

EMS ADVISORY COUNCIL MEETING
MINUTES
November 19, 2015
AV Room 210 – 212 State Capitol

Members Present: Kari Enget, Curt Halmrast, Lynn Hartman, Jerry Jurena, Tim Meyer, Chet Pollert, Ken Reed, Jeff Sather, Diane Witteman

Members Not Present: Terry Ault, Lynette Dickson, Karin Mongeon

DoH Representation: Tom Nehring, Kelli Sears, Ruth Hursman, Elizabeth Pihlaja, Jan Franklund, Amanda Roehrich, Nicole Brunelle, Linda Zahn, and Kari Kuhn

Others Present: Adam Parker, Sandy O'Connor, Sharon Eversvik, Nathan Presnell, Jim Restemeyer, and Jim DeMell

Curt Halmrast welcomed the committee and introductions were made around the table.

Tim Meyer will assume the chair-person duties beginning in January, 2016.

Approval of Minutes:

Motion made: EMSAC approval of July 23, 2015 meeting minutes.

Motion made by Ken Reed; seconded by Diane Witteman

No further discussion; motion carried.

New Facilities / Capabilities

- The group was taken on a tour of the new facility as led by Dr Sather and Kelli Sears
- Some capabilities are not completely set up yet and in the future there will be A/V capabilities for the EMSAC meetings

Program Reports

- Education
 - Changes to pilot project and personnel at NREMT
 - Most current documents are on the NREMT website
 - No changes to topics
 - Changes have been made to distributive education
 - The assessment test has been removed from the program due to a lack of accuracy for self-assessment and not serving its intended purpose
 - No specific plans as to when a replacement process will take place
 - Psychomotor exam pilot with F-M Ambulance with first exam in June
 - Psychomotor exams will be scenario driven rather than stations and skill sheets
- Data (Lindsey left a written summary in her absence)
 - ND and SD are meeting with Intermedix on November 25th to begin standing up CDX which will take the place of WebCUR.
 - Karen Jacobson from the NEMESIS TAC will be here November 30 – December 1. SD representatives will also be here to meet and discuss data.

- The EMS Compass Project (National EMS Performance Measures) still only has 5 draft measures (all stroke related). The next meeting is January 13.
- NW Pilot Performance Improvement meeting was November 9. Next meeting will be on February 8. There is a plan to invite more services.
- Working with DES to make sure service areas are accurate and consistent. Some discrepancies were found around substations which is problematic when creating an MSAG (Master Street Address Guide). Phil Peterschick will be discussing this with the 911 Association at the December meeting. An example would be Lansford and Sherwood's area would all be attributed to Mohall.
- Ruth Buffalo (NDSU MPH Student) is working to confirm physical locations of ambulance services so the GIS layers can be updated.
- A public website to search and download ND licensed agencies (EMS Agencies, Training Institutions, Trauma Centers, Stroke Centers) is in the final design phases and should be available by the end of the year.
- Grants
 - Progress report is due for the Helmsley grant (LUCAS devices) at the end of December
 - End of second year
 - Things going well and Amanda is confident it should be approved
 - Continuing education grants – Amanda had a large influx but has gotten them caught up for the time being
 - Funding area grants
 - About 42% have not requested a reimbursement yet
 - Amanda plans to make more phone calls and to be more diligent to begin recouping money earlier in the process if need be
- Cardiac
 - Cardiac task force is tasked with working on the continuum of care with statewide cardiac protocols and recommendations for ambulances, hospitals, etc.
 - Facilitate timely and good quality cardiac care including prevention of the disease to treatment of the disease
 - Looking at designation similar to cardiac system
 - Education of dispatch
 - Powers Lake Cardiac Ready community
 - Other communities have expressed interest
 - Community driven with state assistance in coordination as needed
- Stroke
 - Primary stroke center (6 largest hospitals in ND)
 - Acute stroke ready hospitals (15)
 - Regional transport plans based on the capabilities of designated hospitals
- Trauma
 - 9 site visits since starting in June
 - Noticing lots of collaboration between EMS and hospital
 - Biggest issue is documentation not being readily available
 - Looking at having ICD 10 course held here in DEMST facility
 - Trauma website is down until further notice – if questions call Nicole

- EMSC
 - Bulk of funding will hopefully go to PEARS and PEPP courses
 - Waiting on proposals
 - Will be held before end of grant year (2/29/16)
 - AED / CPR / First Aid for pediatrics training
 - No cost to the participant
 - 11 services have been pediatric ready certified
 - Working with family voices of ND on special initiatives
 - Communication boards – hoping to equip all services
 - Participating in an extended learning call with Family Voices of ND on the night of Dec 7 when families can call in to hear about EMS in ND and how they can help prepare their families for using the system
 - Looking to design further resources
 - Handtevy system bag project
 - i. Send in certificates verifying completion of an online class on pediatric medication administration
 - ii. From those participants one winner will receive a Handtevy system bag
 - Potentially working with Pediatric Education Standards to produce new state protocol materials to possibly include a phone app
 - Updating pediatric resuscitation posters
 - Vital sign decals to replace the information printed on the back of EMS licenses
 - Planning to do further outreach to smaller areas

Regional Planning – Tom Nehring

- North Dakota is in need of EMS system development
- There are ambulance services that are failing and / or non-compliant with current established rules
- Per discussion of the funding area grant committee, regional meetings with interested parties will begin in 2016
- Leadership training should continue and merge into a mentorship program
- Evaluation is needed of the model of EMS continuum
- Funding area grants not as successful as hoped for system development
- Tom plans to be bringing this up more in the future

Protocol Development – Dr Sather

- Displayed the draft protocols as an overview of work done in the last two days
- Protocols are located on DEMST website
- Suggested protocols must be reviewed by service medical director and may be altered to fit the individual service
- Newly revised protocols are color coded with ALS and BLS combined – shortening the length of the document immensely
- Protocols are not meant for training so the assumption is made that the provider is operating within their scope of practice

Community Paramedic – Tom Nehring

- Effectiveness has been shown in urban situations across the country

- There is not much of a model for rural areas yet and effectiveness is yet to be determined
- Continue to evaluate the program and make decisions on future movement

Pilot Project – Dr Sather

- EMS Quality Improvement Pilot Project
- Last meeting held 11/9/2015
- Feeling as though the committee is on track after some struggles at the beginning
- Creating a process of peer review
- 6 services in pilot project (4 present at the last meeting)
- Fashioned after trauma reviews
- How to expand to other services and throughout the region
- Possibly have a session at the spring conference

Update – Rules – Tom Nehring

- Handout regarding status of rules
- Some rules are in re-review status while others are ready for final review with Tim prior to submission
- Rules will be sent to EMSAC members prior to the January meeting
 - Members are asked to review the rules prior to the January meeting rather than doing a complete review at the meeting

Ambulance Service Self-Assessment and Implementation Plans – Dr Sather

- Trial phase
- Designed for rural ambulance services
- Plan to obtain rankings from ambulance services state-wide and use for comparisons as well as overall ratings
- Verifiable information such as call schedule
- The self-assessment previously required with funding area grant submission is not as detailed and
- Originated out of JCREC
- ESMAC members are asked to review this document and mark any suggested changes prior to the January meeting
- This will replace the previous self-assessment tool as part of the grant application process

Update – Air Medical – Tom Nehring

- Federal court complaint from Valley Med challenging the changes made in statute
 - States are not allowed to determine rates, routes and services
 - Answered by Doug Bahr, Solicitor General
 - It is currently before the federal judge
 - Expected 2 – 4 months for response
 - Submitted on September 30
 - Rules will not be promulgated until the law suit is decided
 - Dr Dwelle was the named individual representing the health department
 - Work Force Safety was also a named party in the complaint

Funding Area Grant Discussion

- Diane and Lynette are committee co-chairs

- Two teleconference meetings in the last month
- The committee discussed the intent of more collaboration
- There was discussion of regionalization
 - 8 regions based on district health regions
 - 16 regions – dividing the eight in half
 - 4 regions
- Need to establish a time-frame for changes to the process
 - Setting 5 year goals?
 - Regional meetings
- Changes for 2016
 - Get away from entitlement
 - Obtain local buy-in
 - System development
 - How are the funds applied for going to be used towards system development
 - Legislative intent was to build an EMS system
 - Legislature must see movement towards system
- Relay the message of what a system consists of
 - Looking at it from the patient’s point of view
- Relay the expected time-line of movement towards a system
- Plan to meet with the association of counties
- Actual dollars received in mill levies
- Actual dollars received in donations
- Mandatory attendance at the newly designed regional meetings
- List of items that are disallowed distributed prior to the application process
- Require direct input of runs into webcur within 24 hours
- Require quality improvement
- Minimum of eight regional meetings in 2016
- Grant guidance needs to be finished by January
 - For discussion at January meeting
- Drive for local dollars
- Staffing component
 - Quality improvement
 - Legislative question – do not want EMS personnel being ‘employees of the state’
 - Personnel funding costs increase and are ongoing as opposed to one time purchases
- Require improved financial statements from rural ambulance services
- Possible funding sources
 - ½ penny tax
 - \$5 license plate fee
- This committee will schedule another teleconference
 - Lindsey / Amanda

Schedule 2016 EMSAC Meeting Dates

January 21, 2016

April 21, 2016

July 21, 2016

Oct 20, 2016

Other Business

- Zoll and NDEMSA are sponsoring a complimentary continuing education course <http://ndemsa.org/>
- Possible conference topics: stroke designation, protocols, etc? Curt will visit with Tom