

RESPONSE

Time

"Your Voice for EMS in North Dakota"

Volume 43 □ Issue 2 □ Spring 2021



**The 45th Annual
Conference Wrap Up (pg. 6)**

**Emergency Medical
Services-Past and Future (pg. 10)**

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RESPONSE TIME Submission Policy

The ND EMS Association is pleased to accept submissions for Response Time. Submissions should be reasonable in length due to space considerations. In order to ensure the quality of our publication, editing of grammar, spelling, punctuation, and content may occur. Articles, photos, and advertising should be submitted in electronic form.

To submit, please email NDEMSA at: ndemsaoffice@ndemsao.org

The deadline for the winter issue is

January 6th, 2022

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United Printing 701.223.0505

NDEMSA Membership 1,750

Response Time Circulation 2,100

Response Time is published quarterly by
United Printing

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FROM THE PRESIDENT

Greetings NDEMSA Members,

I know it has been sometime that I had submitted an article into the Response Times. However, I feel now is the appropriate time to do so as I have plenty to discuss. So let's get right into it.

EMS Week

May 16th through the 22nd as we all know was ND EMS Week. I for one know there was a lot of activities taking place throughout the week all over the state. I know this due to the amount of awesome social media coverage of different events, and the amount of PR events I attended. I had made a post on the 16th of May wishing everyone a happy EMS week and I can say with certainty, ND EMS did not disappoint! I was witness to many ND EMS persons enjoying their week performing many different activities with their prospective services. I also saw ND EMS continue the mission of taking care of patients and making a difference to those in need. For this I applaud all of you.

Upcoming Items to keep in mind:

1. The NDEMSA Board Meeting is on June 16th at the Division on Emergency Medical Systems in Bismarck
2. NDEMSA Annual Conference and Tradeshow, 2022 Call for Presenters Due June 23rd, 2021
3. 3rd Annual Tom Nehring Fishing Tournament August 6-7, 2021 Registration is open.
4. ND EMS Foundation Scholarship Applications are Due, November 1st, 2021

Please check the NDEMSA website for additional items of interest!

Finally, I will say very briefly, we seem to be getting some control of the COVID -19 Pandemic. We are consistently seeing a drop in numbers. I attribute this to ALL of the cautions made in all fields of medicine to include support services, EMS, hospital staff, providers, and of course the vaccinations available. Without this "system" in place nationwide, this pandemic could have been much worse than it already was. I will caution to continue to remain vigilant to your now common place tasks and continue to wear your masks when with patients. Wash those hands, and wear the rest of that provided PPE. If you haven't gotten a vaccine, do so.

I hope you all have a tremendous and SAFE Summer.

Regards,

Kelly Dollinger

Kelly Dollinger
NDEMSA – President
#ndemsproud



**GRAND PRIZE:
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**3rd Annual ND EMS Foundation
Tom Nehring Memorial
Fishing Tournament
August 6-7, 2021**

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RESPONSE TIME Spring 2021

AIRMED SAFETY

Reed Groth

AirMed 5 flight request from Watford City, ND to Sanford Fargo Covid unit

AirMed 4 flight request from Langdon, ND to Sanford Fargo Covid unit

AirMed 3 flight request Linton, ND to Sanford Fargo Covid unit

The list continues on and on. The Sanford AirMed in North Dakota has seen record months during September, October and November 2020 with flights over North Dakota. The request frequency is so high that I hear our dispatch communication center tones in my sleep. Covid is an obvious key factor in the uptick of flight requests. North to south, east to west, up and down - Sanford AirMed, along with all first responders, have been busy. Going and landing in locations that we have never been before. Meeting new people daily throughout the state. New experiences for many.

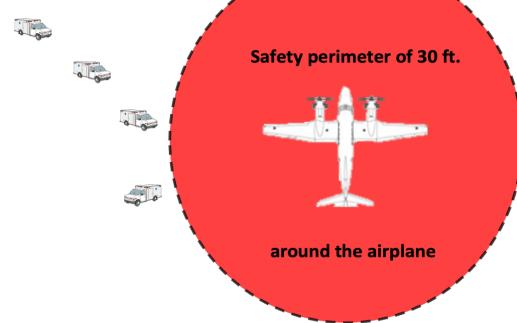
With that in mind I would like to take a minute to talk Airport safety.

- **ALWAYS** approach the airplane on the door (left) side
- **FOLLOW** the directions provided by the AirMed team when assisting with loading/unloading of patients and equipment
- **PLEASE** remove the mattress pad off of your stretcher prior to loading the patient

NO SMOKING NEAR THE AIRCRAFT

- **ALWAYS** use a spotter when backing up to the airplane
- **DO NOT** park any vehicle within 30 feet of the airplane
- **DO NOT** walk around the front of the wings, near the propellers
- **DO NOT** drive under the tail of the airplane

Working together, the local emergency services and Sanford AirMed make up a team that saves lives. This teamwork gives our patients chances they would not otherwise have. The final step to safety and our teamwork would be that the local ambulance stay on site until AirMed lifts off, in case there are some unforeseen problems. Our teams working together saves lives.



June Rural EMS Counts Townhall introduces: **Minutes with a Medical Director**

A discussion with Dr. Inglish



Tuesday, June 22nd at 7:00 pm CST

Join EMS Medical Director Dr. Inglish and the Rural EMS Counts team as we use the Rural EMS Counts Stroke and Cardiac Measures to talk about cases in North Dakota. Ask questions about care or protocols or anything that has been on your mind.

<https://attendee.gotowebinar.com/register/1152582171026224395>



THE 45TH ANNUAL CONFERENCE WRAP UP



The 45th North Dakota EMS Association's Annual Conference was held April 9-11th.

Thank you to the NDEMSA conference committee. Their hours of tireless work before and during the conference does not go unnoticed. Thank you for all your hard work!

Thank you to the North Dakota Board, of Nursing, the POST board, the board of Social Work, and the Division of Emergency Medical Systems for continuing education approvals.

A special thank you to our presenters who shared their knowledge with us and FM Ambulance who volunteered their facilities as conference headquarters.

Most of all, thank you to the 262 attendees of the conference. The board has gone through the evals and have already started taking notes for the 46th EMS Annual Conference.

Next year's 46th Annual NDEMSA Conference & Tradeshow in Bismarck is April 7-9, 2022 . We hope to see you then!

An advertisement for Premier Specialty Vehicles (PSV). The top half of the ad features a bright yellow and black checkered ambulance parked on a grassy hillside overlooking a lake. The side of the ambulance is painted with the word "Belfield" in large green letters, followed by "EMERGENCY MEDICAL SERVICES" and a yellow star of life symbol. Above the ambulance, the text "Be Ready." is displayed in large, bold, black letters. To the right of the ambulance, the letters "PSV" are written in large, blue, metallic letters, with "Premier Specialty Vehicles" in a smaller white box below it. The bottom half of the ad contains the phone number "218-739-5875" and the website "PremierAmbulance.com". At the very bottom, there are two logos: "Horton EMERGENCY VEHICLES" with a red square icon, and "AEVE" with a stylized "E" icon, both associated with "REV GROUP".

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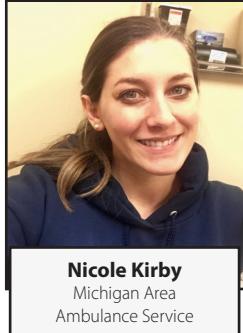
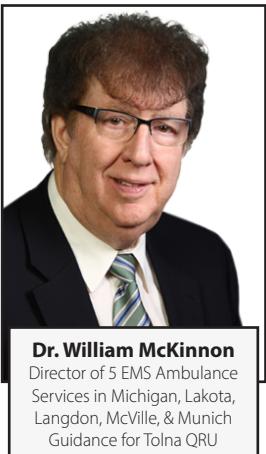
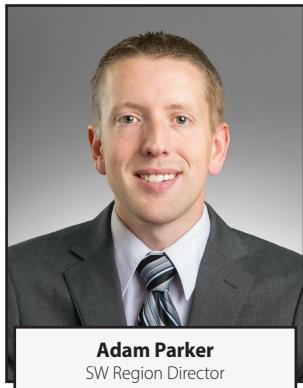
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Ambulance Service****SW Region Service of
the Year 2020****Glen Ullin Ambulance****EMS Service of the Year 2020****Michigan Area Ambulance Service****NE Region Rising Star
Award 2020****Ashley Folven
Michigan Area Ambulance Service****SW Region Rising Star
Award 2020****Jennifer Swindler
Mott Volunteer
Ambulance Service****NW Region Rising Star
Award 2020****Wesley Kindel
Badlands Search and Rescue
McKenzie County Ambulance****SW Region Siren
Award 2020****Kelly Grist
Mott Volunteer
Ambulance Service****NE Region Siren
Award 2020****Nicole Kirby
Michigan Area
Ambulance Service****SE Region Siren
Award 2020****NOT PICTURED****Tom Lovik
Wishek Ambulance
Service****EMS Provider of the Year
Award 2020****Daniel Young
Park River Ambulance Service &
Walsh County EMS****Medical Director of the
Year Award 2020****Dr. William McKinnon
Director of 5 EMS Ambulance
Services in Michigan, Lakota,
Langdon, McVille, & Munich
Guidance for Tolna QRU****Grace Knapp Award 2020****Adam Parker
SW Region Director****Telecommunication Award 2020****Barnes County 911 Dispatch Center**

Distinguished Service Recognition Awards 2020



Linda Weiss
Belfield Ambulance Service (35 years)



Susann Wolf
Belfield Ambulance Service (34 years)



Philip "Milo" Thompson
Billings County EMS (35+ years)

NOT PICTURED

Carrie Roth
New Leipzig Ambulance Service
(41 years)

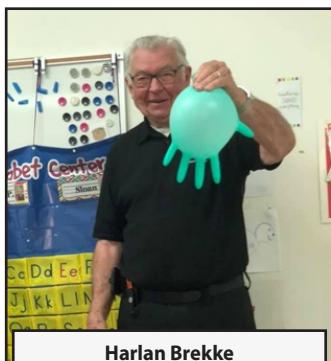
Joseph Mrachek
Alexander First Responders (34 years)
Alexander Fire Department (40 years)



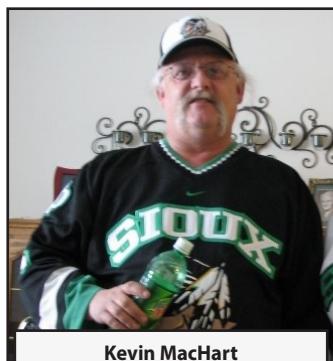
Thomas Engen
Northwood Ambulance
Northwood Deaconess Health Center
(40 years)



Dean Elfman
Larimore Ambulance Service
(35 years)



Harlan Brekke
Valley Ambulance & Rescue Service
(27 years)



Kevin MacHart
Valley Ambulance & Rescue Service
(28 years)

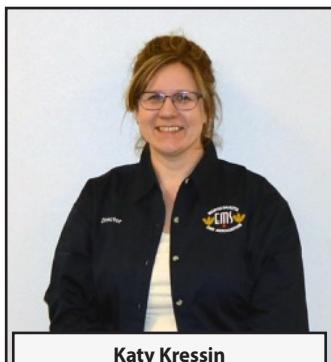
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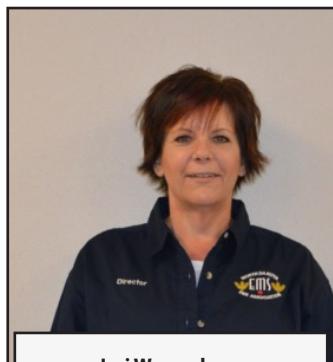
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NDEMSA Secretary/Treasurer

EMERGENCY MEDICAL SERVICES-PAST AND FUTURE

Sean William Roed, NRP I/C • Director of Operations

Lake Region Ambulance Service • Devils Lake, ND • April 28, 2021

The United States as a whole is about to see a new trend in emergency medical treatment. Years ago, even before 911, a person would see an ambulance responding to emergencies zipping by at 100 miles per hour in what appeared to be a hearse. When they arrived on scene, they would run out with a bag and their white coats, toss a patient onto a gurney and rapidly take off at top speeds to get that patient to the hospital. Our emergency medical services have gone from an untrained, rapid means of getting a loved one to the hospital, to a highly trained, nationally accredited, and professional emergency service

that is recognized by healthcare professionals as an intricate and necessary piece in emergency medicine. Paramedics are now staying on scene for up to twenty minutes to render care to patients that had previously been tossed on a cot. They are helping diagnosis patients appropriately and starting treatments prior to transporting. Now, the emergency services are at a precipice of new services and treatment options. Emergency medical services are challenged with not only providing immediate medical care, but they will now be able to inform the patient of several different treatment options. Paramedics will soon arrive, triage the patient, determine the best possible treatments, and make decisions with the patient as to the best options for transportation.

This really started in 1966 with the release of the "White Paper". The report conducted by the National Academy of Sciences called "The Accidental Death and Disability: The Neglected Disease of Modern Society" was released by the National Highway Traffic Safety Administration. (Margolis, 2016). This paper revolutionized how EMS is looked at and the need to increase the education which stimulated the birth of a modern era prehospital care to a respectable medical service. The paper may have been focused more on the trauma of vehicle accidents, showing that 44% of trauma deaths were caused by vehicle accidents (Margolis, 2016), but it opened the doors to other traumas and the need for providers to perform on higher level of service on medical calls as well. Some fifty-five years later, it is time or a change again.



Hospital emergency rooms are being over worked and the wait to be seen by a physician or other healthcare provider has become a problematic epidemic. The average ER wait time in the United States is about 40 minutes. And more than 22 million ER visits — over 16 percent of all visits — involved more than an hour of waiting according to the Centers for Disease Control and Prevention (Blakemore, 2020). Patients are waiting an estimated one and a half to two hours to receive treatments. This becomes a big problem for many who receive help too late. For some individuals, they do not call 911 and they do not seek medical attention at all. The reason most often given revolves around two concerns: the costs, and the long wait times.

For many Americans, the emergency department represents their initial contact with the medical system. Most do not have a primary physician. This bogs down the emergency departments with cases that do not need to be evaluated in the emergency department. It is also extremely expensive to visit the emergency room with the average cost of the visit being anywhere from \$2,000 to \$28,000 depending on what is done. The United States has seen an increased cost to the emergency room of 176% compared to just a decade ago (Alltucker, 2019). These costs are getting harder and harder for CMS Medicare/Medicaid to keep up with. CMS needed a way to cut costs and they found an answer in the form of emergency medical services.

Emergency medical services already had its foot in the door so to speak. Someone needs help, they dial 911 and an ambulance is dispatched. CMS keep agencies like the American Ambulance Association, and the National Registry of Emergency Medical Technicians, started developing a solution for some of the most common problems that were being faced. And it all starts with the 911 call. If it is a major illness or a trauma, 911 dispatchers call a paramedic unit to respond. ~~If the call is a simple toe, the dispatchers call for a basic ambulance service with basic emergency medical technicians (EMT's).~~ The EMT's can always call for the paramedics if they need help.

Once on scene, the emergency medical providers start rendering care for the patients. The quality of education has gone from a few weeks of training to requiring at the minimum an Associate's degree, and soon, paramedics will be required to have their Bachelor's degree. If a patient needs sutures, the paramedic will be able to perform in the field. If someone needs antibiotics, the paramedic will soon be able to prescribe you a limited supply. All of this can be performed at the comfort of the patient's home. Emergency medical services are not yet at that point, but are approaching it quickly. With most patients being able to be treated at home, it will reduce the emergency department crowding dramatically, not to mention decrease the amount of money spent on emergency department visits.

The new system will also allow ambulances to help the patient make decisions about where they can be transported. Now, you have no choice really but to be transported to the nearest emergency department available. With the new system, you can be safely transported to your primary physician, a nearby walk-in clinic, a dialysis unit, etc. The 911 dispatchers would be able to determine if the patient needed evaluation first, or just a ride someplace. Instead of dispatching an ambulance, they could dispatch a transport van or a wheelchair van to the patient's location for transport. With the capabilities of choosing where patients can go, the amount of emergency department would again decrease immensely.

Lastly, emergency medical services are starting to implement more and more a community paramedic program. In this system, the paramedic is specially trained to serve the community and is given an SUV type vehicle to hold all of their equipment. This

is a whole new concept and viewed as the future in emergency medical services. The Rural and Frontier EMS Agenda for the Future defined community paramedicine as "an organized system of services, based on local need, which are provided by EMTs and Paramedics integrated into the local or regional health care system and overseen by emergency and primary care physicians" (Wilcox et al., 2012, p. 4). With all the rural areas and different types of patient needs, the community paramedic would be able to provide a missing link to healthcare. Some of the patients would be able to stay in their homes, while the paramedic arrives and sets up a computer and monitor for that patient's primary physician or healthcare provider to evaluate them. Paramedics are even able to set up stethoscopes and EKG's to the computer to further aid in the examination. The day of the home visit is coming back, in the form of telemedicine and with the help of the community paramedics.

911 has come a long way in the last fifty five- years and is emerging as a very valid, indispensable aspect of the healthcare world. Allowing a highly trained paramedic the ability to help make decisions with the patient, opens up the possibilities of less congested emergency departments around the United States. The cost of healthcare services will dramatically decrease for the insurance providers and the patients themselves. The elderly and terminally ill will receive a majority of their treatments from the comfort of their own homes; their medications will be delivered to them in relative safety, and they will be receiving top care from their primary healthcare provider with the aid of the paramedics. Emergency medical services may be the infant in the emergency services world, but it can potentially be the one that will make the greatest impact.

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SAFETECH EXECUTIVE LEADERSHIP RETREAT

July 15-16, 2021 • Courtyard By Marriott, Bismarck, ND

Designed for executives with a solid foundation in leadership, this program lets participants set the agenda in a facilitated, retreat-style session that focuses specifically on each participant's leadership roles and organizational challenges. Participants come with the specific challenges they are facing in their roles and in their organizations. Utilizing an "open space" format, participants choose the topics. Brief presentations are made on the topics, and the balance of the allotted time is used to workshop each topic, with discussion, exercises and the sharing of best (and worst) practices. In the process, each leader is able to workshop his or her leadership challenges.

This two-day gathering, known to many of you as our **Level V** or the **Executive Leadership Retreat**, is a refreshing time to come together with Academy graduates from across the nation to learn, reflect and recharge.

Leading successfully amid today's challenges demands confidence & great tools. It's easy to fall back into the tyranny of the

urgent & just manage your way through the day. This gathering is an intimate retreat that will allow you to slow down & reset.

During our time together we will:

- Slow down and reflect on how we are doing;
- Learn from each other's experiences;
- Reflect on key leadership principles;
- Explore some new material around leading, engagement and culture; and
- Enjoy the fun and encouragement that comes with being with others who share similar challenges.

Aarron Reinert will be leading this retreat and would love to see you again. The retreat will be held in **Bismarck, North Dakota**.

Visit ndemsa.org for more details.



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EMS WELL BEING AND MENTAL HEALTH SUMMIT

July 26, 2021 10:00-17:00 pm CST • Ramada, Bismarck, ND

The North Dakota EMS Association's Mental Health and Wellness committee has been active. May 21st & 22nd NDEMSA held a workshop designed to focus on helping emergency personnel live better and learn to leverage adversity into resilience and growth. Twenty- seven providers across the state attended the workshop. We are excited to see what the attendees take back to their agencies and with the information learned, the committee hopes to spread awareness to North Dakota EMS. The committee will be discussing their plans to move forward at the EMS Provider Well Being and Mental Health Summit July 26th. The schedule for the summit is listed below. The goal for the 26th is to assist EMS Provider's knowledge and confidence when situations regarding mental health occur.

9:30-10:45	"It just got real..." Escaping from a hold without injuring the patient, or getting yourself into trouble- Howard Walth
10:45-12:00	Psychological trauma & suicide in EMS- Dr. Chris Caulkins
12:00-12:30	Lunch
12:30-13:30	EMDR- Dr Allen Irish
13:45-15:00	What every agency needs to do to care for their team's wellbeing- Dr. Chris Caulkins
15:15-16:00	Quick review of medication interventions- Dr. Josey Hoff
16:00-17:00	Resources for EMS agencies and Peer Support – A Panel Discussion

Times and presenters are subject to change. Visit www.ndems.org to see schedule updates, presenters, and registration.



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Bismarck Air Medical is an experienced air medical transport provider that serves a multi-state region throughout the Midwest. Patients, families, care-givers and healthcare providers depend on Bismarck Air Medical to deliver purposeful and safe emergency transport in "life critical" situations. Our highly trained medical teams and experienced flight crews have earned recognition and respect for their uncompromising attention to safety and quality of care.

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CORPORATE HEADQUARTERS
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(701) 223-1310**

Bismarck Air Medical is a Participating Provider with BCBS, Sandford Health Insurance, Medicare/Medicaid Expansion & North Dakota Work Force Safety and Insurance

Cost Effective Transport
Bismarck Air Medical will not surprise you with large balance billing statements. We participate with the major insurance carriers in North Dakota, as well as the region. We also participate with North Dakota Work Force Safety and Insurance. Our price structure is the most reasonable configuration in our region. Bismarck Air Medical is the most economical while providing the highest standard of care you and your family deserve and expect. Great service at the most economical rates!

We are here to service your air medical needs. When the urgent circumstances settle down, and you or your loved ones are recovering, you can do so knowing that you received great medical care at a reasonable price with no surprise billing. In your time of need, call us for excellent service at an economical rate!



ND RURAL EMS COUNTS PROJECT UPDATE

Lindsey B. Narloch, MS, Remle P. Crowe, PhD, NREMT, Antonio R. Fernandez, PhD, NRP

In a not-so-far off past, quality assurance was synonymous with wrist slaps, or worse, as the focus was on providers who were “bad apples” and not the systems giving rise to the results. Fortunately, those days are moving into the rear-view mirror as EMS is on the road from measuring for compliance to measuring for improvement and North Dakota is helping lead the way. Identifying performance measures that matter is not a one-size-fits-all model. The challenges facing one system are likely very different from those faced by another system. Providing prehospital care in rural settings involves unique challenges that must be considered in performance measurement.

In answer to the call for measures that matter for rural EMS, North Dakota Center for Rural Health worked with the North Dakota EMS Association to apply for a Flex grant with the goal of identifying and developing measures for these unique systems. One of four states awarded this three-year grant, North Dakota joined forces with the research team at ESO to create a suite of performance measures that are relevant for rural EMS. Using a modified Delphi process, a team of subject matter experts in rural EMS and improvement science identified more than 180 measures. Next, a second team of subject matter experts attended two focus group sessions to prioritize and selected five areas to focus on for measure development.

The focus areas and measures are

Cardiac

- Aspirin Administration by EMS for Suspected Cardiac Chest Pain
- 12-Lead Performed by EMS for Suspected Cardiac Chest Pain
- 12-Lead Performed by EMS for ED-Diagnosed STEM

Stroke

- Last Known Well or Time of Onset Gathered by EMS for Suspected Stroke
- Blood Glucose Check Performed by EMS for Suspected Stroke
- Prehospital Stroke Assessment Performed by EMS for Suspected Stroke
- Prehospital Stroke Assessment by EMS for ED-Diagnosed Stroke

Pain

- Pain Management Intervention Performed for Pain > 5
- Pain Intervention Resulted in Pain Reduction for Pain > 5

Vital

- Set of Vital Signs Documented
- Glasgow Coma Scale Documented
- Pulse Rate Documented
- Respiratory Rate Documented
- Systolic Blood Pressure Documented
- SpO2 Documented

Safety

- Lights and Sirens Not Used During Response to Scene
- Lights and Sirens Not Used During Transport
- EtCO₂ Monitoring with Advanced Airway

These measures are currently in the testing phase. EMS agency personnel with administrator access in the ESO platform will be able to access the reports through their ESO Suite once testing is complete this summer. One year is left on this project and now is when we need agency engagement.

1. Run the Rural EMS Counts Measures

- A) Login to ESO at: <https://www.esosuite.net/login/>
- B) Open this link to run the test measures:
<https://www.esosuite.net/EsoAnalytics/#/folder/100612>

(must have permissions to run Analytics active in the ESO platform)

- a. Let us know what you think.
- b. Are these measures useful to you?
- c. Do you have questions?

2. What metrics do you want to improve?

3. Get a team together and dive into identifying drivers (root causes) of the results you are seeing, not just symptoms of a problem.
 - a. Is it documentation?
 - b. Is it training?
 - c. Is it a low frequency skill or event?
 - d. Are you using a different software and data mapping that needs some work?

4. Brainstorm change theories and choose one change to test with your system on a small scale in your process. Very few cases? Use exercises/simulations and checklists to try out strategies.

5. See if the change resulted in improvement by running the report again. Then, either adopt the change, adapt the change, or abandon it and move on to the next.
6. Perform steps 4 and 5 until the number improves. Celebrate with your awesome coworkers and teammates and tell your story so other agencies can benefit from what you learned.

Overwhelmed with limited resources to focus on quality improvement? No need to worry, help is close by. Twelve subject matter experts are here to help and have created practical toolkits to start you on the path. The North Dakota EMS Association has a project manager and regional advisors that can

help as well. A few of our favorite Medical Directors have offered to provide education and case reviews around these focus areas. We also have a BaseCamp where all the involved services can ask questions to the emerging community of practice. This tool can be used to share ideas, tricks, successes, and failures with each other. We look forward to building a data-driven community dedicated to quality improvement for rural EMS with you.

Learn more and get involved by visiting the Rural EMS Counts website at: <https://ndems.org/Rural-EMS-Counts>

If you want your agency to be part of the group of progressive services participating in this project, email Inaroch@ndems.org.

I'M HERE FOR MY FUTURE



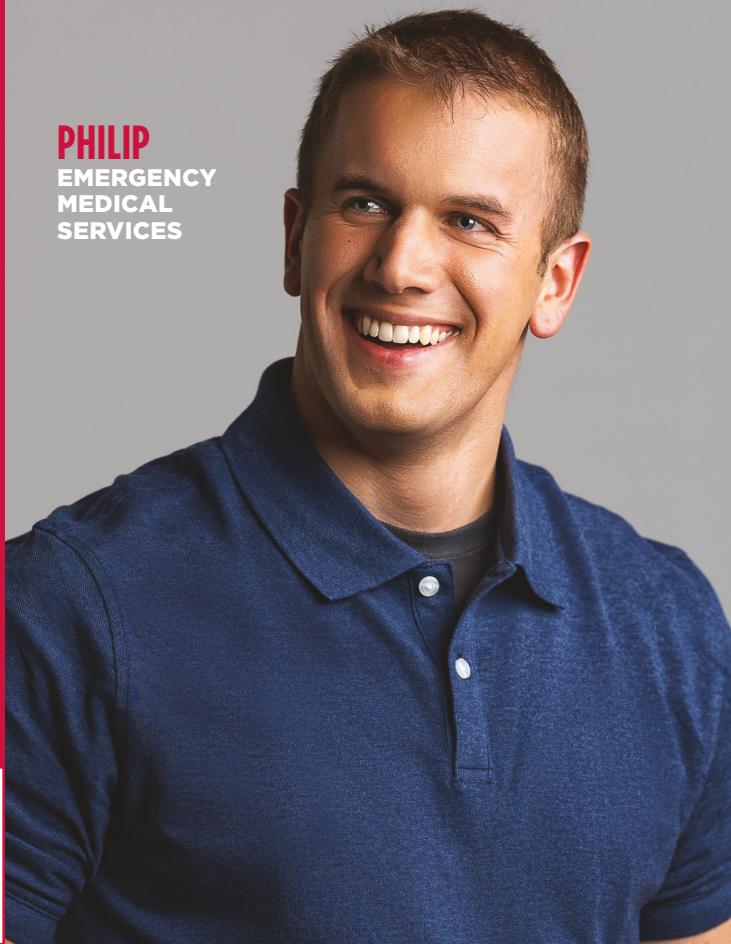
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67TH LEGISLATIVE SESSION REPORT

BRIDGET C. DOWLING

Bill	Sponsor	Title	Status	House	Senate
HB 1146	Rep. Boschm Heinert, Nathe Sen. Davidson, Larson	Relating to rulemaking authority of the statewide interoperability executive committee and eligibility for statewide interoperable radio network access; and to declare an emergency.	(Passed) 2021-03-19 - Signed by Governor 03/17	Passed 93-0	Passed 46-0
HB 1186	Rep. Nehring, Fegley, Porter, Thomas	Rural ambulance service districts.	(Passed) 2021-03-30 - Signed by Governor 03/29	Passed 90-4	Passed 46-1
HB 1206	Rep. Mock, Bosch, Dockter, Roers Jones, Vigesaa, Weisz Sen. Davison, Piepkorn, Vedaa, Wanzek	Emergency services communication systems.	(Engrossed) 2021-04-14 - Second reading, passed	Passed 89-5	Passed 47-0
HB 1493	Rep. Weisz, Beltz, Fegley, Skroch Sen. Lee	A BILL for an Act to provide for ambulance service operation funding.	(Engrossed) 2021-04-14 - Appoint Rep. Weisz to replace Rep. Porter on conference committee	Passed 93-0	Passed 47-0
SB 2026	House Legislative Management Committee	Relating to a governor's order authorizing excess limits regarding road trains.	(Enrolled) 2021-04-14 - Sent to Governor	Passed 66-27	Passed 30-17
SB 2133	Rep. Keiser, Porter, Westlind Sen. Lee, K. Roers	Relating to services provided by emergency medical services operations and emergency medical services personnel; and to provide a penalty.	(Passed) 2021-04-01 - Signed by Governor 03/31	Passed 74-19	Passed 47-0

SUMMARY OF 67TH LEGISLATIVE SESSION

House Bill 1146

Bill 1146 is a bill intended to fix issues that were unintendedly caused by Hb 1435 during the 66th legislative session. Bill 1435 was a bill to provide 1500 cost-share for handheld and mobile encrypted radios. It was later discovered that the bill does not allow fire and ambulance district personnel to be eligible for the cost-share. Bill 1146 is a bill to make fire and ambulance eligible for this cost-share, it passed both chambers, in the house, an emergency clause was amended to the bill.

House Bill 1186

This bill should be familiar, EMS came and testified in favor of this bill and the proposed amendments. The amendments did pass and were added in the House, this bill seeks to establish a rural ambulance taxing district and to allow for annexation of territory when necessary. It passed in both chambers and has already been signed by the Governor.

House Bill 1206

House Bill 1206 is a nine-section bill that is a result of the Biennial Report for ESC3. This bill provides technical updates that were found after this report among other changes that will improve the coordination and function of North Dakota emergency service systems. The language should also reduce the likelihood of political subdivisions misinterpreting how 911-fee revenue may be used. This bill passed both chambers with the amendment that EMS did request specifying the certain language. Bill testified on this bill on EMS's behalf presenting the amendments which were adopted.

House Bill 1493

Bill 1493 is the ambulance service operation funding. It is a grant given out from the state to ambulance services across the state. EMS came out and testified in support of this bill but wanted additional amendments to be placed on such as changing median to average. This amendment did not pass in the House. However, Bill Kalanek was able to testify in the Senate, he proposed the amendments which were passed in that chamber. When it was returned to the House, they refused to concur with the amendments which sent this bill to the conference committee. When going through the conference committee they kept the amendments proposed by EMS, it has passed in House and now is waiting on its second reading in the Senate.

Senate Bill 2026

Senate Bill 2026 had to do with the safety of the roads in allowing larger road trains. Originally, the bill was intended to allow larger road trains. Current law only permits two trailers, which have to be a specific length and weight to travel on the roads in North Dakota. Almost everyone came out to testify in opposition to this Bill, including, the NDDOT, ND Association of County Engineers, ND Railway, North Dakota firefighters, SMART Transportation, and many more. This bill was receiving a lot of negative feedback from the community, which prompted them to amend the bill and turn it into a study instead of a bill to authorize excess limits for road trains. There was still considerable opposition against this bill, but they passed it in both chambers, and in conference committee. Now it is currently waiting to be signed by the Governor.

Senate Bill 2133

Bill 2133 is a bill intended to let emergency medical service personnel help fill gaps in the rural health industry. Services that they will be allowed to perform under a physician, or a physician assistant are, health assessment, chronic disease monitoring, and education, immunizations and vaccinations, laboratory specimen collection, follow-up care, comprehensive health, and safety assessment, wound management, assess and report compliance with established care plan, medication management, and other interventions with the scope of practice for each licensure level as approved by a supervising physician. This bill was passed in both chambers as well as signed by the Governor. The only amendment added to the bill was to add in a physician assistant.

**The North Dakota EMS Association Store
is now Open!**

**Orders are entered bi-weekly on Thursdays.
Order ETA – Approximately two weeks from
the Thursday order date.
Local Pickup is also available.**

<https://probitasstore.com/ndemsal/>

VIRTUAL MANAGEMENT ESSENTIALS TRAINING - A GREAT START MAKES ALL THE DIFFERENCE

Tuesday, June 22, 10am-12pm & 2-4pm • Wednesday, June 23, 10am-12pm

You want your managers to be effective leaders and successful from the start. But sometimes, we find managers struggling and their teams' morale is declining. Soon enough, you start realizing that high-performing employees promoted into management lack the skills to be effective managers, which requires a different skillset.

Managers who receive the necessary tools and training are set up to become leaders who create engaged productive teams, and drive greater results for your organization.

- Manager Mindset – learn the mindset required for a successful transition from individual contributor to manager
- Four Conversations Model – learn a highly effective framework for understanding the conversations needed to manage people & performance
- Four Essential Skills – learn how to have purposeful conversations that create positive, productive relationships

Who Should Attend

- First-time and established managers, and those considering a transition into management
- New managers wanting to increase their leadership effectiveness
- Mid-level or new managers or supervisors

Made Possible By

A grant through the Center for Rural Health Flex Program with administrative support by NDEMSA has significantly lowered the cost of this training. The typical fee is \$449.

Visit www.ndemsa.org for more details.

3RD ANNUAL TOM NEHRING MEMORIAL FISHING TOURNAMENT

August 6-7 at Van Hook • Mark Haugen, North Dakota EMS Foundation President

The North Dakota EMS Foundation will be sponsoring the 3rd Annual Tom Nehring Fishing Tournament at Van Hook Resort, New Town ND, August 6-7. The tournament entry fee is \$300, plus \$35 per additional angler. A dinner and rules meeting will start at 6:30 p.m. on Friday, August 6. The fishing tournament will start at 7:00 am, with first boat out on Saturday, August 7. Fish weigh-In will start at 3:00 p.m.

The grand prize will be \$10,000, with a total payout of \$28,125, based on 150 teams. For more information, complete rules, and to register, go to <https://ndemsf.org>.

Proceeds from this event and all sponsored NDEMS Foundation events go toward supporting NDEMSA sponsored conferences, as well as scholarships and grants for paramedic students, EMTs, and continuing education for EMS professionals.





MISSION LIFELINE: STROKE TRAINING

Go to www.ndemsa.org to view.

1.5 NCCR: Stroke

Presented by

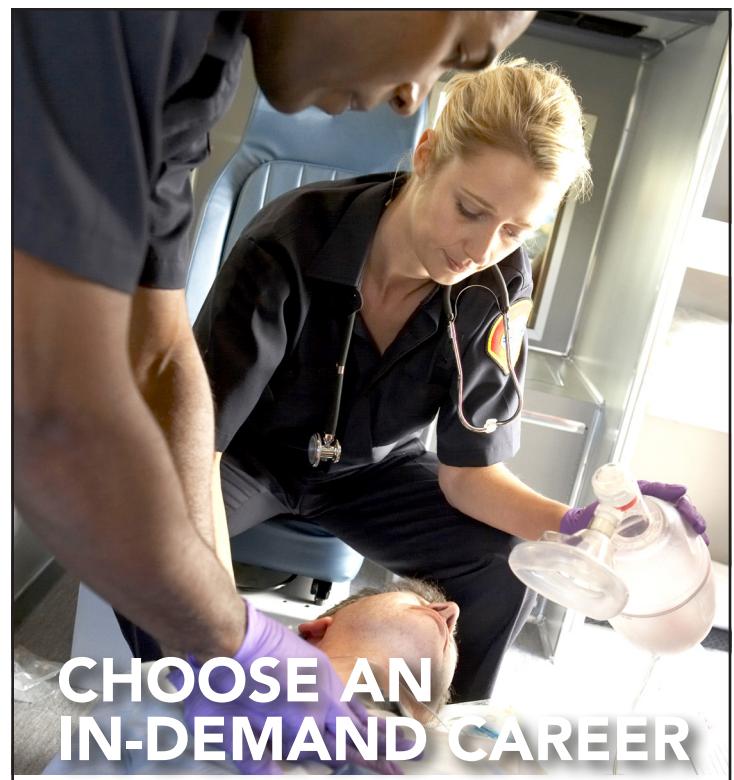
Marcy Dawson, RN, CEN, CFRN, TCRN, NRP
 Flight Nurse, Chair of Bismarck/Dickinson AirMed
 Education Committee
 Sanford AirMed Dickinson
 Tyler Keintopf, NRP
 Sanford EMS Education
 Director of Southwest Region, NDEMsa

This program has been approved for 1.5 (NCCR: Stroke) Continuing Education hours by the American Heart Association. The American Heart Association is accredited as a provider of EMS Continuing Education by the North Dakota Department of Health, Division of Emergency Medical Systems.



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- 12-week Summer EMT course (Summer 2021)

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UPCOMING NDEMSA EVENTS

June 16, 2021- NDEMSA Board Meeting (Bylaw and Policy and Procedure - possible changes 1st review and reading, possible changes)

June 22-23, 2021- Management Essentials Trainings

June 23, 2021- Call for Presenters

July 15-16, 2021- Leadership Level V Retreat

July 26, 2021- EMS Provider Well Being and Mental Health Summit

August 2-3, 2021- 7th Annual Management Conference

August 6-7, 2021- 3rd Annual Tom Nehring Fishing Tournament

November 1, 2021- North Dakota EMS Foundation Scholarship Applications Due

