



EMS STAKEHOLDERS' GROUP

2015

BACKGROUND

For many South Dakotas, healthcare begins with EMS, transitioning from EMS through tertiary care. The current mission of the Department is to “promote, protect, and improve the health and well-being of all South Dakotans.” Often times, local ambulance services initiate entry into the healthcare system by providing a valuable service to the citizens of South Dakota.

EMS is a vital component of the healthcare system in South Dakota. Out-of-hospital emergency medical services are provided by 123 local ground ambulance service agencies scattered across the state. These independent agencies and their personnel are licensed, certified and regulated by the state. In recent years, many of South Dakota’s rural EMS agencies have faced challenges related to staffing, increasing demands and changes in rural socioeconomics, demographics and healthcare.

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.

The group’s final recommendations were categorized into four main topic areas: Workforce, Quality, Sustainability, and Infrastructure.

1. 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.

Recommendation A: Change the minimum staffing requirement for an ambulance from two EMTs to one EMT and a driver and eliminate the hardship exemption.

A driver must have a valid South Dakota driver license and within one year* complete the state-approved EVOC course and healthcare provider CPR training and demonstrate competency in:

- HIPAA awareness;
- Infection control;
- Patient movement; and
- Equipment and communication systems knowledge.

**Timeframe warrants additional discussion.*

NEXT STEPS	TARGET COMPLETION	STATUS
Minimum Staffing/Hardship Legislation <ul style="list-style-type: none"> • Prepare Action Issue Form • Governor's signature 	September, 2015 March, 2016	Completed Completed
Determine driver competencies <ul style="list-style-type: none"> • Workgroup established • Workgroup met <ul style="list-style-type: none"> • 12/22/15 • 1/12/16 • 2/2/16 • Draft Competencies sent to Stakeholders Group for review • Obtain Administrative Rules calendar for 2016 • Implement Administrative Rules process • Rules hearing scheduled • Communicate changes to EMS industry 	April, 2016 December, 2015 December, 2015 January, 2016 February, 2016 February, 2016 May, 2016 July, 2016 May, 2016 July, 2016	Completed Completed Completed Completed Completed Completed Completed Completed Completed
EVOC Training <ul style="list-style-type: none"> • Explore changes to current EVOC training • New models included with driver competencies 	April, 2016	Completed

Recommendation B: 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.

NEXT STEPS	TARGET COMPLETION	STATUS
<p>Recruitment/Retention Efforts</p> <ul style="list-style-type: none"> • Modify RHFRAP to include “Ambulance Services” <ul style="list-style-type: none"> • Explore the addition of “Ambulance Services” as an eligible facility in the RHFRAP program. • Initiate the Administrative Rules process <ul style="list-style-type: none"> ○ Hold Administrative Rules hearing ○ Hold Interim Rules hearing • Rules promulgated • Promote changes • Build Dakota Scholarship <ul style="list-style-type: none"> • Explore possibility of adding EMT/Paramedic to the Build Dakota Scholarship Program • Meeting with Build Dakota Board to promote • Promote to industry 	<p>October, 2015 October, 2015 November 23, 2015 December 14, 2015 January 4, 2016 Ongoing</p> <p>August, 2016 Ongoing</p>	<p>Completed Completed Completed Completed Completed Ongoing</p> <p>Completed Ongoing</p>
<p>Pipeline Efforts</p> <ul style="list-style-type: none"> • Include EMS in Camp Med/Scrubs Camps • Explore EMT certification opportunities for high school students <ul style="list-style-type: none"> • Form workgroup 	<p>Ongoing</p> <p>September, 2017 Completed</p>	<p>Ongoing</p> <p>In progress Completed</p>
<p>EMR Workforce</p> <ul style="list-style-type: none"> • Explore other states’ EMR workforce 	<p>April, 2016</p>	<p>Completed</p>
<p>EMS Workforce</p> <ul style="list-style-type: none"> • Promote AR 44:05:03:06.02 and 44:05:03:06.03 which allows a physician, registered nurse, practical nurse, nurse practitioner, or physician assistant currently licensed in South Dakota to go on ambulance runs. 	<p>Ongoing</p>	<p>Ongoing</p>

2. QUALITY

In order to ensure South Dakota has effective, efficient ambulance services, the stakeholders' group recognizes the need for quality measures in EMS agencies. The following recommendations address this need:

Recommendation A: Support the development, education and continuing support of local EMS leaders across South Dakota through leadership and management education and training.

NEXT STEPS	TARGET COMPLETION	STATUS
<p>Leadership Training</p> <ul style="list-style-type: none"> • Evaluate leadership training to date and explore options for additional opportunities utilizing existing funding. <ul style="list-style-type: none"> • Internal meeting • Establish small workgroup to develop leadership training needs and support for sustaining training opportunities. (Also see recommendations 3A/4A) • Workgroup meetings: <ul style="list-style-type: none"> ○ February 9, 2016 ○ March 8, 2016 ○ March 29, 2016 ○ June 14, 2016 ○ August 23, 2016 ○ October 31, 2016 • Develop industry needs assessment survey • Administer industry survey • Follow-up to survey • Needs assessment data analysis • Determine consultant for 2016 training <ul style="list-style-type: none"> ○ Develop RFP for consultant ○ Plan and implement EMS regional trainings <ul style="list-style-type: none"> ▪ First round held in Eastern SD ▪ Second round scheduled for Western SD ▪ Third round scheduled for Central SD 	<p>December, 2015</p> <p>April, 2016</p> <p>August, 2016</p> <p>May, 2016</p> <p>July, 2016</p> <p>September, 2016</p> <p>June, 2016</p> <p>May, 2017</p> <p>October, 2016</p> <p>November, 2016</p> <p>December, 2016</p> <p>Ongoing</p>	<p>Completed</p> <p>Pending</p> <p>Pending</p> <p>Ongoing</p>
<p>Quality Data</p> <ul style="list-style-type: none"> • Support DOH Strategic Plan, Goal 1, "Improve the quality, accessibility, and effective use of healthcare" by increasing the percentage of ambulance services submitting required trip reports. 	<p>Ongoing</p>	<p>Ongoing</p>

Recommendation B: Study the need for and effectiveness of the state's system for local, regional, and state-level medical direction and medical leadership.

NEXT STEPS	TARGET COMPLETION	STATUS
<p>Medical Direction</p> <ul style="list-style-type: none"> • Explore models/duties of other states' medical directors. • Identify funding for medical director <ul style="list-style-type: none"> • Initial one-time partial funding identified • Identify medical director consultant <ul style="list-style-type: none"> • Establish duties for a medical director • Medical Director conference call with local Medical Directors <ul style="list-style-type: none"> • Scheduled for November 21, 2016 	<p>August, 2016 August, 2016 January, 2016 March, 2016 August, 2016 November, 2016</p>	<p>Completed Completed Completed Completed Completed Pending</p>

Recommendation C: 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.

NEXT STEPS	TARGET COMPLETION	STATUS
<p>Interfacility transfers</p> <ul style="list-style-type: none"> • See Recommendation 1A • Develop evaluation mechanism to determine impact of change in minimum staffing requirements 	<p>May, 2016</p>	<p>Completed</p>

Recommendation D: 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.

NEXT STEPS	TARGET COMPLETION	STATUS
Enhance communications between EMS and BMOE <ul style="list-style-type: none"> • Hold initial meeting between EMS and BMOE • Establish regular meetings between EMS and BMOE. • Establish central point of contact between EMS/BMOE • Establish roles and responsibilities for ALS testing 	September, 2015 September, 2015 November, 2015 August, 2016	Completed Completed Completed Completed
Internal infrastructure <ul style="list-style-type: none"> • Establish central point of contact between EMS/NREMT • Align staff resources in EMS to support implementation of EMS recommendations • Fill Health Program Specialist position to support EMS Technical Assistance • Host ORH retreat to support EMS integration into the Office of Rural Health to leverage existing programming. 	January, 2016 Ongoing May, 2016 October, 2017	Completed Ongoing Completed Pending
Educational Programming <ul style="list-style-type: none"> • Modify CE training opportunities provided by NHTSA funding to ensure sustainable training <ul style="list-style-type: none"> • Establish workgroup to address in-service training issues • Submit grant application to NHTSA for funding for modified in-service training opportunities • Explore changes to current EVOC training • Collaborate with SIM-SD to develop a regional training model for EMS 	September, 2016 March, 2016 May, 2016 (See 1A) December, 2016	Completed Completed Completed (See 1A) Completed

3. 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.

NEXT STEPS	TARGET COMPLETION	STATUS
Technical Assistance <ul style="list-style-type: none"> • Establish small workgroup to determine EMS sustainability needs to include (Also see recommendations 2A/4A) • Align staff resources in EMS Program to support implementation of EMS recommendations • Develop a technical assistance component to the EMS Program • Fill Health Program Specialist position to support EMS Technical Assistance • Inspect ambulance services to ensure compliance with current regulations • Implement on-line ambulance service relicensing 	(See 2A/4A) Ongoing Ongoing May, 2016 Ongoing September, 2016	(See 2A/4A) Ongoing Ongoing Completed Ongoing Completed

4. 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.

NEXT STEPS	TARGET COMPLETION	STATUS
Workgroups <ul style="list-style-type: none"> Establish workgroup to assist in development of driver competencies Establish workgroup to assist in determining leadership training and sustainability needs Establish workgroup to address in-service training issues 	<p>(See 1A)</p> <p>(See 2A) (See 2D)</p>	<p>(See 1A)</p> <p>(See 2A) (See 2D)</p>
Communications <ul style="list-style-type: none"> Distribute quarterly newsletters to industry and stakeholders <ul style="list-style-type: none"> Initial edition sent out in December, 2015 Second edition sent out in March, 2016 Third edition sent out in June, 2016 Fourth edition sent out for September, 2016 Fifth edition scheduled for December, 2016 Develop listserv for industry communication Hold regular internal staff meetings Update EMS website to ensure ease and accessibility 	<p>Ongoing</p> <p>Ongoing Ongoing Ongoing</p>	<p>Ongoing</p> <p>Ongoing Ongoing Ongoing</p>
Partnerships <ul style="list-style-type: none"> Quarterly calls with SD Ambulance Association (SDAA) and SD EMS Association (SDEMSA) Ongoing ORH/EMS Update agenda item for the SD EMS Association Executive Council's regular meetings Attend annual SDAA and SDEMSA conferences Establish partnerships with Highway Safety Establish partnerships with Homeland Security Establish partnerships with Fire Marshal 	<p>Ongoing</p> <p>Ongoing Ongoing Ongoing Ongoing</p>	<p>Ongoing</p> <p>Ongoing Ongoing Ongoing Ongoing</p>

Recommendation B: Conduct a review and update of South Dakota's statutes and rules that pertain to EMS.

NEXT STEPS	TARGET COMPLETION	STATUS
<ul style="list-style-type: none"> Conduct an internal review of current statutes and rules 	<p>On-going</p>	<p>On-going</p>

