

**South Dakota EMS Stakeholder Group Meetings**  
**May 7, 2015**  
**Summary of Meeting Activity**

Emergency Medical Services (EMS) stakeholders from across South Dakota met on May 7, 2015 in Pierre to discuss challenges facing EMS in South Dakota. This was the first of four meetings hosted by the South Dakota Department of Health, Office of Rural Health.

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

Participants were welcomed to the one-day meeting by South Dakota's Secretary of Health, Kim Malsam-Rysdon, Deputy State Health Secretary Tom Martinec and Halley Lee, Administrator of the Office of Rural Health.

Secretary Malsam-Rysdon discussed the transition of EMS from the Department of Public Safety to the Department of Health and said these meetings are necessary to ensure the Department of Health understands the challenges and needs related to the delivery of EMS in South Dakota. The Secretary described the goal of the meeting 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 will be reflected in a document the Department of Health and Office of Rural Health can use for internal strategic planning.*

The meeting was facilitated by Aarron Reinert and John Becknell, of the consulting firm, SafeTech Solutions, LLP. SafeTech Solutions has extensive experience working with EMS organizations in South Dakota and across the Great Plains.

Facilitators led the group in introductions and in a discussion about how the group would work together and make decisions. Each participant agreed to the following ways of working together:

- To seek first to understand, then to be understood;
- Ensure that all voices will be heard;
- Have one conversation;
- Limit monologues to 1-2 minutes (the ability to yield);
- No making points at the expense of others (no personal or group attacks);
- Respectful disagreement;
- Conflict will be facilitated;
- Stay mission focused;
- Support the group during multi-month process; and

- Agree to the stakeholder group's deliverables.

Each group member agreed to the following ways of making decisions:

- Keep decision making simple;
- Stay recommendation focused;
- Pay attention when consensus shows up; and
- Use simple majority in absence of consensus.

Each group member agreed that recommendations would be made according to the following principles:

- Meaningful (must make a difference);
- Actionable (must be something we can actually do);
- Measurable (must be able to measure progress or success); and
- Connected to the charge of the stakeholder group.

Facilitators presented a historical review of how rural EMS developed in the United States and led a discussion of how EMS developed in South Dakota. The presentation highlighted the following:

- Across the United States rural EMS developed locally and organically without a mandate, broad system planning or financial planning;
- Most local agencies were subsidized by donated labor;
- Many communities have not accounted for the true and full costs of providing EMS services in their community;
- The value of donated EMS labor across South Dakota is estimated to be valued at more than \$25 million annually;
- The cost of labor for one 24-hour ambulance crew is valued at approximately \$344,268 annually; and
- Volunteer labor is declining because of socio-economic changes, cultural changes, demographic changes, increasing EMS requirements and accountability, the ongoing regionalization of healthcare and attitudinal changes in younger generations.

The group identified important groups that represent EMS in South Dakota. These groups include: The South Dakota EMS Association (currently has approximately 1200 members and hosts an annual state wide conference); the South Dakota Ambulance Association (which represent ambulance agencies and has 33 members); The Professional Fire Fighters of South Dakota (has approximately 400 members); and the American Heart Association (functions as an advocate for EMS).

Recommendations of the 2002 assessment of EMS in South Dakota conducted by National Highway Traffic Safety Administration's Office of EMS were reviewed and discussed.

The current structure of EMS in South Dakota was reviewed including the different functions performed by the EMS and the Board of Medical and Osteopathic Examiners (BMOE).

The certification or license level of the personnel working on an ambulance determines whether the ambulance functions at a Basic Life Support (BLS) level or Advanced Life Support (ALS) level. Emergency Medical Responders are not certified or regulated by the state.

EMS licenses EMS agencies. EMS oversees Basic Life Support, conducts ambulance inspections, regulates basic providers and oversees aspects of EMS education.

The BMOE is an independent board that administratively functions through the Department of Health and provides the following EMS related functions: licenses advanced providers and conducts recertification of their licensure; provides oversight of the advanced providers educational programs; provides oversight of AEMT, I-99, I-85 and paramedic practice; and regulates the advanced providers scope of practice.

Facilitators led a discussion about EMS at a national level including issues, trending and recent activity related to reimbursement.

Stakeholders were invited to identify the most pressing topics or issues they believe the stakeholder group should explore and address. This was done using small groups. A large list of topics or issues were identified and then organized into themes and categories with the help of the facilitators. The biggest themes are sustainability and structure of EMS at a state level (structure, rules and regulations).

Below are the broad categories the topics stakeholders identified:

### **Sustainability**

- Hardships and keeping services operating
- Hardships: need for data
- Workforce
  - Sustainability of volunteer staff
  - Retention
  - Recruitment (enticement i.e. retirement)
  - Cost
  - Education (EVOC, EMR, EMT)
  - Incentives to employers to allow volunteers to leave during work day
  - Time restraints
  - Cost of attaining EMT license
  - Time commitment for EMS education
- Tracking response reliability - dropped or missed calls and slow chute times
- Potential for EMS system regionalization

- How training requirements support or detract from EMS sustainability
- Critical access hospitals, why not critical care structure for EMS?
- Use of EMRs
- Agency structure: club vs. business
- Ensuring access to care
- Regionalization
- Training: RHFRAP, incentive
- Training resources
- EMTs are overly challenged/taxi service

### **Structure of EMS at a State Level (structure, rules and regulations)**

- Governing/who does what
- Appropriate licensing/certification (uniformity between ALS & BLS)
- Updating EMS laws/rules
- Definitions
- Education standards
- Communication structure through state offices
- Advocacy vs. regulation: communicate to community
- Cross Certification (RN/EMT/Etc.)
- First responder: yes? no?: standardization

### **Funding**

- Sustainability of current programs (i.e. LUCAS, EKG-12, STEMI)
- Reimbursement
- Impact of Medicaid expansion on EMS
- Sustainability of systems of care (i.e. STEMI)
- Funding resources: Federal programs

### **Medical Direction**

- State Medical Director for EMS
- Medical Direction help local services

### **Advocacy**

- Legislation
- Promoting EMS in our communities
- Public awareness of issues plaguing EMS
- Essential service
- Totally change legislation

### **Data**

Need: Service demographic data, protocols

### **Miscellaneous**

- Liability insurance/coverage for EMTs

- Lose the name “volunteer”
- Definition of EMS (big picture, get rid of word emergency)
- Allow for technology advance
- PSAP medical protocols: training

The next meeting will be on June 24 in Pierre. During that meeting the group will explore sustainability.