



Division of EMS and Trauma

June 2013

Philosophy of the North Dakota Rural EMS Assistance Fund

By: Tom Nehring, DEMST Director

The Rural EMS Assistance Fund began in North Dakota as a result of House Bill 1044 during the 2011 Legislative Session. The passage of this bill created a new chapter to the North Dakota Century Code, N.D.C.C. 23-46. This new funding replaced the existing staffing grant for the second fiscal year of the soon ending biennium.

N.D.C.C. 23-46 outlines requirements for establishing funding areas within N.D. based on criteria adopted by the health council and published in the North Dakota Administrative Code as well as a requiring a plan for integrated EMS to be established by the Department of Health and updated biennially. “The plan must identify ambulance operations areas, emergency medical services funding areas that require state financial assistance to operate a minimally reasonable level of emergency medical services, and a minimum reasonable cost for an emergency medical services operation. “

This legislation also provided for the formation of the Emergency Medical Services Advisory Council (EMSAC) which dictates 3 members from an emergency medical services organization (ND EMS Association), an additional basic life support ambulance service member and a member from an advanced life support ambulance service as well as the rest of the members (not to exceed a total of 14 members) be designated by the State Health Officer. This group has been invaluable in establishing funding areas and providing guidance.

Another provision of this legislation is a required local matching fund commensurate with at least ten dollars per capita within the EMS funding area. The legislative

intent is to be sure that ambulance services are also funded at a local/county level.

This new chapter of the century code defines ‘emergency medical services funding area’ as “a geographic area eligible for state assistance and includes one or more licensed ambulance operations.” It further defines ‘minimum reasonable cost’ as “the cost of operating one transporting ambulance service or the sum of the cost to operate one transporting ambulance service and any combination of one substation and one quick response unit.” The legislative intent was not to fund every ambulance service, substation, or quick response unit (QRU) within our state but to meet the above criteria. This point, taken in context with the rest of the statute thereby created funding areas rather than individual EMS operations.

We will soon begin our second cycle of the N.D. Rural EMS Assistance Fund with the above thoughts in mind. While it would be ideal to meet all of the funding needs sent in by each and every application, from past experience we have seen this as an impossibility since the amount requested greatly exceeded the amount of money available. The Department of Health and DEMST must consider the intent of this chapter for allocation of funds as that is the expectation of the legislature.

Slightly more money will be available for each fiscal year of the upcoming biennium but it is our belief that we will still have to rate applications for appropriate distribution of funds. We will establish a score for each application, as occurred last cycle, and we may only be able to fund a percentage of the individual applications, but with the experience gained we have tried to more clearly outline ahead of time how the scoring will take place. Applications that do receive funding may only receive a percentage of their request and some funding areas may not be eligible for funding based on the overall money being requested.

As always, if you have questions during this process, please feel free to contact the DEMST office.

I'm just a (fill in the blank)

By: Lindsey B. Narloch

Every year members of DEMST attend the National Association of State EMS Officials meeting, where we meet with our counterparts from other states. It is of great value to learn from others in your shoes. Joe (my counterpart in another state) and I have become good friends over the years. Joe has been battling cancer for a couple years now. After one of his health updates, I replied with "I am only an EMT, but a clean CAT scan sounds good to me."

He thanked me for my concern and then said, "On a personal and professional note, I would prefer that you don't use the phrase, 'I am only an EMT.' I get tired of hearing it, as well as 'I am only an Emergency Medical Responder', 'I am only a paramedic', 'I am only a nurse', 'I am only a resident', 'I am only an intern' and 'I am only a doctor.' I am only a state data manager. We all have our roles and putting 'only' before it doesn't limit your knowledge, accountability or responsibility."

Recently, we put together a document to inform dispatchers about EMS and signs of a struggling service. We asked dispatchers to either notify the state or the local 911 coordinator if a service was showing these signs. I was given the response, "but most are just volunteers." I instantly remembered Joe's response to me. People that do what you do are not *just* anything. It is amazing that this hard, thankless, skill and knowledge intensive service to the public has been able to function for so many years on the backs of volunteers. Your dedication, pride and service are commendable. But as Joe told me, putting "just" in front of volunteer doesn't limit your knowledge, accountability or responsibility.

Aarron and John (Safetech Solutions partners) have helped us to understand that volunteer EMS works best when there is a culture of quality. Characteristics of the thriving rural ambulance service include: 1) engaged, trained, dedicated and rested leaders, 2) high professional standards, 3) friendly cultures, 4) compelling stories about mission and values, 5) an enforced call schedule, 6) safe and humane scheduling, 7) adequate funding, 8) and good facilities, vehicles and equipment.

As I explained to dispatchers and 911 coordinators, DEMST is not here to close down ambulance services, we are here to help before someone gets hurt. The reason to talk about issues is to do better next time. That is process improvement. DEMST continues to request from local dispatchers and 911 coordinators the following information about EMS services:

1. Missed calls (An ambulance is unable to respond in their area. It would not be considered a missed call if the ambulance was on another call or experienced a mechanical failure of the vehicle.)
2. Not responding to pages (Ambulances should respond back to the dispatcher after receiving a page. If the ambulance service does not, whether they respond to the call or not, DEMST and your local 911 coordinator would want to know.)
3. Excessive response times (Ambulances are required to have wheels rolling within 10 minutes, in 90 percent of their 911 responses. If an ambulance is routinely not meeting the 10 minutes dispatch to wheels rolling time, DEMST and your local coordinator would want to know. Also if a call took an extreme amount of time, such as 30 minutes from dispatch to wheels rolling, DEMST and your local coordinator would want to know about that incident as well.)

But it isn't just dispatchers and 911 coordinators that have this responsibility. If you are a manager, a driver, an EMT, a citizen that knows your local ambulance service is struggling, you have the responsibility to have an honest conversation about it with people that can help. Just talking about the issues with another service might make things better. Attending the leadership academy may offer new perspectives to old problems. Maybe hiring someone to work full time for the ambulance will help alleviate some of the burden on volunteers. Maybe being a substation is a more viable option. I have been reading a book entitled, "Change Anything." The book states that a person is either a friend or an accomplice. A friend helps you and pushes you to be better.

An accomplice just commiserates with you and helps you find excuses. Joe is a friend and I'm glad he pushed me to be better. Be a friend to your ambulance service and push for it to be better.

"I always wondered why somebody didn't do something about that, then I realized I am somebody."

– Source Unknown

What is Trauma Level Designation?

By: Ruth Hursman

In North Dakota, there are five levels of trauma designation available. All hospitals with emergency room facilities are required to have a trauma level designation. Facilities seeking Level I, II or III designations are verified by the American College of Surgeons (ACS). The ACS does the site visits and assures compliance with the mandated guidelines, which they determine. The ACS level designation is not intended to be a classification scheme, but rather a ranking of the depth of resources. All facilities, regardless of their designation level, are required to assure the same commitment to quality of care regardless of their resources.

What makes a Level I Trauma Center unique is that it provides the highest level of surgical care to trauma patients with requirements for various surgical specialists to be available 24 hours a day. There are requirements for minimum annual volumes of severely injured patients. Additionally, a Level I center has research requirements related to trauma. Level I facilities are leaders in trauma education, injury prevention, and are a referral resource for communities in nearby regions. Currently there are no Level I Trauma Centers in North Dakota.

North Dakota currently has six Level II trauma centers. The Level II facilities in our state function at nearly the same level as a Level I facility. They attempt to assure 24/7 coverage of the various surgical specialists. They perform rigorous performance improvement, community education and injury

prevention. Because of our state and its structure, they are not able to meet the volume and research requirements of a Level I trauma center or to assure the 24/7 coverage of some of the necessary surgical specialists.

There are currently no Level III trauma centers in North Dakota. Although also verified by the American College of Surgeons, Level III designated facilities do not have the full availability of physician specialists that are available at a Level I or II designated facility. They do have resources for emergency resuscitation, surgery and intensive care of most trauma patients. The same care, equipment, data entry and performance improvement requirements remain as in the lower levels.

Both Level IV and Level V designated facilities receive their designation by the Department of Health with assistance of a Trauma Surgeon and Trauma Coordinator from one of the Level II facilities in the state. Both a Level IV and Level V facility must provide evaluation, stabilization and appropriate diagnostics for each trauma patient presenting to their emergency room. When appropriate, these patients are transferred to a higher level of care. There are specific equipment requirements for both the Level IV and Level V facilities. Data from each of their trauma patients must be entered into the trauma registry for statistical analysis. All patient records are audited and reviewed to assure that quality patient care is given to every trauma patient.

There are currently 11 facilities in North Dakota which are designated as Level IV facilities and 28 facilities designated as Level V. The basic difference between these two designations is that Level IV designated facilities are required to have an ATLS certified physician rather than a physician's assistant or nurse practitioner available 24 hours per day to care for the trauma patient. With a Level V designated facility, the emergency room provider can be a physician, physician's assistant or nurse practitioner, as long as they are ATLS certified and available 24 hours per day.

Please contact me at the Division of EMS and Trauma if you need further information.

The 'Big Picture' and WebCur

As a way to check the pulse of EMS, we look at characteristics of ambulance services. How many providers are on your service's roster? What is the age of your service's ambulance fleet? How many runs is your service doing? Is the volume going up or down? How many calls are medical vs. trauma? How many EMTs are volunteers?

DEMST uses two databases to answer these questions. Big Picture is the name of the database that keeps track of licensing and certification for both personnel and EMS agencies. This contains demographic and contact information as well as licensure and certifications. Each service has a roster that connects the ambulance service to its members' records. Also, the service has a place for vehicle management. This information can be updated at any time by logging into Big Picture, but is manually updated by our office at the time of ambulance licensure. It is imperative that we have the current mailing address and email address in order to best communicate with you and your service. If you have problems logging in, please email or call our office.

WebCUR is the brand name for our state online ambulance reporting system. WebCUR is where all the electronic run data and patient care reports are housed. Each ambulance was initially set up with a manager account and medical director account. Any person that is filling out information in and accessing WebCUR should have their own personal login account. For assistance with this, you can reference our website <http://www.ndhealth.gov/ems/reporting.html> or contact Intermedix (the company that owns MedMedia/ WebCUR) at 1.888.735.9559 or support@intermedix.com.

*** Reminder***

Always inform DEMST of any changes regarding your ambulance service. DEMST records need to reflect the most current information regarding squad leaders, medical directors, mailing addresses for both squad leaders and agencies, ambulance vehicle information, telephone numbers, as well as the correct contact person with correct contact information.

This information is very important to ensure smooth communication for all reasons including legislation, general information, licensure and grant applications, as well as processing new squad members or relicensure issues.

We also encourage you to have an agency e-mail on file and updated at all times.

This information can be updated online by the squad leader, or submitted to DEMST through e-mail (dems@nd.gov), telephone (701.328.2388), fax (701.328.1702) or mail:

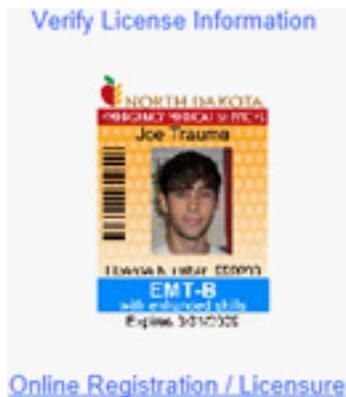
North Dakota Department of Health
Division of EMS and Trauma
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Do NOT wait until the next licensing process to submit corrections of any pertinent information.



Did you know?

You can relicense online! This is a real easy way for EMTs to relicense. Click on “Online Registration / Licensure.” You will need to have an electronic file (jpeg, pdf, etc.) of your national registry card. If you are an advanced provider (EMT-I or Paramedic), the electronic process doesn’t work as well because you still need to have an ALS licensure application form signed by your medical director in order to become licensed. We are working on ways to streamline this process for advanced providers so if you have ideas on this, please let us know!



Rural EMS Assistance Fund Update by Amanda Roehrich

The Rural EMS Assistance Fund is in the last quarter of the current grant cycle ending on June 30, 2013. After working with this grant and the funding areas for a while, I would like to clarify a few technical issues.

The first one has to do with the billing period that is chosen when a request for reimbursement is created. Many times the billing period is incorrectly chosen as the date the reimbursement request is created. The billing period should be the time frame in which the expenses were incurred. For example, if reimbursement is requested for January payroll and items purchased in January, then the billing period should be January 1, 2013, through January 31, 2013. Also, all expenses for

a billing period should be submitted together. Not only does it create difficulty in auditing procedures if all expenses are not presented for the entire billing period at once, but a billing period cannot be selected more than once in the PRS system. For example, a January billing period should not include payroll from November through January.

The next issue is something that I get asked a lot so I thought I would explain it. “How do I flex funds from one category to another?” Funding areas can flex 90 percent of an approved budget category’s funds to another approved category without going over any funding caps that were set. Funds are not moved in PRS to accommodate for flexing. To flex funds, simply submit the expenses in the budget category you want to flex to. It might show that you are over budget in that category but it is allowed. You just need to make sure that you leave enough funding to spend at least 10 percent of each budget category on what it was originally approved for.

The last issue is in regard to attachments in PRS. I am not sure if everyone is aware that you can attach files to your reimbursement request when submitting. I do not ask for documentation on every request but if you want to send any with, this is a good way to do it. You can even attach the documentation after the request has been submitted and it will show up attached to the request in my approval inbox. I know that not everyone has the ability to scan documents to attach to their requests but if you do, it is a fast and easy way of sending me your documentation. To do this, just click the “Attachments” link that is located on the top right hand side of the reimbursement request you are creating or have already submitted. Then click “Add Attachment” and then browse for and attach the appropriate documents. Once you attach the documents, I will be able to view them as well.

If you have questions or need any help with these or any other grant or PRS issues, please do not hesitate to contact me at DEMST.

Facebook Roundup

- Don't forget to renew your state license with DEMST. If your NREMT certification expiration date was March 31, 2013, your state license will expire June 30, 2013. If you have questions, please contact our office at 701.328.2388 or the national registry at 614.888.4484.
- Oil boom articles linked to include the topics of traffic fatalities, truck crash facts, bad debt, fracture of health care, burn conference, worker safety, and dispatchers.
- HIPAA and your ambulance service links to an article put out by the JEMS regarding the new changes to the privacy and security rules.
- Critical Incident Stress Management system can be activated by telephone at 701.328.9921 seven days a week, 24 hours a day.
- Articles on safety issues included distracted driving, driving safely with truck traffic, and safety while taking blood thinners.
- Patient care articles include progress on evidence-based guidelines for pre-hospital and blunt traumatic injury.

You don't have to be a member on Facebook to view the division's Facebook page. Just type facebook.com/NDDEMST into your internet browser.

The Facebook logo, consisting of the word "facebook" in a white, lowercase, sans-serif font with a registered trademark symbol, set against a dark blue rectangular background.

ND EMS State Licensure

So ...you have renewed your National Registry certification, now what? Don't forget to renew your state EMS license. All EMS personnel are required to be licensed by DEMST in order to work in North Dakota.

It's free and easy to re-license. Basic level providers are required to complete an EMS registration form and advanced level providers are required to submit a completed ALS license application signed by the medical director of record for the service(s) they work for. Expiration for all levels is June 30.

The process may be completed on-line at ndhealth.gov/ems. Click on the 'On-Line Registration / Licensure' link on the lower right side of the screen and follow the on-screen directions.

Pictures maybe uploaded for printing on your license also by accessing your Big Picture record by clicking on the 'Joe Trauma' badge also located on the lower right of the screen.

For questions regarding these processes, contact DEMST.



Upcoming Dates to Remember:

ND Rural EMS Assistance Fund Application

Deadline

June 17, 2013

EMS Advisory Council Meetings

June 20, 2013

10 a.m. - 4 p.m. CST

Capitol Building

See DEMST website for more information.

EMS Management Course #1

Essentials of Logistics and Operations

June 24, 2013 - Bismarck ND

**2013 ND HealthCare Emergency Preparedness
Conference**

June 27, 2013 - Bismarck ND

16th Annual ND State Trauma Conference

September 11 and 12, 2013

Pre-conference (for trauma coordinators)

September 10, 2013

Riverside Holiday Inn - Minot

Please visit ndemsa.office@ndemsa.org for further information about events listed below:

Level I Leadership Training

June 7 - 8, 2013

Comfort Inn, Bismarck

Level II Leadership Training

August 3 - 4, 2013

Comfort Inn, Bismarck

Level III Leadership Training - FULL

September 14 - 15, 2013

Location TBD

Level IV Leadership Training - FULL

November 2 - 3, 2013

Location TBD

Contact the Division of EMS and Trauma

Phone: 701.328.2388 or 866.382.3367

Fax: 701.328.1702

Email: dems@nd.gov

Website: ndhealth.gov/ems

Facebook: [facebook.com/NDDDEMST](https://www.facebook.com/NDDDEMST)

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