

RESPONSE

Time



"Your Voice for EMS in North Dakota"

Volume 40 □ Issue 4 □ Fall 2018



INSIDE:

SEPSIS KNOWS NO AGE...A YOUNG GIRL'S STRUGGLE TO SURVIVE

BLEEDING KITS PROVIDED TO NORTH DAKOTA COMMUNITIES

NEWS FROM ADVOCACY COMMITTEE



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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 :
ndemsa.office@ndemsa.org

The deadline for the winter issue is

January 9th, 2019

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From the President...

We are being quickly tossed into the throes of cold weather with very little Fall and I for one am feeling a bit cheated as Fall is one of my favorite times of the year. With that said, I will encourage and remind all of you that it is that time again to start readying your "Go-Bags" for inclement weather. Some things that should be considered for your own safety would be the obvious like gloves, stocking hats, scarves, etc. Other items which could be added, but not usually thought about are items like chemical hand warmers, a bottle of water, and even an energy bar or two. Of course, your rigs should be equipped with items for travelling across North Dakota during the winter months. (i.e. shovels, chains, etc.)

Some items of interest for this Response Time will be outlined below.

1. The first item I would like to discuss and encourage is for you, the members, to consider stepping up and throwing your name in the hat to run for a Board of Directors position within your respective regions. If you are not interested in running, but think you know somebody who may make a good director, then by all means nominate them. Nominations close on December 31st, 2018. The positions available are regional BOD's (two in each region) and Vice-President. (Note: to be eligible to run for VP the nominee must have served at least one full term as a regional director.)
2. Next year, (2019) will be another legislative year for North Dakota. I happily report that the ND EMS Association Advocacy Committee has been very busy readying themselves for this session. There are a handful of bills that are going to be of interest to you, the members. Advocacy has already been meeting with the NDEMSEA lobbyist on a regular basis and discussing game plans, and ideas, as well as other discussions relating to bills of interest. Check out the NDEMSEA website for Advocacy updates.
3. I would like to encourage all members to look at your respective squads and determine if they would fit into the requirements for any of our awards. If you feel a particular member would fit and you feel the person is deserving of an award, please take the time to nominate them for an award. Everyone likes to be recognized for a job well done and as we all know, this does not happen very often. This is your chance to do just that and recognize that deserving person within your squad. Who knows...it might be you! If you are unclear of the awards and what they stand for, you can read about them on our website at www.ndemsa.org. Award nominations are due March 1, 2019.



4. The 44th EMS Rendezvous is fast approaching and is scheduled for April 11-13, 2019. I have been informed that it will be an equally excellent conference as past conferences. You can rest assured it will have a lot of good education and a great opportunity to socialize and network with services you may see in different hospitals, but may not get much time to converse. I always find it interesting to see members from different squads either from neighboring areas or from across the state sitting together and reminiscing or learning about things done differently between the squads. The Rendezvous is not just for the education offered, but to also learn informally from your peers!

5. The NDEMSEA Regional Advisors have been speaking to different services around the state and completing what is being called an assessment. This has been at the request of the particular services. Things looked at are budget, staffing, planning, equipment, etc. If your squad has an interest in an assessment or would like more information, please contact any of the Regional Advisors or the NDEMSEA office.
6. At the last NDEMSEA BOD meeting, I encouraged all of the Regional Presidents to include an article in the response times. I would also like to encourage ANY of the NDEMSEA members to do the same. If you should find an item you think may be of good information, submit an article to the Response Time Committee. You can contact the committee through the NDEMSEA office.
7. Our BOD's meetings are now set meetings. They will be held on the 3rd Wednesday in March, June, September and the 2nd Wednesday of December. The next BOD meeting will be held December 12th, 2018.

Finally, I would like to say to all of the members, this is a proud organization with a long history. I am proud of this organization and all that it does and stands for. I am equally proud to have the ability to come to many of your service areas and work directly with you on a professional level. I am amazed at the level of care and compassion I see on a daily basis from those I recognize as NDEMSEA members. Keep up the excellent work, stay safe, and be proud!

Sincerely,

Kelly Dollinger

Kelly Dollinger, President

North Dakota EMS Association



From the Education Coordinator...

Greetings everyone.

Fall is upon us. Even though September felt more like late October and October felt more like November, the weather prepared us for the upcoming holiday season. Hopefully all the crops will be harvested before winter arrives.

Each Friday morning at 7:00, 8-10 of us friends meet at a local coffee shop to visit, eat a breakfast treat and of course drink coffee. No, we are not all senior citizens; we range in age from 28-65. We come from all walks of life, nationalities and professions. Our conversations cover everything from pets to world affairs. We do not talk "shop" nor do we talk specific politics.



On one particular Friday one member of our group had mentioned how he had noticed an elderly lady's mailbox was getting full. This concerned him, so he mentioned it to the apartment manager. Sure enough the lady had fallen three days prior and was not able to call for help. The manager called 911 and the woman was transported to the hospital.

I told my friend that he had saved her life. He just shrugged it off as if it was no "big deal." Well I believe it was. He was concerned about the welfare of someone he didn't know and he did something about it.

Isn't that what EMS providers do on a daily basis? We go to people's homes, places of work or wherever they may be and care for them. We don't question their religion, race, political beliefs, sexual orientation or anything else about them. We are there to help them because we care and we are dedicated to what we do.

So after you read this, do something that you typically would never do. Look at yourself in the mirror, pat yourself on the back and say to yourself, "I make a difference."

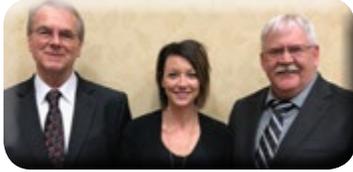
Thank you for doing what you do.

Randal Severson

NDEMSEA Education Coordinator
rseverson@ndemsa.org



From the Regional Advisors...



Hello from the Regional Advisors

This has been a busy summer and fall. We facilitated three Critical Access Hospital/EMS meetings inviting a total of 11 hospitals and 22 ambulance services. The first meeting was in Tioga, the second in Rugby and the third in Wishek. We want to thank the hosting hospitals and ambulance services for their hospitality and all the people who attended and shared their struggles, solutions, and ideas for the future of EMS in North Dakota. We also want to thank Kerry Krikava and Christopher Price from the Division of Emergency Medical Systems for attending these meetings and listening and answering our questions.

Staffing and funding issues are shared by Critical Access Hospitals and ambulance services all across the state and these meetings underscored the importance of Critical Access Hospitals and EMS in our communities. There was significant discussion on how we can help each other and a better understanding of the roles and regulations we each abide by.

The Regional Advisors have also facilitated four Assessment/Strategic Planning meetings with

two more meetings in the planning stages. We ask the ambulance services for a significant amount of information about their service and community and to commit to 4 to 6 hours to meet with us. All the information we gather is confidential, as is the discussion at the meetings. We talk about budgets and financial issues, community attitudes, short and long term goals, the service's strengths and weaknesses and other local and statewide topics. The feedback we received from these meetings has been very positive. The three of us all feel that we have left each meeting with so much more respect and admiration for the people of EMS and so much more knowledge.

We plan to hold more Critical Access Hospital/EMS and Assessment/Strategic Planning meetings this year and through 2019. If you feel your service, local hospital, or community could benefit from one of these meetings, please contact one of the Regional Advisors.

There are several significant issues facing North Dakota EMS. The North Dakota EMS Association has many dedicated members working together to try to find ways to sustain and improve EMS.

Thank you for letting us be a part of North Dakota's EMS system. We hope you all had a safe and Happy Thanksgiving and have a very Merry Christmas.



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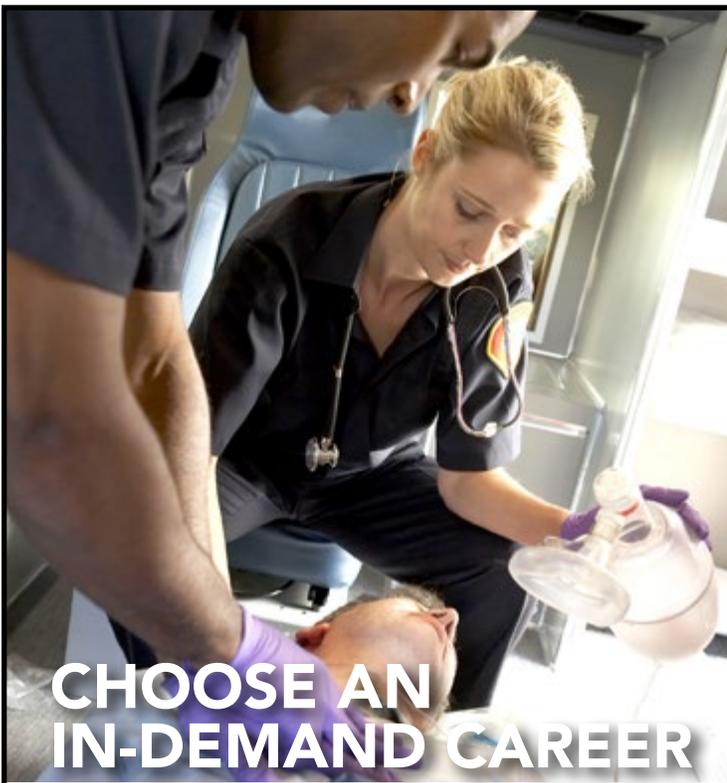
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From the Officers



From the NDEMS Foundation...



Exciting, amazing, and active

are some of the descriptive words that come to mind when I think about the North Dakota EMS Foundation and recent activity. After several years of relative dormancy,

the current board of directors, under the leadership of Kelly Dollinger, have re-energized an organization which has the potential to develop into an incredible driving force in aid to EMS personnel and agencies throughout North Dakota.

The current BOD has set and met many goals that improve the cash and asset position of the foundation, while creating public awareness of the organization and its efforts. The board of directors has worked diligently to accomplish a variety of tasks which include but is not limited to

- Creation of the annual Dale Severson Award – remembering Dale Severson while recognizing an individual annually for outstanding dedication and effort regarding the foundation
- Merchandising materials for the organization to create exposure and opportunities for outside investment
- Rendezvous Convention and Tradeshow booth providing information regarding the foundation to membership

- Perpetual Support Project – creating an annual source of income for investment into North Dakota EMS perpetually
- 1st Annual North Dakota EMS Foundation Fishing Tournament, now named Tom Nehring Annual NDEMS Foundation Fishing Tournament – creating annual investment income into North Dakota EMS
- Giving Hearts Day – annual fundraiser for the foundation creating investment income regarding heart health and North Dakota EMS providers/agencies.
- Dale Severson Annual Golf Tournament – a fundraiser creating annual investment income for the foundation to support North Dakota EMS and EMS agencies

My hat's off to this board who has injected life and activity into an organization that has unbelievable potential to provide outstanding levels of support to EMS providers and agencies statewide.

Thank you, Kelly Dollinger, Jeri Warrenburg, Dustin Bertsch, Mark Haugen, Tami Roehrich, and Corrie Geurts... Your efforts are and have been nothing short of amazing!!

One must agree that EXCITING, AMAZING, and ACTIVE are exactly the words needed to describe the work accomplished by the North Dakota EMS Foundation and its board of directors.... STAY TUNED...

Patrick Tracy
ND EMS Foundation
President





From the Advocacy Committee...

The North Dakota EMS Association is the primary organization to promote EMS related legislative initiatives in our state. We advocate for all EMS providers, as well as the general public since our goals of having a strong EMS system benefit public safety.

The Advocacy Committee has met several times in the last few months to discuss legislative priorities for the upcoming legislative session. Many of the priorities were presented at the NDEMSEA Board Meeting on September 27th and voted on, but some will be researched further and decided upon at the next board meeting on December 12th.

The Advocacy Committee, with the assistance of our lobbyist, will coordinate an approach to advance our legislative priorities in the 66th Legislative Assembly which begins in January. Last legislative session was particularly difficult, given the State budget deficits due to decreased oil tax revenue. Although the forecasts are better this legislative session, we still anticipate a difficult session as Legislators are reluctant to increase spending.

The Association's primary legislative initiative is to protect the funding for the Rural EMS Assistance Grant. This will appear in the Health Department's bill. Last legislative session we saw a decrease in the grant due to budget cuts. Our hope is to restore the grant to its previous appropriation.

We will also submit a bill this session for REPLICA – Recognition of EMS Personnel Licensure Interstate Compact. This would make it easier for EMS providers to work in multiple states without having to get licensed in each state. Additionally, the bill would require FBI compliant background checks for EMS providers. As EMS providers – we are allowed access to patients during their most vulnerable moments, and it is paramount that we institute background checks to protect the public and maintain their trust.

Vision Zero is an initiative led by the Department of Transportation that is aimed at reducing motor vehicle related fatalities. There will be a number

of bills associated with this initiative submitted next session and the EMS Association supports the goal of Vision Zero. We will determine which bills we support and will offer testimony on as they are submitted.

We look forward to working with the North Dakota Legislature and all the stakeholders who partake in the Legislative process. If you'd like more information, go to our website at www.ndemsa.org, or call our office at 701-221-0567

Adam Parker

ND EMS Advocacy Committee



NDEMSEA UPCOMING EVENTS

December 12, 2018

NDEMSEA Board Meeting

**December 31, 2018 Nominations
for the Board of Directors due**

January 19-20, 2019

NW Conference - Minot

January 29, 2019

EMS Day at the Capitol

February 1-3, 2019

SE Conference - Jamestown

February 16-17, 2019

NE Conference - Grand Forks

March 1, 2019

Award Nominations due

April 11-13, 2019

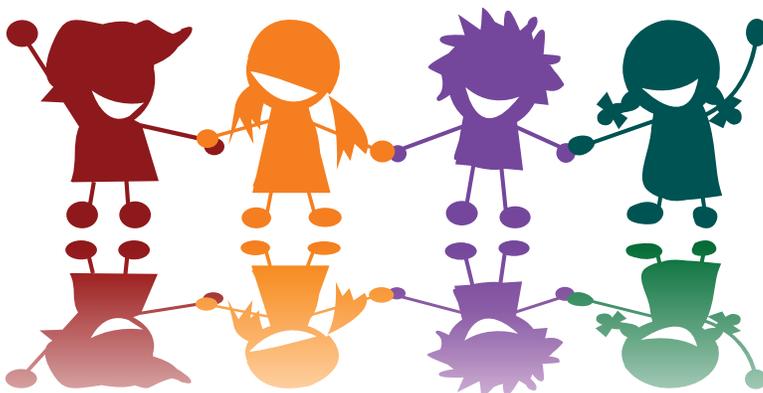
44th EMS Rendezvous - Bismarck

www.ndemsa.org

— NDEMSEA —

ACHIEVING PEDIATRIC PREPARED RECOGNITION THROUGH THE STATE EMERGENCY MEDICAL SERVICES FOR CHILDREN PROGRAM

In 2016, over 13,000 children, ages 0 through 19, were transported by ambulance in North Dakota. The North Dakota Emergency Medical Services for Children (EMSC) program recognizes ambulances that achieve program standards for carrying pediatric equipment, receiving appropriate training, and providing community outreach. As part of the voluntary recognition program, ambulance services are awarded a certificate of honor, as well as decals for the qualifying ambulance. Although this is a voluntary program, our goal is to have all ambulance services participate. This is one way to show local communities how we prioritize the health and safety of our children.



If you would like more information on the North Dakota EMSC Pediatric Prepared Voluntary Ambulance Recognition Program, please contact Amy Keller at abkeller@nd.gov or (701) 328-2953.



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**TRINITY
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It is with a heavy heart that we share the news that June Herman, Government Relations Director for North Dakota, passed away Sunday after a short fight with pancreatic cancer. June was a tireless warrior for the American Heart Association for 32 years. June was passionate about making the world a better place and about caring for people. Those who worked

with June came to know her as an advocate, policy genius, farmer, dog-owner, sheep-shower, award winner, leader, wife, mother, daughter, and friend. She was kind, thoughtful, funny, fearless, determined, loyal, and a good and faithful servant. We are all just heartbroken to have lost an incredible colleague and passionate advocate for the health of all North Dakotans. Thank you June for your incredible service and dedication to us all.

– American Heart Association North Dakota Announcement





Regional Conferences Information

Northeast Region Update

The NE region conference is February 16-17, 2019 at the UND School of Medicine and Health Sciences Building and lodging arrangements at the Ramada Hotel in Grand Forks. All information including the brochure, hotel information, topics, and registration will be available in early December.

For all your conference updates and needs visit www.ndemsa.org.

Please be sure to **book your HOTEL EARLY!** Hotel room blocks book quickly!

Eric Toutenhoofd, Bill Tuttle, Jan Samson, Todd Elfman

Northwest Region Update

The Northwest Region Directors have the agenda for the Northwest Region Conference about 90% completed at the time of this publication. The Northwest Region Conference is scheduled for January 19-20, 2019 at the Grand Hotel in Minot, ND. We are looking at offering educational sessions on Friday, January 18th as well but those plans are not finalized. The Directors are working to provide conference participants with NCCR and LCCR courses taught by instructors new to the Northwest Conference. Our State Medical Director, Dr. Jeffrey Sather, will be in attendance. A service leaders/directors/ anyone interested meeting will be held so bring your questions and comments for discussion. SQUADS!! Get a three person team set up for a fun educational assessment competition on Saturday evening. The competition is for both ALS and BLS teams. Ambulance squads may enter more than one team if they wish. Watch your mail for the conference brochure coming in December!

Diane Witteman, Tami Petersen, Aden Clark, Emily Hughes

Southeast Region Update

The Southeast Region of the NDEMSEA will hold their regional conference February 1, 2 and 3 at the Quality Inn in Jamestown. NCCR topics to be covered will be Post-Resuscitations, VADs, Stroke, Pediatric Cardiac Arrest, CNS injury, Fluid Resuscitation, Ob Emergencies, Infectious Diseases, Pain Management, Endocrine, Immunological, Ambulance Safety, Field Triage, Hygiene/Vaccinations, Crew Resource Management and Evidence Based Guidelines. As you can see there will be many great sessions!

The conference will start Friday at 1:00 pm ending Sunday at 12:00 to get you all home in time for the Super Bowl.

Please make you room reservations by contacting the Quality Inn at 701-252-3611.

We will share more on the Facebook page and on the website as we finalize our schedule. We hope to see you there!

Cheryl Flick, Jason Eblen, Loretta Haas, Katy Kressin



Regional Information

Southwest Region Update

Mountain lions, snakes, and drug seeking dogs were a few of the topics and activities the Southwest Conference attendees were exposed to during the 2018 SW EMS Conference held in Medora on September 27th, 28th, and 29th.

Eighty-eight participants attended the two and a half days of classes for continuing education. With a wide variety of classes, no one was left out on education hours. Special classes were held by ND Game Fish and Parks Department with plants or animals that you may encounter with a walk or horseback ride through the park. North Dakota Bureau of Criminal Investigations also had a great informational presentation on the latest in opioids and other recreational drugs anyone may encounter on a call in their communities. The Adams County Sheriff's Office had a demonstration with their dog on the searching for drugs in the auditorium.

Thank you to all the door prize donors and meal or breaks sponsors. Also, thank you to ND Safety Council for all their work in preparing the brochures and speakers they sponsored for the conference.

The attendees were disappointed with the Saturday noon meal. We were expecting BBQ beef brisket, but the catering service had a mishap and forgot about us, so we had a wonderful meal of roast beef instead. Thank you to Schwan's for their very generous donation of ice cream for two of the afternoon breaks.

Thank you to all the speakers, Lynn Hartman, Corrie Geurts and SW Directors for all their help in pre-conference activities and during the conference. Hope to see everyone next year on September 20th-22nd in Medora.

Suzan Hanson, Darrell West, Adam Parker, Tyler Kientopf





NDEMSA IS NOW ACCEPTING AWARD APPLICATIONS

The deadline for all awards, both regional and statewide, is **March 1, 2019**. All nominations must be submitted **online** at www.ndemsa.org/Awards.

The awards committee reviews the submissions and another state's EMS Association will select the winners. The awards committee will notify the nominator if their submission was selected no later than March 15th. This will allow those who did win an award to make plans to attend the 2019 EMS Rendezvous Awards Banquet and Table of Honor Ceremony on Saturday evening, April 13, 2019 in Bismarck. Some nominators choose to keep the award a "secret," while others are told ahead of time. The awards committee will only notify the nominator, not the nominee.

The 2019 regional awards include Siren Award, Rising Star Award, Telecommunications Award, and the Service of the Year Award. One regional service of the year nominee is chosen for the state EMS Service of the Year.

The statewide awards for 2019 include Media Award, Medical Director of the Year, Grace Knapp Award, Distinguished Service Award, and EMS Provider of the Year Award.

The Table of Honor Ceremony pays tribute to those volunteers and career EMS/Fire personnel who are no longer with us. You can help us honor such a person by nominating them for the Table of Honor Ceremony. The first ten Table of Honor nominations will be chosen.

The simple online form listing the criteria and nomination information for both the regional and statewide awards and the Table of Honor Ceremony can be found on our website at www.ndemsa.org under the "Awards Programs" tab.



An advertisement for Dakota College at Bottineau. At the top, it says "START SMALL, GO FAR" in white text on a green background. Below this is a photo of five people in blue polo shirts standing around a human skeleton. Underneath the photo is a green banner with the text "Degrees in paramedic technology, nursing, allied health and more". At the bottom, there are three smaller images: a woman in a blue polo shirt, the Dakota College at Bottineau logo (a green tree and mountain), and a woman in a maroon scrub top attending to a patient on a stretcher. To the right of the logo, the text reads "NATURE, TECHNOLOGY & BEYOND", "DAKOTA COLLEGE at BOTTINEAU", "1-800-542-6866", and "www.dakotacollege.edu".

CALL FOR CANDIDATES FOR THE 2019 NDEMSEA OFFICER AND REGIONAL DIRECTOR POSITIONS



NOMINATIONS

Positions up for election in 2019 include;

- Vice President
- Two (2) Directors in each region

All officers and director terms are for two (2) years.

To be eligible for the Vice President, candidates must be a current NDEMSEA member and have previously served a full term on the NDEMSEA board. The Vice President term will begin at the ND EMS Rendezvous after the annual meeting.

To be an eligible candidate for the regional director positions, (s)he must be a current NDEMSEA member and will run in his or her respective region. The officer terms commence after the voting results have been counted and verified March 5th.

If you would like to be, or know someone who should be included on the 2019 ballot for the Vice President or director position, please complete the nomination form, which can be found at www.ndemsa.org/Nominations-&-Elections.

How to Become a Candidate

Nominations began on July 1, 2018. Interested candidates are required to submit a nomination statement and photograph to be published in the winter Response Time and on social media sites. Nominations are due on or before December 31, 2018. This deadline allows adequate time for candidates' biographies to be shared on NDEMSEA news outlets prior to voting. Please review the Nomination and Election Rules online. As per election policies, nominations are NOT accepted from the floor during the annual meeting.

To submit a nomination statement and picture, please email it to ndemsa.office@ndemsa.org.

The Voting Process

The ND EMS Association regional directors' nominations and elections will no longer be held at the regional meetings. The election will be held this year between February 18th and March 4th, immediately after the last Regional Conference. Voting will occur through a combination of online and mail voting methods, as determined by the board of directors. A four-person committee will count the votes. The committee will consist of an election chair and three additional appointed people.

If you have any questions about the voting process, please contact the office at 701-221-0567 or visit our nominations and elections page on our website.

BLEEDING KITS PROVIDED TO NORTH DAKOTA COMMUNITIES

The North Dakota EMS Association in partnership with the UND Center for Rural Health provided Bleeding Control Kits this past August to four communities in North Dakota. This limited funding, provided by the Medicare Rural Flex Program, was able to place a total of 76 kits. This was the second (and final) year that this project provided kits, in an effort to train and better equip individuals across the state on how to control excessive bleeding, which is also a nationwide awareness campaign. Uncontrolled bleeding is the number one cause of preventable death from trauma. The greater the number of people who know how to control bleeding, the greater the chance of survival. The communities targeted were those with robust AED programs. The bleeding control kits will be placed alongside the lifesaving Automated External Defibrillators for better recognition in emergencies and better tracking and maintenance as years pass.

The major components of the bleeding control kits included the RMT tourniquet



and a red zippered pouch, big enough to contain all the materials, but small enough to fit alongside the AED. Other kit materials included gloves, trauma shears, gauze, dressing, triangular bandage, Sharpie marker, and stop severe bleeding action cards.

The communities receiving these kits are now expected to create an

awareness within the community of how to recognize a victim with significant bleeding, train on rapid and proficient use of pressure dressings and tourniquets, and overall teach citizens how to save lives by taking specific actions to stop life-threatening bleeding. In addition to the training and awareness campaign, these communities are tasked with further supplementing the kits with any materials not provided, promote the kit's location, and provide necessary progress reports.

One community to receive these kits was Northwood. The Northwood Ambulance Service received 22 kits and are in the process of placing them with each AED in



and around town. Initial training on when and how to use the kits has also started. There will be follow-up and additional training for many groups in town as well. A full day of events is planned at the school for November 14 and the ambulance service will access many of the mid to upper grades to teach them how to control a severe bleed. To raise additional awareness there will be an article in the local paper in the next week or two to kick off the awareness

campaign, and training will be provided to any group that requests it. The kits will be maintained quarterly along with the AED's that are already checked.

While the primary funding source for furnishing these kits throughout North Dakota has ended, we encourage anyone with questions to contact NDEMSEA or visit www.ndemsa.org for more information about starting your own Bleeding Control program in your community.

Notice of Non-Deductibility

Dear Members,

For income tax purposes, membership dues paid to the North Dakota EMS Association (NDEMSEA) are deductible as a business or trade expense. However, pursuant to Internal Revenue Code (IRC) Section 162 (e) and Section 6033 (e), certain lobbying and political expenses are **NOT** deductible and information concerning their non-deductibility must be communicated by tax-exempt organizations to their members. In compliance with these requirements, you are hereby notified that NDEMSEA estimates it has or will spend 50% of your dues on these activities, and that amount is therefore **not tax deductible**.

We advise all members to consult their tax advisor if they have any questions.



SEPSIS KNOWS NO AGE...A YOUNG GIRL'S STRUGGLE TO SURVIVE



Sepsis can and does affect people of all ages...even spunky 10-year-olds!

Gov. Doug Burgum proclaimed September 2018 as Sepsis Awareness Month. According to Sepsis Alliance, sepsis affects over 26 million people worldwide each year and is the largest killer of children in the world. Britney Geving and Derek Lyson know firsthand the devastating effects of sepsis. They nearly lost their daughter Kennedy to sepsis in 2017 following a horse-riding accident which led to multiple surgeries and hospital stays...not to mention, the many days of parents' worry watching their daughter's health decline and feeling helpless. "I knew something was really wrong, but I was at a loss as to what to do!" states Britney. After three weeks of not seeing any improvement, a desperate Britney asked to have her daughter transferred. She told hospital staff, "It's time to send us somewhere else!"

Read the account of Kennedy's sepsis journey and her remarkable strength to overcome the effects of an illness that nearly claimed her life.

Kennedy Lyson shares her time with her dad, Derek Lyson, in Marmarth, ND, and her mom, Britney Geving, in Baker, MT. On a beautiful day in June of 2017, 10-year-old Kennedy Lyson was riding her new horse around the yard in Baker. For an unknown reason, the horse reared straight up, with her still in the saddle, came over backwards on Kennedy's belly with such force that it imprinted the stitching from the saddle horn into the tissue



surrounding her belly button.

While Kennedy did not show signs of a head injury or broken bones, she was taken by ground ambulance to Baker, MT, where an abdominal CT scan showed she suffered abdominal injuries. Kennedy's mother Britney was told "there are lots of internal fluids where there shouldn't be" and the recommendation was made to send her to a larger facility. Kennedy was airlifted to Billings, MT, where she underwent abdominal surgery, which revealed a tear in the mesentery lining of the small intestine. Following surgery, Kennedy's parents were told that normally the damaged part of the bowel would have been removed, but the surgeon thought it had enough blood supply so the bowel was reattached.

Kennedy had a somewhat complicated hospital stay for the next 8 days, with continued severe pain, a fever of 104+ and vomiting. The discharge plan was that as soon as she could eat a full meal and have no fever for 24 hours, she could

go home. After three days of not being able to eat, her NG (nasogastric) tube, which she still had from surgery, was used as a feeding tube. She received a nutritional supplement via the NG tube. She started gaining some strength and was able to go home.

Over the next couple of weeks, Kennedy was not improving. She didn't have an appetite, was fatigued, lost weight and had diarrhea. Derek stated, "it was partly chalked it up to the

fact that she just had a major major surgery,” but they also took her to several local clinics to be examined. At one visit, Kennedy was deemed dehydrated, and she was admitted to the hospital to receive IV fluids and observe her overnight. This overnight stay turned into a week after a bowel blockage was discovered. Britney felt they were simply waiting for Kennedy to have a bowel movement to indicate the bowel was working, and that she could do that at home. They were finally allowed to go home.



flight team was in Kennedy’s room in 20 minutes. It was a very emotional time to see their daughter once again being strapped into a gurney.

In Salt Lake City, the family was escorted by security to a prepared hospital room, and the doctor met them almost immediately stating that another CT scan was needed as there was something clearly wrong with Kennedy. The initial treatment plan was to get the CT and observe her

overnight. However, once the CT was performed, the surgeon told Britney and Derek that Kennedy needed surgery immediately to remove damaged bowel, although the decision was ultimately up to them. They had touched down in Salt Lake City at noon, and by 1:30 p.m. Kennedy was taken to surgery. Following surgery, when she was getting settled in her room, one of the nurses said to Britney, “I am so glad you came when you did. She wouldn’t have made it much longer!” It was July 3.

Within a half hour of being home, Kennedy was resting on the couch when she suddenly stood up and clutched her lower abdomen and screamed, “It hurts so bad!” Britney immediately called the Miles City clinic to report Kennedy’s symptoms and was told it was probably a bladder infection and to encourage her to drink fluids and go to the bathroom. That same day Britney took Kennedy back to the clinic in Baker where a bladder infection was ruled out. Britney reports “really feeling at a loss.” She felt something was “really wrong” but didn’t want to be the hypochondriac mother. They spent the day at Baker where it was finally decided that Kennedy needed to go back to Billings via ground ambulance.

Kennedy’s family was told to plan to stay for at least a week as this was very serious, and it would take time to heal. The family felt that staff was sheltering them. They could hear the staff discussing sepsis, but that exact term was hardly said directly to them. The illness was taking its toll on Kennedy. It was getting harder on her each time a new IV was needed, so a Peripherally Inserted Central Catheter (PICC) line was inserted. On July 6 she was started on Total Parenteral Nutrition (TPN) to receive nutrition intravenously so she could completely rest her stomach.

In Billings the doctors were hesitant to do more testing because she had already received a fair amount of radiation so they made the decision to observe her for the night. The surgeon also was not in favor of doing more surgery because she just had surgery three weeks prior. Over the next 36 hours, Kennedy’s condition failed. Derek remembers, “she was green and lethargic.” She ran a 105 fever most of the night with nightmares from the fever and/or medications. In her nightmares she would hallucinate, frantically urging, “Hurry, we have to get up!”

Britney remembers there seemed to be a “24-hour” watch where medical staff would try a big intervention and expect to see an improvement within 24 hours. On July 9 an ultrasound was done and a very large abscess was found in her abdomen. Another “small” procedure was needed to drain this. This procedure did not yield the expected response. Up to this point, her abdominal incision had been “left open” to a certain degree to allow for drainage and healing from the inside out.

The next morning, Britney knew she had to do something; she was alarmed that Kennedy was not getting better. She showered and packed her bag and met the doctor in the hall and said, “It is time to send us somewhere else.” They discussed options for treatment and the doctor expressed concern that Kennedy was developing sepsis. It was decided to transfer her to Primary Children’s Hospital in Salt Lake City—a referral center for Billings. Arrangements were made, and the

At some point in the next couple of days, one of the family’s favorite nurses came back on shift, took one look at Kennedy and felt there was a major decline since the last time he saw her.

He notified the physician and after examination, it was decided they needed to surgically open her abdomen once again. Once opened, they discovered over 100 abscesses throughout her abdomen. This resulted in a plan to do a series of “washouts” every couple of days to clean out the abscesses. These started on July 11 and were planned every two days until clear. Kennedy returned to PICU on a ventilator in a medically-induced coma. Britney stated, “Kennedy was so strong, she kept breathing over the vent causing respiratory therapists to have to adjust the vent settings.”

Kennedy slept through much of this, despite many conversations happening in her room. One night, Britney and a nurse were discussing Britney’s birthday which was the next day. On the morning of July 13, even after sleeping so heavily, Kennedy woke up at 7:30 a.m., grabbed her dry erase board, and wrote “Happy birthday, Mom! I love you!”

After the second washout, hospital staff started to see progress. They already couldn’t find any more infection. Kennedy had an incident around this time in which her NG tube became kinked. Kennedy remembers waking up and “freaking out” because she felt like she couldn’t breathe and/or was going to throw up. She frantically hit her call-light to get someone’s attention. She says her mom taught her sign language when she



was little, and she was trying to sign to her mom that she couldn’t breathe. Britney saw Kennedy leaning over the bedrail and signing she couldn’t breathe. Britney stated, “It was confusing to staff because she remained on the ventilator and she shouldn’t have been feeling that way because the vent was breathing for her. However, once bile started coming out of her mouth, the staff

certainly hustled to find the cause which was a kinked NG tube.”

On July 14 the process for weaning Kennedy off the vent started, and she was able to go for the last surgery without a vent on July 15. She was discharged out of PICU on July 17 with the hope that she could possibly go home in another couple of days. She had lost so much strength and muscle, she wasn’t able to walk. When her accident happened, she weighed about 100 pounds and had lost 25% of her body weight and now weighed about 73 pounds. Kennedy was physically, emotionally and spiritually drained. Britney shared, “Even though all of her numbers were getting back to normal, Kennedy couldn’t eat or walk and just wanted to sleep. She had given up hope and didn’t care.” TPN continued throughout all this time, and adjustments were constantly being made to her calorie intake to try to stimulate an appetite. Very, very slowly she was able to eat. With the assistance of physical therapy, she slowly was able to go for walks and regain some strength.

In late July, Britney started asking what it would take for Kennedy to be able to go home. Britney felt it would be good for Kennedy to be in her own home, to see her brother and her sister, and sleep in her own bed. They had been in Salt Lake City for 26 days and almost 2 whole weeks had passed without having any other family or friends for support.

After much discussion, Britney and Derek agreed to take a class on how to manage the PICC line so Kennedy could continue to receive TPN at home. Kennedy, Britney and Derek flew home on July 28. Initially Kennedy had to be taken to Baker once a week for wound cares, but Britney eventually assumed care of this as well. The first day she got out of the house, Kennedy asked to see her horses. When they got to the fence, her three favorite horses came walking to her with their ears pricked up at attention, sniffing and nuzzling Kennedy. Sampson, a Shire gelding who is a very large animal but “wannabe lapdog” came up to Kennedy and seemed to sense that something was wrong. Sampson was a bit tentative at first, but once Kennedy started playing with him and squeezed his nose, he returned the affection and started nibbling on her.

That fall, Kennedy went back to school—part time



and would not put their child through something that is not needed. Please listen to the mother and family!” Britney also urged doctors to be willing to admit when they don’t have experience with a given situation and when they may need help finding answers to their questions. Through all of this, Britney has learned that children are not just “miniature adults” and sometimes need specialized care.

Sepsis-survivors can often experience Post Sepsis Syndrome with fatigue, memory loss, mood issues or physical issues. Kennedy is currently doing well, without these symptoms. She does have some problems with a “touchy bowel” and is more cautious than before. Kennedy says, “I have to be careful sometimes with certain movements.”

Britney reports that Kennedy has grown up quickly and is a stronger person. She gushes, “Kennedy is a phenomenal young lady. I hope you get to meet her someday!”



initially. They tried to time her TPN to run overnight, but a few times she had to wear it to school in a backpack. On October 2 Kennedy was completely done with TPN and the PICC line was removed.

The family reports not receiving any further education about sepsis during the hospital stay. When asked what message the family would like to convey about this experience and sepsis, Britney stated, “Healthcare providers should listen to the parent. A mother knows her child best

Sepsis is the body's overwhelming and life-threatening response to infection that can lead to tissue damage, organ failure and death. It is a treatable condition but yet kills more than 258,000 people in our country every year. The chance of survival from sepsis drops 8% every hour it is not treated.

Great Plains Quality Innovation Network (QIN) in ND, SD, NE and KS, is working with EMS professionals, healthcare providers, and consumers in our region to improve early recognition and raise awareness of sepsis as a medical emergency. In the Great Plains QIN region, sepsis is the leading cause for admissions and readmissions to the hospital for Medicare beneficiaries. You can save a life just by knowing the signs of sepsis. It's about time:

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