



# PULSE<sup>SD</sup>



## South Dakota Office of Rural Health Emergency Medical Services

June 2016

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### Director's Welcome

By Marty Link—EMS Director

I wanted to share an article I wrote for the May edition of the EMT Thoughts. Knowing some of you may not receive that subscription, I felt it valuable to include here.

A few Sundays ago, my Pastor talked about relationships and the power, importance, and necessity of them. It was an informative message and one I wanted to briefly summarize in my own words. From this message, I realized, especially in this day and age, how vital it is for us to maintain quality relationships with each other and how we need to look out for others; especially, in the type of work we do.

Mentorship was a common theme that ran through my mind several times. Mentorship is such an important component in healthcare. It is a foundation where one's wisdom, experience, and knowledge can be shared and passed down from generation to generation. I'm reminded of our work in the trauma system. We focus monthly on reviewing actual trauma cases that have occurred in South Dakota. The premise of such reviews are not punitive by any means; they are meant to dissect the care and treatment of patients we cared for yesterday with the hope of learning from, adapting change, and improving the care we provide for future patients. Each of you reading this article has something to teach others, each of you has wisdom, experience, and knowledge that, if you chose to, can have a profound impact on helping young or even seasoned providers better themselves. I hope you share and are willing to impart that vested gift so others may benefit from your talents. After all, we have one opportunity in this world and your willingness to share could make the difference in someone's life.

Sincerely,

Marty





## Stakeholder Workgroup Update

By Halley Lee—Administrator, Office of Rural Health

Just a reminder: Follow the progress on fulfilling the EMS Stakeholders’ recommendations by visiting [EMS.sd.gov](http://EMS.sd.gov) and scrolling down to the “EMS Stakeholders Group” bullet. A working document outlining progress has been created and was recently updated.

The Stakeholders’ Group will continue to be involved moving forward. The group will be monitoring progress as well as providing input and guidance on action steps and solutions.

For more information, please feel free to contact Marty Link at 605.367.5372 or [marty.link@state.sd.us](mailto:marty.link@state.sd.us) or Halley Lee at 605.773.3361 or [halley.lee@state.sd.us](mailto:halley.lee@state.sd.us).

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## Monthly Training

By Marty Link—EMS Director

In March, the Office of Rural Health put together an Education Group to discuss how best to transition from the current monthly training platform to a more sustainable model, a discussion predicated by our Federal partners asking the Office of Rural Health to decrease dependence on federal dollars. The Office of Rural Health has guaranteed funding through September of 2016; thereafter, an alternative training delivery model will need to take effect.

The Education Group identified several existing options, potential challenges, and future opportunities for obtaining CME. The main challenges revolved around awareness of and access to CME opportunities. The group brainstormed several opportunities, which ORH is currently further exploring. After discussion, the main concerns that initially brought the group together seemed to be mitigated by the vast options for CME; it is simply the delivery mechanism will be different.

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## Trauma System

By Marty Link—EMS Director

The summer months historically bring an increase in the number of trauma incidents seen across the county. As we are preparing for this increase, the trauma system would like you to remember trauma is a surgical disease. For patients requiring surgical intervention, time is of the essence. Please review the trauma activation criteria, your trauma transportation plans, and regularly communicate with your local CAH or tertiary trauma coordinator. If you do not know this individual, please see the state listing at [trauma.sd.gov](http://trauma.sd.gov).

Regular communication with your local trauma coordinator is vital to ensuring we are providing the best care for our trauma patients. On a quarterly basis, actual trauma cases are reviewed at a statewide level; surgeons from Avera, Sanford, and Rapid City Regional lead the care discussions. Oftentimes, trauma cases your service was involved in may be up for confidential review. Your trauma coordinator can share with you when and if such a review is scheduled...please start communicating with them today.



## New Ambulance Services in SD

By Lance Iversen—EMS Program

The South Dakota EMS Program would like to welcome two new ambulance services to the state.

**Eagle Air Med**, a division of Air Medical Resource Group, Inc., with its corporate headquarters located in Blanding, UT, began Fixed-Wing operations in Rosebud, and throughout South Dakota and surrounding states, on March 1st, 2016.

Eagle Air Med has bases located throughout the country, has more than 32 years of air medical experience, and has transported more than 35,000 patients.

Eagle Air Med is CAMTS Accredited, transports patients from pediatrics to geriatrics, excluding specialty care services. They transport medical, surgical, cardiac, trauma, pediatric, high-risk OB, neuro, and burn patients from scene responses and rural area facilities to tertiary care facilities 24 hours a day, seven days a week.

Their flight nurses and paramedics use the latest technology and advanced education to transport patients who require advanced procedures, including oral and nasal intubation, needle and surgical cricothyroidotomy, biphasic defibrillation and cardioversion, mechanical ventilation, intraosseous insertion, and rapid sequence intubation (RSI). They also provide non-emergent and/or scheduled air ambulance services.



### ROSEBUD BENEFITS

Eagle Air Med is very excited to announce the opening of Rosebud's New Air Medical Transport Team and Aircraft! Our Pilatus PC-12 has some unique features that make it an optimal aircraft for emergency transports.

- It has a wide, cargo door which makes the boarding process much less stressful for the patient.
- Plenty of cabin space allowing medical crew to care for patient as well as allowing one family member to travel with the patient.
- Local flight team based in Rosebud
- 20 min ETA to Rosebud IHS Hospital



# 800-742-8787

24hr COMMUNICATIONS CENTER



**Stickney EMS**, located in Stickney, SD began ambulance operations on May 1<sup>st</sup>, 2016.

Stickney is a small community located in Aurora County, about half way between Plankinton and Corsica.

For many years, it has been a goal and dream for many in Stickney and the surrounding area to have their own ambulance service. With a lot of planning, hard work, dedication, and tremendous support from the community, that dream became a reality on May 1<sup>st</sup>, 2016.

Cherie Sauvage - Ambulance Director, as well as several others worked hard to obtain their EMT Certification over the past year in preparation to start the ambulance service. Stickney EMS is housed and a part of the Stickney Volunteer Fire Dept. They have 4 EMTs, 3 RNs, 7 EMRs, and 10 EVOC Drivers on their roster.



## DOH Strategic Plan

By Marty Link—EMS Director

Over the summer of 2015, the Department of Health refocused its Strategic Plan. Under the direction and leadership of Secretary of Health, Kim Malsam-Rysdon and approximately 40 Department leaders, a new 2015-2020 Strategic Plan was created. The Plan is broken into five goals, each goal having specific performance indicators. The Plan in its entirety can be found at <http://doh.sd.gov/strategicplan/>.

The Vision, Mission, and Guiding Principles encapsulate the Department's focus.

Our **Vision**: Healthy People, Healthy Communities, and Healthy South Dakota.

Our **Mission**: To promote, protect and improve the health of every South Dakotan.

Our **Guiding Principles**: Serve with integrity and respect; Eliminate health disparities; Demonstrate leadership and accountability; Focus on prevention and outcomes; Leverage partnerships, and Promote innovation.

The Office of Rural Health is focusing on improving the percentage of complete electronic patient care reports (ePCR) over the next five years. The Office has identified key elements that should be completed on every ePCR; the University of South Dakota is assisting the Office of Rural Health in analyzing the data. These reports will assist us in identifying star performers and where we can focus efforts on improving data entry.

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## Ambulance Survey & Regional Meetings

By Marty Link—EMS Director

The Office of Rural Health has been busy on several fronts pertaining to EMS. One of the most recent activities is the development of a survey that will go out to every ambulance service director. We would ask that as leaders in your organization, you take the time to deeply look at your services and answer the questions as truthfully as you can. Responses will be treated confidentially. The survey will help the Office of Rural Health focus resources and future activities more towards technical assistance rather than a regulatory focus. This survey will launch at the end of May so please keep an eye out for it if you are a service director.

We are planning to follow up the survey with several regional face to face sessions across South Dakota. These sessions will allow overarching results to be shared with the EMS community and also allow us to listen to the local needs, concerns, and opportunities we have to improve EMS moving forward. Our intentions are to hold these sessions towards the end of the year; some may carry over to 2017. The Office of Rural Health will be inviting every ambulance service to attend.

## Senate Bill 27

By Marty Link—EMS Director

SB27, which removes the hardship exemption and changes the minimum staffing for ambulance services received unanimous support during the 2016 legislative session and was signed by the Governor on February 29<sup>th</sup>, 2016. SB27 will allow one EMT or an advanced life support personnel and a driver with specific competencies to legally make up an ambulance crew. Competencies include a valid driver's license, CPR, EVOC, HIPAA awareness, infection control, patient movement, and equipment and communications system knowledge. Detailed competencies and prospective training platforms can be found at <http://doh.sd.gov/providers/ruralhealth/EMS/DriverCompetencies.aspx>.

Administrative Rules have been formally drafted; the Office of Rural Health will be seeking final approval through the Rules Committee prior to July 1<sup>st</sup>.

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## Senate Bill 22

By Marty Link—EMS Director

At the request of Jolene's Law Task Force, Senators Soholt, Haggar (Jenna), and Solano and Representatives Rozum and Gibson sponsored SB22 to add emergency medical technicians and paramedics to the list of mandatory reporters for suspected child abuse or neglect. The Bill received unanimous support from the House and Senate and was signed by the Governor on March 11<sup>th</sup>, 2016. Please review the details of this law with your ambulance service, your medical director, and your receiving facilities.

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## EMS Website Changes

By Marty Link—EMS Director

There have been a number of changes to the EMS website over the past several weeks. The site has been designed for improved flow and clustered or sectioned to subject matter. For instance, all materials relevant to the Stakeholders' Group, including agendas, presentations, and meeting summaries, can be found under this page. All newsletter articles can be found under the PULSESD Newsletter page. Looking for specific information for Ambulance Services, EMS Recertification, or EMS Training—it's all there.

Of course, we are always looking for ways to better communicate with the EMS Industry; this site is one of our main platforms. Please also share the Newsletter with others!

## FAQ and Topics that come to the Board

By Margaret B. Hansen—SDBMOE Executive Director

The South Dakota Board of Medical and Osteopathic Examiners (Board) submits articles to this newsletter to inform South Dakota advanced life support personnel (ALS), medical directors and other licensees about various topics of interest that come to the Board. Recently there have been questions regarding the differences between moving from an Intermediate-85 (I/85) to an Advanced EMT (AEMT) South Dakota license and transitioning a National Registry of Emergency Medical Technicians (NREMT) certification from I/85 to AEMT. There have also been inquiries about the NREMT move to a National Continued Competency Program (NCCP) and what that means for South Dakota ALS (I/85, I/99, AEMT and Paramedic) licensees as well as “what is going on with NREMT psychomotor examinations”.

With all of the transition in the ALS landscape, the Board and the EMS Program are committed to working together to assist, communicate, and inform ALS providers. Please do not hesitate to contact either director at any time: [Margaret.Hansen@state.sd.us](mailto:Margaret.Hansen@state.sd.us) (605-367-7781) and [Marty.Link@state.sd.us](mailto:Marty.Link@state.sd.us) (605-367-5372).

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## SDBMOE License Process vs. NREMT Certification Transition

By Margaret B. Hansen—SDBMOE Executive Director

Although initial and renewal requirements for a South Dakota license and a National Registry of Emergency Medical Technicians (NREMT) certification are the same in certain respects, there are some significant differences. One of the more significant differences is that someone can transition an NREMT Intermediate-85 certification without taking the NREMT psychomotor portion of the exam. However, to apply for a different South Dakota license e.g. the AEMT, passing the entire NREMT examination, including both cognitive and psychomotor portions, is required. Additionally, South Dakota AEMT license applicants must be enrolled in a South Dakota Board of Medical and Osteopathic Examiners (BMOE) approved course, have applied for and been granted Advanced Life Support (ALS) student status for the approved course, and fulfill other requirements as required by law.

Contact the South Dakota Board of Medical and Osteopathic Examiners (BMOE) for any questions or concerns for Advanced Life Support levels: Paramedic, Advanced EMT (AEMT), Intermediate-85 (I/85) and Intermediate-99 (I/99).

The NREMT Transition Policy also applies to other levels e.g. an I/99 to Paramedic and EMT-P to Paramedic. Use this URL: [https://www.nremt.org/nremt/about/transition\\_policy.asp](https://www.nremt.org/nremt/about/transition_policy.asp) to view the complete policy.

## The NREMT Moves to NCCP: What does this mean for You?

By Margaret B. Hansen—SDBMOE Executive Director

You may have received an email from the NREMT on or about April 15, 2016 with a subject line of “More States Adopt NCCP Recertification Process”. The email contained a map of the United States with this message below it: “

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For **South Dakota ALS Providers** the transition to the NCCP model is effective immediately. If you have questions, please contact **Margaret Hansen** at 605-367-7781.

For **South Dakota BLS Providers** the transition to the NCCP model will be effective April 1, 2017. If you have questions, please contact **Lance Iversen** at 605-773-4031.

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Please see Lance Iversen’s article in this newsletter for a good explanation of the NCCP and what the NREMT wishes to accomplish by moving to this model. You can also find information on the NREMT website using this URL: [https://www.nremt.org/nremt/EMTServices/nccp\\_info.asp](https://www.nremt.org/nremt/EMTServices/nccp_info.asp)

What is important to know for the South Dakota ALS provider is that the requirement in South Dakota law matches the number of continuing education hour requirements (60 hours in 2 years). However, rather than specific areas of study, the South Dakota law for license renewal is more general: SDCL 36-4B-27 refers to the study focus as “advanced life support studies”. This allows the NREMT certified ALS provider to know that if they meet the NREMT requirements then they automatically meet the South Dakota license renewal requirement. This also allows for those individuals who are not NREMT certified, e.g. the I/85 and I/99 levels, to renew their South Dakota license by making sure that they have completed the required number hours, 40 and 60 respectively, of “advanced life support studies”. Contact the Board for any questions or concerns for Advanced Life Support level license renewal requirements.

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## What is Going on with NREMT ALS Psychomotor Examinations?

By Margaret B. Hansen—SDBMOE Executive Director

In February of 2016, the NREMT visited the Board office to train more NREMT State Representatives in order to have more flexibility in scheduling and conducting the NREMT psychomotor portion of its examination. Board executive director Margaret Hansen and EMS director Marty Link will be working closely with ALS programs and the NREMT state representatives to assist with this transition. The biggest change moving forward is that the individual program will be in charge of coordinating the NREMT psychomotor examination. The program coordinator will work with the Board throughout the planning process including assigning one of the seven trained representatives to monitor the actual psychomotor examination. The seven NREMT state representatives for 2016 and 2017 are:

Andy Binder	Lance Iversen	Donald Jones	Ryan Sittig
Al Johnson	Amy Marsh	Todd Nicolai	

Moving forward with the examination process and for other areas as well, the Board and the EMS Program are committed to working together to assist, communicate, and inform ALS providers. We want to work as a team to navigate transitions and to hear what you think. Feel free to provide feedback and ideas for future articles by contacting [Margaret.Hansen@state.sd.us](mailto:Margaret.Hansen@state.sd.us) (605-367-7781) and [Marty.Link@state.sd.us](mailto:Marty.Link@state.sd.us) (605-367-5372).



## Crisis Referral Service

Contributed By Eric Emery—Rosebud Ambulance

Safe Call Now is a confidential crisis referral service for public safety employees and all emergency services personnel and their family members nationwide.

Safe Call Now provides education, healthy alternatives and resources to save lives and put families back together.

For more information, please visit [www.safecallnow.org](http://www.safecallnow.org) or call 206-459-3020.

### Warning Signs:

- Excessive Drinking
- Prescription Drug Abuse
- Finances in Turmoil
- In Need of Family Counseling
- Struggling with Addiction
- Marital Issues
- Depression
- Erratic Behavior
- Loss of Interest in Job
- Suicide Attempt
- Alienation
- Changes in Weight / Appetite
- Feelings of Hopelessness
- Unable to Sleep

All communications to Safe Call Now are guaranteed to be confidential nationwide per Revised Code of Washington RCW.43.101.425



### PROUD SUPPORTERS of our Mission:

Safe Call Now is a confidential, comprehensive, 24-hour crisis referral service for public safety employees and all emergency services personnel and their family members nationwide.

206-459-3020  
[www.safecallnow.org](http://www.safecallnow.org)



"I have a new appreciation for love and life that has not existed in many years. I am truly blessed to experience life now. If you are reading this and have not made that first step, DO IT! Call Safe Call Now so you can get the help you need. I promise you this side is so much brighter and you can experience being happy and healthy once again!"  
-Kevin Hagen, Chief of Police, Fairfax PD

### TESTIMONIALS:

"I am especially grateful to Safe Call Now as two years ago they saved my life. Today, I am celebrating two years clean and sober with a life better than I had imagined."  
- Rhonda Lasley, Police Officer

"Even in the best police agencies, the level of internal scrutiny inherent in this high risk job often makes it difficult for an employee to reach out to his or her department in a desperate time of need. Safe Call Now offers an independent lifeline with no strings attached to anyone or anything that might otherwise represent an obstacle to recovery."  
- Daniel C. Alexander, Chief of Police, Boca Raton PD

"I can think of no other profession that has the potential for daily life altering ramifications than the job of a first responder. Sean Riley learned this the hard way and now has made it his mission to see that no one else has to suffer the psychological and physical hardship that can result from working to protect, serve and save lives. Having worked directly with Sean, I can attest to his dedication, passion and love for first responders and his desire that the casualties that can result from such noble work are minimal. Sean Riley truly has taken the motto to protect and serve back to his own and with Safe Call Now he has provided us with a lifesaving resource to help secure futures for after the job is done. Safe Call Now is the prototype for providing the kind of support that allows first responders to minimize their own risk while maximizing their sacrifice for others."  
-Laura A. Brodie, Ph.D Clinical and Forensic Psychologist



### Public Safety is a Stressful Demanding Career...

#### What's the issue?

You keep communities safe. You protect life and property. You enforce laws. You resolve conflicts. Public Safety rests on your shoulders. What happens when your personal life and career are out of balance? You are going through a divorce? Your finances are out of control. You can't sleep. A traumatic event at work is haunting you. Drugs and Alcohol seem to lessen the effects. Don't ignore the warning signs. Safe Call Now was established by public safety employees for public safety employees. Talk to someone who understands the stressful demands of your work. It's a simple and confidential phone call away.

#### What can I do?

Warning signs exist, but if I seek help I could lose my job. Many officers have the perception that addiction is only something you encounter on the streets during a drug bust or an arrest; however, it has been estimated, through multiple studies that abuse and addiction among law enforcement officers runs somewhere between 20-25%. This figure is twice the national average of the general population. We are human beings who are put into some of the most stressful situations performing a frustrating duty for a demanding public. Before you lose another friend, partner, spouse or one of your own, consider a simple phone call to Safe Call Now.

#### Safe Call Now

Safe Call Now is a resource for public safety agency employees to speak confidentially with officers, former law enforcement officers, public safety professionals and/or healthcare providers who are familiar with your line of work and who may have endured the same struggles. This resource is NOT tied to Fitness-For-Duty or EAP.



#### Mission:

Safe Call Now is a confidential, comprehensive, 24-hour crisis referral service for public safety employees, all emergency services personnel and their family members nationwide.

#### Vision:

Safe Call Now provides education, healthy alternatives and resources to save lives and put families back together.



It takes a special kind of person to protect the lives and property of others. You can't do this job effectively if you don't take care of yourself. It's simple and confidential.

MAKE A SAFE CALL NOW  
206.459.3020

CONTACT US:  
PO Box 141122  
Spokane Valley, WA 99214  
[www.safecallnow.org](http://www.safecallnow.org)



## **BLS NCCP Recertification Implementation**

By Lance Iversen—EMS Program

The new BLS model of recertification requirements, which are similar to what they are now, will begin April 1st, 2017 in South Dakota; meaning, an EMT will have from April 1st, 2017 to March 31st of 2019 to fulfill the new requirements. For those recertifying in March 2018, your cycle will begin April 1<sup>st</sup>, 2018 for the recertification cycle period of 2018-2020.

The new model streamlines the recertification process into three categories of continuing education: National, Local (State), and Individual. The National requirement (NCCR) or the 'new' refresher makes up 50% of the new recertification model. Topics will be updated every four years and will reflect current trends and changes in EMS. The Local requirement (LCCR) (State) accounts for 25% of your recertification. These hours will be decided by the State EMS Program. Finally, the Individual requirement (ICCR) will complete the remaining 25% of your recertification. Much like the "additional continuing education" section for the traditional model, an individual is free to take any EMS related education.

Another benefit of using this model (both State and National Registry/State) is an increase in the amount of distributive education that can be used towards your recertification. Distributive education is defined as an approved CEC-BEMS F3 course. You can now take just over half of your hours as distributive education. This breaks down to allow for 1/3 of your national component, 2/3 of your local (State) component, and your entire individual component to be distributive education.

South Dakota will continue to accept a "State Only" EMT recertification which will be 24 hours of continuing education under the new format, all of which can be done by distributive education (online courses), plus CPR-Healthcare Provider/AED.

The finalized documents on the new recertification models, as well as other resource material relating to the NCCP, can be found on our website, [EMS.sd.gov](http://EMS.sd.gov), then click on "EMS Education". Everything relating to the new NCCP model will be under "New National Continued Competency Program (NCCP) Model Recertification".

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## **Continuing Education at the Program Level**

By Lance Iversen—EMS Program

If your ambulance service would like to hold continuing education courses throughout the year, or if you are an instructor and plan to have continuing education classes for ambulance services and EMS professionals, we can provide state approved CEU's for recertification.

Service Directors, Training Officers, and/or Instructors, please go to our website, [EMS.sd.gov](http://EMS.sd.gov), click on "EMS Education" then the link "CE Application for Training Approval". You can fill out the form online then save and attach to your email to me, or you can print and mail or fax.

For ALS, please go to the Board's website, [www.sdbmoe.gov](http://www.sdbmoe.gov), click on "Advanced Life Support (ALS)", then click on "ALS Continuing Education Approval Request Application", fill out the form and submit.





South Dakota Office of Rural Health  
Emergency Medical Services  
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Pierre, SD 57501



## For Questions or More Information, Contact:

South Dakota Office of Rural Health / EMS Program - please visit [EMS.sd.gov](http://EMS.sd.gov) or call 605-773-4031

SDBMOE, Please visit [www.sdbmoe.gov](http://www.sdbmoe.gov) or call 605-367-7781

SIM-SD, please visit [www.sim.sd.gov](http://www.sim.sd.gov) or contact the South Dakota Office of Rural Health 605-773-3361

