



Division of EMS and Trauma

September 2013

DEMST Awards Funding Area Grants

**By: Amanda Roehrich, DEMST Grants
Manager**

We have announced the funding area awards for the current fiscal year spanning 7/1/13 to 6/30/14. The Notice of Grant Awards and accompanying documents were sent out by certified mail on August 21, 2013. All of the forms need to be completed, signed, and returned to DEMST. No funds will be disbursed without having all forms completed appropriately and returned to DEMST.

There were 71 funding area requests totaling \$7,802,468.00. The total funding available was \$3,200,000.00 making the requests 244% of what was available. There is no perfect science to guide us in the awards and this cycle was scored on three major scoring areas: need (financial and the self-assessment tool), project description, and collaboration.

Once again disallowed categories were established which included:

- New monitor/defibrillators due to the STEMI project.
- Automated CPR devices (you should soon hear about a new program for this equipment in ND).
- Buildings or land purchases which did not involve the integrity of the current building or addition of staff quarters.
- New ambulance vehicles that did not meet the 100,000 miles and/or 10 years old criteria.
- Greater than six hand held radios.

After the disallowed expenses were computed, the total requests were still \$6,428,574.00, equaling 201% of what was available. In an effort to even the playing field, we also put a cap of \$100,000.00 on awards due to some of the very high requests that we were not able to honor. We believe that every funding area deserves consideration and we heard many complaints from funding areas during the last cycle who believed their need was as important as the funding areas that received funding. Also, since 16 funding areas are eligible for other funding through Oil Impact Funds, their requests were automatically decreased by 50%.

The next step was to decrease the awards by a percentage based on the application score. Scores were obtained by a panel of three and taking the average score. No funding area received 100% of their request after disallowed expenses and

all funding areas received some award as long as they had potential expenses that were not in the disallowed categories. There were only two funding areas that received no funds because their only requests fell into disallowed categories. This differs from the last cycle in that 12 funding areas received no funding and the amount available last cycle was \$3,000,000.00 and this cycle the amount available was \$3,200,000.00 - an increase of only \$200,000. We did not take into account the awards or applications from last cycle and frankly had we tried to award at least the same amount we would have run out of money long before the entire list was completed. The scoring criteria changed from last cycle as well which may have accounted for differences in funding. Some funding areas received less than their previous award while others received more. The highest award was 90% of the \$100,000 cap after disallowed expenses and the lowest was 26.24% of the allowed expenses.

While we know this explanation may not be satisfactory to all funding areas we believe that these dollars are best spent in helping all funding areas and to make the award as fair as possible by scoring the applications and making awards by points given.

For further discussion or individual questions, please contact me or Tom Nehring at the DEMST office.



Rural Trauma Team Development Course Comes to North Dakota

By: Ruth Hursman, State Trauma Coordinator

On May 18th, 2013, Sanford Health Bismarck coordinated a Rural Trauma Team Development Course (RTTDC) in Hettinger, ND. This was the first RTTDC to be offered within the state. The course had 23 participants ranging from physicians, advanced practice providers, nurses, and EMS providers. The instructors for the course were a joint effort of providers including Jeanette Viney, MD, Trauma Medical Director and Justin Reisenauer, MD, ED Physician, both from Sanford Bismarck; Randy Szlabick, MD, State Trauma and EMS Medical Director, Altru Health, Grand Forks; Derek Kane, MD, Trauma Medical Director and Howard Walth, RN, Trauma Coordinator both from St. Alexius, Bismarck.

RTTDC was developed in 1998 by the American College of Surgeons (ACS) Committee on Trauma (COT) to help rural hospitals with the development of trauma teams. The course is based upon the principle that the most important determinant of quality care for a trauma patient is a timely, organized, rational response to the care needed. The course is taken out to the rural hospitals so the hospital's trauma team can learn using the actual resources that they have available in the most effective and efficient way to resuscitate and stabilize the injured patient. RTTDC consists of classroom lecture along with patient scenarios that are simulated using the hospital's emergency department and equipment. The hope is that the course will improve the quality of care provided in the rural hospitals.

Funding has been allocated by the legislature to provide 2-3 courses a year in each of the four regions within the state during this biennium (7/1/2013 – 6/30/2014). The courses are being offered on a first come first serve basis and is offered free of charge to the facility. The facility is responsible to assure that each of the team participants has a course book available prior to the course and that their trauma team members are available to participate.

For more information on holding an RTTDC course at your facility please contact one of Level II Trauma Coordinators from your region or Ruth Hursman at the Division of EMS and Trauma, 701-328-1026 or rhursman@nd.gov.

Complexity

By: Lindsey B. Narloch, DEMST Research Analyst

I received a new work computer in June. I am finally getting close to having everything on this computer. One of my final steps is the installation of mapping software. I am on the final step of this many-step process that has been going on for several weeks now. An error code pops up, I search out the error code on the internet. It says I need to start the installation over.....from

the beginning... So I ask some tech people for thoughts, then restart the process following the instructions, and receive the same outcome. In order for my mapping program to work, three software products, two servers, and my computer need to all work together. One small change made to one software program disrupts the entire system.

I have recently spent some time with dispatchers at the 911 Association meetings. I never understood how complex the 911 system is. I had never thought about the technology making it possible. I will attempt to simply explain the process. First, a call needs to be able to be made and then come into a public safety answering point (PSAP). Hopefully, that call was properly routed to the correct dispatch center or it will need to be rerouted. Then, the dispatcher needs to be able to acquire accurate, up-to-date information from their computer system and the caller, to be able to dispatch the appropriate ambulance with the information needed to respond. Behind all of this is a lot of technology; cell phones, landlines, radios, networks, routers, trunks, databases including MSAGs (Master Street Address Guides), mapping software, computers. This entire infrastructure has to be continually updated and maintained by local and state government and is actually moving toward next generation 911 which will work differently.

So as I continue to work on getting my map software installed, I have been reminded of a few things: 1) Technology still needs people. None of this would be possible without the people behind it. 2) I am amazed that everything works as well as it does a majority of the time. 3) Be kind even when you are frustrated. People just respond better and are much more likely to help you. 4) I am going to remain optimistic that between 4 of us, we can get this installed and connected to the GIS hub. If not, I see a joke in the future. How many state employees does it take to install/connect mapping software? More than 4.



New EMS Recertification Model and NCCR

By: Ed Gregoire, State EMS Training Coordinator

There is some confusion out there regarding the pilot project that the National Registry of EMT's (NREMT) and DEMST started back in April of this year. In this article I would like to focus on what the National Core Competency Requirements (NCCR) consist of.

The NCCR hours are a requirement of the NREMT amounting to half of the hours that a provider needs to recertify every two years. For example, an EMT is required to obtain 40 hours, AEMT 50 hours and Paramedic 60 hours. In this scenario I will use the EMT level which requires 20 NCCR hours (1/2 of the 40 hour total).

In the NCCR category there are topics and an amount of time for each subject matter a provider must cover in the recertification period. If you login to your account on the NREMT website it will give you in detail what times and subject matter is required. Currently a provider must attend a minimum of 4 hours of education in airway, respiration and ventilation. This can be obtained by attending conferences, conducting lectures locally, or attending EMT classes where this is being covered among some other methods. Also keep in mind that one third of the total amount of hours can be done online (13.5 hours out of 40).

Until just recently DEMST approved traditional refresher courses for EMT training. This was discontinued in April of this year to make it easier for providers to obtain education and to comply with the new recertification model. Refresher courses were problematic since they were usually held on a weekend and if a person was not able to attend they had to scramble to find another one in order to recertify. Now the hours needed to recertify may be obtained over a two year period and a provider does not have to accomplish it all in one weekend. It also gives the choice for a service to accomplish all the training in one weekend if they prefer, without having to go through the hassle of obtaining approval from DEMST two weeks prior.

This entire project is quite an undertaking and we feel proud that we were chosen by the NREMT to do this. The total amount of required recertification hours for the EMT has dropped from 72 hours to 40 hours. The catch is that it has to be specific topic areas. We are currently working with the ND EMS Association to work through some of the specific topic requirements to ensure that most, if not all, of your hours will be obtainable through conferences. I will be speaking at all of the upcoming conferences to discuss this and address any questions you may have on this project. We understand there are

going to be issues that arise and the NREMT has been very cordial in working out these issues and have committed to make this project work.

Please if you have any questions feel free to contact us and we will do our best to get you the answer.

Out and About with EMSC

By: Jan Franklund, EMSC Assistant

Emergency Medical Services for Children (EMSC) took advantage of two opportunities to network with kids and teens this summer. EMSC joined other vendors at these two events who share an interest of educating children and teens about safety in the sun, on the water, sports, nutrition, and their all-around well-being.

The first event was Excel Energy Family Day at the North Dakota State Fair on July 23. For the past several years EMSC has attended Family Day at the State Fair with the Make Your Own First Aid Kit theme. This has been very popular with kids of all ages, as well as with their parents. This year approximately 500 kids were educated on first aid and what is needed to assemble their own basic First Aid Kit. The EMSC First Aid Kit consists of a small pair of rubber gloves, a cleansing towelette, an antiseptic towelette, an antibiotic towelette, a small band aide, a large band aide, anti-itch cream, an insect repellent towelette, a sting relief towelette and a sunscreen towelette all of which they pick themselves and place in a small Ziploc baggie with the EMSC logo on it. All items are supplied depending on program funds and item availability.

On August 6, 2013 EMSC had a booth at the 4th Annual Kohl's/St. Alexius Back to School Extravaganza at the Dykshoorn Park in Mandan. There were approximately 600 kids and teens that visited the booth and made their First Aid Kit. The Back to School Extravaganza promotes healthy eating, the importance of physical activity, and keeping yourself safe. Kids were encouraged to bring a stuffed animal that wasn't feeling well or was injured to the Emergency Department of the hospital (a large white tent). They then went through the steps of checking their patient in, describing what was wrong with their patient and having their patient seen by a nurse and doctor, and an x-ray technician if necessary. The outcome of the patient was always good! Kids were also able to enjoy the inflatables, outdoor games, taekwondo and karate demonstrations, entertainment by local gymnastic and dance teams, food and music. These events are very important in EMSC's goal of outreach and education for kids. For more information on the EMSC program please contact Jan or Elizabeth at the DEMST office.

DEMST Employee Spotlight

My name is Elizabeth Pihlaja and I am the new EMSC coordinator. I began work in August, taking over for Mary Tello-Pool. I moved to Bismarck from Minneapolis/Saint Paul, where I went to school (Go Gophers!), and even though I miss the Twin Cities, I am having a great time exploring North Dakota. I had previously worked as a program evaluator at a small research and evaluation firm in Minneapolis, as well as working in programming and communications for the Minnesota March of Dimes and helping develop assessments for the Minnesota Department of Human Services. Prior to earning my graduate degree, I worked in early childhood education as a preschool teacher and as a special education paraprofessional in the Minneapolis Public Schools. I love working with people and I have had such positive experiences so far at the Department of Health, especially in the Division of EMS and Trauma. I was a little apprehensive about moving to Bismarck, but coming into such a supportive, knowledgeable, and fun workplace has made it all 100% worthwhile. My husband Chris is an editor of an online publication that focuses on technology and gadgets. We have a two-year-old daughter, Anneliese, who loves Bismarck so far (especially "Mama's tower" of the Capitol building and all the parks). She is interested in dance and gymnastics and I am wholeheartedly ready to be a dance mom, complete with bedazzled water bottle and t-shirts printed with Annie's picture.

In my spare time, I enjoy reading, watching horror movies, and exploring old cemeteries. Our family loves dinosaurs, so we are very excited to check out the museums and digs next summer!

I have thoroughly enjoyed the time I have spent in the role of EMSC coordinator so far. I am beyond grateful to my coworkers for guiding me in the right direction and offering support whenever needed. I have been so impressed with the state EMS personnel I have worked with in completing North Dakota's re-assessment of EMS agencies and consider myself very lucky to be working in a state with such a strong EMS system. I know we have made great strides toward ensuring that North

Dakota children are safe and appropriately treated when in emergency situations, and I cannot wait to be a part of that process!



*** 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
600 E. Boulevard Ave - Dept. 301
Bismarck, ND 58505-0200

Do NOT wait until the next licensing process to submit corrections of any pertinent information.

What is ATLS?

by Ruth Hursman, State Trauma Coordinator

ATLS or Advanced Trauma Life Support is a training program for physicians, physician's assistants and nurse practitioners. The course was developed by the American College of Surgeons and teaches the management of acute trauma patients in a simplified and standardized approach. ATLS is widely accepted as the standard of care for initial assessment and treatment in all trauma centers, regardless of the designation level. The course advocates that life-threatening injuries be treated immediately, with the most time critical interventions performed as early as possible. The course also reinforces skills that are rarely used in the rural facilities but which are critical in a trauma situation such as intubation and chest tube placement.

Within North Dakota's trauma system, it is a requirement that any provider who is covering call for trauma patients in the emergency room (ER) have had successfully completed all phases of the ATLS course, and be current in ATLS. Successful completion cards are sent to ATLS participants who have successfully completed both the practical and written portions of the course. An expiration date is listed on the ATLS card. All providers, regardless of whether the provider is a physician, physician's assistant or a nurse practitioner, must be current in ATLS. The provider covering ER call for trauma patients must be current in ATLS or have a provider who is current in ATLS that can respond in person to the ER for all trauma patients within 20 minutes. The use of phone consultation with an ATLS physician or the use of eEmergency DOES NOT replace the need for the on-site provider to be current in ATLS.

ATLS courses are held at various facilities across the nation but within North Dakota, ATLS courses are held at Altru Health System in Grand Forks, Sanford Medical Center in Fargo and St. Alexius Medical Center in Bismarck. A listing of upcoming classes can be found on the DEMST website at: <http://www.ndhealth.gov/trauma/resource/>. It is important to schedule providers in ATLS courses early, often 6 months in advance. Courses tend to fill up quickly and spaces for mid-level providers fill up extremely fast. Providers are encouraged to re-verify by the time their status expires, but there is a 6 month grace period beyond the expiration date printed on the ATLS card. This provides a small amount of cushion in case a delay in course completion is incurred due to illness or class cancellation etc. Do not rely upon this grace period and remind providers to sign up for classes early.

All providers, physicians, physician's assistants and nurse practitioners, must take and successfully pass both the written and practical portions of the ATLS course in order to be considered "current in ATLS". Since 2007, ALL providers DO receive an actual ATLS card and certificate upon successfully passing the written and practical exams. CME credit hours are now only given out to providers who have successfully passed both the written and practical exam. There are no credit hours awarded to providers who do not pass the course.

All trauma designated facilities are responsible to assure that the providers who are covering ER call for trauma patients at their facility are current in ATLS. This is true whether the provider is their employee or a locum provider. The use of eEmergency or consultation with a tertiary facility does not replace the need to have a provider current in ATLS respond on-site within 20 minutes for all trauma team activations.



October is Domestic Violence Awareness Month.

Domestic Violence Awareness Month (DVAM) evolved from the "Day of Unity" held in October 1981 and was conceived by the National Coalition Against Domestic Violence. The focus of this month is to:

- Mourn those who have died because of domestic violence
- Celebrate those who have survived
- Connect those who work to end violence

In addition, October 9, 2013 is Health Cares About Domestic Violence Day (HCADV Day). HCADV Day is a nationally recognized awareness day sponsored by [Futures Without Violence](#). It aims to reach members of the health care community and educate them about the critical importance of screening for domestic violence as well as the long term health implications.

Domestic violence is a pattern of coercive, controlling behavior that can include physical abuse, emotional or psychological abuse, sexual abuse or financial abuse.

Medical studies link long term effects of domestic violence with many health problems including smoking, diabetes, obesity, eating disorders and substance abuse. However, while doctors and nurses routinely screen for high blood pressure and cholesterol, few screen for domestic violence.

- In 2012, 4,624 new victims received services from 20 crisis intervention centers in North Dakota. 5,020 incidents of domestic violence were reported to these centers (according to Council on Abused Women's Services ND).

What Can I Do to Help?

- Commit to begin routine screening for domestic violence at your health setting, try a routine screening for one week, or organize a training on domestic violence screening.
- Collaborate with your local domestic violence rape crisis program to hold a community awareness event.
- Invite a domestic violence advocate or survivor to speak at your healthcare facility.
- Have domestic violence posters, brochures and safety cards in waiting areas and patient rooms. [Futures Without Violence](#) has free buttons, safety cards, posters, and fact sheets available for ordering.

If you or someone you know is in danger, call 911 or the [National Domestic Violence Hotline](#) at **1-800-799-SAFE**. A list of local domestic violence rape crisis programs is available at <http://www.ndcaws.org/resources/>.



Facebook Roundup

- SIM-ND or Simulation in Motion North Dakota is up and running. SIM-ND uses a technologically advanced training program and provides free emergency provider education on site. The educational “hands on” opportunities are provided for high-mortality, low frequency events, in a safe learning environment. The four SIM-ND mobile learning lab are staffed by experts in emergency medical care and they represent the six largest hospitals in the state. Human patient simulators are the tools for delivering the “hands on” education, and can mimic any medical condition and respond to the treatment provided. For additional information, visit www.med.und.edu/SIM-ND.
- Through a State Partnership Program started by the National Guard in 1993, members of the Ghana Armed Forces and Ghana National Ambulance Service were in North Dakota for a week spending two of those days with representatives from Emergency Preparedness and Response and the Division of EMS and Trauma.
- Stories reflecting the impacts of oil activity on were printed in the Bismarck Tribune, the Dickinson Press, and on KX-Net. 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.
- Injury prevention articles included fireworks safety, motorcycle safety, and the dangers of leaving children in a hot car.
- The North Dakota Child Passenger Safety Conference is in Bismarck on October 1-2, 2013. The objective of the conference is to provide an interactive educational opportunity to receive the latest information about child passenger safety, including technological advancements, products and best practices. It will also encourage networking that promotes a strong sense of professional support and community.

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.

Did you know?

In North Dakota we currently have:

1,442 state certified EMRs.
3 EMRs showing expiration of 6/30/2013.

474 state certified first responders.
572 FRs showing expiration of 6/30/2013.

1,048 EMTs licensed in active status..
3 EMTs showing expiration of 6/30/2013.

757 EMTBs licensed in active status.
278 showing expiration of 6/30/2013.

While DEMST does understand that we lose EMS personnel every year, we also understand that a great majority of these newly expired people do not intend to leave EMS.

Please verify that you have renewed your licensure / certification with the state.



Upcoming Dates to Remember:

NREMT Pilot Project Webinar

October 2, 2013

Register as soon as possible at:

<https://www2.gotomeeting.com/register/252995354>

EMSC Advisory Committee Meeting

October 3, 2013 @ 12:00 CST

Capitol Building Resource Room

SW Regional Trauma Meeting

October 9, 2013 @ 12:00 CST

NW Regional Trauma Meeting

October 10, 2013 @ 12:00 CST

NE AND SE Regional Trauma Meeting

October 15, 2013 @ 12:00 CST

EMS Advisory Council Meeting

October 17, 2013; 10 a.m. - 4 p.m. CST

Capitol Building

Level IV Leadership Training - FULL

November 2 - 3, 2013

Location TBD

1st Annual NCCR EMS Conference

November 16, 2013

Bismarck - University of Mary Butler Center

Fargo - University of Mary (IVN)

www.umary.edu/EMSConference

NW Region EMS Conference

January 18 - 19, 2014

Minot, ND

SE Region EMS Conference

January 25 - 26, 2014

Jamestown, ND

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

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