

10/08/2020

Kelly Dollinger, President
North Dakota EMS Association
1622 Interstate Ave.
Bismarck, ND 58503

Via email: ndemsa.office@ndemsa.org

Dear Kelly,

Thank you for your letter of October 5, 2020. I appreciate your acknowledgement of the impact of the COVID-19 response on state government functions. As you know, until very recently, the entire Division of Emergency Medical Systems (DEMS) was assigned to the Department of Health's Operations Center (DOC) and was immersed in the efforts to address the needs of North Dakotans, whether it be related to testing our most vulnerable citizens in congregate living settings or ensuring that our homeless population was receiving the services needed to stay safe. We are proud of the work we did but are happy to be back doing our EMS, trauma, cardiac, stroke, and EMSC program work. There are many significant projects that had to be put on "pause," such as the Helmsley Law Enforcement AED Project and the updating of the administrative rules, and we are now moving quickly to regain lost ground and move these and other delayed projects forward.

As I read through your letter I could not help but think there is some confusion over the ambulance service licensing process for this cycle and the ambulance service inspection program that was introduced last year and, perhaps, the two were being conflated. I hope I can clear this up for you and the concerned NDEMSEA members. There is no relation between the biennial ambulance service licensure process and the ambulance service inspection program. This was indicated in the email that accompanied the ambulance service licensure materials that was sent to ambulance service squad leaders on 09/21/2020. In addition, the email also stated that "inspections will not begin until the current state of emergency has concluded..." We elected to distribute the ambulance service inspection program materials as ancillary materials to the ambulance service licensure materials as there are overlapping regulatory items, such as the equipment checklist, and to provide plenty of time for ambulance services to prepare, knowing that the COVID-19 emergency was unlikely to end within the next three to six months. You will note from the ambulance service inspection materials that our efforts to ensure that ambulance services are prepared go as far as to include scheduling at the convenience of the ambulance service and sharing the questions that the inspector will ask. This is an unprecedented level of transparency as many accreditation, licensure, and designation organizations, including other divisions within the Department of Health (DoH), utilize no-notice inspections and provide no preparatory materials.

Another area of confusion seems to be the licensing process itself. Your letter references licensure as being required. The DEMS email of 09/21/2020 references the suspension of licensure activities by Executive Order but states that we will continue to license ambulance services so that that ambulance services may meet the

requirements of payors to have a current license in order to seek reimbursement. We did this at the behest of a NDEMSEA board of directors' member who was concerned that his agency would be denied reimbursement due to license expiry. The email goes on to state that "the DEMS *recommends* that all ambulance services relicense prior to 10/31/2020 so that there is no lapse in licensure when the suspension of ambulance service licensing is lifted." There is no requirement that ambulance services relicense during the COVID-19 emergency, but the option exists to relicense should that be the desire of the ambulance service. The license application itself remains almost identical to the 2018 – 2020 application. The changes are limited to a clarification of the staffing definition, a request for a copy of the ambulance service's call schedule (required by 33-11-01.2-07, 33-11-01.2-09) in lieu of two staffing questions, a question regarding substation availability, three data points related to communications (dispatching, hospital notification, medical control) to help with the SIRM2020 project, and a request to identify the current ePCR vendor as some ambulance services have changed vendors subsequent to the original implementation of the current EMS data system. I concur that current ambulance service licensure information and documents should be updated on the DEMS website.

You request in your letter a timeline for updating administrative rules. I realize this has been a project within the EMS community for many years and was initiated prior to my tenure as DEMS director. As you know, the DEMS submitted proposed administrative rules to the Emergency Medical Services Advisory Council (EMSAC), and shared with NDEMSEA, at the January 2020 meeting, with the goal of allowing a period for review and comment by the members and then discussion at the next quarterly meeting. Unfortunately, the next two EMSAC meetings were cancelled due to the COVID-19 emergency. This disrupted the goal of having the proposed administrative rules move through the various steps for approval (Department, Attorney General, Public Comment, Health Council, *etc.*) during calendar year 2020. The proposed administrative rules will be addressed at the upcoming EMSAC meeting (next week) and I am confident that the process will proceed as planned, notwithstanding the delay inherent in the current public health emergency. As noted above, EMSAC meetings are scheduled and will be held quarterly, or as often as necessary to meet the requirements of NDCC 23-06-02.

I must take exception to the statement in your letter regarding the lack of communication and availability from the DEMS staff. Our commitment to keeping the EMS community informed from the outset of the pandemic is well documented. At one point during the first few months of the emergency we were publishing an "EMS Update" email seven days per week. As this effort filled a temporary information void, other organizations, from the ND Firefighters Association to the ND Association of Counties among others, requested to be included so they could share with their public safety constituencies. Now that information related to the pandemic is widely available from many reliable sources, we have scaled back our publication of the "update" to an as needed and appropriate basis. As for staff availability, all DEMS team members are required to forward their office phone to their mobile phone when away from their desks or out of the office on business. I have no expectation that the DEMS program staff respond to phone calls after business hours, though many do; however, my mobile phone is always on and I answer after business hours and weekends when available. Despite the aforementioned pause in EMS program work during the first six months of the pandemic, DEMS staff fielded EMS-related calls that were routed to them while functioning in the DOC, taking after-hours call time, or abetting other aspects of the response. Though I am not aware of any, I suspect that some messages were misrouted, had a delayed response, or, perhaps, were lost. If this did occur, it was an isolated event and not systemic. I find it unfair to label these as "frequent." My suggestion if a NDEMSEA member is having difficulty reaching a DEMS staff member by telephone is to follow-up with an email or text. Not all calls are able to be answered but the staff

member may be in a position to reply via an alternative. Should the need be urgent, all DEMS staff can be reached through the DoH case manager on-call. This request is initiated by calling State Radio (701-328-9921), who will transfer the call to the case manager for processing.

I, too, value the strong working relationship between the DEMS and NDEMSEA and appreciate your organization's efforts to advance EMS in North Dakota. I have shared your letter with the DEMS staff to ensure that we have not missed additional opportunities to improve our service to your members and all North Dakota EMS providers. We are constantly seeking to do better and invite NDEMSEA to continue to assist us in doing so, even if it means pointing out our flaws. We are in this together.

Sincerely,

Chris

Christopher Price, MPA, NRP
Director, Division of Emergency Medical Systems

cc: T. Wiedrich
DEMS staff