

ALASKA COUNCIL ON EMERGENCY MEDICAL SERVICES MINUTES
September 23, 2004

Call to Order:

Chair Barb Simonsen called the fall meeting of the Alaska Council on Emergency Medical Services to order. Barb introduced the newly-appointed ACEMS members: John Dickens from Bethel is filling the Pre-hospital Emergency Provider position; Ron Bowers from Dillingham is filling the Consumer position.

Welcome and Introductions:

ACEMS Members in Attendance:

Barb L. Simonsen, RN, Chair
David Hull, MICP
Dorothy Jones
Ken Brown, MD
Steven D. O'Connor, MICP
John Dickens, EMT-I
Donald G. Hudson, DO
Ron Bowers, EMT-III
Charles Lean, EMT-I

State Section of Community Health and EMS Staff in Attendance:

Kathy McLeron, EMS Unit Manager
Martha Moore, Public Health Specialist
Doreen Risley, Public Health Specialist
Shelley K. Owens, Health Program Manager
Sumer Todd-Harding, Administrative Clerk
Deborah Jilly, Acting Chief of CHEMS

EMS Regional Staff in Attendance:

Ronni Sullivan, Executive Director, Southern Region EMS Council, Inc.
Bobbi Leichty, Executive Director, Southeast Region EMS Council, Inc.
Dan Johnson, Executive Director, Interior Region EMS Council, Inc.
Tom Fazzini, Emergency Services Director, YKHC Region
Aggie Lie, EMS Director, Maniilaq EMS
Dave Potashnick, EMS Regional Coordinator, North Slope Borough Fire Department
Mike Owens, EMS Director, Norton Sound Health Corporation
Mike Motti, EMS Coordinator, South East Regional Health Corporation EMS
Terry Stone, EMS Coordinator, Kodiak Area Native Association
Skip Richards, EMS Coordinator, Chugachmiut Corporation
Susan Hecks, EMS Coordinator, Kenai Peninsula
Teresa Seybert, EMS Sub-Area Coordinator, Bristol Bay Area Health Corporation

Liaison Representative Members in Attendance:

Frank Sacco, MD, Alaska Native Medical Center and American College of Surgeons
Ken Zafren, MD, State EMS Medical Director

Barb reminded members of the ethics reporting responsibility. For subjects in which members are personally or financially involved, they should make it known to the Council, and not participate in the vote on the subjects.

Approval of Minutes

Corrections:

Page 4: EMS for Children – Change “ACLS” to “ATLS”

Page 6: ALMR report – change “bay” station to “base” station

Page 8, appointments – Dave’s appointment on the Bylaws Committee was renewed. Check to make sure Charlie’s appointment was renewed as well.

MOTION: To adopt the minutes from the April 22 and 23, 2004 meeting with the above changes made

ACTION: Passed

Approval of Agenda

MOTION: To adopt the agenda for the September 23 and 24, 2004 meeting as presented.

ACTION: Passed

REPORTS FROM COMMITTEES, TASK FORCES, AND WORKING GROUPS

Chair’s Report (Barb Simonsen)

We sent letters to Dr. Mandsager, welcoming him as new Director of Division of Public Health, and to Governor Murkowski, thanking him for attending our meeting and listing subjects of concern to ACEMS. We also sent letters to Steve O’Connor, thanking him for his many years of participation and leadership on the Training Committee and to Joe Quicquel for his presentation on the Alaska Land Mobile Radio project. I emailed Pat Carr expressing ACEMS interest in having a member serve on the Frontier Extended Stay project.

Washington State declined the request of Blue Cross/Blue Shield to convert to a for-profit organization, and Alaska is going to follow suit. Ronni will follow up with Deborah Jilly to include an EMS representative on the Violent Death Reporting System

ACEMS Liaison Member Reports:

Dr. Frank Sacco (AK Area Native Health Service and American College of Surgeons):

ANMC is putting on three ATLS courses a year and Harborview is dedicated to doing one course a year in Southeast Alaska. State training needs are six courses a year, which could be met if we could do classes in Fairbanks and Anchorage. The new course will be taught at ANMC in November if materials come in time. TEAM (Trauma Evaluation and Management) is a one-day multi-disciplinary course developed by the Subcommittee on Rural Trauma. The course goes to a rural hospital, which puts together a team of doctors, nurses, and/or pre-hospital people – the actual staff that would be taking care of the trauma. The team runs through four trauma scenarios within their own facility. It was piloted in West Virginia and Wyoming and has been very well received. We have enough grant money to provide 1 course – tribal facilities and Soldotna may be interested. It isn’t intended to replace ATLS.

The College of Surgeons has been looking at its standards, trying to take into account local circumstances, especially level III hospitals where there might only be two surgeons. All potential level III hospitals in Alaska could qualify. There is a national problem with subspecialty availability, specifically neurosurgery in Anchorage. Legislation to reward hospitals and providers who work in hospitals that are designated as trauma centers would help. We need to identify a legislator and get support from other stakeholders to introduce an incentive to pursue trauma center designation. Level IV facilities are trauma/stabilization, they don’t have surgery available. Providers have to have adequate CME and ATLS certified, and have to have program to evaluate themselves.

Head injury guidelines were published in the last issue of Alaska Medicine. We’ll be looking at our trauma registries over the next year or two for impact. We’re looking at a state burn plan, evaluating our capabilities, facilities, transfers and how to decide priorities for handling a large incident. We want representation from ACEMS. Let him or Doreen know if you are interested.

Terry Smith (Division of Emergency Services):

Terry was unable to attend; however, he submitted a written report which was distributed.

Legislative Report: (Martha Moore and Shelley Owens)

Pending bills have been posted on the CHEMS website. Injury prevention has done pretty well, except for the Seatbelt Violation as Primary Offense bill. It will be introduced again, and we'll see it within the next two years. The Boating Safety Sunset was extended for 5 years. The Provisional Drivers License bill passed.

EMS Program Report: (Kathy McLeron)

The Training Committee updated training materials based on the 2002 regulation changes, including EMT II and III curricula and instructor materials and forms. National Registry is evaluating computer adaptive testing at both basic and paramedic levels and will roll out January 1, 2006. They are looking for a vendor to address the rural issues. Until we come up with a solution, we won't change our regulations to make it mandatory. Colorado has had problems with its certification process, certifying people who failed and not certifying people who passed. Others were certified at the wrong level. They hired outside auditors to critique the system, and made reports available to other states. We will be evaluating our system to see if we have room for error. DHSS is seeking a federal background check grant. EMS is the only program with voluntary self reporting.

SEREMS and CHEMS developed Cold Injuries Guidelines which are now available on our website. Current projects include a minor rewrite of the Guidelines for clarification purposes; revising the practical exam pamphlets; and working with the bioterrorism preparedness program. We are planning a regulations project to update the medevac regulations and make revisions to the 2002 regulations in areas that are problematic or overlooked during the first change. The medevac education course manual is close to being finalized and is in the Department's publications process. The Mass Casualty Response Plan, now called Disaster Response in Alaska, is still in draft form.

Larry Bussone and Judy Skagerberg were transferred to the Department of Administration, shortly after that, Larry retired. Kim Busch from Primary Care has retired as well. It is unclear as to whether or not Mark's job will be filled. Deborah Jilly is Acting Section Chief. National recruitment for the State Training Coordinator position is underway.

Continuing Rural AED Program – we are receiving \$164,208 with which we think we can purchase 95 AEDs and trainers. We are in year two of a three-year grant and will reapply next year. The Rural AED site on the CHEMS website has more information and listserv subscription. In mid-October we will prioritize placement locations, based on need at each location. Each partnership will receive at least one. We haven't been receiving all of the regional reports. Quarterly reports should be sent by email. The grant doesn't specify sending quarterly reports by email. This should be changed.

Regional EMS Directors/Coordinators: (Sue Hecks)

One of the impacts of the ALMR program in rural Alaska is that Code Blue-funded communications equipment is required to be ALMR compatible, even though ALMR isn't going to impact rural Alaska. Dan Johnson reported on the Public Health Hospital Advisory Committee – it was good to see both Public Health and EMS at the same table.

RD&C is considering doing an assessment of EMS volunteer recruitment and retention through a survey of regional directors and sub-area coordinators to find out if there are systems that are suffering a crisis in retaining volunteers. The goal is to develop a database of recruitment and retention programs for shared resources. Statewide recruitment is a possibility. Barb suggested that if the data included number of personnel lost versus retained and the State's needs for EMS personnel, the information could be taken to the Primary Care Council, which she serves on. They have funding that could be used to address recruitment. We need to keep the survey simple enough so that we will get enough responses. Three years is a good length of time to sample.

RD&C discussed whether paramedics or EMT IIIs should be allowed to administer vaccinations in emergency situations. There are a few ways to address this: the state could change the regulations on EMT scope of practice, or an instructor could create an emergency vaccination class. The issue lies with the State Medical Board and the belief that EMS providers should not be practicing primary care medicine. Public Health Nursing is interested in helping us in this situation. Kathy Miller is our contact. They would like EMTs/Paramedics to be able to give flu shots.

ACEMS Public Information/Education Committee: (Skip Richards)

We need data about AED use to justify placing the machines. One idea is to print a wallet-sized card with instructions on using an AED on one side and who to report AED use to on the other side. Regional offices have training money that could be used to print the cards. PI&E proposes to circulate a recruitment and retention survey at the State EMS Symposium. Tom Fazzini has offered to collate the data.

MOTION: To authorize the PI&E Committee to circulate a survey at the State and Regional symposia.

ACTION: Passed

Alaska EMS For Children Program: (Doreen Risley)

There is currently a contract with Southern Region to provide PALS, ENPC, and JumpSTART triage training for the AK-1 DMAT. The EMS-C grant will provide funding for Dr. Arthur Cooper, a pediatric trauma surgeon from NYC, to speak at Symposium. There is a pediatric disaster exercise tentatively scheduled for Anchorage on October 14. The exercise is with the hospital to help them fulfill a ICAHO requirement. We are trying to get Dr. David Markenson from NYC to help with evaluation of the exercise but he is not available until the end of the month, so we are looking at moving the date. Alaska has a supplemental grant for the Pacific Region EMSC Partnership (PREP) Symposium, which will be January 13 and 14 in Seattle. The group is made up of Alaska, California, Hawaii, Oregon, Washington, and Guam. The major focus of the meeting will be on data collection and performance measures.

State EMS Symposium Update: (Doreen Risley)

Symposium will be held November 3-6 at the Anchorage Hilton. Doreen described the courses and schedule.

Poison Control Center Funding Update: (Doreen Risley)

There is a funding shortage of \$70,000 this year. \$35,000 will come from Injury Prevention, and \$35,000 from EMS general funds. There will be a three-year contract, with funding allotted for 1 year only. Deborah Jilly is discussing this today at the State Public Health Section Chiefs meeting. The hope is to get the State to pay without using EMS or Injury Prevention funds. We contract with Oregon because they provide a great service and are cheaper than other centers since they use nurses instead of pharmacists. We will circulate statistics: 9000 calls/year, 7000 true exposure calls, \$25 per call. The Alaska Injury Prevention program gets all the data.

Trauma-EMS System Program: (Doreen Risley)

We currently have two sources of funding for trauma-EMS systems. We have \$40,000 from HRSA and some money from the Hospital Bioterrorism Preparedness program. The money will be used for ATLS courses and instructor training; development of a burn plan for the state; burn care course; money for the state and regional symposia; and other trauma related activities. We are working with Alaska Regional and Providence to have an ATLS course, possibly in June.

ACEMS Membership Issues:

A discussion was held about ACEMS membership. Steve, Ken, and Dorothy's terms are expiring. Dan Cox has resigned and Dorothy is not seeking reappointment. The Office of Boards and Commissions has said the Governor's policy is to make new appointments rather than reappointments but ACEMS will request that he reconsider. ACEMS is an apolitical group and it takes time and cohesiveness to understand how to benefit the state as a whole. This isn't the best time for ACEMS to lose current members due to the departure of Mark and Matt. Losing these members means a loss of a valuable resource of ACEMS history and knowledge. There is

concern about maintaining the geographical diversity of the Council. No one on ACEMS serves for personal or financial gain. There will be a total of 4 positions open. Barb will ask the Governor to reappoint Steve and Ken.

REGIONAL EMS REPORTS:

Interior Region EMS, Dan Johnson (www.iremsc.org)

Last year we trained 2500 people in various forms of BLS; ETT courses are being held in high schools; and we are providing specialty training for nurses and physicians in BTLS, ALS, Pediatric Advanced Life Support, PEP courses, etc. We have a video library for continuing education. The IREMS Symposium will be held the first weekend in April.

We coordinate standing orders for the region for use by EMS squads in Fairbanks North Star Borough, all of which are at the EMT II level or above. All Borough medical directors have signed off on them. Code Blue is a major point of effort and very satisfying success. We're in phase 4 and starting an assessment for phase 5. It has made a huge impact on the ability of our services to stabilize in terms of solid critical equipment and has had a significant impact on morale and retention of providers. There is now a paramedic training program at UAF - students graduate this spring.

We are making sure that all new communications equipment is compatible with new LAN system. We should have some areas functioning on this system by the next time we meet. We lost three helicopters from the Ft. Wainwright post. Civilian coordinators for the Army's MAST helicopter mission that runs out of the 68th medical detachment deployed part of their detachment to Afghanistan about six months ago. Also, about two months ago, the helicopter hanger burned down and the helicopters were the only things saved. All equipment Interior Region bought for them was lost. We are working with the Code Blue committee to replace essential equipment but are not sure how it will impact long term viability; the hangar replacement will be costly. State funding has been flat for several years, and activities are being eroded due to budget cuts. We are starting to reduce support staff, and while we can maintain core activities, other activities, including testing won't be as available as conveniently as in the past.

Southeast Region EMS: Bobbi Leichty (www.serems.org)

SREMSC changed its bylaws so that the 27-member board will meet once a year in April during Symposium, and the fall meeting is for the executive committee. Continuing education is delivered to every bush/rural community in Southeast twice a month for free, using SEARHC's AFCAN monitors. Once this system gets off the ground, they will be talking to the University of Alaska to establish a program using their broadcasting system.

Guardian Flight established an air medical base in Sitka this summer and we now have four services: Capital City Fire & Rescue (helicopter); SEARHC (Chieftain and Beaver); Airlift Northwest (jet); and now Guardian. We are 1.5 years into our data collection project; Rob Janick has collected five years of cardiac arrest data from Southeast Alaska. We hope to have the data available by Symposium. We are entering every run sheet in Southeast, except for Juneau, Sitka, and Ketchikan, since they are already using computer entry. Juneau's data system crashed and they lost all data for past 6 years. Juneau received a \$600,000 grant to develop a Metropolitan Medical Response System Plan for Southeast. We have to convince Anchorage and Fairbanks that it will take longer than 24 hours to get resources from Anchorage to POW or even Sitka. There are rumors of a paramedic class in Juneau. They're talking to Capital City Fire/Rescue; students from Sitka could attend.

Our staff of 7 is stable. We have a new data collection position, and a student intern on her way to medical school. Symposium is April 8th & 9th. We need to put more of our resources towards development and maintenance of the Physician sponsors and are planning a medical director workshop April 7th at pre-symposium. We continue involvement in the Code Blue steering committee. The collaborative experience has been unique, allowing different communities to discuss their experiences and needs. 1.6 million has been spent, 1.2 million to spend. One-third of staff time is spent on Code Blue, without provision in our operating budget for administration of the program. Please look at the operating budget grant in our quarterly reports: \$352,000 pays for the building and employees only. Utilities and other programs have to be funded from other sources.

Icy Straits has opened to tourist excursions in Hoonah, where the local EMS team of 7 or 8 is concerned about coverage of 2,800 people a day, which includes bear watching. We made a visit three days before opening. Health considerations included 18 port-a-potties with only one sink to wash hands. The first day, local EMS had three runs and two transports to the airport. The ferry Le Conte ran around on the rocks. 86 people were offloaded and 8 people went missing because of private crafts taking individuals away from the scene. Last fall, 90 people were sick with infectious diarrhea on a cruise ship. The cruise ship didn't notify anyone because they were 2 people under the percentage required to report to the CDC. They called in local buses, and sent them on AK Airlines to Seattle without notifying the airlines. The SEREMS Board passed a resolution calling for notification of any cases of infectious disease/illness coming off the ships. Ships' agents are the ones we must arrange with – they have put EMS at risk many times.

Southern Region EMS, Ronni Sullivan (www.sremsc.org)

We certified 85 exams since January 1st and taught 2 instructor classes for EMT I/II/III. There are 25 new instructors in the state. We've been busy with Rural AED project, and would like to see some of the money put towards training. We've been busy with Symposium planning but the largest energy went towards Code Blue. We are working on phases 1-5 concurrently. There are up to six funding agencies for each phase that don't match. The project is complex and uses a lot of resources, but is worth the staff time. We were just notified that they will be getting \$136,000 from USDA for phase 4, \$47,000 from Denali Commission. We are spending as money is available and writing specifications for new ambulances. Four patient transport vehicles have been ordered from phases 2 and 3. We're having a problem with delivery: they missed the last barge for the season and three will sit in Idaho until spring.

Troy Dolge couldn't join us due to meeting date changes. Copper River EMS sub-area is funded by Southern Region grant funds and any revenue they raise from transporting patients throughout Copper River, which includes a large road system, isolated areas, long transports, and bad wrecks. Medicare recently began to deny claims from them because they deliver patients to Crossroad Medical Center, which is a clinic, and not a hospital. Service has suddenly been denied claims, and when they called about it, Medicare stated they found out that the EMS staff was delivering people to a clinic, so they were going to go back through records for last 4 years and make EMS repay all this money - \$2,000 in back cash was required to even talk to Medicare. This battle has been fought before, and an exception was made for Unalaska. As long as there is a road system that connects to a hospital, patients are required to be delivered there. It won't take long for this to bankrupt the EMS providers. Currently, the medical center is 4 hours away from Copper River, and to require the ambulances to go to Anchorage would add another 3 hours. Critical patients are airlifted out – this issue is for lesser situations. Please let Ronni know if any other instances of this problem are found.

Dan Johnson, Bobbi Leichty and Ronni Sullivan met with Dr. Mandsager to talk about the fragile status of CHEMS from a non-state employee perspective. They had good responses from the Director. Rent is up \$500 a month, and health insurance is going up 22% this year. There is just enough money to pay staff, mini-grants, and sub-area contracts out of the Southern Region budget – the rest has to be covered by project income.

North Slope Borough EMS, Dave Potashnick

Courses taught include CPR, First Aid, ETT, and EMT I/II/III instructor courses for medevac. The college ran a health sciences camp to give high school students knowledge about health related fields. Code Blue phase 3 is done and phase 4 is underway. We have worked through standing orders/protocols. The medevac service is on its third set of consultants. NSB sold 2 helicopters and is looking at a new helicopter to replace them and talking about replacing the Lear jet.

There were 1000 Barrow calls and 2000 total calls. The ambulance service is overtaxed. A number of calls could go by other forms of transportation. Public education is required. The clinics call the ambulance to take people home. We have difficulty maintaining staff. We had 300 medevacs for a population of 7500 people, not including visitors. There isn't much impact from out-of-towners, and the only visitor calls are rescue/medevac calls looking for missing people.

Norton Sound EMS, Mike Owens

Training is ongoing with EMT/ETT classes. Classes continue to be held in schools. There is no success with classroom ETT programs but CPR and First Aid classes are well received. Training of Health Aides continues. Most are certified at the EMT II level. Maintaining the certifications is a significant workload, but it's a commitment that Dr. O'Neill and the Health Corporation has made. Hospital staff and mid-level training is ongoing for both ACLS and PALS. Airway and medevac classes were done this fall - 32 hours vs. 16 hrs. An advanced medevac course could be looked at to cover the additional 16 hours; well presented course, good information, based on DOT curriculum. Skills covered included chest tubes, etc. not necessary in standard course.

An RFP went out for air ambulance service for their system. There were 4 responses, of which one offered full service. Response numbers have been holding between steady to 1% increase. Last year was all-time high at 299. The Code Blue project is time consuming. We're working on phase 3, phase 4 has reservation of funds. There is a need for communications within the community and we are looking for funds to replace existing system. We want to develop 3 sites, which was requested in phase 1 and was approved. When they went to digital which was ALMR compatible, the required funding was four times more than what was approved. Nome Police Department will be upgrading their dispatch center; the RFP has already gone out. They will be changing out their radios and handhelds in cars and ambulances as well. That's as far out as the Code Blue funds will extend. The sites that are to be developed have to be compatible with ALMR, but the Police Department radios don't have to be. Since our last meeting, new numbers came out from USDA – what they will match. Some communities remained unchanged, some went up, some went down. Outlying villages stayed at 75% match. Nome match went from 75% to 15% match. Price for an ambulance went from \$10,000 to \$100,000. We challenged the finding and presented it to the city manager. A new survey was done and the community went up from 15% to 55%. It was originally based on census, household income, employment, etc.

Yukon-Kuskokwim Health Corporation EMS, Tom Fazzini

Training is the central focus of the department and it couldn't be done without great staff. Since April, we conducted 52 classes, and trained 496 people. New employee orientation has added a component for Injury prevention and EMS so all new people get trained in basic life safety to what the dept. has to offer. We are currently fully staffed, with Teresa Marcum filling the position of injury control training specialist. ETT instructor class is coming up. We haven't been very successful establishing first responder teams within the villages outside of the health aides. The only place they are successful is in Hooper Bay and Aniak – they have good leadership. The main problem is getting people to stop working for a week to take the course. For Code Blue we finished phase 2, are purchasing for phase 3, and phase 4 is in process. We had a big success in presenting and passing a bicycle helmet ordinance in Bethel. Helmet use has gone up 14% since enactment without any enforcement. Police provided incentive coupons, and kept helmets in the trunks of their cars.

RECESS:

The meeting recessed until September 24, 2004.

ALASKA COUNCIL ON EMERGENCY MEDICAL SERVICES MINUTES

September 24, 2004

Call to Order:

Barb called meeting to order at 9:10am

Maniilaq EMS, Aggie Lie

Medevacs increased from 186 to 280 expected by end of year. The reason for increase is the dedicated service and the doctors are making better decisions – dependable and faster. We have continued training, and want to start ETT classes in schools. For the Code Blue project we closed out phase 1, phases 2 and 3 will be closed out soon, and phase 4 papers are getting signed. There is a class going on in Buckland requesting more ETT classes in the villages. We are developing a Powerpoint presentation on survival, not completed yet.

REPORTS FROM COMMITTEES, TASK FORCES, AND WORKING GROUPS (Continued)

EMS Medical Director's Report, Ken Zafren

He has been working on expanded scope requests. Rapid sequence intubation is a controversial area, reserved for paramedics at this point. Even then, evidence isn't strong on whether paramedic rapid sequence intubation is a good thing. There is research going on in other parts of the country, however it won't be able to address some of our problems in rural areas. Ken discussed various medication requests. Most expanded scope applications contain reasonable or common requests, where the providers are told to go ahead and do it. Some services are trying to have the IIIs practice at one level above – okay in most instances, but there are some areas where it isn't appropriate, specifically rapid sequence intubation. The Cold Injuries Guidelines are still controversial. Kathy McLeron has circulated a draft. There will be no major changes in the main recommendations, but an updated version will be available for download in the next few months.

A discussion took place about the training and certification requirements for EMT levels. Kathy mentioned that in a survey of 33 states, only Alaska didn't require a clinical or internship component in its EMT II and III training. Barb commented that our goal should be that our EMTs are more educated and better informed than any other state, so that they can deal with our unique demographic issues. Charlie believes the incremental levels of training are a huge morale booster for EMT retention. Kathy wants data – how often people are using expanded scope tools they have asked for? Is it worth the time and money spent maintaining these credentials? There is no evidence that responders are actually using their skills during calls. Ken Brown commented that RSI is not always necessary, is a very dangerous procedure, and is only for the non-rush patients.

CHEMS Section Report, Deborah Jilly, Acting Section Chief

It has been over a year since the Injury Prevention program merged into CHEMS. Matt is working with us to finish outstanding projects, and will be with us through November. Mark is working with injury prevention and EMS at the national level. There is still some indecision on whether CHEMS will continue as a section. EMS funding is okay – no big cuts. Injury Prevention is looking stable, but we still have the issue of the poison control money. It is inappropriate for it to come out of federal funding meant for other programs. Letters to Commissioner and Governor was simply asking to retain the service, which has been granted. We want to see stable secure funding for this long term. Eventually the state will be looking at the public health statutes. Please look at your section and provide our office with feedback on any changes you would like. We might want to make changes through regulations instead of statutes, but please send any comments to Kathy.

The Alaska Public Health Training Network is offering a course on forensic epidemiology. With bioterrorism, there are both a criminal and an epidemiological investigation. EMS will be included in a two-day forum and she will go as the principal investigator for both the Alaska Fatality Assessment and Control Evaluation program and the Alaska Violent Death Reporting System.

The Regional offices have been successful in projects like Code Blue, but they lack funding to pay for supplies or utilities. Dr. Mandsager is extremely supportive of EMS and its activities. It appears that CHEMS will not suffer any more cuts, and will likely retain its status as a Section. His support was demonstrated when the Section of Maternal, Child, and Family Health was brought back to the Division.

ACEMS Trauma System Review Committee, Doreen Risley and Martha Moore
Dr. Sacco covered this yesterday.

ACEMS Trauma Center Incentive Committee, Barb Simonsen
Barb met with the Governor and Dennis DeWitt and is meeting with key legislators on the draft bill which Mark helped write. It would add a sub-section to AS18.08.086 to cap civil damages at \$500,000 for designated trauma centers. The Governor supports the bill, but he doesn't want to sponsor it. We need to get someone to introduce the bill. We don't want this interpreted as tort reform – it is an incentive for hospitals to be the best and to meet national standards. Barb will continue to work with Frank Sacco on this.

MOTION: (Don/John) That ACEMS continue to pursue the trauma center incentive bill and work with the legislature to introduce it on the floor.

ACTION: Passed

NEW BUSINESS:

Recommendations to Staff

- Copper River Medicare billing problems – Kathy and Deborah will pursue with Commissioner
- Infectious Diseases on Cruise Ships – Deborah will talk with Epidemiology and also discuss cleaning/disinfecting procedures (Green Sheets for the Cruise Ships). We are working to control the spread of disease through all points of contact, such as new regulations for any large group of people coming in to Alaska – i.e. fish processing sites. Public education in all ports-of-call on cleaning and disinfecting. Deborah will talk with Beth Funk of State Epidemiology and Dr. Jilly with State Laboratories
- Poison Control funding – Deborah is working on this. We want to see stable future funding.
- Alaska Municipal League has commissioned a survey of city and community offices. Results showed money is a problem. Offices are shutting down all over state. Concerns about safety of EMS providers with loss of police service. Change of revenue sharing has directly impacted EMS all over state.

Update on Infectious Diseases on Cruise Ships, Deborah Jilly, CHEMS Acting Section Chief

Federal Regulation (42 CFR 71.21 Public Health) requires that all ships arriving at U.S. ports, carrying 13 or more passengers report any case of diarrhea (of 24 hours of greater duration) or communicable illness to the port captain or medical personnel. They must notify CDC if there are 3% or more of any combination of passengers and crew with diarrhea. If the ships stay in international waters (200 miles out), they do not have to report. Any local jurisdiction, such as a health department, can initiate an investigation. Reports are not going to the correct place – communication is not making it to medical personnel. Bobbi believes that they are only notifying the cruise ship agency. Are there any penalties or statutes for violations? Each community should identify the person who should be notified and who could initiate an investigation. The importance of EMS personnel and other emergency staff protecting themselves should be stressed.

Member Status:

- Dave Hull was reappointed (Prehospital Provider)
- Dan Cox resigned (Prehospital Provider)
- New members Ron Bowers (Consumer) and John Dickens (Prehospital Provider – Non-highway)
- Dr. Ken Brown is willing to be reappointed (Emergency Physician)
- Dorothy Jones does not seek reappointment (Consumer)
- Steve O'Connor is willing to stay on until replaced (he will no longer qualify for Administrator position after July 1st) and would accept appointment as a Consumer.

MOTION: (Don/Ken) To recommend Steve for Dorothy's Consumer position.

ACTION: Passed.

MOTION: (Dave/Charlie) To recommend retention of Ken.

ACTION: Passed.

Appointments to Task Forces and Committees, Barb Simonsen

- Bylaws: Don has served his maximum 2 terms. John is appointed.
- Medevac: Ron and John are appointed.
- PI&E – John is appointed.
- Prevention – Ron is appointed.

MOTION: (John) To place Planning Committee on inactive status, and reevaluate at fall meeting. The Executive Committee could reactivate it.

ACTION: Passed

Role of ACEMS Members, Barb Simonsen

Ethical issues: ACEMS members are here to do the business of EMS for the State. If you have a personal or financial stake in any subject brought up, you should recuse yourself. You cannot use your ACEMS credentials for personal correspondence unless approved by the Council. Members are here to act as champions for EMS staff statewide, and to help provide staff with the essential EMS equipment they need to get the job done.

ACEMS reminds the regional offices that there is a bigger picture that the State is dealing with. We are able to make recommendations to key people in government and we are able to come from the perspective of not being a state office. ACEMS has come a long way in opening communication lines between different offices.

ACEMS Award Recipient Selection Process, Dorothy Jones

On behalf of the Governor, we give out awards every year in many different categories. We need to take care with the process of selection so that we are not bringing historical and personal issues into the process. The new application form adds spaces to indicate which award applicant is applying for. The form can now be filled in online as well. There are now bulleted descriptions of each award, so that the nominator and the evaluator can review the bullet points for reference when filling out the application. We can be more consistent in our evaluation if we use the bullets as our guidelines. Don has a screening document that lists objective criteria for evaluation, including a checklist and system for rating each level with a 1 to 4 value. The values give evaluators a way to grade an application, simplifying the selection process. If you have any additions to the bullets under each award, let the selection committee know. Don is looking for comments/feedback. He will email the forms to the ACEMS members. This afternoon's executive session is a perfect pilot process to test the screening documents and an opportunity to generate feedback.

MOTION: To accept screening document. (Steve/John)

ACTION: Passed.

MOTION: To pilot test the form in this afternoon's executive session. (Steve/John)

ACTION: Passed.

MOTION: To pilot test the general form in this afternoon's executive session. (Steve/John)

ACTION: Passed.

ADDITIONAL ACTION ITEMS

1. To write a letter to Dan Cox in appreciation of his efforts. (Steve/John) Passed
2. To send a thank you note to Deborah Jilly to include "you are a strong advocate for keeping us a section and getting poison control funding". (Steve/John) Passed

3. Dr. Sacco needs volunteers for inventorying resources and capabilities. Will require lots of legwork. Data will be valuable for any preparedness system. Four major burns would challenge the Anchorage system, 13 major burns would shut it down. Dr. Copass should be involved.
4. To write an official thank you to Larry Bussone. (Dave/Steve) Passed
5. To write letters to both Mark and Matt in appreciation of their contributions. (Ken/Ron) Passed.
6. To write a letter to Kim Busch. (Dave/Steve) seconds, Passed. Kathy and Shelley will email Barb bullets to include.
7. To write a letter to the Alaska Municipal League for statistics as to how the budget issues have affected EMS. Sue suggests we include all aspects of Alaska Municipal League instead of just EMS. (Ron/Dave) Passed. Ron will write the letter and Barb will sign.
8. To write a letter directly to the Governor with the Office of Boards and Commissions copied, recommending reappointing our senior members. (Ron/Dave) Passed
9. Consensus: Deborah Jilly will talk to EPI regarding infectious diseases.
10. To write a letter to the Governor and DHSS Commissioner thanking them for finding money for poison control. (Don/Ron) Passed

NEXT AGENDA:

1. We will refrain from writing a letter about the Copper River Medicare billing issue at this point. If the need comes up before the next meeting, an Executive Committee teleconference will address it.
2. Firefighters and police have 20-year retirements. Career EMS staff have 30 years. We would like a revision to the statute to include EMS staff in the 20-year system, or at least to allow EMS providers to buy the last 10 years of their 30-year plan, like dispatchers currently do. Dave will get clarifying information. This effort benefits recruitment and retention. It would only apply to EMTs in the PERS system.
3. Paramedics are licensed by the State Medical board within the Dept. of Commerce and Economic Development. They are having problems getting their licenses through the State Medical Board. Even temporary licenses are taking months to get. Can we help expedite the licensing process? Suggestions included adding a paramedic to the board and sending a letter to the Executive Director.

Select dates for next meeting:

MOTION: April 21 & 22, Steve moves, Ken seconds,

ACTION: Passed.

Adjournment to Executive Session

Barb adjourns at 3:40 for Executive Session to select the ACEMS Award Recipients.