specialist’.
- ND should get involved in the ‘international roundtable community paramedicine group’ meeting in June in Vancouver.

Dr Dwelle looks highly upon the CP programs. In North Dakota this may be a means of providing healthcare where healthcare is otherwise not available.

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

This committee has been making efforts to convince lawmakers that EMS is part of the infrastructure. Applications were due by 1/31/2012 for current round of funding. With \$2 million available, \$40 million in requests were made by emergency services. \$3.52 million worth of requests were made by a total of 18 EMS services.

There is now a separate \$30 million in disaster bill funding from the special session. There may be a new application process for this round. There was a decrease in points awarded in the first round of funding if staffing was included in the application. The Governor has had meetings in the NW and has decided that staffing is a great need of EMS. Tom and Ed assisted with clarification interviews with those services receiving funding.

There was brief discussion regarding the difficulty in tracking oil impact data. Mark Nelson stated that all crashes in the 17 oil counties are considered oil impact for DOT. Firm population numbers are basically impossible to figure.

Discussion of Rule v Policy

Previously the council had decided to put the requirements for rural EMS funding into policy rather than rule. It was requested that this topic be brought back up for discussion. The following points were discussed:

Policy: The concern was that the easier and less public means of changing policy made it more dependent upon the staffing of DEMST and the fear is that they may be changed without the knowledge or input of those involved.

Rules: Are changeable by legislators, the health council, etc. Rules can also be denied and eliminated completely through the process without control by those directly involved.

Both rules and policy carry the same level of enforcement. Tim Wiedrich stated that unless there is a legal issue brought to light, the Department prefers policy over rule due the length and expense of the rules process.

Due to the fact that there are so many things left to be decided and things that will undoubtedly need to change as the process develops and grows, that funding requirements and details will be put into policy with the possibility of putting into rule that policy changes must be reviewed by EMSAC prior to going into effect.

Motion made to put Rural EMS Assistance Fund Distribution Plan into DoH policy.

Motion made by Kari Enget

Motion seconded by Doug Anderson

No further discussion; motion carried.

Rural EMS Assistance Fund Distribution Plan

Tom would like the language finalized and approved by next month's meeting.

The Council approved of the name "Rural EMS Assistance Fund".

- Provide an opportunity in the grant application to address a service's leadership capacity / training.
- Collaboration should be included in determining funding.
- Keep in mind the differences between weighing single services vs weighing groups of ambulances.
- Make sure to not double count services due to number of calls AND being on a busy highway corridor.

- Involve 3rd party payer information.
- The suggestion was made for a no exclusion policy.
- Keep it simple.

A subcommittee was formed to look at other states ranking and funding processes and to bring back criteria to the next EMSAC meeting. The subcommittee members are:

- Tom Nehring
- Kari Enget
- Lindsey Narloch
- Terry Ault
- Curt Halmrast (chair)

Other

Dr Sather discussed the need for a notification system for when a service or hospital is out of commission due to overwhelming circumstances dealing with volume and/or emotion. These circumstances arise more and more often especially in the western part of the state. Tim Wiedrich stated that with the hospital preparedness program already has the infrastructure for this system. It appears to be mostly a need for policy implementation to get this system up and running.

Medical Director

Amy announced that Dr Szlabick has been hired as the new part-time trauma medical director.

Next Meeting

The next EMSAC meeting is set for March 15 in the Brynhild Haugland Room. This is located on the west end of the ground floor of the capitol building.

Meeting Adjourned