Stakeholders Group

December 12th, 2017

Pierre, SD
DOH Strategic Plan

Vision
- Healthy People
- Healthy Communities
- Healthy South Dakota

Mission
To promote, protect and improve the health of every South Dakotan

Guiding Principles
- Serve with integrity and respect
- Eliminate health disparities
- Demonstrate leadership and accountability
- Focus on prevention and outcomes
- Leverage partnerships
- Promote innovation
Stakeholder Group Charge

In January, Governor Daugaard filed Executive Reorganization Order No. 2015-01 which moved the Office of Emergency Medical Services (EMS) from the Department of Public Safety to the Department of Health. In order to begin to address challenges being faced by the EMS industry, the Department of Health formed a stakeholders’ workgroup to study the current EMS system. This workgroup consisted of representatives from the EMS industry, state legislature, related associations, hospitals, local government, etc. The group met four times over the course of the summer of 2015 with the following goal:

To provide recommendations to the Department of Health on EMS sustainability and ensuring access to quality EMS in South Dakota, particularly in rural South Dakota, by identifying key issues and suggesting strategies.
Begin with the End in Mind!
How do you see the Future
The Process
Multifactorial
A Year Review—Chronological order!
National EMS Information System (NEMSIS) V3
Electronic Patient Care Report (ePCRs)

- Intermedix transition—Required Immediate Priority
- EMS Data Requirements
  - National Highway Traffic Safety Administration
  - National EMS Information System (NEMSIS) v2, v2.2, v3.3.4, discussion of v3.5
- The Process
  - September 1st, 2016—Began RFP IT Build
  - December 1st, 2016—RFP Published
  - February 27th, 2017—Proposal Submissions Closed COB
  - June 13th, 2017—ImageTrend contract signed
  - June 13th, 2017—Work begins with ImageTrend
ImageTrend Build—Effective June, 2017

- Estimated over 2800 combined hours between Lance, Lindsey, and Marty
  - Weekly Conference calls with ImageTrend Implementation Coordinator
  - All 585 Data Elements within V3.3.4 dataset required review, customization
  - Validity Rules, Visibility Rules, and Form flow all required customization
  - Two multi-day trips to ImageTrend Headquarters and ImageTrend Convention
  - Daily communication from EMS Industry on potential refinements
ImageTrend—Customization

- Customization was/continues to be the biggest challenge
  - All Hospitals, Nursing Homes, Assisted Living Center, etc. added statewide
  - All Fire Departments added statewide

- Pro’s:
  - We have the ability to make changes in 5 minutes that took previous vendor months

Supplemental Questions
ImageTrend—Form Manager
ImageTrend—Dataset Manager
One Data Element
ImageTrend—Reporting

- Report Writer—a powerful tool
- Ad hoc reporting
- Scheduled Reports
  - Medical Directors
  - Service Directors
South Dakota Run Form
Phase one—Establish Initial Training

- System 95% configured by target goal—October 1\textsuperscript{st}, 2017
- Contracted eight “Super-trainers,”
  - Multiple meetings to acclimate to system
  - Held initial training October 10\textsuperscript{th}
- Messaged EMS and Hospitals of change:
  - Transition timeline
  - Survey Monkey to sign up for training session
  - Naloxone Project
  - General Information Gathering
Phase one—Initial Training

- Scheduled and held “Early-Bird” training sessions:
  - October 10\textsuperscript{th}, 7-10 PM (Pierre)
  - October 11\textsuperscript{th}, 1-4 and 7-10 PM (Mitchell)
  - October 12\textsuperscript{th}, 1-4 and 7-10 PM (Vermillion)

- Regularly scheduled training sessions: (In conjunction with Naloxone Project)
  - October 16\textsuperscript{th}, 5-10 PM (Sioux Falls)
  - October 17\textsuperscript{th}, 5-10 PM (Watertown)
  - October 18\textsuperscript{th}, 5-10 PM (Aberdeen)
  - November 20\textsuperscript{th}, 5-10 PM (Rapid City)
  - November 21\textsuperscript{st}, 5-10 PM (Spearfish)
  - December 11\textsuperscript{th}, 5-10 PM (Mitchell)
  - December 12\textsuperscript{th}, 5-10 PM (Pierre)
  - December 13\textsuperscript{th}, 5-10 PM (Mobridge)

- Several services will require one on one training—missed session
To Date:

- Over 160 individuals have been trained during regional sessions
- 50+ ambulance services have entered “live” data: Total calls 743
- 1300+ “User” accounts established
- 638 Reports generated in “Demo” Agency
Next Steps

State
- Third party submissions
- NEMSIS Submission

Trainings
- Phase two training
  - Some in-person training
  - Webinar sessions
- Phase Three
  - Mid-2018
  - Report Writer
  - Data Analytics
Naloxone Project

Opioids are substances produced medically to produce morphine-like effects.
Naloxone Project Conception

- **February 2017**
  - Opioid Grant Conversation between DSS and DOH
  - Training and Distribution budget Requested

- **June 2017**
  - Initial Kick-off Meeting between DSS and DOH
  - Naloxone Project budget approved early July

- **July-October 2017**
  - Developed Project Management Template
  - Created Marketing materials
  - Mailed informational letters with Survey Monkey tool first response agencies
Naloxone Project

- July-October 2017
  - Searched/customized project training materials
  - Created all forms, handouts, etc.
  - Scheduled training sessions through Survey Monkey, initially
  - Entities expressing interest in the Naloxone Project training:
    - Hospitals
    - EMS
    - Sheriff’s Offices
    - Police Departments
    - Department of Criminal Investigation
    - Department of Corrections
    - Game Fish and Parks staff
The Department of Health
CDC Funded Opioid Abuse Grant

Grant Purpose

- To support and build efforts to track and understand the full impact of opioid use and abuse in SD
  - conduct a needs assessment;
  - complete a strategy plan to identify needs and strengthen South Dakota’s capacity to prevent misuse/abuse of opioids; and
  - develop a data strategy to enhance and integrate current surveillance efforts for more accurate, timely data.
State Targeted Response to the Opioid Crisis Grant (Opioid STR)

- The purpose of the grant program is to:
  - Increase access to treatment;
  - Supplement current opioid activities; and
  - Support a comprehensive response to the opioid epidemic
Drug Associated Deaths by Race, Gender, Age

Percentage of Drug-Associated Deaths by Race:
- White: 79.3%
- American Indian: 19.5%

Number of Drug-Associated Deaths by Gender:
- Female: 48.9
- Male: 51.1

Percentage of Drug-Associated Deaths by Age Group:
- <1: 0%
- 1-4: 0.2%
- 5-14: 0.2%
- 15-24: 9.1%
- 25-34: 21.9%
- 35-44: 27.6%
- 45-54: 25.8%
- 55-64: 12.2%
- 65-74: 2.2%
- 75-84: 0.8%
- 85+: 0%

Opioid Associated Deaths by Race, Gender, Age

- **White**
  - Percent: 81.5

- **American Indian**
  - Percent: 17.8

- **Female**
  - Percent: 47.8

- **Male**
  - Percent: 52.2

- Age Groups:
  - <1: 0
  - 15-24: 27.8
  - 25-34: 26.3
  - 35-44: 10
  - 45-54: 2.2
  - 55-64: 0
  - 65-74: 0
  - 75-84: 0
  - 85+: 0
Naloxone Project Training and Distribution

Scheduled training sessions: Average 1.5 hrs.

- 1:30 PM and 3:30 PM Session for Law Enforcement; 5:30 PM to 10 PM Session for EMS
- Sign-in, handouts, project discussion, formal training, Naloxone distribution, evaluation, adjourn

Dates and Locations:

- October 3rd, Mitchell—special session
- October 5th, Sioux Falls—special session
- October 16th, 5-10 PM (Sioux Falls)
- October 17th, 5-10 PM (Watertown)
- October 18th, 5-10 PM (Aberdeen)
- November 20th, 5-10 PM (Rapid City)
- November 21st, 5-10 PM (Spearfish)
- December 11th, 5-10 PM (Mitchell)
- December 12th, 5-10 PM (Pierre)
- December 13th, 5-10 PM (Mobridge)
Naloxone Project—To Date:

- 400+ individuals have been trained in Naloxone
  - 83 DOC staff
  - 36 sheriff’s office staff
  - 52 police officers
  - 233 healthcare providers including EMS and hospitals-based professionals

- 479 Boxes of Naloxone Distributed
  - 101 medical personnel
  - 73 police departments
  - 93 DOC
  - 70 DCI
  - 12 BIA
  - 129 sheriff’s offices
  - 1 North Sioux City fire department (new ambulance)
Next Steps

Naloxone Data Collection
- Vital Statistics—Hospital Discharge Data
- ImageTrend ePCR data
- Law Enforcement usage through ePCR
EMS Communications Project

- June of 2016—Received notification of a traumatic death
- Hospital contact concerned—something was not right about this case
- Decided to research the case:
  - Bob, Misty B. and Marty met with ambulance service
  - Reviewed recorded communications and EMS trip report
  - Determined there was a system related communication issue that needed attention
  - Issue involved:
    - 2 Public Safety Answering Points
    - 3 EMS agencies
    - 1 rotor-wing aircraft
EMS Communications Project

- Formed Ad-Hoc Workgroup, members included:
  - Flight Communications Directors from Sanford and Avera
  - Metro Communications Interim Director
  - Lincoln County Dispatch
  - Ambulance Directors from Paramedics Plus and Med-Star
  - Trauma coordinators from Sanford and Avera
  - 4 EMS Directors from around the region
  - State Radio
EMS Communications Project

- Year long workgroup
- Identified the problem, identified potential solutions
- Recommended three Air to Ground Dedicated Digital Radio Frequencies
- Request approved
- Informed Industry of change
  - Air Services
  - EMS
  - Hospitals
  - Law Enforcement
EMS Communications Project

Talk-group Channels for Digital Radio Coordination Between ALS Units

[Map showing coverage areas with different regions highlighted and talk groups indicated]

ALS E: Talk Group (Formally AIR/GRD SE)
ALS W: Talk Group (Formally AIR/GRD W)
ALS 2: Talk Group (Formally AIR/GRD NE) is mainly a “backup” talk-group

[Legend showing different hospital types]
In the News!

- Ambulance Closures
  - Burke, Gregory, and Bonesteel
  - Bob, Marty, SDAA conducted focused visit with each service (September 2017)
  - Held Public Meeting with approximately 15 folks in attendance:
    - Burke’s Mayor, County Commissioner, Medical Director, Hospital CEO, Ambulance Director
    - Gregory’s EMS Director and other interested parties
    - Bonesteel’s EMS Director and other interested parties
  - Great meeting with quality discussion
  - Only Burke had significant workforce issues; EMR/EMT class pending
  - Radio communication issues addressed
Digital Radio Infrastructure

- Facing Significant update prior to 2023
- Major issues remaining

- Next Steps—potentially
  - Bob and Marty to solicit ad-hoc workgroup
EMR Legislation and Administrative Rules

- SB48 Emergency Medical Responder Legislation
  - Established Authority to Promulgate Administrative Rules

- Administrative Rules Hearing Successful
  - Established EMR certification, recertification, reciprocity, etc. language
  - Defined EMR Scope of Practice

- To date
  - 53 certified EMR’s; DOH Strategic Planning goal of 80 certified by January 2018
  - 5 EMR class requests approved with a student count of 75 (since July)
EMS Administrative Rules

- In conjunction with EMR AR, updated EMT Language to reflect
  - Clearly defined EMT, certification, recertification, reciprocity, etc.
  - Defined EMT Scope of Practice
  - General Cleanup
    - Recognized NREMT, Education Standards, redefined “Response, “ age requirement

- Secondary Administrative Rules Package
  - General Cleanup
  - Primary focus on Equipment Standards
  - Medical air transport, air ambulance minimum staffing requirements
  - Primary and Secondary response to “Ground Ambulance”
  - Enhanced user friendliness of rule sections
  - Trip reports required monthly—prior discrepancy
South Dakota Cardiac Collaborative

Mission:

- Improve quality of life of all South Dakotans through prevention and control of heart disease and stroke

- Two year ongoing effort
  - Highly involved from strategic planning process
  - Increase number of EMT’s in SD from 3,281 to 3,850 by 2021
  - Explore innovative strategies to sustain EMS services
  - Decrease EMS chute times
  - Develop pilot program for cardiac ready communities
  - Ensure utilization of community based resources ML: LUCAS for EMS
  - Utilize results of needs assessment to address infrastructure and sustainability of EMS
South Dakota Cardiovascular Collaborative

**Vision:** Healthy people, Healthy communities, Healthy South Dakota

**Mission:** Improve quality of life of all South Dakotans through prevention and control of heart disease and stroke

### South Dakota Cardiovascular Collaborative

**Strategic Plan 2017-2021**

Download the entire South Dakota Cardiovascular Collaborative Strategic Plan at doh.sd.gov/diseases/chronic/heartdisease

<table>
<thead>
<tr>
<th>Goals</th>
<th>Objectives</th>
<th>Strategies</th>
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</thead>
<tbody>
<tr>
<td>I. IMPROVE DATA COLLECTION</td>
<td>- Drive policy and population outcomes through improved data collection and analysis for heart disease and stroke.</td>
<td>A. Explore a process to identify and track cardiovascular indicators available from the HIIE (Health Information Exchange) and other nationally recognized data sources.</td>
</tr>
<tr>
<td>II. PRIORITY POPULATIONS</td>
<td>- Address prevention and treatment needs of priority populations in South Dakota for heart disease and stroke.</td>
<td>B. Convene priority stakeholders to identify potential for policy action, including potential legislation, to support the use of HIIE.</td>
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<td>III. CONTINUUM OF CARE</td>
<td>- Coordinate and improve continuum of care for heart disease and stroke.</td>
<td>C. Encourage providers who have access to HIIE to contribute data into the system.</td>
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<tr>
<td>IV. PREVENTION &amp; MANAGEMENT</td>
<td>- Enhance prevention and management of heart disease and stroke.</td>
<td>D. Educate members of the HIIE to help them more fully utilize the services and incorporate health information technology into workflows.</td>
</tr>
</tbody>
</table>

#### Objective 1

1. Identify and track data to support at least one heart disease and stroke policy change or recommendation by 2021.
2. Increase input into at least four data collection tools by organizations and/or individuals by 10% by 2021.

#### Objective 2

1. Increase the number of EMRs in South Dakota from 2,281 EMRs in 2016 to 3,850 EMRs by 2021.
2. Decrease the age-adjusted death rate due to heart disease in the American Indian population from 22.5 per 100,000 to 20.0 per 100,000 by 2021.
3. Decrease the age-adjusted death rate due to stroke in the American Indian population from 48.5 per 100,000 to 42 per 100,000 by 2021.

#### Objective 3

1. Decrease emergency response times by decreasing average ambulance travel times from 7.5 minutes to 6.5 minutes by 2021.
2. Reduce 30-day readmission rate for heart disease and stroke from 6.0% to 5.9% by 2021.

#### Objective 4

1. Decrease prevalence of heart attack from 4.7% (2016) to 4.4% (3% decrease) by 2021.
2. Decrease prevalence of stroke from 2.6% (2016) to 2.4% (8% decrease) by 2021.

#### Strategies

A. Develop a process to identify and track cardiovascular indicators available from the HIIE (Health Information Exchange) and other nationally recognized data sources.
B. Convene priority stakeholders to identify potential for policy action, including potential legislation, to support the use of HIIE.
C. Encourage providers who have access to HIIE to contribute data into the system.
D. Educate members of the HIIE to help them more fully utilize the services and incorporate health information technology into workflows.
E. Develop a process to disseminate data to stakeholders.

**A.** Promote the different models of team-based, patient-centered care (health cooperative clinic, health homes, patient-centered medical home).
**B.** Support policies that increase access to heart disease and stroke care for priority populations.
**C.** Improve collaboration with tribal communities.
**D.** Maximize community-clinical linkages (e.g., CHW, different sectors).
**E.** Explore innovative strategies to sustain EMS services (e.g., funding, training).

**A.** Develop pilot program for cardiac ready communities.
**B.** Ensure utilization of community-based resources and programs such as Mission Lifeline and LUCAS for EMS services.
**C.** Engage non-physician providers in team-based approach to care.
**D.** Utilize results of needs assessment to address infrastructure and sustainability of EMS.
**E.** Encourage the implementation of quality improvement processes in health systems.
**F.** Expand prevention and lifestyle interventions in communities and for all ages across the lifespan.
**G.** Promote patient-centered disease management that engages patient and family in their own care and links them to community resources.
**H.** Promote awareness, detection, and management of high blood pressure (clinical innovations, team-based care and self-monitoring of blood pressure).
EMT Classes in High Schools

- Partnership effort between:
  - Office of Rural Health’s EMS Program
  - South Dakota Area Health Education Center
  - Department of Education
  - Dr. Matt Owens
  - University of South Dakota
  - Lake Area Tech

- Goal: Provide EMT classes for High Schoolers
  - Increase EMS workforce
  - Allow for Dual Credit Options

- Spring of 2018 class scheduled: 5 interested students in Lennox area
Special Projects/Ongoing Efforts

- Simulation in Motion—SD
- HRSA—Planning Grant
  - St. Luke’s Hospital, Redfield Hospital, Mid-West Medical Ambulance
  - Exploration of Community Paramedicine
- Sepsis Project—conception phase
- Seatbelt Committee; partnership between DPS and DOH
Workforce

One of the most pressing issues facing the EMS industry today is sustaining a qualified workforce. In South Dakota, nearly 85% of EMS personnel are volunteer in nature. Similarly, seventy five percent of EMS agencies also operate in this manner. Recommendations recognize the need to assist EMS in recruiting and retaining workforce.
Workforce
Legislative Efforts/Promotion

2016
- Minimum Staffing/Hardship Legislation—SB27
- Drivers Competencies
- EVOC Courses

2017
- Emergency Medical Responder (EMR)
- EMT classes in High Schools/Dual Credit Options
Workforce Promotion

- **Recruitment and Retention Efforts—RHFRAP**
  2015, 1 participating to date; 2016—8 applications received 4 participating to date; 2017 0 apps

- **Build Dakota Scholarship Program**

- **Pipeline Efforts | EMS in Camp Med/Scrubs Camps**
  - **School Year 2015-2016**
    9 Camp Meds/5 Camp Meds included EMS
  - **School Year 2016-2017**
    20 Scrubs Camps/13 Scrubs Camps EMS attended (17 different locations/12 locations included EMS)
    9 Camp Meds/4 Camp Meds included EMS
  - **School Year 2017-2018**
    12 Scrubs Camps/8 Scrubs Camps EMS attended (12 different locations/8 locations included EMS)
    1 Camp Med/1 Camp Med included EMS (Only 1 camp has been held so far this year)
Certified EMT Providers by Year

- 2013: 2491 providers with 548 and 19 in specific categories
- 2014: 2706 providers with 573 and 50 in specific categories
- 2015: 2688 providers with 579 and 69 in specific categories
- 2016: 2609 providers with 588 and 84 in specific categories
- 2017: 2563 providers with 629 and 93 in specific categories
Total Workforce Numbers—3,383
Quality

In order to ensure South Dakota has effective, efficient ambulance services, the stakeholders’ group recognizes the need for quality measures in EMS agencies.
Quality Recommendation A

- Leadership Focus
  - Continue to support ongoing Leadership Education
  - Ambulance Service Directors need formal education in:
    - Recruitment and Retention
    - Quality Initiatives
    - Budgeting and Billing
    - Medical Direction
    - Regulations both state and federal
    - Etc.
SafeTech Solutions LLP Leadership Training

- The South Dakota Office of Rural Health, EMS Program is providing 2-day EMS Leadership Workshops in Rapid City, Pierre and Sioux Falls in early 2018. These workshops are for ambulance service leaders and managers and will be a time of learning, discovery and networking.
  - These engaging interactive sessions will:
    - Strengthen your ability to lead your agency
    - Provide a format for exchanging ideas and best practices
    - Create an opportunity to present and work on specific challenges
    - Explore the latest in EMS workforce development
    - Host a forum for dialogue between ambulance service leaders and state leaders
    - Provide important information on the Naloxone program
Quality—ePCR Reporting

- Data Quality
  - Utilize ImageTrend Validation Rules to promote real-time data quality
  - Develop reporting tools for service directors and medical directors to review
  - Utilization of Quality Review “tools” within ImageTrend software allowing MD review

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*Abbreviations: N/A, N/K, N/P = Not Applicable, Not Available, Not Known, Not Recorded, Not Reported, Not Provided, Blank* *

**Totaled Statewide Results for 2015**

*Numbers of 911 calls/year; n= number of unacceptable values per each column; %= percentage of unacceptable values per each column; Strings are long and seemingly nonsensical codes that cannot be traced back to a valid entry. Other was included in Dest_Determination because it is used more often than acceptable (1904), but was not used reasonably and is an acceptable response to describe a location (357)

†Field for race and ethnicity were simultaneously evaluated and this column represents blanks or null values from both columns.
Quality Recommendation

- Medical Director Consultant contract established
  - Dr. Jeff Luther
- Medical Direction Requests
  - Sound, Effective Communication Channels
  - Scope of Practice—what is it; how is it defined; who oversees the process
  - What is EMS Medical Direction—An Introduction to Rural EMS MD—SafeTech Solutions
  - Need for EMS MD Education and Guidance
  - Need for Standardized Guidelines/Protocols
  - Identifying Qualified MDs across the state
  - Establish Regular Ongoing Meetings
  - Listserv in development
Quality Recommendation

- Enhance communications between EMS and BMOE
  - Regular meetings/communications established and ongoing
  - Positive Relationship

- Educational Programing
  - Monthly training
    - Avera e-Emergency Initiative
Sustainability

Ambulance services across South Dakota are facing a variety of challenges ranging from recruitment and retention of staff, funding, leadership, etc. In an effort to assist services in addressing these issues, the stakeholders recommended the following:

**Recommendation A:** Develop the capacity to provide communities with assistance in transitioning from unsustainable to sustainable EMS models. This assistance should include:

- Assessing sustainability;
- Evaluating the full costs of providing EMS;
- Exploring various EMS delivery models that may fit the community’s unique needs, desires and resources;
- Facilitating community discussions around matching needs with resources; and
- Guiding and coaching through the transitional process.
Sustainability

- Ongoing Technical Assistance
  - TA Focus over sole regulation
  - Partnering with SDAA for TA visits
  - Realignment of Resources
  - Online EMS Ambulance Licensure
    - Completed second year
  - Online EMS Personnel Certification
    - Allows EMS Providers to complete all certification requirements online
Sustainability

2016 Summer EMS Survey

- 36% Today we have enough staff
- 67% As operating today we are confident our agency will be providing services in 5-10 years
Infrastructure

In order to continue to move EMS forward in South Dakota, recommendations were made to help build an infrastructure within the Department of Health to facilitate these ongoing efforts.

**Recommendation A:** Seek regular input from EMS stakeholders to help lead the South Dakota EMS system.

**Recommendation B:** Conduct a review and update of South Dakota’s statutes and rules that pertain to EMS.
Infrastructure Recommendation A

- **Workgroups**
  - Stakeholder group updated frequently—PULSESD
  - Internal and Externally Driven

- **Communications**
  - PULSESD Newsletter
  - Developed Listserv
  - Authored Monthly EMT Thoughts Articles
  - Streamlined Website

- Continue to Maintain Purposeful Partnerships with Key Organizations
Infrastructure Recommendation B and C

- Conduct Internal Review of SDCL and AR
  - Significant progress made legislatively and through AR processes
  - Continual review of and thought towards future needs

- EMS Program and Board of Medical and Osteopathic Examiners
  - Host regular meetings
  - Ongoing Review of ALS Scope of Practice
  - Future needs of EMS
Additional Office of Rural Health Work

- Continued support and promotion of SIM-SD
- Applied for and received FY18 Highway Safety and EMPG Grants
- Nearing completion of Year 4 of LUCAS Grant ($3.7 million)
- Administrative LUCAS Conference Calls—7 state initiative
- Active member in Senior Advisory committee for homeland security and emergency management
- 9th Annual Trauma Symposium
- Competing year four of Regional Performance Improvement
- Negotiated RTTDC and PHTLS Grant Dollars and held numerous courses
Future Projects

- Radio Communications Workgroup
- EMS treatment protocols
- Board legislation workgroup
- Epinephrine
- Quality metrics
- Medical direction
- Bridge course EMR to EMT
- Leadership classes
Future Efforts—Workforce

- Workforce
  - EMS Educational Standards Group
  - Explore EMR to EMT bridge
  - Continued Recruitment and Retention Efforts
Future Efforts—Sustainability

- Sustainability
  - Comprehensive Technical Assistance Visits
  - Continuous monitoring of the health of ambulance services
  - Simulation in Motion-SD and LUCAS Project Sustainability
  - Exploration and Development of Regional EMS Councils
  - Operating an EMS agency as a Business
Future Efforts—Quality

- Quality
  - Medical Direction Education and Engagement
  - ePCR advancement and continued data quality metrics
  - Refinement of BLS Guidelines
Future Efforts—Infrastructure

- Infrastructure
  - Continue to Develop Relationships with various Stakeholders
  - Systems of Care Development
  - EMS Needs to be viewed as a Profession—that starts with EMTs
  - Continuous Internal Statue Review
  - Active engagement in SDAA, SDEMSA, and IC Society
  - Monthly LUCAS Administrative calls
  - Active engagement in NASEMSO Activities and Conference Calls
Questions?