South Dakota Department of Health
EMS Program

Tribal EMS Summit

April 9, 2019

Summary

A Summit on Tribal EMS in South Dakota was held on April 9, 2019 in Pierre. Leaders of South Dakota Tribal EMS agencies met with representatives of the South Dakota Department of Health to discuss the opportunities and challenges of tribal EMS and plan for the future. The Summit is part of an ongoing effort by the Department of Health, Office of Rural Health and EMS Program to understand growing challenges and prepare for the future. The Summit was facilitated by SafeTech Solutions, LLP.

Leaders of four agencies, representing some 18,000 annual EMS responses in South Dakota (approximately 30% of EMS activity in the state), participated in the Summit along with a representative of Indian Health Services.

The Summit was designed to support the leaders of South Dakota tribal EMS agencies, learn about their opportunities and challenges, and collaborate on the future. The specific objectives were to:

- Create a gathering for ongoing connection, encouragement, learning and networking;
- Discuss the opportunities and challenges facing EMS throughout South Dakota;
- Strengthen relationships with and between tribal EMS agencies;
- Understand the specific and unique opportunities, challenges and needs of each of the tribal EMS agencies in South Dakota;
- Explore leadership in challenging situations, discussing leadership skills and tools;
- Work on individual leadership challenges and issues; and
- Collaborate on opportunities and solutions.

The following is a list of Summit participants:

- Representing South Dakota EMS agencies:
  - Standing Rock Ambulance, Todd Schulz;
  - Rosebud Sioux Drive Ambulance Service, Baptiste (Bob) Beauvais;
  - Oglala Sioux Tribal Ambulance Service, Annette Red Owl; and
  - Crow Creek Sioux Ambulance Service, Michael Whirlwind Soldier.

- Representing Indian Health Services:
    - Ron Galloway, Great Plains Community Health Representative.

- Representing the State of South Dakota:
    - Andy Klitzke, Office of Rural Health Administrator;
    - Marty Link, Director of EMS and Trauma;
    - Lance Iversen, Educational & Professional Standards Coordinator and EMS Data Manager; and
    - Julie Smithson, South Dakota Western EMS Specialist.

Discussion was lively, and all participants agreed that the Summit was valuable and an important part of building relationships and preparing for the future. All participants expressed an interest in further Summits of this nature.

Issues

The Summit revealed important issues that impact operations and the quality of tribal EMS. The most prominent issues are as follows:

1. Workforce

Like many EMS agencies, tribal agencies are struggling to find and keep good workers. All of the agencies attending the Summit operate full-time, paid services mainly providing Advanced Life Support services. Collectively, they have approximately 110 employees. The field staff of these agencies is composed of predominantly non-native workers, and many of these workers travel long distances (1-6 hours) to work at these agencies. The shifts are generally multi-day shifts with employees regularly working 24-56-hour long shifts.

Contributing to the challenges with recruitment and retention are: low wages and limited benefits; an inability to attract local people to perform EMS work in their own community; difficulties associated with EMT training and testing; workers from outside the tribe using tribal EMS work as merely a steppingstone to other jobs; the nature of tribal EMS work; and distances workers must travel to work.

2. Tribal Politics and Getting Attention and Resources

Three of the four agencies reported that many tribal council members do not understand EMS and the demands placed on EMS services, including 9-1-1 response, interfacility transports and welfare checks. All agencies reported increasing demands for their services without commensurate resources being provided.

Several leaders reported that EMS is not seen by their tribal councils as a professional service that must comply with state licensing and operational standards. All agreed that they could benefit from better-informed tribal leadership.

3. Indian Health Service Funding

Tribal EMS agencies heavily rely on Indian Health Service (IHS) funding. The funding levels have remained stagnant in the past two decades and have not increased to meet growing demand and

increasing costs. Ron Galloway, representing IHS, reported that funding studies have been completed, but that funding levels are significantly below what has been determined as needed. Part of the problem may be that EMS is not specifically a budget item in IHS budgets.

4. EMT Training

Leaders discussed a lack of reliable success in educating and developing local EMTs. While they reported significant local interest in EMT training, helping people complete the course and test successfully continues to be difficult. Leaders suggested that conducting an intensive EMT program, such that participants are able to complete the training in a three-week period, would likely be a good fit for their social and cultural environments and improve completion rates. The cost of EMT instructors and the entire program was also cited as a challenge.

5. Behavioral Health Transports

Transporting people with behavior health, mental health and substance abuse issues continues to demand significant resources and is viewed as an inefficient use of EMS resources. Behavior health, mental health and substance abuse patients often do not need to be transported on a stretcher and often do not require medical care; they simply need safe transportation to a care facility. There appears to be some confusion about whether or not the Center for Medicare & Medicaid (CMS) requires such patients to be transported by an ambulance.

6. Response and Scene Safety

Tribal EMS agency leaders are concerned about the safety of their crews in responding to scenes of potential threat and high danger. They describe a lack of law enforcement resources, and a lack of law enforcement initiative to co-respond to scenes where there is threat and danger. Leaders also describe an absence of communication with crews when crews are outside of the ambulance. There are few portable radios, and in some geographic areas, radio or cell phone service is non-existent. In addition, some law enforcement agencies will not allow tribal EMS to use law enforcement radio channels.

7. Reimbursement

CMS and insurance reimbursement for EMS transportation continues to lag behind costs, causing tribal EMS agencies to continue to cut costs.

8. Rising Costs of Government Services Administration (GSA) Vehicle Leasing

Tribal EMS agencies often obtain vehicles through leases with the Government Services Administration (GSA). Leaders report that the cost of vehicle leasing continues to rise, adding further stress to their financial situations.

10. Maintaining Helmsley Equipment

One tribal agency reported not having funds to maintain software updates on cardiac monitors provided in recent years through the Helmsley Charitable Trust.

Opportunities

The Summit revealed some possible opportunities going forward. These include the opportunity to:

- Support tribal EMS agency leaders with regular contact and visits and the facilitation of gatherings to support and strengthen local tribal EMS leadership;

- Obtain clear information about CMS's demands for behavioral health transports;
- Provide a workshop for tribal EMS leaders that would strengthen their skills and ability to tell their story and have more influence with the people and institutions above them;
- Assist tribal agencies in creating an affordable intense/concentrated EMT Program;
- Explore options for funding portable hand-held radios; and
- Explore funding or help in updating cardiac monitor software.