



## **SPECIAL THANKS**

Special thanks goes to Alaska's Emergency Medical Services providers for their contributions to our state. They are truly heroes to the sick and injured everyday and everywhere in Alaska.

Special thanks go to Alaska's seven EMS Regional Councils, their Board of Directors, their staff and their executive Directors. With their leadership to EMS services and EMS providers Alaska could not have a *Life Saving System*.

Special thanks to individuals who provided this document with photographs and documents that, without its fair use contribution Alaska's EMS System's story would be difficult to tell. Efforts were made to recognize contributors' works and Copyrights where known.

## **PUBLICATION INFORMATION**

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Emergency Medical Services**

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# OVERVIEW OF ALASKA EMS SYSTEM



Long before there was a Department of Transportation, National Highway Traffic Safety Administration for EMS, and long before Napoleon’s ‘flying ambulance’ was considered the first method of patient transport, Alaska’s indigenous peoples for over ten thousand years had methods of transporting an ill or injured person to a place for healing. Alaskans, time and time again prove themselves innovative, resilience and strong peoples. Neither the challenges of climate nor geography stop neighbors helping neighbors. It’s an Alaskan tradition. Harnessing these values with updated pre-hospital care standards will improve emergency medical patient care to all Alaskans.



[State of Alaska NHTSA Report](#)

Today’s pre-hospital (EMS) response is evidence based national standards where the best science directs EMS delivery in all aspects of the emergency. Alaska EMS system leaders acknowledge that medically proven methods have value in America’s last frontier. In May 2014, the State of Alaska EMS Unit hosted a team of seven subject matter experts from across the 50 states and working on behalf of the National Highway Traffic Safety Administration (NHTSA) provided the third Reassessment of Alaska’s EMS system.

*by the wayside after being derailed by procedural missteps during the implementation process. This has resulted in frustration on the part of system stakeholders who invested significant energy in working to develop planned changes. Efforts are now underway to do a modest update of the regulations as a way of addressing non-controversial changes and learning the regulation implementation process. An EMS Goals document that served as the state EMS plan has not been updated in many years and is no longer an effective tool in guiding system development priorities. The lack of progress in these important areas has strained relationships and is testing the good will of important system constituents.”*

- Regulation and Policy
- Resource Management
- Human Resources and Education
- Transportation
- Facilities
- Communications
- Public Information and Education
- Medical Direction
- Trauma Systems
- Evaluations / Data Management
- Preparedness
- Pediatrics

Experts spent four days reviewing documents and hearing testimony. Five of them, prior to that event, traveled to Arctic areas of Kotzebue and Noorvik to experience first hand the challenges of providing EMS in Alaska. Their NHTSA Report recommended improvement in 12 specific areas (summarized on the next page).

**NHTSA Team Summary**

*“Alaska has made little if any progress on updating its EMS statutes, regulations and plans since the 1999 (NHTSA) EMS*

*Reassessment. The regulations were updated in 2002. Later efforts to update the regulations fell*





## National Highway Traffic Safety Administration Reassessment Recommendations • May 13-15, 2014

### REGULATION AND POLICY

- Provide statutory protection from discovery for quality improvement.
- Alaska Legislature should transfer Paramedics to DHSS EMS.
- Perform updates of the EMS statutes, regulations and plans to current national guidelines.
- Review ACEMS structure; initiate changes to assure groups and other interests moves EMS forward.

### RESOURCE MANAGEMENT

- The Alaska Legislature should identify dedicated EMS funding sources.
- Develop an integrated statewide strategic plan that addresses EMS, trauma and health preparedness.
- Coordinate with State of Alaska DOT agencies in the development of the strategic highway safety plan to reduce traffic deaths.

### HUMAN RESOURCES & EDUCATION

- Perform an assessment to identify the numbers and levels of EMS personnel needed for Alaska.
- Commit to using the *National EMS Education Standards* as the basis for EMS education at all levels.
- Use NREMT testing for verification of entry-level competency for all EMS education levels.

### TRANSPORTATION

- Expand Air Medical Coordination for not only disaster response but for routine patient transportation.
- Establish a site visit process to assure agency and vehicle compliance with state regulations.
- Update the required equipment for ambulances to national guidelines.

### FACILITIES

- Encourage Alaska pediatric intensivists to guide children triage and transfer to appropriate care.
- Develop designation of specialty centers, (stroke and STEMI) and for an all-inclusive EMS system.
- Integrate patient destination decisions for routine emergencies and large disasters.

### COMMUNICATIONS

- Address funding, gaps in EMS communications and make improvements in the ALMR system.
- Require EMD training for personnel taking medical calls from the public to dispatch of ambulances.
- Use the Preparedness Assessment tool to update the state's communications plan.

### PUBLIC INFORMATION & EDUCATION

- Along with EMS and trauma stakeholders, continue to support and build upon the illness and injury prevention efforts currently in place.
- Utilize the data from AURORA and the ATR to educate the public and policy makers about the major causes of illness & injury.
- Publish this to the EMS webpage.

### MEDICAL DIRECTION

- Define roles, responsibility and authority of the State EMS Medical Director and the Regional Medical Directors.
- ACEMS should establish a Medical Director subcommittee.
- Require medical oversight EMD & ETT services.
- Establish evidence-guided best practice treatment guidelines.

### TRAUMA SYSTEMS

- Customize trauma field triage guidelines to ensure transfer of seriously injured patients to the most appropriate facility.
- Continue implementation of the recommendations made during the Trauma System Consultation.
- Develop performance indicators to guide improvements in the care.

### EVALUATION

- Ensure statutory protection from discovery for all Quality Assurance (QA) functions performed by EMS agencies and Medical Directors.
- Evaluate the effectiveness of EMS and patient outcomes focusing on time sensitive emergencies, trauma, STEMI, and Stroke patients.
- Ensure all EMS agencies submit data through AURORA.

### PREPAREDNESS

- Maximize existing DHSS organizational structure by ensuring the Section of Emergency Programs achieve full integration, share information regularly and work together for day-to-day and disaster emergencies.
- Maintain a current inventory of patient transportation resources.

### PEDIATRICS (excerpts from all Recommendations)

- Perform a comprehensive update considering the needs of pediatric patients and special populations.
- Ensure availability of programs for pediatric emergency education.
- Ensure Online/Off-line medical direction for all pediatric medical direction, to prevent EMS provider from functioning autonomously.



# ALASKA STATE EMS MANAGER

State of Alaska Emergency Medical Services Unit Manager

Mark Miller, MS, NRP



## EMS Providers are not just “Ambulance Drivers”

I write this as I contemplate the many changes in Alaska’s EMS system in the last two years that have affected our EMS providers.

The Alaska Council of EMS, Regional Directors and our office have started the transition to National Education standards for our EMS providers. New EMT’s now get the most up to date curriculum taught to them. Our agencies have access to an online Patient Care Reporting system and our licensing process is now online and can even be done using a smartphone. The EMS office has worked with local communities during the Alaska Shield 2014 exercise, Seward and Homer Disaster Drills and with the providers who have arrived to help with Wildland Fires. What has most impressed me is the dedication to the community that EMS providers have. I have seen Marg and Dale Nord dedicate a lifetime to Cantwell. I have seen Chiefs work tirelessly in Tok to provide safe transportation. I see EMS providers from all over the state attend symposiums and Resuscitation Academy to increase their knowledge and take improvements home to their families and friends. I have seen improvements in data reporting. We now know now how much Naloxone is given in Alaska. The data we collect will provide a baseline as the EMS Compass data measures begin to drive our reimbursement and



performance improvement processes over the next couple of years. These are some of the improvements and challenges that lay ahead.

What should not be underestimated is the commitment to a better Alaska by the EMS providers working tirelessly every day. The EMS office staff has been listening and will soon be releasing a T-plan (Transition Plan) that will help reinforce EMS education and guidance to the newest evidence based practices. We will be reinforcing National Standards with better educational tools and our staff will be doing videos to help explain some changed processes. We look forward to these changes with your help. Ambulances are great but it is the EMS providers who bring their time, skills and knowledge to the patients.

**Thank you** for your service to Alaska and it’s citizens as well as the many visitors who come to see the sights. The attached picture was taken at the viewing point for Mt. Denali and we waded out in the 5 feet of snow on a beautiful March day to see the landscape. EMS is always there protecting us so we can travel to see these wonders.

With Respect,  
Mark J. Miller, MS,  
National Registered Paramedic  
EMS Unit Manager  
State of Alaska Emergency Programs  
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[mark.miller@alaska.gov](mailto:mark.miller@alaska.gov)



# ALASKA STATE EMS MEDICAL DIRECTOR



State of Alaska Emergency Medical Services Medical Director  
*Ken Zafren, MD*

The State EMS Medical Director works mostly behind the scenes to maintain and further improve the high quality of EMS we currently enjoy in Alaska. My efforts include participating in specific ongoing projects such as establishing a viable trauma system and improving EMS for Children. I present the Clinical Track every year at the State of Alaska EMS Symposium. As EMS Medical Director, I also have an integral part in emergency preparedness, including the Pandemic Influenza program.

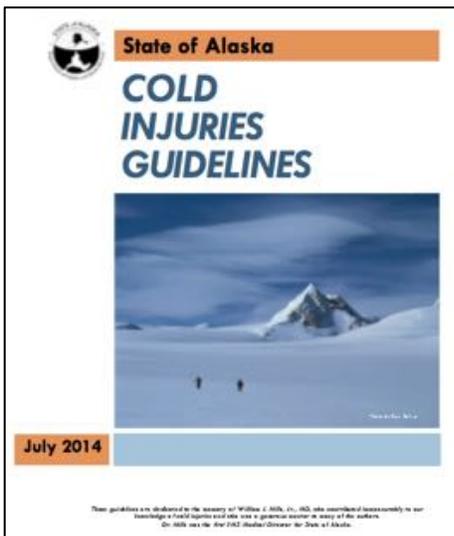
Last year, I completed the 2014 Revision of the State of Alaska Cold Injuries Guidelines, now available online on the State of Alaska web site. The revised Prolonged/Delayed Transport Guidelines will be available soon. We are now beginning to use data from the AURORA

The EMS Regional Councils do the crucial work of supporting EMTs and EMS Services statewide.

They do an amazingly effective job with very limited funding. We have some exciting new initiatives to enhance delivery of EMS in Alaska. As we make long overdue revisions of the EMS regulations, we have the opportunity to align Alaska with the new National Scope of Practice, to establish statewide EMS protocols and to explore the uses of Mobile Integrated Health Care (formerly called "Community Paramedicine"). The Alaska Council on EMS Medical Oversight Committee, which is in the process of being created, will assist me in these endeavors

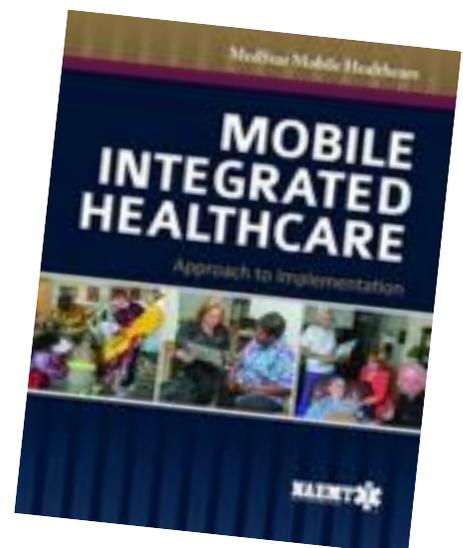
If you have any suggestions for improving EMS in Alaska, please don't hesitate to contact me.

Sincerely,  
Ken Zafren, MD  
State EMS Medical Director  
State of Alaska  
[KenZafren@gmail.com](mailto:KenZafren@gmail.com)



Prehospital Data System to evaluate and improve the delivery of Emergency Medical Services statewide.

One extremely important part of my job is to work with the State EMS Unit to advise and assist the EMS Regional Councils. Without the Regional Councils, effective EMS in Alaska would not be possible, especially in rural and remote areas.



[State of Alaska Cold Injuries Guidelines July 2014 Online](#)





**State of Alaska**  
**Department of Health and Social Services**  
**Section of Emergency Programs**

- **Emergency Medical Service**
- **Trauma**
- **Health Emergency Response Operations**

*The EMS Unit is staffed with prehospital providers, a combined total of 121 years of experience.*

*To improve EMS, its future must be based in common sense updates to outdated regulations, educational curriculums and data management systems.*

*Building a strong EMS system needs your involvement.*

**You are invited to contact the EMS office staff:**  
[State of Alaska DHSS / EMS Unit](#)

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**Certifications**



**Renee Escamilla, BS**  
**EMS for Children**



**Ron Quinsey, PM**  
**Training/Education**



**Todd McDowell, NRP**  
**Data Management**





# GOVERNOR'S ALASKA COUNCIL ON EMS

The Governor's Alaska Council on Emergency Medical Services (ACEMS) was established by the Department of Health and Social Services (DHSS) under Alaska Statute (AS) 18.08.020.

The purpose of the Council is to advise the Health Commissioner and Governor with regard to the planning and implementation of a statewide EMS system. ACEMS provides recommendations related to aspects of EMS, including funding, policy, system development and training to the DHSS Commissioner and experts in EMS and DHSS staff.

Service to Alaska's community includes coordination, partnership, education and outreach ensuring appropriate delivery of emergency medical treatment and transport for people with acute illness and traumatic

injury while recognizing the constantly changing methods and environment for providing optimal emergency care throughout the state of Alaska. The Alaska Council on Emergency Medical Services exists primarily to ensure that quality out-of-hospital care and transport is available throughout the state by establishing best practices through innovation, research, education and the development of evidence-based medicine. The delivery of optimal care is supported through the adoption of standards; definition of scopes of practice; and, provision of health, safety, and prevention education and information to the public, Emergency Medical Services services/agencies Emergency Medical Services providers/instructors, related health care professionals, and other public service and political entities.

## MISSION:

The mission of the Alaska Council on Emergency Medical Services shall support and strengthen the existing system of emergency medical services and promote the full integration of EMS into the larger system of healthcare delivery. (2015)

## VISION:

EMS shall be recognized as an essential public function intersecting public health, public safety and healthcare. The work of the Council shall ensure access to timely, affordable & high quality pre-hospital emergency care services. (2015)





Alaska frontiersmen transport a trauma victim to the doctor.

Alaska State Library

A State of Alaska EMS History Project is in development.

*Alaska's uniquely diverse geography and historic cultures require an EMS improvement strategy that is both based in secured tradition and adaption to current evidence-based medical practices.*

# ALASKA Emergency Medical Services System

*Improving the Alaska Life Saving System requires us all*

## EMS Leadership & National Standards

Alaska EMS leaders must empower their workforce to participate in leadership principles to improve our EMS system. Key elements of leadership in EMS are:

- 1) set the direction for quality improvement by creating a strong patient focus;
- 2) ensure clear and unambiguous statements for the organization's mission, values and long-term expectations; and,
- 3) demonstrate continuous commitment to achieving the organization's quality assurance goals using evidence-based information for improved patient care.

Alaska's EMS providers witness daily the challenges required to improve our life saving system for Alaskans. Advancements from evidence-based prehospital care are accessible to all parts of the state. Yet, it requires us all to maintain a strategic focus.

## AURORA Data Analysis

### Alaska Uniform Response Online Reporting Access (AURORA).

Necessary to the progress of Alaska's EMS System is information. The strength of data Alaska collects through AURORA allows analysis for effective and efficient improvements.

Data provides Alaska EMS system to:

- Advocate for effective funding;
- Modify training programs to meet the needs of the EMS system;
- Identify and anticipate trends in patient care so the emergency medical services system can grow in a resource efficient manner;
- Allow research and introspection that will improve emergency patient care and focus injury prevention activities;
- Facilitate comparison of data with other systems.





# IMAGETREND

EMERGENCY DATA SYSTEMS

## *ImageTrend data means performance for excellence*

### **The Ultimate Goal:**

*Ideally, every service will submit data on every EMS response.*

*The analysis of regional based data would be used to develop and support trauma, medical and program function that assists in policy decisions and future funding initiatives.*

Benefits exist at the local, regional and state levels from the data submitted to AURORA. The newest release of Elite – Version 3 for AURORA offers EMS services improved functioning, tracking, recordkeeping and data reporting. This newer software edition has very well developed billing capabilities that can significantly enhance revenue collection necessary to sustain many EMS services. The newly included ICD-10 billing mechanism offers services additional codes for EMS transport billing.

How do we move forward towards a statewide system of electronic EMS data collection? First, we accept that EMS agencies throughout Alaska have different needs, resources and sophistication related to record keeping and computerization. We need to find ways that we can collect data in a minimally intrusive manner while providing reports that encourage services to participate in the data Quality Assurance (QA) programs.

State of Alaska chose ImageTrend, Inc. as the data system to provide Alaska excellent data performance.



**EMS DATA:**  
***Information learned from the past  
provides a forecast  
and direction for the future.***



# AURORA DATA

*What story does data tell?*

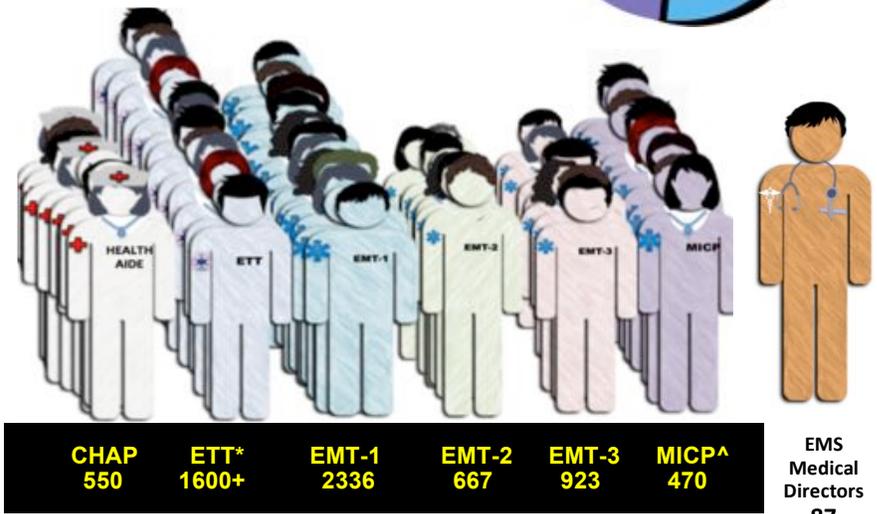
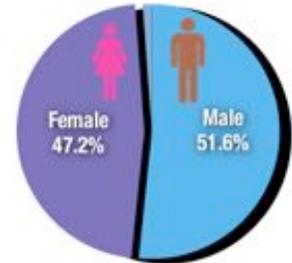


## Alaska's EMS Workforce

Total Alaska EMS Providers

over **6633**

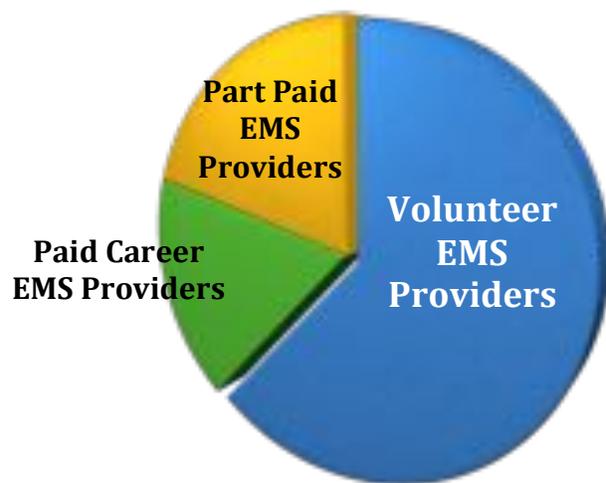
Alaska's EMS System is comprised of different types of services: certified ambulance services and first responder services that are traditionally non-transport. Alaska's EMS workforce includes different certifications levels of emergency responders: Basic Life Support (BLS) and Advanced Life Support (ALS). Unique to Alaska is the value gained from a strong workforce of Emergency Trauma Technicians (ETTs) and Community Health Aide Providers (CHAP), both traditionally do not staff ambulances but provided a substantial safety net within Alaska's pre-hospital EMS system.



\* Emergency Trauma Technicians (ETT) - Not currently tracked - # of Providers estimated  
<sup>^</sup> Alaska Mobile Intensive Care Paramedics (MICP) – Licensed by Medical Board, Dept. of Commerce

**ALASKA EMTs are mostly (>60%) Volunteer**

*What is the value of Volunteers to the EMS System and Alaskans?*



Extrapolated Provider Data

See Next Page for the Answer

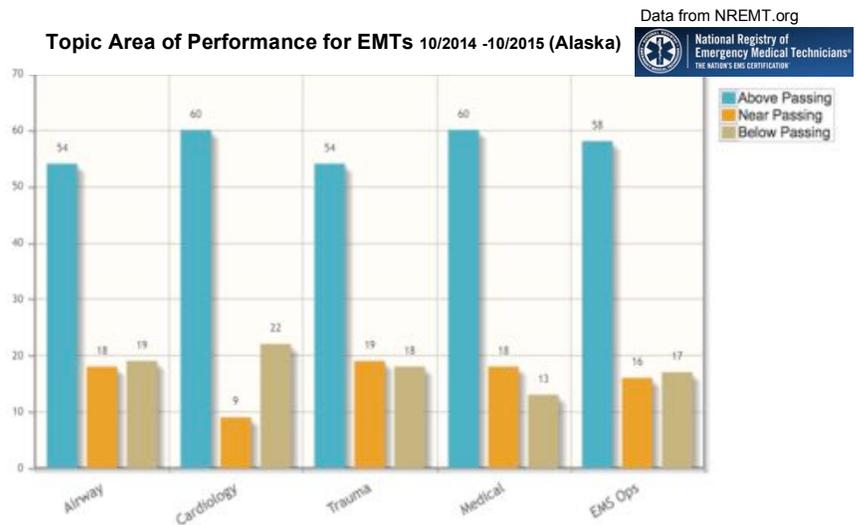


## The extraordinary benefit of EMS Volunteers to the Alaska EMS System and Alaskans:

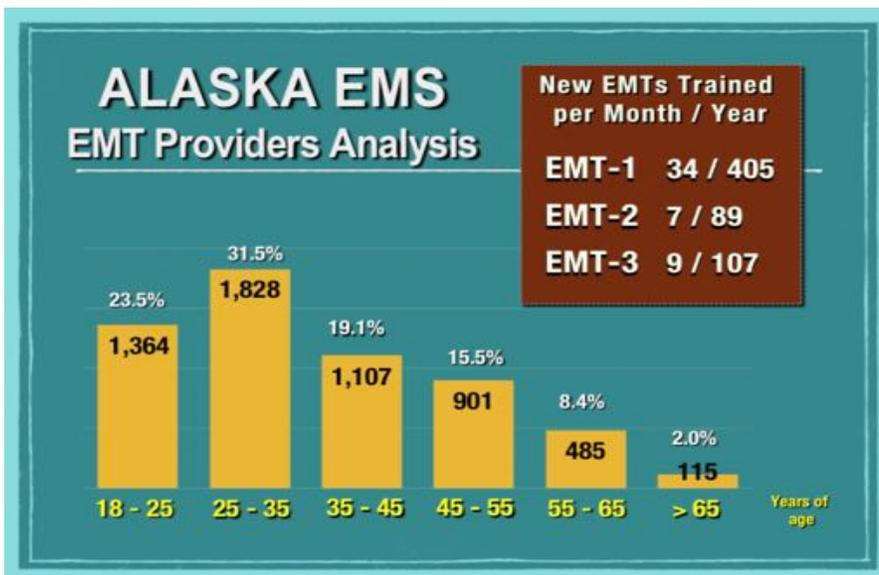


National EMS Education Standards promotes teaching evidence based patient care, which is essential for improving Alaska's EMS system. This improvement has allowed Alaska EMTs to excel when they take the National Registry of EMTs (NREMT) national certification exams:

**Alaska EMTs show greater than 88% pass rate on NREMT tests**



## Recruiting & Retention Challenges



Recruiting and retention challenges have many sources. Attrition in the EMS workforce is one of many reasons Alaska is experiencing reductions in EMS volunteers.

As an example of how data can provide information to analyze the issues, the number of EMTs initially certified may not keep pace with the number of providers who retire or leave. This analysis also shows that Alaska EMS benefits from a large number of experienced and mature EMS providers.

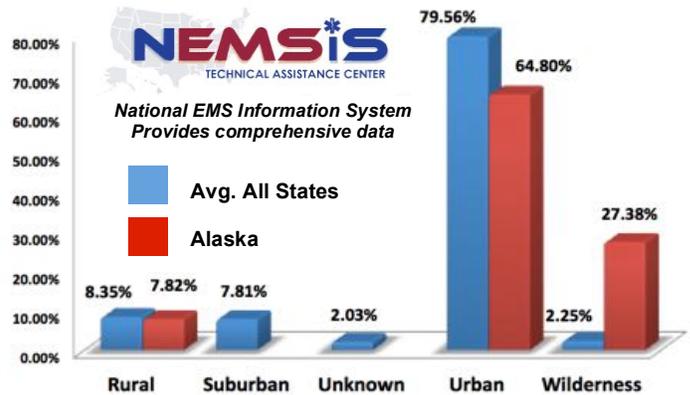
Each challenge will have different options and solutions. Alaska EMS is committed to meeting these challenges.



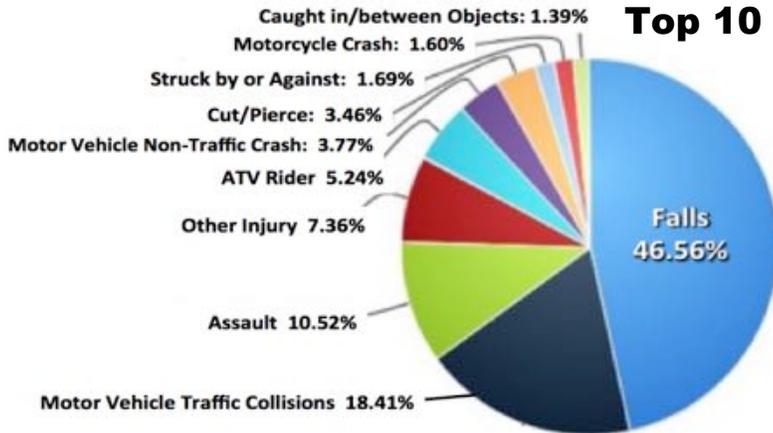
## Data can show the 'What' and 'Where' of EMS Calls

Many EMS services input call data from Electronic Patient Care Reports (EPCR) into AURORA. Some EMS agencies use other vendors. Information from all Alaska EMS services report to NEMSIS. EMS systems can use National data for analysis, and when compared to their own state data they are able to identify many system details.

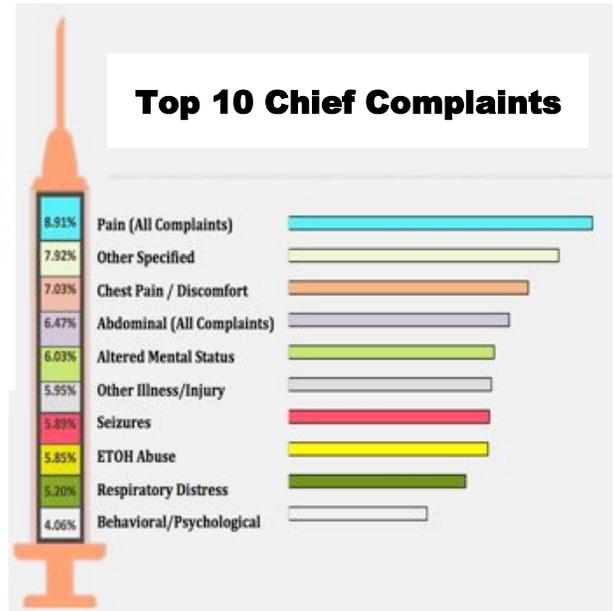
It would be unlikely that most Alaska EMS providers would consider nearly 50% of their injuries EMS calls resulted from Falls (46.56%). From this information treatment protocols, types of equipment and prevention programs can be initiated. AURORA Data validates trends and forecasts issues for the Alaska EMS system, e.g. increased use of narcotics.



### Top 10 Causes of Injuries

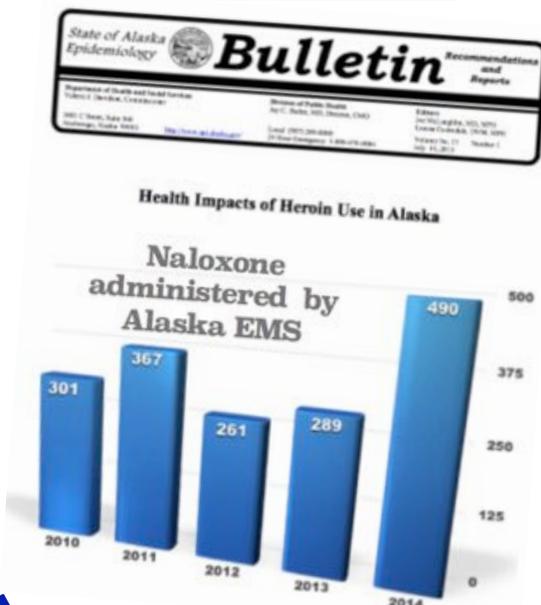


### Top 10 Chief Complaints



## TRENDS

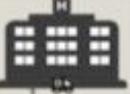
[State of Alaska Epidemiology Bulletin: Health Impacts of Heroin Use in Alaska](#)



Hospital Destination Decision Data



**Data sometimes asks more questions than answers.**

Ambulance Transport Mileage Ranges <i>How many miles are driven on Alaska EMS calls?</i> 1/1/12 to 9/8/15						
	# of Transports 0 - 5 Miles	# of Transports 6-10 Miles	# of Transports 11-15 Miles	# of Transports 16-20 Miles	# of Transports >20 Miles	No Data Reported
 To Scene 	61652	1533	251	132	1607	28293
Percent of Runs to Emergency Scene	66%	1.6%	0.2%	0.1%	1.7%	30.3%
 To Hospital 	56895	5358	3136	1140	2096	24753
Percent of Runs to Hospital	60.1%	5.7%	3.4%	1.2%	2.2%	26.5%

Data that isn't reported can be very informative. It might be easy to assume the data wasn't entered; it could be that the correct question wasn't asked or that Alaska have different perimeters for the information being sought. Medicare, Medicaid, medical insurance reimbursements are based on mileage of patient transport. Yet, Alaska EMS has services where there are no roads. Regardless, EMS equipment is subject to wear and tear from Alaska's harsh environments and maybe without the same reimbursement for patient care and transport as in other EMS systems. Alaska utilizes unique and sometimes unconventional patient transportations.

Over 60% of patient transports occur within <5 miles. Over 25% of data for ambulance transport is "No Data Reported". What does this mean?



Multi-agency EMS and federal partnerships = continuity of care



Air Medical transportation reports into AURORA.



Patient Transport Vehicles (PTV) – common patient transportation in Alaska.

Citizens assist Alaska EMS everyday where resources are not available.



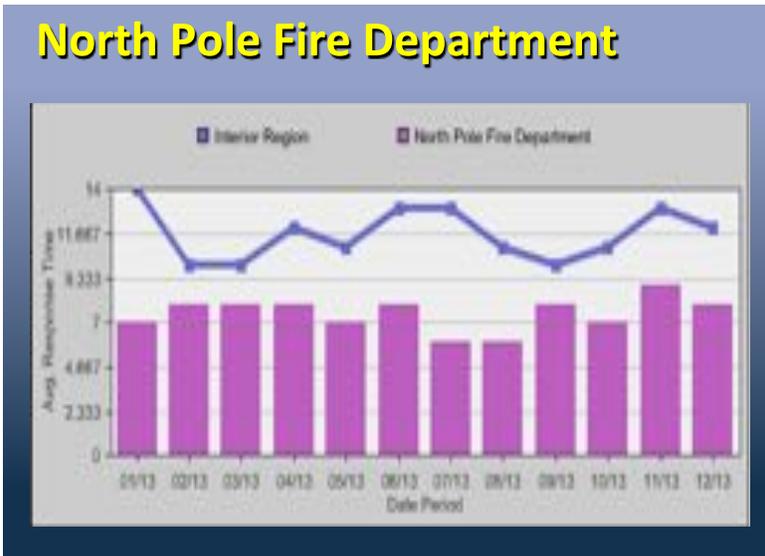
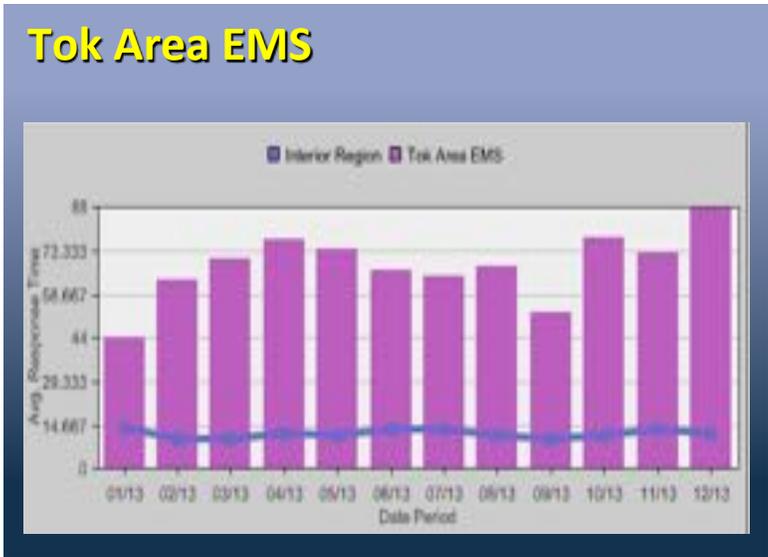
Patient transportation by boat is common in many places in Alaska.



**Comparison Data:  
How different  
areas provide  
different facts.**

**EMS on the Road System**

The blue line represents average ambulance transports times to the hospital in the North Star Borough (11-12 mins); Tok ambulance transports exceed 73+ minutes to the nearest hospital.



**EMS on the Road System**

The blue line represents average ambulance transports times to the hospital in the North Star Borough (11-12 mins); North Pole Fire Dept. ambulance transports averages 7+ minutes to the nearest hospital.

**EMS off the Road System**

Ambulance transports in Bethel demonstrates an average of 5 minutes.

Difference in data by region is valuable in many aspects of the Alaska's EMS system: training, equipment, patient care protocols and the challenges specific EMS services experiences.



Data graphics reported at  
May 2014, NHSTA Reassessment





# ALASKA EMS CODE BLUE PROJECT

## Alaska Code Blue Project

*It is the mission of the Code Blue Project to identify, prioritize and seek funding for essential capital equipment for rural emergency medical services in a way that is uniform, systematic, collaborative and maximizes resources.*

*Code Blue Project success is result from the collaboration and cooperation of Alaska EMS officials and regional EMS agencies, as well as from the assurance from partners to fund items that were confirmed as essential for EMS through a rigorous review process.*

The Code Blue Project was established in 1999 to support capital expenditures unaffordable to rural EMS services. Its contribution has been instrumental as an effective funding program in the state of Alaska.

Each grant period is classified in Phases (years). This grant constitutes Phases 10 to 14, e.g. 2010 to 2014. Both Rasmuson Foundation and Denali Commission have contributed to past Phases except Phases 10-14, reducing support to Code Blue.

For the purposes of the Code Blue Project, “essential” capital equipment means:

- 1) Is a durable item with a long life expectancy under normal use. Expendable items will not be funded.
- 2) Has a cost of \$300 or more before shipping.
- 3) Replaces used equipment that is no longer serviceable or appropriate.
- 4) Is required to provide medical treatments in accordance with core scope of care standards.

### Code Blue Categories

- **Patient Care** Equipment providing direct care, i.e. defibrillators, splints, oxygen equipment.
- **Training** Teaching equipment, i.e. training-specific computers and software, CPR & airway manikins.
- **Transportation** Vehicles primarily used for safe and protected patient transport, i.e. ambulances, trucks with mounted patient compartment, ATVs, snow machines, boats, rescue sleds, ambulance refurb./remounts.
- **Communications** Telecommunications equipment used for EMS, i.e. base stations, hand held radios, vehicle mounted radios, satellite phones, pagers, etc.
- **Other** Essential EMS equipment which cannot be placed in one of the other categories.

### Minimum Local Match

- 5%** Any major vehicle such as ambulance, slide-in patient transport unit, “vehicle, or boat.
- 10%** All other equipment including minor vehicles such as snowmachine, ATV and rescue sleds, trailers, etc

### Funding Caps

- \$45K Ambulance (new/used)**
- \$35K Ambulance Refurb./ Remount**
- \$20K Patient Transport Vehicle** (non-ambulance vehicle: slide in unit, SUV, or snowmachine or ATV & trailer or sled.)
- \$15K Marine Patient Transport** (specifically designed boat)
- \$15K Cardiac Monitor/Defibrillator**
- \$7K Gurney**

## Total Code Blue Funding Received (2001 – 2014)

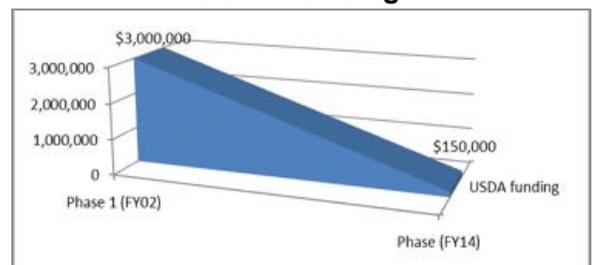
**\$21, 555,746**



### Code Blue Partners

- Grantors**
- State of Alaska
  - USDA -Rural Development
  - Denali Commission \*
- Local Contributions:**
- Tribal and Municipal Govt
  - Community Organizations
  - Local EMS and Fire Dept.
  - Community Supporters
  - First Responder Groups
- Philanthropic Support**
- Rasmuson Foundation \*
- \* Some Phases not supported

### USDA Funding



# ALASKA EMS REGIONAL COUNCILS



Instrumental to EMS delivery throughout the state of Alaska are the seven EMS Regional Councils.

- **Interior (Fairbanks)**
- **Southern (Anchorage)**
- **Maniilaq (Kotzebue)**
- **Yukon Kuskokwim (Bethel)**
- **Norton Sound (Nome)**
- **North Slope (Barrow)**
- **Southeast (Sitka)**

Regional EMS Councils are non-profit organizations largely funded by the State EMS Unit that have functioned since the mid-1970's. Sub-regional Councils are funded by the Regional EMS Councils and local sources.

The purpose of the Regional and Sub-regional EMS Councils is to coordinate and encourage the development of comprehensive emergency medical services systems. Regional EMS Councils have training staffs, and contract instructors, who travel to the communities to provide essential EMS training. The Regional and Sub-regional councils, and some borough

governments, serve as a resource to emergency medical technicians, instructors and organizations within their boundaries. They can provide individuals and agencies with important and timely information related to EMS in Alaska.

Three regions provide educational symposium each year, Southeast, Interior and Southern Regions (State EMS Symposium). Regional symposiums provide outstanding opportunities to get to share and to learn EMS education. Regions are forecasting educational opportunities using technology.





# INTERIOR EMS REGION



## Executive Director: Daniel Johnson



[IREMSC.org](http://IREMSC.org)

**Geographic Area:**  
236,000 sq. miles  
(Texas is 268,580 square miles)

**Population Served:**  
150,000

- Unique Challenges:**
- Geography 236,000 sq. mi.
  - Sparse Population:
  - 63 persons per sq. mile overall
  - .25 persons per sq. mile outside of Fairbanks
  - Barriers to travel: few roads
  - Extreme Climate:
    - Summer highs: 90°
    - Winter lows: -60°

The Interior Region Emergency Medical Services Council, Incorporated (IREMSC) is a private non-profit corporation located in Fairbanks, Alaska. It was established in 1979 and is governed by a voluntary 13 member Board of Directors.

The make-up of the Board is designed specifically to provide broad geographic, cultural and EMS oversight of the organization. Nine Directors are elected by the Council's membership to represent urban, rural highway and rural off-highway communities in the region. Three Directors are appointed by the Fairbanks Memorial Hospital, Tanana Chiefs Conference and Fairbanks North Star Borough respectively. The thirteenth Director is the Regional Medical Director appointed by the Board.

One of IREMSC's primary focuses is training and certifying EMS providers and instructors, from basic CPR and first aid to advanced EMT certification; and, continuing education for EMTs, physicians and nurses.

Another area of focus is assistance to communities with the development of EMS systems, including operations and training, assessment of equipment needs, assistance with purchasing and inventory tracking, and

helping to identify, obtain and manage outside funding. The Interior Region is also an agent of the State of Alaska EMS Unit, providing certification examinations, training oversight and acting as a liaison between local EMS providers and the state.

IREMSC coordinates Code Blue Project funding in the region, supporting EMS services with grant opportunities for capital equipment and resources. Over the past 15 years, over \$4.3 million has been secured in the region for the purchase of essential equipment.

### Challenges

Although there are probably enough qualified instructors available, it is sometimes difficult to find one willing or available to teach schedules that are convenient for the services or the volunteers who need training. Most of the Interior's most qualified instructors have other full time jobs. Teaching becomes a second job for them, requiring rearranging work schedules or taking vacation time and taking away from their family and free time.

The high cost of rural training is another challenge. All EMS training involves significant costs for instructor services, books, equipment and supplies. Rural classes add to this with the high cost of travel (usually by air), per diem, lodging, and freight. The cost of rural training can often be twice that of the same class taught in the Fairbanks area. IREMSC's mini-grant program helps to somewhat offset the high cost of training especially in rural areas, but funding of training remains a difficult challenge.



EMS Chief Tom Dean, Sub-Regional Coordinator, outfitted the Tok ambulances with FLIR (Forward Looking Infrared Radar) to spot danger when the weather obscures the crew's vision of moose standing in the middle of the highway or a vehicle crash ahead. Tok EMS calls can last 10 hours, sometimes requiring 2 crews.



Many of the smaller, more rural EMS services in the Interior have had to drop their ambulance certifications and revert to first responder levels because they cannot maintain adequate numbers of EMT-level responders.

In addition to the time, effort and cost it takes to become a certified EMT, low volume of activity reduces skills and confidence in both rural and more populated areas. This turnover requires more classes to maintain the service and this in turn puts a higher burden on the need for instructors and the overall costs of maintaining pre-hospital services.

#### **Future**

Because of limited state Code Blue funding, there are caps on the amount of state funding allowed on the most expensive capital items in order to provide funding match to other sources for as many projects as possible. In addition, there have been large cutbacks in the USDA Rural Development Program, a major partner in Code Blue. These two factors have led to the development of a critical funding gap. Shortfall estimates are as much as \$720,000, with more than \$500,000 of occurring in FY 14 alone. No increase is expected in either state or USDA funding in the future. IREMSC will continue to attempt to identify and develop new, reliable funding sources to support regional Code Blue and other projects.

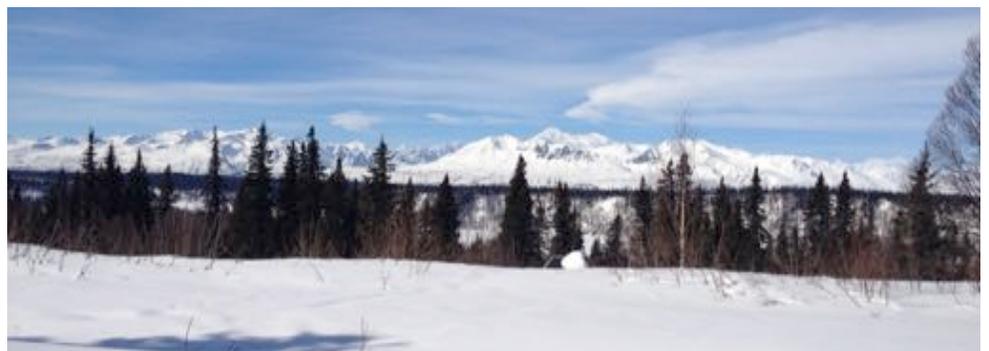
While the Interior Region has led in the state in promoting and facilitating online testing and certification, improving these capabilities remains a priority. “We fully

support the efforts of the state EMS Unit to implement online testing and application for certification and will do everything within our resources to make that happen in our region,” said Executive Director Dan Johnson.

IREMSC updated their 5 Year Strategic Plan in 2012 and reviews progress yearly. The region continues to make good progress on most of the strategic objectives, some examples of which are:

- Assessing the capabilities and needs of communities in our region.
- Increasing the number of functional services in the region.
- Developing an up-to-date database of community resources: human and other EMS resources, governmental, tribal and other important contacts in the community.
- Complete participation by certified ambulance services in the AURORA data system.
- Increasing participation by non-certified services with other data gathering activities.

A new two-year operating grant with the State offers opportunities for initiatives and improvements in areas of EMS that are different from years past and reflect the needs of the future. The IREMSC staff approaches the future as an opportunity to support EMS services and providers across the region in different and better ways.



# SOUTHERN EMS REGION

## Executive Director: Sue Hecks



[SREMSC.org](http://SREMSC.org)

**Mission:**

*Improve the quality, availability and sustainability of emergency patient care.*

**Geographic Area:**

192,369 sq. miles  
(Larger than 163,707 sq. mi. of Calif.)  
SREMSC Region is double the length of California North- South, (1040 miles compared to 2000 miles SREMSC)

**Population Served:**

497,000 (>67% of Alaska's State Population)

**Governance:**

21 members volunteer Board of Directors assembled from two representatives from each subarea (one each from APIA and Eastern Aleutians) and 5 at-large members. The Regional Medical Director, Gilbert Dickie, MD, is an emergency department physician.

**Staffing:**

SREMSC currently employs seven full-time and three part-time staff, with one other staff member working full-time from an office on the Kenai Peninsula. Additionally, local coordination and training is provided to the remote parts of the region through six sub-area contracts.



Southern Region Emergency Medical Services Council, Inc. (SREMSC) is a non-profit 501(c)(3) corporation established September 30, 1975, serving central and southwestern Alaska. Southern Region is made up of nine subareas to include working very closely with the areas of Aleutian Pribilof Islands, Anchorage, Bristol Bay, Copper River, Eastern Aleutian Tribes, Kenai Peninsula, Kodiak Islands, Mat-Su, and Prince William Sound.

While the Southern Region EMS office is located in Anchorage, the region serves an area of 192,369 square miles, extending over a breadth of 2,000 miles from east to west from the Canadian Border to the end of the Aleutian Chain.

Parts of the Southern region are closer to the Russian Far East than they are to Anchorage. Two thirds of the communities do not have access to the rest of the state by road. Southern Region has seven of the fourteen mountain ranges in Alaska, the majority of Alaska's active volcanoes, from glaciers to tundra, climate ranging from subarctic to coastal, and miles and miles and miles of coastline. From the largest urban city to many tiny rural/remote communities - this region has it all.

**Goals:**

- Promote excellence in emergency care
- Support and strengthen emergency medical services
- Foster relationships with regional and statewide systems.

**Vision:**

SREMSC is a devoted team working for all the people of EMS, helping them provide the best in patient care, integrating them into the healthcare



team, and insuring their commitment and value are recognized. SREMSC promotes growth and development of community EMS.

"We promote excellence in patient care, quality management, injury prevention, and professionalism. We value the volunteer and paid providers of emergency care. We advocate always for EMS," states Executive Sue Hecks.

Due to the size and geographic challenges within the Region, Southern Region is made up of nine subareas to include working very closely with the areas of Aleutian Pribilof Islands, Anchorage, Bristol Bay, Copper River, Eastern Aleutian Tribes, Kenai Peninsula, Kodiak Islands, Mat-Su, and Prince William Sound.



SREMSC Recruitment and Retention Support Committee focuses on EMTs.





Port Graham Training Center. Training with their Doctor Down®



### Alaska Code Blue Project

See page 17 – CODE BLUE Project

#### Challenges

Outdated EMS Regulations continue to be the number one issue that haunts the EMS system as a whole.

- The implementation of on-line testing and viable access throughout the Region.
- Implementation of the National Education Standards and bringing all EMT Instructors up to speed.
- The 2015 ILCOR changes and implementation.
- Being able to answer the daily questions from stakeholders on the myriad of changes happening within the system.
- Maintaining communication with the State and our stakeholders to provide current, up to date information throughout the system changes.
- Future of the Alaska EMS Symposiums.

#### Future:

Executive Director Sue Hecks states, “We fully support the on-line certification process being implemented by the EMS Unit. We will continue to work with the State to help

with the implementation of this process within our region. We fully support the concept of on-line testing for certification. Continue to meet with the DHSS Commissioner and Director to continue to promote the EMS system needs, challenges and successes. We will continue to work with the State and services in our region to promote implementation of this process. We are looking for ways to assist the smaller rural services with a positive QI/QA program, especially for those without medical directors. We are also considering an AED QI/QA program. Fiscal Year (FY) 2015-2016: We are working towards our goal to provide monthly on-line EMS continuing medical education from the regional office within the next year. It is our goal to update and expand our website and expand our presence in the social media realm. Work to find solutions to recruitment and retention of EMS providers. The SREMSC Board of Directors support technical assistance to services. The increase to EMS Grants will enable our program to accomplish this. When the second classroom becomes reality, we are looking at ways to expand our course offerings to meet the training needs of our stakeholders.” Much of our program activity falls under the “catch-all” Goal Area of Community Outreach in order to report activity that doesn’t fit into the other grant Goal Areas.



Code Blue funded Patient Transport Vehicle (PTV) delivery.





**Maniilaq EMS**

**Mission**

Ikayuutiluta Avatmun  
inuunayhliqput aasiin  
nakuutlukumuq.

*"Working together to make  
our lives better."*

**Governance**

The Maniilaq Association Board of Directors is comprised of tribal representatives from each the twelve (12) communities in the service area. The Board convenes bi-monthly to provide guidance and oversight over all operations.

**Geographic Area:**  
39,000 sq. miles

**Population Served:**  
Over 7200 people  
85% Inupiaq Eskimo

**Unique Challenges:**  
Off-the Road EMS  
11 Villages that  
require air travel

**EMS Director: Aggie Jack**

The Maniilaq Association is a 501(c)(3) tribal consortium that serves eleven federally recognized tribes in Northwest Alaska and is headquartered in Kotzebue, the transportation and commercial hub of the region. The Maniilaq Association is organized into three branches: health, tribal and social services. Maniilaq is seen as the premier model for creating successful, healthy communities through the planning, development and strengthening of village-based services supported by strong, accountable tribal self-governance.

Maniilaq EMS, for over 37 years, is an intricate part of the Northwest Arctic Borough's Emergency Management Plan and participates in all regional and local Emergency Preparedness drills. Program Manager, Aggie Jack, has held her position for 37 years.

Says Aggie Jack, "our region EMS is largely provided through volunteer effort and local support. The most important part of our mission is to support communities and the hundreds dedicated volunteer and paid people who provide this critical public service. In this way the public and private funds that support our efforts are multiplied many fold."



Medevac service to the nearest Level 2 Trauma hospital is 549 miles away in Anchorage.

Code Blue funding has continued to diminish annually. Another challenge has been the use of vehicles, such as ATV's and snow machines, which have a very short use period due to extreme weather and lack of maintenance facilities and personnel. The implementation and maintenance of the ALMR radio system on the highway system continues to present challenges. Funding for the expensive ALMR system as well as the general migration to narrow banded radio systems was largely provided by federal sources. This is good because the equipment funding through our regional office (primarily Code Blue) would have been hugely inadequate to meet this need.

- Radios needed for the ALMR system are very expensive.



- The ALMR radio system could require that user groups contribute to the expense of upkeep by paying “subscriber fees” into the system. Off the highway system, additional communication challenges continue to be encountered:
- Small communities often cannot afford the radios, towers, base stations, backup power supplies, etc. that are required for their area. Often do not have a “911” or similar system for community members to alert EMS providers in case of emergency.



**Future**

It is anticipated that the new training staff will provide classes for local EMS staff and volunteers. Similar to the issues encountered in meeting other capital equipment needs, funding through Code Blue and other funding programs needs to be developed so that as the expensive ALMR and other current technology radios reach the end of their useful life.

and other applicable standards. Increased site visits by regional staff are needed to assist rural communities to maintain and improve their emergency communications systems.



The state should perform a comprehensive update of the EMS statutes, regulations and plans with particular attention to use of the current national guidelines and conduct regular review and updates to keep pace with current medical

**Code Blue Funding:**

The major source of funding of regional EMS equipment is from the Code Blue Project. Through FY 14, there has been 13 phases of the Code Blue capital equipment funding program. Throughout its history, major funding partners have been local communities, the State of Alaska and the United States Department of Agriculture (USDA) Rural Development Program. The Rasmuson Foundation, and the Denali Commission has not participated in Phases 10 - 14.



Phase	Project Totals	Local Funding	State Funding	USDA-RD Funding	Rasmuson Foundation	Denali Commission
Phase 10	\$52,300			\$52,300	0	0
Phase 11	\$39,276		\$39,276	0	0	0
Phase 12	\$48,752	\$5,352	\$22,404	\$20,996	0	0
Phase 13	\$41,330	\$4,364	\$9,175	\$27,791	0	0
<b>Totals</b>	<b>\$181,658</b>	<b>\$9,716</b>	<b>\$70,855</b>	<b>\$101,087</b>	<b>\$0</b>	<b>\$0</b>



# YUKON KUSKOKWIM EMS REGION



## Injury Control & EMS Manager: Teresa Markham



YKHC.org

### Mission

Working Together to Achieve Excellent Health

### Vision

Through Native Self-Determination and Culturally Relevant Health Systems. We Strive to be the Healthiest People.

**Geographic Area:**  
39,000 sq. miles

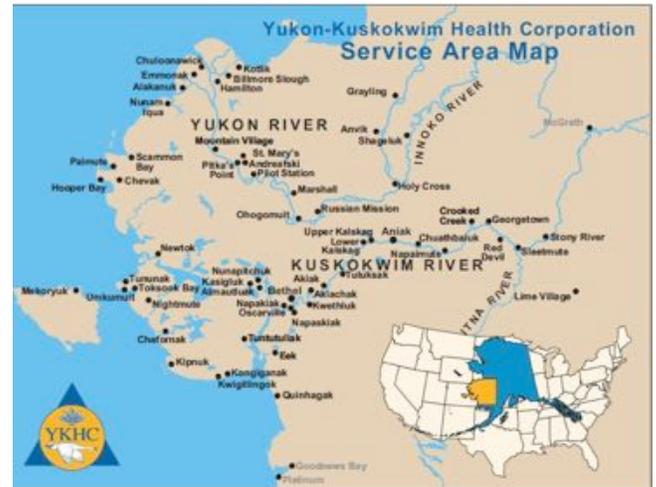
**Population Served:**  
24,472

**Primary Hospital:**  
60,000 ER visits per year. 25,00 are trauma related.

**Governance**  
YKHC is a tribal organization with a Board of Directors from the 58 communities in the service area. YKHC has a "Tribal Gathering-Report to the People" for the tribal members from the villages. The "Gathering" allows dialogue for the constituents to develop the priorities and direction of the organization.

**Unique Challenges:**  
Off-the Road EMS  
58 communities  
Fiscal cutback impact

The Yukon-Kuskokwim Health Corporation (YKHC) administers a comprehensive health care delivery system for 58 rural communities in southwest Alaska. The system includes community clinics, sub-regional clinics, a regional hospital, dental services, mental health services, substance abuse counseling and treatment, health promotion and disease prevention programs, and environmental health services.



The Injury Control & Emergency Medical Services (ICEMS) Program has an ICEMS Manager, who is responsible for the Injury Prevention and EMS components of the program: coordination of EMS trainings; participates on the State EMS Training Committee meeting, Alaska Council of EMS meeting, Regional Coordinators and Directors meeting, and Code Blue Steering Committee meeting; provides oversight of The Injury Prevention Store and the store clerks; and maintains security of EMS Examinations and oversees testing process in the region. The program at full staff has 4 EMS Instructors; currently there is one vacant position. Staff is sufficient to provide needed trainings. The Injury Prevention Store has two part-time Clerks who serves as members of the ICEMS program and provides injury prevention items for sale. Three Environmental Health Officers assist ICEMS with injury prevention activities upon requested.

### Training

The ICEMS program holds a regularly scheduled monthly Basic Life Support (BLS) for Healthcare Providers course and

weekly BLS skills check-off testing for students who complete the online course. In order to meet the training needs of the Community Health Aide (CHA), the ICEMS program works closely with the Community Health Aide Program and Training Dept. (CHAP/T). This provides continued clinic staffing, operations, and pre-hospital patient care available in the YK Delta. CHAs, Emergency Department technicians, and Sobering Center technicians are primary students who receive the following training courses: Emergency Trauma Technician (ETT), ETT - Emergency Medical Technician 1 Bridge (EMT Bridge), and Emergency Medical Technician 1 Refresher (EMT-R) classes.

The ICEMS Dept has had one EMS instructor vacancy since October 2012. The EMS instructor vacancy affects the amount of courses offered in a timely manner. Courses requested by businesses, organizations, or communities can be offered one to three months away from customers desired scheduling. This also created a filter to determine the community's commitment to hosting an ETT course and maintaining continued education and skills.





Basic EMS courses are offered through our office; eventually, expand to offering advanced courses. Finding a qualified advanced instructor, who can reside in rural/remote Alaska with a high cost of living, and accept a wage that is equal to, or lesser than the salary offered to providers, is challenging.

**Future**

The ICEMS program is diligently working toward creating and establishing various distance delivery courses to the villages. This would establish regular and more frequent training opportunities.

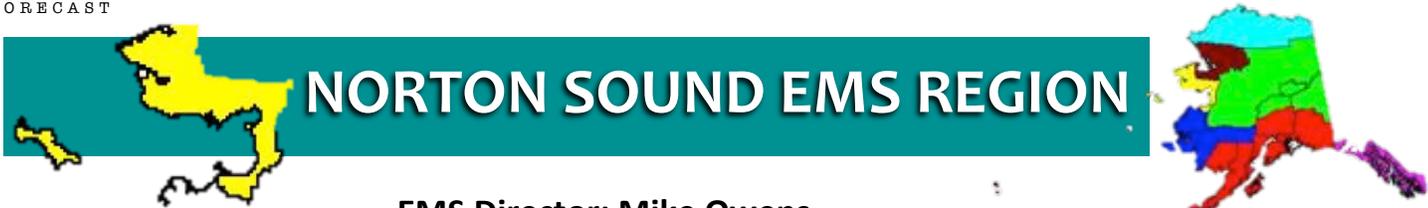
Teresa Markham reports, “we are currently pilot testing and utilizing YKHC’s Video Teleconference (VTC) capabilities with YKHC’s (5) sub-regional clinics. We are establishing policies and procedures to schedule and execute BLS skills check-off for students. Once the VTC skills check-off are established and successfully performed we then plan to expand that service to the remainder of the (43) village clinics. After the VTC BLS Skills Check-off is established, we then

plan to begin offering monthly continuing medical education (CME) courses, via VTC, to Health Aides to train more regularly and frequently. Hopefully limiting EMT-R class time to primarily focus on critical thinking scenarios and EMT skills check-off.”

Another distance delivery route we have begun researching is YKHC’s online HealthStream account. This account will allow us to create and establish online tests, quizzes, and courses. We are planning to use this system to administer pre and post tests, create and assign various online EMS CME courses, issue course certificates and CMEs, and distribute post course evaluations for course & instructor effectiveness, and areas of improvement. Both methods of distance delivery options are easily available to YKHC employees; we are working with the necessary departments to also make these services available to non-YKHC employees in our region.

Approved Code Blue (CB) Funding for YKHC	Phase 10	Phase 11	Phase 12	Phase 13	Totals
# of services/organizations approved	50	7	2	6	n/a
Quantity of CB items approved	108	23	5	17	153
Total amt of CB Items approved	\$110,032	\$37,862	\$63,535	\$200,094	\$411,523
USDA amount funded	\$66,690	\$25,357	\$25,669	\$0	\$117,715
Local amount funded	\$11,003	\$3,786	\$6,353	\$11,259	\$32,402
State amount funded	\$31,529	\$8,719	\$31,512	\$57,584	\$129,345
Other amount funded	\$810	\$0	\$0	\$0	\$810
Unmet funding	\$0	\$0	\$0	\$131,250	\$131,250





# NORTON SOUND EMS REGION



## Norton Sound EMS

### Mission

To provide quality health service and promote wellness within our people and environment.

### Geographic Area:

44,000 sq. miles  
(507 miles of coastline of the Bering Sea and Arctic Ocean)

### Population Served:

9,256

### Governance

Norton Sound Health Corporation (NSHC) is a tribal organization governed 25 Board of Directors, who represent 16 communities and 20 federally recognized Native communities.

### Unique Cultures:

3 native languages:  
Inupiaq, Yupik and Siberian Yupik

## EMS Director: Mike Owens

The Norton Sound Region is located in northwest Alaska, the Bering Strait Region (also referred to as the Seward Peninsula, the Norton Sound District, western Alaska, or the Nome area) is found between latitudes 63° 30' and 66° 30', south of the Arctic Circle.



The Region extends from the village of Shishmaref on the southern shore of the Chukchi Sea on Seward Peninsula northern shore to Stebbins on the southern coast of the Norton Sound of the Bering Sea, and includes villages on St. Lawrence Island, King Island, and Little Diomedede. Another part of the NSHCEMS Program includes the operation of the Norton Sound Health Corporation Critical Care Air Ambulance. This allows us a unique opportunity to have firsthand knowledge of the emergency region.

No State grant funds for the EMS program that go into the Critical Care Air Ambulance.

### Challenges:

We face the challenge of unmet needs in our Region for classes in the outlying communities as well as Nome. There is lots of turnover in staffing both paid and volunteers. This turnover requires more training and training equipment. There appears to be fewer personnel willing to volunteer their time and resources for the ever increasing cost and time commitment to maintain their credentials. We have to find better ways to protect our fragile resource called "the Volunteer."



5300 Air Ambulance patient responses (1999 – 2013)

### Code Blue Grants

Phase	Project Totals	Local Funds	State Funding	USDA Funds
Phase 10	\$304,000	\$30,700	\$43,050	\$230,250
Phase 11	\$303,349	\$126,335	\$57,502	\$119,512
Phase 12	\$65,200	\$6,520	\$9,780	\$48,900
Phase 13	\$0	\$0	\$0	\$0
Phase 14	\$105,894	\$10,878	\$16,316	\$78,700
<b>Total</b>	<b>\$778,443</b>	<b>\$174,433</b>	<b>\$126,648</b>	<b>\$477,362</b>

This process was put into place to fulfill a very big gap that existed in Alaska's Emergency Medical need. Aging and broken EMS equipment often left responders trying to make due with equipment that needed to be replaced. Now we are facing the problem that equipment replaced in the early Phases of Code Blues grants is in dire need of replacement.



Alaska is geographically challenged, there has always been and continues to be large areas for improvements in communication between Search and Rescue teams and clinics or hospital or even between themselves. We will continue to look for ways to improve this communication.



**Future:**

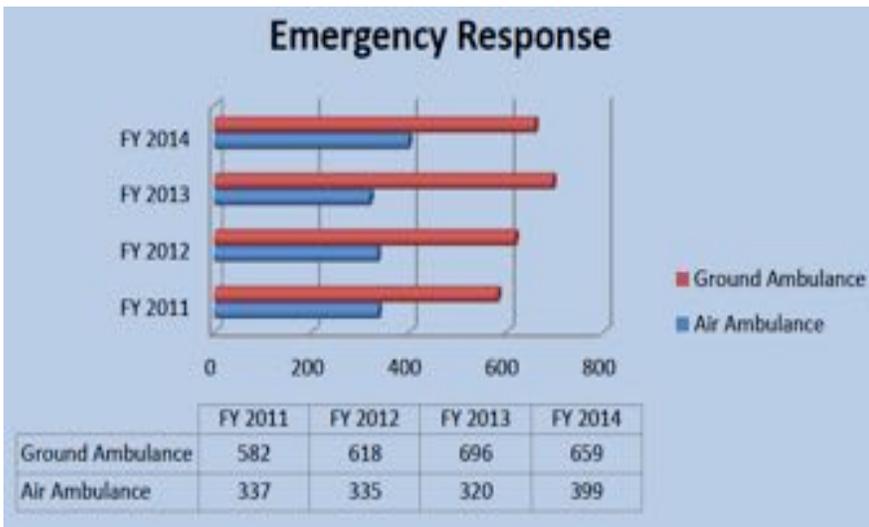
There is a bright future if we are able to streamline certification issues, assure on-line testing is made easily accessible and written to meet Alaska's needs. We will continue to keep pace with national education standards as regulations allow us to. We have to become better stewards of the numbers of classes, students and patient encounters and how fluctuation in State funds impact the patients and students.

One of the other activities our program has been able to do is tract the number of calls our Certified Ambulance

Department and Critical Care Air Ambulance receive.

Each of these calls represents at least 2 responders and many hours devoted to learning skills and recurrent training to keeping those skills current. The greater question is, what will happen if the volunteer goes away? If the support of the regional offices is no longer there who will be there for them?

The number of calls that Nome Volunteer Ambulance Department and the Critical Care Air Ambulance responded to. This in no way represents the number of emergency calls that are responded in our region, because this does not represent the Health Aids responses to emergency calls. Each of these calls is important and each responder needs training and continued training.





# NORTH SLOPE EMS REGION



[North-Slope.org](http://North-Slope.org)

### Mission

The mission of the Fire Department is to preserve life and property using community volunteers and career personnel to deliver ground and air emergency medical services, rescue, fire suppression, prevention, and training

**Geographic Area:**  
90,000 sq. miles

**Population Served:**  
Approximately 7600

6 Villages not connected by roads

EMS Director: Anthony Dugan



The North Slope Borough is an expansive area covering approximately 95,000 square miles from Barrow to the north and south to Anaktuvuk Pass, west to east from Point Hope to Barter Island (Kaktovik) on the Canadian border. There are no road systems between the communities which leaves air travel as the only alternative for the most part.

### Governance:

The North Slope Borough was created by an election in 1972. It was officially incorporated on July 2, 1972. At that time, the Borough enjoyed a first class status and exercised the powers of planning, zoning, taxation and schools. It was the first time Native Americans had taken control of their destiny through the use of municipal government. It was, and

remains, one of the boldest moves ever made by an indigenous people to regain control of their lives and future.

Each community is equipped with a fully stocked BLS ambulance, First Responder (ETT) crews, Health Clinic, with an availability of two or more Health Aides. The North Slope Borough also provides medevac services from the villages to Barrow and from Barrow to Anchorage with the Search and Rescue Department. Medevac missions are usually staffed by a Paramedic and a EMT escort, although our goal is to staff with two paramedics.

The North Slope Borough provides various levels of training and ongoing education. The Training Division ensures training in the villages at least once a year for ETT training, Health Care Provider CPR and Air & Bloodborne Pathogens training at a minimum as time and budget allows. Instructor travels by air to each village for a week at a time delivering high quality emergency medical training and other training that they may need.



# SOUTHEAST EMS REGION



[SEREMS.org](http://SEREMS.org)

**Geographic Area:**  
35,138 sq. miles  
33,00 miles of shoreline  
1000 islands

**Population Served:**  
75,000

**Unique Challenges:**  
Diverse communities accessible by mostly boat or air.  
Primitive roads on many of the islands.

## Executive Director: Bobbi Leichty

The SEREMS office is located in Sitka and is responsible for the communities from Yakutat to the north to Hyder in the southern part of the region. Southeast Alaska has a land area of 35,138 square miles (91,010 km<sup>2</sup>) comprising of six entire boroughs and three census areas. Due to the geography, SE Alaska is known as the land of 1000 islands and few are accessible to each other by roads.

Southeast Alaska is comprised of a 600 miles long narrow strip of mainland coastline that is an average of 120 miles wide on the east and hundreds of islands in the Alexander Archipelago on the west. Six of these islands are over 1,000 square miles each in area. These are Prince of Wales, Chichagof, Admiralty, Baranof, Revillagigedo, and Kupreanof islands. Mainland and island areas of the region share mountainous topography, and a maritime climate characterized by high levels of rain and snowfall and mild temperatures.

There are nearly 10,000 miles of shoreline along the islands and mainland which are separated by sounds, straits, canals, narrows, passages, and channels.

Many of these are protected waters.

Others are treacherous passages with unmarked navigation hazards such as pinnacle rocks and can change quickly from calm to stormy waterways. Despite these conditions, the waters of Southeast Alaska are sources of abundant food.

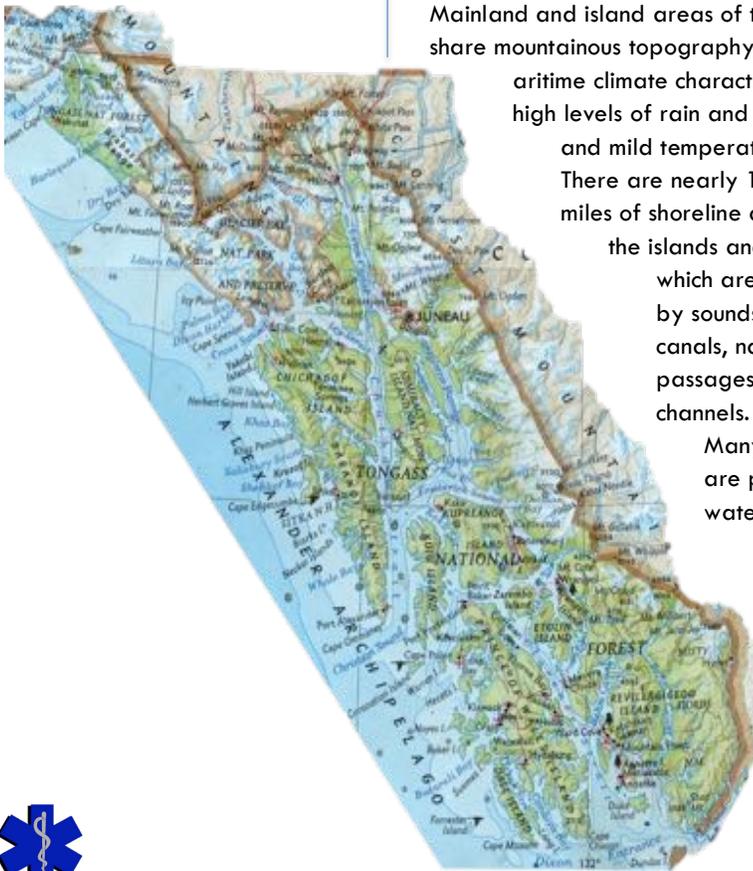
Although it has only 6.14 percent of Alaska's land area, it is larger than the state of Maine, and almost as large as the state of Indiana. The Southeast Alaskan coast is roughly as long as the west coast of Canada. The [2010 census](#) population of Southeast was 71,616 inhabitants, about 45 percent of whom were concentrated in the city of Juneau.

Due to the extremely rugged, mountainous nature of Southeastern Alaska, almost all communities (with the exception of Hyder, Skagway, and Haines) have no road connections outside of their locale, so aircraft and boats are the major means of transport. Its environment has made Southeast Alaska good habitat for creatures of the land and sea, including humans. However, the mountainous terrain limits settlements to the coastline.

Overland travel within the Southeast is very difficult. Dense forests and limited dirt roads weave through the mountainous rainforests, connecting communities that have limited services. Travelers must rely upon Alaska Marine Highway ferry system or inter-connected airplane travel between the many land masses.

**75,000 Alaskans live in and 1.2 million tourists visit the Inside Passage of Southeast Alaska annually.**

**Seasonal influx of tourists places strains on community EMS services.**



## Communities of Southeast Alaska

### Major cities:

- Juneau,
- Ketchikan,
- Sitka

### Other towns:

- Petersburg,
- Wrangell,
- Metlakatla,
- Haines,
- Hoonah,
- Kake,
- Craig,
- Klawock,
- Thorne Bay,
- Yakutat,
- Skagway,
- Gustavus.
- Angoon,
- Coffman Cove
- Edna Bay,
- Elfin Cove,
- Excursion Inlet,
- Hyder,
- Meyers Chuck,
- Pelican,
- Port Alexander,
- Port Protection,
- Pt. Baker,
- Naukati,
- Hollis,
- Hydaburg
- Tenakee Springs

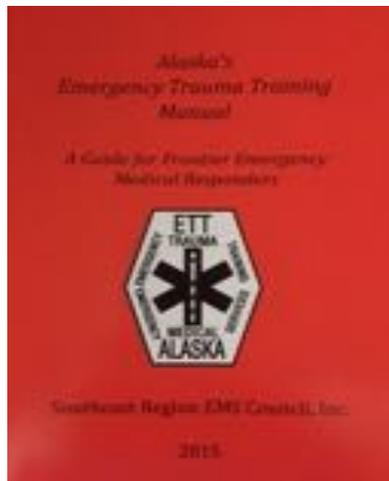
*Neighbor Helping Neighbor is Alaska's EMS motto and at SEREMS, it is our mantra.*



Most of the work SEREMS does involves all levels of emergency medical training. We create instructors for all levels – CPR, First Aid, ETT, EMT, Wilderness and ACLS/PALS. We are a training site for the American Heart Association and currently have over 60 current instructors. The office provides skill check off services for AHA courses and EMT skills/recertification. SEREMS doesn't usually provide our staff for training purposes but has, on occasion, deployed employees out into the most remote communities to provide training.

### Emergency Trauma Technician

SEREMS is the administrator of the Emergency Trauma Technician (ETT) course. First developed in the early 1980's, the course was developed initially for the remote/rural workers in the timber, fishing and mining industry. Since then, the course is utilized across the state as Alaska's first responder course but it has slowly evolved into a first responder course that medical situations they might encounter.



SEREMS face challenges to recruitment and retention with our volunteer systems as the costs of training climb and our pool of long-time (aging) volunteers begins to dwindle. At times, only the desire people have to help their neighbors has kept EMS afloat.

SEREMS has provided equipment through the Code Blue project to every one of the communities in SE Alaska over the past 14 years. All communities submitted a Code Blue application for equipment that was reviewed/approved by the SEREMS Executive Committee. Decreasing USDA funding match places a strain upon communities need EMS equipment. With shriveling USDA funds, hospitals/clinics no longer participate. Without that support, communities will return to asking their legislators directly for the funding and work outside a very functional Code Blue committee and process.



SEREMS staff worked on behalf of Hoonah for a Patient Transport Vehicle with a newly designed and safer patient compartment. Spring 2015

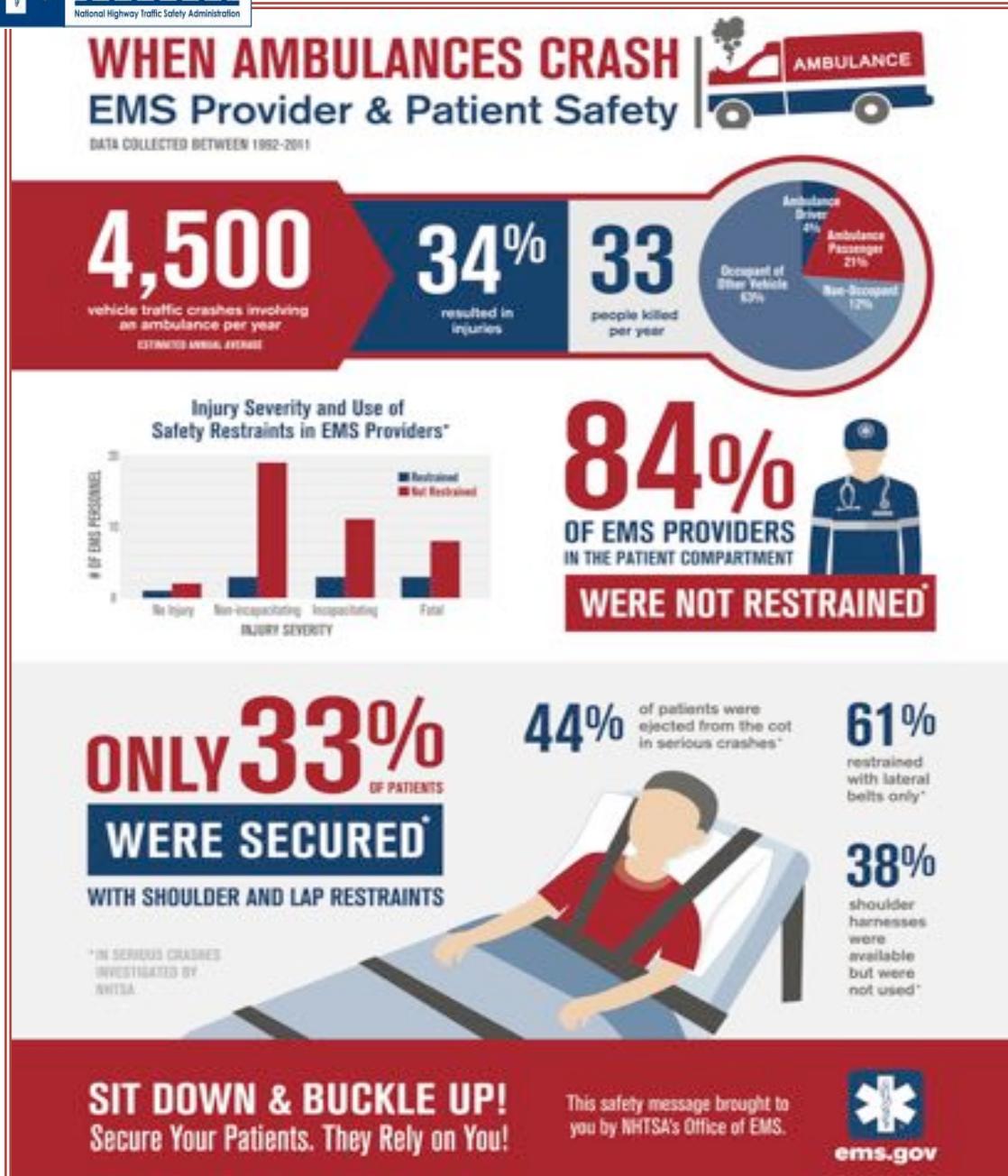
### Code Blue Grants

Phase	Project Totals	Local Funding	State Funding	USDA-RD Funding	Rasmuson Foundation	Denali Commission
Phase 10	477,025	105,891	61,525	309,609	0	0
Phase 11	143,775	54,405	49,570	39,800	0	0
Phase 12	21,875	2,188	7,238	14,386	0	0
Phase 13	97,000	9,700	44,160	43,140	0	0
<b>Totals</b>	<b>\$739,675</b>	<b>\$172,184</b>	<b>\$162,493</b>	<b>\$406,935</b>	<b>\$0</b>	<b>\$0</b>

# Alaska EMS is committed to a Safe EMS Workplace. **Keep “BSI-Scene Safe” First!**



## National Data on EMS and Ambulance Crashes



*Let evidence drive your practices. Let your practices keep you safe. We need YOU!*



This publication is a project to educate all Alaskans and emergency responders in attributes of Alaska's EMS system, produced in-office and in limited printed copies by the Department of Health and Social Services. Its intended use is .pdf format on the EMS webpage. Any printing of this document is estimated to be a cost of less than \$.95 per photocopy. Printed in Juneau, Alaska. Additional copies can be accessed in electronic form via the State of Alaska Department of Health and Social Services, Division of Public Health, Section of Emergency Programs – Emergency Medical Services website.

This cost block is required by AS 44.99.210.

<http://dhss.alaska.gov/dph/Emergency/Pages/default.aspx>

