

Report of
South Dakota EMS Stakeholder Group Meeting
December 14, 2016

Submitted by
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Summary

Emergency Medical Services (EMS) stakeholders from across South Dakota met for a facilitated session on December 14, 2017 in Pierre to discuss:

- progress on 2015 EMS Stakeholder Group recommendations;
- review findings from the recent statewide survey and listening sessions; and
- make additional recommendations to the EMS Program, Office of Rural Health and Department of health.

During this meeting the EMS Stakeholder Group:

- reviewed its initial recommendations and the progress in addressing its recommendations;
- reaffirmed its initial recommendations;
- recommended the addition of Emergency Medical Responder as a provider level in South Dakota; and
- re-emphasized its recommendation for a comprehensive *review and update* of South Dakota State EMS Laws and Rules with an eye on national EMS trends (such as mobile integrated health), healthcare trends in general and specific rural healthcare trends.

Background

The EMS Stakeholder Group first met in a series of four meetings in 2015 to address challenges facing EMS in South Dakota. The meetings were hosted by the South Dakota Department of Health, Office of Rural Health and EMS Program and facilitated by the national EMS consulting firm, SafeTech Solutions LLP.

Stakeholders included ambulance service leaders, state legislators and fire service leaders, hospital administrators, physicians, state EMS associations, representatives from various other relevant organizations and Department of Health representatives

The EMS Stakeholder Group was created in 2015 to ensure the EMS Program, Office of Rural Health and Department of Health stay abreast of the challenges and needs related to the delivery of EMS in South Dakota by some 130 EMS agencies. In 2015 Secretary of Health Kim Malsam-Rysdon described the charge and goal of the group as follows:

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.

The Group's work and recommendations have been used for internal EMS Program strategic planning. The 2015 meetings resulted in the EMS Stakeholder Group making 10 recommendations in 4 broad areas. The broad areas were *workforce*, *quality*, *sustainability* and *infrastructure*. The 10 recommendations were:

Workforce Recommendations

- Change the minimum staffing requirement for an ambulance from two EMTs to one EMT and a driver and eliminate the hardship exemption.
- Support the development and implementation of programs, activities, and efforts to encourage and support EMS workforce development (including recruitment and retention) across South Dakota with an eye toward future needs.

Quality Recommendations

- Support the development, education and continuing support of local EMS leaders across South Dakota through leadership and management education and training.
- Study the need for and effectiveness of the state's system for local, regional, and state-level medical direction and medical leadership.
- Explore how to most effectively meet the growing demand for interfacility transfers across the state with the goal of meeting needs and ensuring access to quality EMS care.
- Evaluate the role of the EMS Program and BMOE in EMS education /continuing education with a goal toward efficiently using resources in the EMS program.

Sustainability Recommendations

- Develop the capacity to provide communities with assistance in transitioning from unsustainable to sustainable EMS models.

Infrastructure Recommendations

- Seek regular input from EMS stakeholders to help lead the South Dakota EMS system.
- Conduct a review of and update South Dakota's statutes and rules that pertain to EMS.
- Ensure a seamless experience for EMS providers and local agencies in dealing with service and personnel licensing and certification between the EMS program and Board of Medicine.

Meeting details

The meeting began at 10am with approximately 28 stakeholders in attendance and adjourned at 2pm.

The meeting began with introductions and group collaboration on the agenda.

EMS Program Director Marty Link reviewed activity and progress since the EMS Stakeholder Group met last in 2015. Mr. Link's presentation explained actions, improvements and changes that have been made in response to the Group's recommendations. Mr. Link also talked about current issues, EMS Program activities and answered group questions.

EMS consultant John Becknell, PhD, presented highlights from the 2016 survey of EMS agencies in South Dakota and themes from the seven regional EMS listening sessions. These themes included:

- Staffing shortages, retention and recruitment
- Provider motivation
- Meeting testing, certification and licensing requirements
- Guidance in planning for the future
- Developing additional financial resources
- Regional collaboration
- The need for an overhaul of laws and rules

The group then engaged in discussions on emergency medical responder (EMR) as a South Dakota provider level and the need for an overhaul of the EMS laws and rules.

Emergency Medical Responder

With the on going challenges associated with recruiting and training EMS workers across South Dakota, the EMS Stakeholder Group discussed adding Emergency Medical Responder (EMRs) as a certification level in South Dakota. The EMR is a recognized national certification level just below EMT. The *National EMS Scope of Practice Model* describes the EMR as follows:

Emergency Medical Responders provide immediate lifesaving care to critical patients who access the emergency medical services system. EMRs have the knowledge and skills necessary to provide immediate lifesaving interventions while awaiting additional EMS resources to arrive. EMRs also provide assistance to higher-level personnel at the scene of emergencies and during transport. Emergency Medical Responders are a vital part of the comprehensive EMS response. Under medical oversight, Emergency Medical Responders perform basic interventions with minimal equipment.

The Group felt the addition of the EMR certification in South Dakota would strengthen EMS in South Dakota. While EMRs would not take the place of an EMT on an ambulance, they could serve on an ambulance *with* an EMT and provide an opportunity for people to be trained in EMS with less time commitment. The EMR would provide a medically trained entry point for EMS workers or a step up for

drivers and may enhance the growth of the EMS workforce, especially if an EMR to EMT bridge program was to be created.

The EMS Stakeholder Group recommended that South Dakota add the EMR certification to its EMS provider levels.

Reviewing and Updating State Laws and Rules

Stakeholders expressed concerns that current state EMS laws and rules include laws and rules that are out-of-date, do not reflect current practice and may actually impede South Dakota's ability to keep pace with national EMS trends and trends in healthcare and rural healthcare.

Stakeholders representing various EMS agencies (including advanced life support agencies) expressed concern about the limits of the current structure of EMS in South Dakota. This structure, by law, has basic life support regulated by the EMS Program and advanced life support regulated by the Board of Medical and Osteopathic Examiners. This does not match the way EMS is structured in most states and may not be necessary. The current structure creates, what some believe to be, unnecessary complications and obstacles in the everyday provision of EMS. Additionally, some advanced life support agencies believe the current structure complicates the development of mobile integrated health or community paramedic type programs. Mobile integrated health and community paramedic programs reflect a national and international trend in emergency medical services and rural health care.

Stakeholders concerned about this issue would like to see a review of state laws and rules with an eye on the most reasonable and efficient means of regulating EMS and on the trends in EMS and healthcare and best practices in the development, oversight and structuring of EMS.

Stakeholders representing physicians and hospitals expressed concerns about the creation of an independent practice of medicine and want to ensure that any changes in laws and rules preserve medical direction and physician oversight of the clinical services provided by EMS personnel.

The EMS Stakeholder Group re-emphasized its recommendation for a comprehensive review and update of the current state EMS laws and rules with an eye on national EMS trends (such as mobile integrated health), healthcare trends in general and specific rural healthcare trends.