

EMS Advisory Committee  
September 23, 2013

Present: Chris Bell, Dan Wolfson, Jess Freire, Ray Walker, John Vose, Pat Malone, Kate Soons, Jenna Protzko, Mike Paradis, Bill Brunelli, Steve Jeffrey, Scott Brinkman, Gil Helmken, Randy Terk, Mark Podgwaite, Mike Skaza, Jim Finger, Erin Ingebretsen, Carl Matteson, Bill Hathaway, Mike Leyden, Donna Jacob

Minutes of June 2013

Will be amended to note that Scott was representing Districts 1,3, 4 and 6 in Kate's absence.

Workplan - EMS Plans for Towns

Sixty-eight (68) town representatives responded to the survey. Thanks to Steve for getting the survey out through VLCT. A list of towns that responded is available.

Discussion on survey results:

Q#4 (Are there any problems from the town or city's perspective with the current EMS service provided to your community?) Towns either were concerned that services don't have enough personnel or that per capita costs were increasing. Future option to consider: ask services to find out if their town feels there is a problem.

Q#6: (Does your town require from your EMS provider any specific response time? This could be a time to get en route to the emergency or the time to arrive at the emergency. If so, please explain. ) One town out of 68 responded yes, but the time they referenced in comment was the time to get underway, not the response time to the scene.

Q#8: (Is your town or city satisfied with its interactions with your EMS district?)

Yes: 46

No: 2

No contact with EMS agency: 13

Didn't know EMS agency existed prior to survey: 10

Q#9: (Should towns and cities be required to have in effect an emergency medical services plan providing for timely and competent emergency responses in their community?)

Most felt the requirement amounted to an unfunded mandate. Some towns suggested it should be similar to fire and law enforcement plans. There was also a sense of "if it isn't broke, why fix it?" Steve confirmed that towns are not required to have law enforcement or fire plans, either. He suggested the town officials may be confused and asked for a list of individuals who filled out the forms.

The vast majority of individuals who completed the survey were selectboard members or perhaps town managers, so it appears to have gone to the intended audiences.

Among the EMSAC members, opinions were previously split on whether towns should have EMS plans. The survey revealed that the communities are also split. The committee members were polled and affirmed that opinions remain varied.

Discussion of what an EMS plan would look like and how it might be funded: Some were concerned that requiring a town plan for EMS might erroneously imply that towns are mandated to provide EMS. The group explored the option of using plan templates from Vermont Emergency Management for disaster response or the Town Health Officer program where local volunteers have some statutory authority for

health and safety actions, but there is no state funding to support them. Some districts have been expected by towns to solve the problem when the EMS coverage has become a problem, so requiring a town to have an EMS plan will at least get them thinking about these issues. An old version of an EMS “buyers guide” exists on the VLCT website.

The committee agreed to report to the legislature that the committee is split on this question and will study the issues further in the next year. Pat Malone and Kate Soons will write this part of the report, including the history of the issues as discussed in Year 1 and plans for continued deliberation during the following year.

#### Workplan – Consolidate District Along Public Safety Lines

Three of the four district representatives reported that their districts are opposed to consolidation of EMS districts – the D8, 9, 11,13 representative was not present. Dr. Brunelli, speaking for district medical advisors, expressed concerns that consolidation would create oversight quality challenges and potentially increased costs for providing medical direction to a larger area. The EMSAC recommends not consolidating districts. Kate Soons and Scott Brinkman will draft this part of the report to the legislature.

#### Workplan- Should the State Have Directives About Non-Emergent Transport?

The committee agreed at a prior meeting that this issue does not need to be addressed because rules, statutes and mechanisms already exist to address any lack of 24/7 coverage. Hearing no change in this opinion from the committee, Chris said he would draft the recommendation for inclusion in the 2013 report.

#### Workplan- Response Times

The EMSAC is tasked with reporting out data on response times. VT EMS will compile this information from SIREN and provide a draft to the committee at the next meeting.

Summary Report- Deadline to get the recommendations report to the legislature is January 1. Preferred submission before the holidays. Group goal: wrap up recommendations in early December and get them to the legislature mid-December.

#### Legislative Priority

Every year, the Dept. of Health sets legislative priorities. Beginning January 14 for the ensuing 2 years, the committee shall report on the same 4 items/questions listed above. VDH will recommend deleting the two issues that no longer require EMSAC deliberation and leave response times and the EMS plan for towns question as the outstanding items.

#### VT EMS Updates

##### Protocols

Protocol review is now down to a final round of typo and formatting corrections. In the next week and a half, the final statewide protocols will be posted on website. Shortly thereafter, educational materials (resource kit) will be released that will provide different ways that each of the protocol education segments can be accomplished including in-service training, district training, topics at the conference and Centrelearn. Many partners provided input. Individual input from 50-60 as well as many groups or agencies.

Once all personnel at an agency have completed training, the agency can start to use new protocols any time after 1/1/14 once all personnel are trained on the new protocol content. All agencies must complete training and begin using them by 3/31/14. If a provider hasn't yet transitioned (via transition course), that provider uses the new protocols ONLY up to their current scope of practice (FRECA, EMT-B, I-90 or -03, EMT-P) A chart in the back of the protocol outlines what providers are allowed to do based on level. Staff are looking into different ways to provide pocket availability of protocols, whether through printing, apps for devices, etc.

#### Inspections

Eighty-seven (87) services have been visited, and 200+ rigs inspected. Thanks to services and personnel. We received great feedback sitting with service leadership to have discussions about credentialing and other items in the pipeline.

#### EMS Special Fund

Funds will be formally distributed by using a grant with each district. Paperwork is beginning its way through the process. Some districts are political subdivisions of the state while others are formed as nonprofit corporations. There will be insurance requirements and staff is working with the Business Office and Legal to finalize the grant language.

#### Conference

Oct. 24-27: Some pre-con class registrations are open. Thursday, Friday and Saturday schedules are up in Word format. Speakers are being finalized, and Sunday's schedule will be up soon. Protocol education and an education-specific track will be provided. Jay Peak room rates change in the next week. Events include a Friday family night at the water park, and a family-friendly dinner on Saturday night. Awards will not be included in the conference this year but will be coincident with EMS Week. Over 200 have registered for the conference.

#### SIREN

Staff are working on active protocols and the contract for Field Bridge is nearly final. Training webinars are being planned, directed toward end users and service administrators. About a year from now, we'll look at converting to the NEMESIS V3 data dictionary, which will coincide with an upgrade to ICD10 Codes. Jenna is our liaison to the Division of Vermont Health Access, and is working with their staff to plot the integration of these two upgrades. ImageTrend will reformat how the platform will function to meet new data set requirements.

#### EMSC

While the EMS for Children's survey has seen a pretty decent response rate, several services still have not completed their portion. Federal funds hinge on the completion of these surveys. Emily is splitting time between the child passenger safety program and EMS-C. The passenger seat program saw a successful event held in Rutland County over the past weekend. Feel free to reach out to Emily if you have questions.

#### Rule Making

No forward progress at this point. Timeline is very rigid, and the public comment period is very limited. We'd rather have conversations prior to the timeline beginning, so we can discuss rules vs. statutes, etc.

Recruitment and Retention

Two (2) positions have now been filled at VDH that will work on volunteer recruitment and retention along the MRC and EMS lines. Mallory Staskus and Derek Coffrin joined staff a couple of weeks ago. Derek previously ran Virginia Beach's Medical Reserve Corps and doubled volunteers there over a couple of years. Additionally, he finished paramedic school a year ago and is working on reciprocity to Vermont. They are developing toolkits/best practices and hopefully a sustained campaign in Vermont. Last year's licensure data is being compiled to give a retrospective analysis of volunteer vs. paid member status amongst services.

November Meeting

November 13 from 1 – 3 p.m.

{2:40 meeting adjournment}