

EMS ADVISORY COUNCIL MEETING
MINUTES
November 17, 2011
A/V Room 210 / 212 – J-Wing Capitol Building

Members Present: Kari Enget, Liz Beck, Terry Ault, Lynn Hartman, Diane Witteman, Curt Halmrast, Gerald Uglem, June Herman, Marlene Miller (10:30 via telephone)

Members Not Present: Jerry Jurena, Doug Anderson, Tim Meyer, Mark Nelson

DoH Representatives Present: Lindsey Narloch, Jan Franklund, Mary Tello-Pool, Amy Eberle, Ed Gregoire, Tim Wiedrich (10:30 via telephone), Alan Aarhus (11:00), Kari Kuhn, Tom Nehring

Others Present: Jim DeMell, Mona Thompson, Cody Friesz, Mindy Cook (AHA 12:15), Dan Witteman (12:15), Joe Leis – DES (12:15)

Welcome and Introductions

Introductions were made around the table.

Approval of Minutes from October 20, 2011 Meeting

Tim Meyer, Curt and Tom have previously reviewed the minutes.

Motion to approve the minutes as written.

Motion made by Senator Uglem

Motion seconded by Lynn Hartman

No further discussion; motion carried.

Introduction of Jim DeMell and Mona Thompson

Jim and Mona have been hired as regional representatives for NDEMSEA. Both have served in this capacity under Safetech's Rural EMS Improvement Project. They will be working with the ambulance services in their specified regions and acting as liaison between NDEMSEA, DoH and the individual agencies.

See the attached "Meet The Advisors".

Jim and Mona come to the table with much experience and knowledge both with their roll with Safetech as well as within their personal careers. They also bring interest and excitement to the tasks at hand.

Curt explained that the first couple months will be spent learning their duties and reaching out to the individual services in their regions. Jim and Mona will spend time visiting individually to learn about agency specific issues. Curt has invited them to attend as many EMSAC meetings as they can.

Tom extended his gratitude to NDEMSEA for these regional director positions and feels there is a real need. DoH has attempted to obtain funding for similar positions in the past. These positions are fully funded by NDEMSEA. DoH is working on getting a regional representative for oil impacted EMS. Jim and Mona will currently be putting in 30 – 40 hours per month. See attached map of coverage areas. These areas are subject to change.

Legislative Update and OIEMS

Senator Uglem gave a brief summary of the recently completed special legislative session. The work revolved around bills regarding the following: UND Sioux logo; redistricting; health-care; and the disaster bill.

The disaster bill directly impacts all disasters throughout the state, including the ambulance services that are in the oil impact area. See attached copy of SB 2371; section 24. Cody briefly described the amount of work that

was done in a very short period of time to get this legislation to the special session. Additional funding is not available until 4/1/2012; however grantees can be decided prior to this date. Cody is very optimistic with the outcome of this bill and sees the removal of specific dollar amounts as a positive. He hopes that EMS gets more funding than they would have originally received.

Cody gave a brief update of OIEMS (Oil Impacted EMS). An 18 question assessment of 23 services has been completed. The biggest sources of concern continue to include staffing, education / equipment, and no-pays. The amount of no-pays continues to rise at a staggering rate of 30% annually. The purpose of the survey was to gain an understanding of immediate dire needs by services to sustain them through 6/2013 (the end of the current biennium). There are currently 44 ambulance services in the oil impacted areas. There needs to be an efficient form of communication about the oil impact grant funding from SB 2371 as well as the kinds of things they should or should not apply for through this grant. Services will also be burdened with proving the oil impact on their service.

Tom feels that there has been progress in the telling of the story of EMS throughout ND. There has been an increase in the number of articles and media due to the impact of oil. The general crisis of EMS in ND must also be communicated. There's also work to be done in the areas not yet affected by oil but that will be in the future.

Marlene and Tim Wiedrich joined the meeting via teleconference.

Diane requested that OIEMS minutes be distributed to those services in the affected areas. Cody agreed to this and also mentioned that NDEMSEA is developing an OIEMS page on the website.

96% of services responding to the OIEMS survey felt they were unprepared to respond to an oil field incident with one service answering 'unsure'.

Preparation is already underway for the 2013 legislative session.

June is working on a radio campaign for heart month (February). She led brief discussion regarding the possibility of using this campaign as an EMS connection.

Community Paramedics – Tom Nehring

Tom recently went to a multidisciplinary board meeting in Montana to learn more on the subject of community paramedics. Gary Wingrove is very involved in this concept around the country. See attachment.

Tom describes this concept as a utilization of the 'extra' time of the already functioning paramedic in a community. This concept will not be developed quickly, but will take time and something may possibly be in-line for the 2013 session leading in that direction.

The program has been met with optimism. There is an additional 200 hours of added training to become a community paramedic. Tom feels that the duties of this position are only limited by the imagination. Tom stated that the EMSAC will be an instrumental part of deciding the future of this program in ND. The longer other programs are in place, the more data / information there will be to learn from.

Lynn asked about the competition or conflict that has come from organizations that provide home-care in the communities. Tom feels there may be some, but this obstacle would be easily overcome with utilization of resources in the community.

Tom Nehring shared that 25% of the population in the US is rural and is served by 10% of the physicians. He suggested forming a subcommittee to continue looking into this topic of community paramedics.

Curt doesn't feel there are currently opportunities for funding or personnel to serve in this capacity. Marlene mentioned that she has heard numerous presentations regarding this program in rural medical discussions.

A community paramedic sub-committee was formed:

Committee – June Herman, Tom Nehring, Lynn Hartman, Curt Halmrast, (Cody Friesz), (Mona Thompson) and Marlene Miller (chair)

Marlene will contact the members to set up a meeting in January.

Sub-committee on Dispatch

Tom suggested a sub-committee be formed to continue working on the relationship between dispatch / EMS.

1. What issues to address
2. How do we approach – state radio, county / local dispatch centers,

Committee – Kari Enget, Diane Witteman, (Ed Gregoire), (Lindsey Narloch), (Jim Demell), (Alan Aarhus), and Liz Beck (chair),

The subcommittee will meet and report back to EMSAC in December.

Liz requested the council come up with some points for the subcommittee to begin discussion regarding what ambulance services need from dispatch.

- Mona stated that there's no data on response times and this data is needed to ensure adequate response. Lindsey stated that she has tried to obtain the data but it is very difficult since some PSAPs keep pen / paper record; some is attributable to bad communication between dispatch and EMS and some simply have a cumbersome system and it's just difficult to obtain.
- Lindsey stated that ambulance services don't have a clear idea of what the expectations are between them and dispatch.
- Tom stated that there is some information in the Safetech reports regarding dispatch issues and that there is a real need to establish a relationship between EMS and dispatch.
- Mona also stated that status checks for EMS as they do for law enforcement would be appreciated.
- Liz stated that she feels there is a general disconnect between some dispatch and EMS. She keeps hearing that EMS needs to tell their story but she's not sure they understand that they need to tell that story to dispatch also.
- Tom stated that dispatch times are the key to system functionality including trauma, STEMI and stroke.

There was discussion about the possibility that some 911 coordinators that are aware of dispatch fails or delayed calls are reluctant to report them due to the fear of ruining any relationship there was established between them and the EMS agency. There is a mechanism on DEMST website to report these 'anomalies' (<http://www.ndhealth.gov/ems/Reports/AmbulanceDispatch.aspx>).

Cavalier County Ambulance and Pembina County dispatch had a very beneficial meeting creating a higher level of understanding on both sides. This meeting has made a big change in their entire process and has made them all work together and feel more like a team. They encouraged this to happen state-wide.

Upcoming Leadership Training

Cody informed the council that a Level 2 leadership training will be done through Safetech's Leadership Academy on December 9 – 10 in Bismarck. A Level 3 leadership training will be held in February and a Level 1 training will be held in March. These dates will be announced when they are set. These levels of training must be taken in order. DEMST is offering a grant to attendees to cover the cost of the training.

STEMI

June gave an update on the three-year STEMI initiative in ND. She feels that the timing was fortunate with the awarding of the grant in late spring and the announcement not coming until August 2. This gave plenty of time to identify a strong candidate to help implement a state-wide initiative.

Mindy has served as a coordinator at a large PCI facility on the eastern side of the state. Mindy briefly described the program. Beginning with placing 12 leads in all ambulances as well as putting receiving stations in all hospitals during year one. During the EMS work group that met that morning there was discussion about looking at a regional way of getting closer to identifying what individual EMS agencies need. Approximately half of the grant funding goes to EMS equipment. Year two will be spent developing protocols. There are plans to hold a full day seminar at each hospital. Year three rotates around collecting data from the first two years and looking at QI as well as a large media campaign aimed at educating the public with the information needed to access the system.

Mindy clarified that the protocols being developed will be able to be tailored to the individual service needs based on their medical direction. Part of the agreement upon accepting a monitor will be participation in the system and the program. The program does not include interpretation, only application and transmitting.

Mindy explained that after the three year cycle the only out-of-pocket expense expected for ambulance services will be the expense of the data pack for transmission. Mindy also stated that they would like to have these placed in critical care hospital EDs to address those patients that walk in without calling for EMS assistance.

Council members are encouraged to contact Mindy with STEMI or 12 lead questions.

American Heart Association

Mindy Cook

701.630.1790; mindy.cook@heart.org

Tom feels that as the council is made up of recognized leaders in the EMS community that programs of interest should be brought up for discussion. He also reminded council members to bring any possible agenda items to Tim Meyer, Curt, Tom or the DEMST office.

Language for Rules for Funding Areas, Local Match, Criteria for Submission of Funds

Tom feels that subcommittees should establish major bullet point suggestions to be written in rule rather than DEMST doing all the writing.

It was discussed that maps may be used in rule writing but if there is too much specification than the entire rule changing process must be followed if the map would change in the future.

Previously established subcommittee groups will be used:

Funding areas:

Marlene Miller

Liz Beck

Kari Enget

Jerry Uglem

Curt Halmrast

Reasonable cost:

Lynn Hartman

Jerry Jurena

Diane Witteman

Ed Gregoire

Local match:

Doug Anderson
June Herman
Terry Ault
Amy Eberle
Tom Nehring
Mary Tello-Pool (added)

Service areas:

Jeff Sather
Mark Nelson
Lindsey Narloch
Tim Meyer

After a break-out session the following was reported back to the council:

Funding areas:

- Only one proposal will be accepted from each funding area. This will mean submission of a combined proposal amongst more than one EMS agency and the budget will include multiple services.
- Proposals supporting multiple service collaboration will be given higher consideration; this includes larger services that work with and help to support smaller services.
- Larger services that are profitable will be considered for funding if the budget includes providing services to surrounding ambulances (training, staffing, etc.)
 - Discussion revolved around terminology referring to large v urban and small v rural (as definitions of urban and rural change as well as the populations in North Dakota)
- Future funding possibilities will be tied to a year-end fiscal report.
- A budget template will be supplied and recommended by DEMST.
- If the budget template is not used a minimum standard of information will be required.
- Justification of the application will be required by a narrative and an MOU with all squads involved.
- Funding checks will go to a primary funding service with MOUs outlining the division of funds.
- MOUs should include such information as; the benefit provided to each service, fiscal impact, responsibilities, etc.
- MOUs will be different for each funding area but DEMST will supply a template with the option of adding addendums.
- MOUs will be necessary with the application and will also be reportable at the end of the period.
- There was discussion regarding the possibility of MOUs making it difficult to change the functionality of a funding area during the grant period; formation of councils or taxing districts.

Local match:

- Outlined in HB 1044 (see copy in binder).
- \$10 per capita.
- "...means revenue generated by the provision of emergency medical services, local mill levies, local sales tax, local donations, and in-kind donations of services."
- Define 'in-kind donations of services'
 - Any services provided without compensation (including volunteer hours)
 - Establish a percentage of the local match allowed as in-kind services: 20% 1st year, 10% 2nd year, 5% each funded year thereafter.
- Most services will qualify for their local match without consideration of in-kind services.

- Senator Uglem commented that he doesn't believe the intent was to allow volunteer labor; but by putting a cap on it would make it work.
- DoH will determine the population to be used for calculations.

Criteria report:

- Submit a budget with broad criteria; vehicles, building, large capital expense, staffing, training, etc.
- Bill at Medicare allowable levels.
- Efforts to collect no-pays.
- Minimum for training funds per person.
- Must be paying minimum expenses.
- Performance standards: 24/7 coverage, no missed calls.
 - Failure of one service must be covered by others in the funding area (MOU)
- Preference given to services with leaders attending leadership training.
 - Possibly after first funding year.
 - Good leadership leads to sustainability.
 - Incentivize rather than penalize.
 - Examine why leadership training has not been sought; staffing issues etc.
 - Connecting leadership training with funding could help alleviate some of the constant changing in leadership currently experienced.

Further discussion regarding questions dealing with this funding process:

- The 2007 break down of expenses to run an ambulance service 24 / 7 was \$360,000 with most expense going towards wages.
- Is this considered a grant program.
- Is it allowable to cover one-time expenses; i.e. purchase new vehicle.
- Consider allowing a percentage of funding to be used for one-time expense.
- Consideration of 'critical' ambulance services.
- Purpose is to establish sustainability of ambulance services even if they appear to be 'in the black' right now.
 - Would these services be sustainable if they were offering things such as benefits that would retain their staff which makes it easier to sustain the service.
- Long-term goal of establishing a true EMS system in North Dakota.

Motion to adopt these above listed committee recommendations.

Motion made by Kari Enget

Motion seconded by June Herman

No further discussion; motion carried.

Other Business

- Amy announced that two applications were received for the EMS Medical Director position. Amy feels that they are both good candidates and hopes for a start date of 1/1/2012.
- Mary has ordered pediatric backboards and traction splints to be distributed to ambulance services. She has also obtained funding for pediatric training DVDs which can be utilized for continuing education. These will be distributed to each ambulance service as well as being housed at DEMST for borrowing. Broselow tapes will be coming in early 2012 for distribution to hospitals and ALS services as well.
- Alan is working on creating ambulance strike teams in North Dakota. This will consist of 20 ambulance services able to respond to mass incidents / disasters across the state. Each team will consist of 3 – 5 ambulances and a strike team leader. A letter will be sent to all ambulances by December 1, 2011.

- Tom reported the possibility of looking into a new software vendor to replace the current Big Picture and Webcur. There will be upcoming meetings with the new vendor currently used by Wisconsin and presented at the NASEMSO conference. The obvious benefit of this software is the possibility of communicating with other systems and the possible usage by dispatch as well.
- Liz reported from the 911 Association the requirement of ND Century Code 57-40.6-10 section u (<http://legis.nd.gov/assembly/62-2011/documents/11-0223-05000.pdf>):

u. Have written policies establishing procedures for recording and documenting relevant information of every request for service, including:

- (1) Date and time of request for service;*
- (2) Name and address of requester, if available;*
- (3) Type of incident reported;*
- (4) Location of incident reported;*
- (5) Description of resources assigned, if any;*
- (6) Time of dispatch;*
- (7) Time of resource arrival; and*
- (8) Time of incident conclusion.*

- There has been no further movement with the pharmacy board at this time.

Next Meeting

The next meeting is scheduled for December 15, 2011. We will once again be meeting in rooms 210 / 212 of the J-Wing in the Capitol Building.

There are 8 rooms reserved at the AmericInn (3235 State Street, Bismarck) for direct billing to DoH. Please contact DEMST if you are need of a room.

Meeting Adjourned

MEET THE ADVISORS



Jim DeMell, NREMT-B

Jim and his wife Jenny live in Cavalier where they own and operate a small business. Jim also volunteers as an EMT with the Cavalier Ambulance Service. He has been active as an EMT for 30 years and has served his volunteer service as the Past President and a current member of the Board of Directors.

Jim has educated in many disciplines and recently retired after serving as the Pembina County EMS Education Coordinator for seven years.

During the North Dakota EMS Rural Improvement Project Jim was one of three Regional Consultants with SafeTech Solutions, providing assistance to many rural EMS agencies.

Jim holds many credentials and brings a wealth of experience to rural EMS. He also understands the many challenges of EMS, the importance of sound leadership and communication and that individual and personal support for EMS is vital to survival.

He grew up in Chicago. Jim and Jenny have three children and four grandchildren, all living in the Minneapolis. He enjoys hunting, fishing, traveling and is active with his local church.

You can email Jim at jimd@ndemsa.org.

Mona Thompson, NREMT-P



Mona and her husband Stuart live on a hobby farm in rural Steele. She became an EMT in 1992 and served as a volunteer for several years before becoming a Paramedic. In 2004 she became the EMS Manager for Kidder County Ambulance in Steele. Prior to becoming Kidder County's EMS Manager, Mona spent nine years working as an EMS Instructor for MedCenter One Health System in Bismarck.

As the EMS Manager, she leads a multi-faceted county EMS agency with over 65 volunteers and instructs various EMS courses in the area.

Mona served as one of three Regional Consultants for SafeTech Solutions during the North Dakota Rural EMS Improvement Project. She recognizes the importance of collaboration, strong leadership and a good recruitment and retention program. Mona is prepared to assist with the many challenges our state EMS systems face today.

She hails from Wisconsin and met Stuart while they were both working as volunteer EMT's. They are now raising two young boys. Both Mona and Stuart serve on the local Fire/Rescue service and Stuart is the Assistant Chief. Mona enjoys her hobby farm with horses, cats and dogs; and she and Stuart are both part of a Blue Grass Band. In her free time Mona follows her kids' sports activities, is active in her local church and enjoys camping, gardening and fishing.

Mona can be emailed at monat@ndemsa.org.