



Flathead City-County Board of Health  
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[flathead.mt.gov/ems](http://flathead.mt.gov/ems)

# FCEMS Advisory Committee

Meeting Minutes of August 25, 2008

6:00 – 8:00 pm

Health Department Conference Room – Earl Bennett Building

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## Attendees:

Nan Askew	Board of Health
Turner Askew	911 & Whitefish City
Dr. Rob Bates	FCEMS Medical Director
Art Bielz	Representing BLS Non-Transporting Units
Marty Boehm	FCEMS
Dan Diehl	Representing ALS Transport Units
Neil Heino	ALERT
Gary Mahugh	Representing BLS Non-Transporting Units (Alternate for Bill Tidwell)
Jen May	Representing BLS Transport Units (Alternate for Mary Granger)
Lance Melin	Evergreen Fire
Wayne Miller	Board of Health
Mark Peck	911 Project Director
Mike Rensmon	Representing ALS Transport Units (Alternate for Lance Westgard)
Joe Russell	Chairman
Lela Sistok	Representing BLS Non-Transporting Units
Doug Smith	Board of Health – EMS Committee
Gary Solomon	FCEMS
Dr. Jon Torgerson	NVH Offline Medical Director (Alternate for Dr. Ken McFadden)
Kim Vierra-Diehl	West Valley Fire
Craig Williams	Representing BLS Transport Units

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It is the mission of the Flathead City-County Health Department to assure the conditions in which people can be healthy through collaboration, education, promoting stewardship of our resources, and providing preventative health services to our community.

## Meeting Agenda

- Open Action Items
- Change Advisory Committee meeting day? (Vote by Representatives)
- 911 Update (Peck)
- New Representatives for ALS Transport (vacated by R. Brodehl) and BLS Transport (vacated by E. Taylor)
- EMS Scholarship Fund discussion
- New Issues
- Zoll Medical 12-Lead Telemetry presentation

## Meeting Minutes

Joe Russell started the meeting asking the member alternates to introduce themselves to the group. Continuing with open items, Russell asked for updates from the units.

Craig Williams, of Evergreen Fire, said that everything was generally good. EFD now has four paramedics and twenty four EMT-Basics. They had about 200 calls last month which includes both fire and EMS.

Gary Mahugh, of Creston Fire, said that they have had more mutual aid calls and some questions about dispatch response levels.

Dr. Jon Torgerson asked about the meeting minutes and some formalities about how this meeting was run. The meeting minutes are taken by hand and with an audio recording for backup. The minutes are typed and then posted on the FCEMS website as soon as possible after each meeting. Torgerson commented about the short time interval with the email notification just prior to the county commissioners meeting to approve the FCEMS regulations last week. Russell commented that there apparently were some communications disconnects in the information notification process on this issue. He went on to say that this is the first version of the regulations and we can expect changes in the future. [Background: The final version of the regulations was presented in the June 2nd advisory committee meeting and were noted that they would then go to the board and then on to the commissioners for approval. This was also noted in the meeting minutes. The newspaper notification, Tuesday, August 12, of the commissioner's meeting (for Tuesday August 19) was noted in our office and we thought it would be helpful to send an email reminder to the advisory committee notification list. The original text of the notice was tracked down within the county offices and the email was sent out on Monday, August 18.]

Russell brought up the next item of the request to change the advisory committee meeting day from Monday because of a conflict with the Kalispell city meetings which requires KFD managers to attend. Discussion by many individuals followed which was generally against the change and mostly because of even more logistical conflicts. Dan Diehl acknowledged these issues and offered to try to adjust his staff assignments to be able to have KFD representatives attend both meetings. It was decided to leave the meeting day unchanged. It was decided to move the meeting time from a 6pm start to 5:30pm start.

Mark Peck gave the 911 update: The county commissioners voted to put the 911 dispatch site, infrastructure and building on the November 2008 ballot. CTA engineering and architecture is working on the project. The floor plan is nearly completed and will be made available when it is ready. A grant has been awarded to purchase the CAD (computer aided dispatch). Mark wants to identify people to work on the EMD (emergency medical dispatch) protocols. The meeting for this purpose will be Tuesday, September 2, at 4pm in OES area in the basement of the Justice building. Bates asked if we want to redefine the type and number of medical dispatch levels. Peck reiterated that he is open to whatever people in the field want. Diehl asked if the response codes are connected with the dispatch level. Peck

replied that the EMD system has default levels defined, but that the system is very flexible for defining these conditions. Also, these codes and levels must be reviewed and approved by the affected parties including the county medical director. Bates said that he will meet with ALERT and review the dispatch criteria. Boehm asked if the cell phone systems in the area were contributing to the 911 fund. Peck answered that they were with an approximate annual amount of \$500,000. He said in the next ten days to two weeks he will have a 911 center activities press release. Turner Askew said that someone outside the county employment could put out a newspaper ad / endorsement of this project. Help from publicly, well known people will make a big difference towards a successful ballot result. Peck said he thought the tax would amount to approximately \$12 for a \$200,000 home and that this tax will 'sunset' in that it will only last for a fixed time interval.

Williams noted that Evergreen will be having a mail-in ballot for their new fire hall.

Russell noted regarding the Health Dept addition that the Missoula architectural/design firm costs were way above those for the 911 project. Peck said that Bozeman's recent dispatch or fire hall was built for about \$302/sq.ft. compared to the estimate of \$360/sq.ft. for the 911 center, with the difference being that the Bozeman building is a 'stick-building' and the 911 center is 'hardened' to NFPA standards. Peck added that DNRC helped with detailed issues to handle surface and storm water drainage for the site.

Russell asked if we need to elect replacement voting representatives or would the alternate just move into the primary vacated position. Many people commented including the desire to have more details of these positions spelled out. Torgerson moved to have the alternate fill the vacancy. Sistok seconded the motion and it was passed unanimously. Dan Diehl now represents ALS Transport Units filling the one year appointed position vacated by Randy Brodehl. Tracy Norred now represents BLS Transport Units filling the three year appointed position vacated by Eda Taylor.

Russell asked Boehm to review the EMS Education Scholarship draft ideas which was distributed to the attendees. After having done this, Diehl voiced his support for broad financial support for EMS education. Torgerson agreed and said he likes options two and four in combination. This approach has annual fraction of the cost reimbursed to the individual as long as they continue to provide service to the county in combination with EMS contributing mill levy funds to a scholarship fund. Smith agreed with this also. Russell agreed saying that the county needs the return on the investment in training the individual. Sistok agreed adding the preference to fund advancing EMT levels over recertification and refreshers. Smith described one reason he supports ongoing education as his long term observation that EMS providers do not study enough to remain current with the emergency medical information and technology. Mahugh wants the group to look at a broad educational approach. Boehm pointed out that the FVCC EMT-Basic retention rate (for the Flathead valley) was one or two people from a class of forty. Diehl added that this is similar to the retention rate for FVCC Paramedic students. Torgerson made extended comments about a scholarship committee and a scholarship account. Miller asked what the cost was for a paramedic course. The estimate was about \$12,000 over 18 months. Bates suggested that the conditions of where people come from i.e. locality and provider agencies play a role in scholarship selection. Sistok described West Valley Fire policy which requires members to serve 18 months before being reimbursed or paid for EMT-Basic training. Boehm described the military approach of an 'amortized' payback plan for RN training. Heino agreed with the scaled scholarship funding conditions based on continued service over time. Miller asked what sources of funding would be used besides mill levy funds. Russell agreed that mill levy monies would be the primary funding source but they may be supplemented. He said the board of health may have money to put in to the scholarship fund but the main funding allocations for FCEMS for the next round still needs a lot of work. Diehl said that Kalispell Fire has paramedics that want to teach ems courses. Torgerson noted an advantage of a bank fund is that you can get donations and outside funds. Russell said in that case the county would have to organize a 501c corporation. Peck noted that the 911 project is a 501c(3) organization and can earmark money for outside projects. Mahugh reminded that you can't co-mingle county tax funds with other sources. Russell pointed out that foundation funds can come into the county financial system but not the other direction.

Miller said that last meeting he wanted the units to bring their protocols in to this meeting and he saw that did not happen. Regarding the medical and supplies use lists, not everyone has responded, so he must assume that no response means that unit is not interested in participating in a volume purchasing / discounting system. He will give units one more month to respond to his request on meds and supplies.

Miller pointed out that Bates needs to review each unit's protocols. Torgerson asked if this only applied to transporting units. Miller replied not necessarily, but to any unit providing medical care. Torgerson asked that Solomon email this request to all of the Offline medical directors. This was acknowledged – Miller will compose the request and Solomon will contact the medical directors. There was discussion about the required use of the state protocols and that individual medical directors could modify protocols. Also, it was noted that there exists a procedure for modifying protocols. Bates confirmed that he has not reviewed every unit's protocols. May asked about the distinction between a unit's policies and protocols. Miller answered that protocols are the "how" to perform medical care as in a flowchart of steps to perform. Miller stated that the goal is for every medical director to review their protocols. Peck added that this also protects them and the providers. Miller finished by reiterating the top priority / goal is the most successful patient outcome.

Boehm reviewed the Rule making Process draft which was distributed to the attendees. Russell noted that the advisory committee does not have to go back to the commissioners to modify rules. This is as stated by the board of health when they authorized the advisory committee. Boehm asked for any questions or modifications. It was noted that this may contain conflicts with fire districts rules. Peck noted that the fire districts have well defined legal responsibilities. Russell said that we need to be clear when dealing with dispatch issues. Mahugh commented about trustees giving fire chiefs certain authorities. Russell said that there is always a legal remedy and that this committee is not in place to regulate 911 or fire districts. Miller asked that this rule making process is not intended to become a regulation. Torgerson asked about what process he would use to make input to the rule making. Miller commented that this is like by-laws and wants to get the medical directors involved.

Russell said that in the future, about ten days before the advisory committee meeting, we will email a request for agenda items to the committee notification list.

May asked, on behalf of the president of Lakeside QRU, how to get mill levy funds based on need. Russell responded that funds could be disbursed based on need, but also that funds need to be allocated based on a formula that is different than solely on population. The board has money that they can allocate by need. Mahugh commented that he is hearing that he will need pre-approval for any purchase. Russell said that the board does not want to micromanage finances like that. Mahugh suggested setting reasonable operational funding limits by category to avoid this situation.

Peck said that the (dispatch) situation is getting confusing. He mentioned the issues to the west as an example. He said there are problems with consistency of dispatch regarding levels of authority and problems with the optimal use of resources. Diehl said that the dispatchers need to initiate an action to this group and Bates as EMS Medical Director in order to force a response and solution. Heino commented that the human element involved will (always) make this very difficult. We are continuing to have 'problem' calls. Russell commented that he does not think we are using medical control enough. Torgerson said he would like more communication on the evolving scene status. Smith noted, from personal experience, problems with knowing who he is talking to (regarding medical level) at KRMC ER. He wants the phone answered with a name and medical level identification so he knows if he is talking to a person who can authorize certain medical actions. Peck commented that we need to get these people together to discuss these issues rather than trying to solve them with the current meeting attendees. Bates agreed. Miller wants problem cases to make it into this meeting. Heino responded that these cases first go to medical control so the people involved are the first to deal with their resolution.

Solomon told the group that the FCEMS website has been updated to include a page for the advisory committee which contains the meeting agenda and past meetings minutes. The home page now has the FCEMS regulations and newsletter as well as an always current link to the EMS protocols. The training

page has been updated with a new listing of all training library resources sorted by title. Suggestions for continued improvement of the website are always welcome.

Ron Adams of Zoll gave a presentation / discussion on 12-lead EKG units and transmission. There was general agreement that FAX transmission to the ER was sufficient as the transmission method to use. Boehm said it was important for units to be compatible using this technology. Heino said that the cardiologists must define what they want in the way of information delivery. Adams said that, when we are ready, Zoll will send a certified 12-lead instructor and that the training will also fulfill continuing education credits. He noted that local providers are capable and willing to teach 12-lead and he will support that desire as we wish.

The next meeting is scheduled for Monday, September 29 at 5:30pm.

### **EMS Education Scholarship Discussion**

**Purpose:** To provide financial assistance to local EMS providers who wish to advance to EMT-Paramedic status. Preference would be given to individuals who have been active with an EMS unit in the past and chances are good that they will remain in the valley. Improve recruitment and retention for Flathead county EMS

Option #1 – 50% grant to be matched by the individual

Option #2 – Total amount paid by individual. Reimbursed at set rate for each year they provide service in the county. (e.g. 25% per year for two years)

Option #3 – Provide total grant for unit sponsored individuals.

Option #4 – EMS contributes mill levy dollars to a scholarship fund administered by college or bank.

Option #5 – No EMS scholarships.

### **Rule Making Process**

**Goal:** To construct a comprehensive Emergency Medical Services operational and policy manual for Flathead County.

**Statements:** Manual must be flexible and timely to accommodate new medical policies and protocol.

Wherever possible or available, protocols and policy will be based on national standards and guidelines. Position papers, white papers and studies will be utilized to direct policy development. Local input will be solicited wherever possible.

Many governmental agencies such as HIPAA and OSHA have applicable policies and regulations for EMS.

The Flathead City-County Board of Health are appointed representatives of community interest and input in health related issues.

Flathead County EMS will utilize the Montana Board of Medical Examiners Emergency Medical Technicians Montana Prehospital Treatment Protocols (revised April 2008). These may be modified by the Medical Director per BOME rules. BOME regulations (rules) also govern individual provider's license and scope of practice.

Flathead County EMS will also utilize Montana Public Health and Human Services Emergency Medical Services Section for rules governing licensing and general operating standards for EMS units.

Flathead County EMS Medical Director will have authority and accountability for medical care as directed by BOME, DPHHS and Flathead County commissioners in Resolution 2075.

Flathead City-County Health Department board of Directors and EMS subcommittee of the board will approve all policy which will be codified for approval by the County Commissioners.

The EMS Advisory Committee is an appointed group representing EMS providers at all levels of service. Hospitals, Medical Directors and Board of Health members are also represented on the committee. The committee was formed to provide input to the Board of Health in EMS related issues and to assist with development of policies, protocols and county-wide EMS standards.

Notes compiled by Dr. Bates:

### **Pre-Hospital EKG**

#### Introduction:

Increasingly being used by EMS systems to expedite cardiac care (Bozeman).

Discussed at Joint Trauma committee 10/06 by C. Horsens EMT-P. Divided hospital support. Grant applied for to pay for system and turned down.

Time to PCI and Thrombolytics has been shown to be decreased.  
More likely to get PCI/TL with increased survival.

Class I Recommendation 2005 by AHA for urban and suburban EMS systems.

Local cardiologists are supportive of pre-hospital EKG.

#### Discussion:

Every 30 minute delay to PCI increases Mortality by 8% at one year.

Time to reperfusion is decreased by 27% with EKG transmission to ER.

Not just looking for obvious ST elevation, also looking for reciprocal ST depression and Q waves.  
Also, looking for changes from old EKG and also changes in serial EKGs.

10 Reasons to Perform a Prehospital EKG:

1. Does not significantly delay transport
2. Takes only one or two minutes to perform.
3. Quality is increasingly high.
4. Allows early diagnosis of AMI.
5. Can be used to identify patients for prehospital lytic therapy.
6. Allow a pre-alert to the hospital for a STEMI patient.
7. Gives the cath lab personnel time to prepare.
8. Provides the ED with an EKG to compare to past EKGs and to the one performed on ED arrival.
9. Improves patient outcomes.
10. Makes EMS an integral part of the chest pain team.

Conclusion:

Decreasing time to reperfusion is the goal. Pre-hospital EKG can activate the system sooner and lead to quicker reperfusion and therefore better outcomes.

Reference: Prehospital 12-Lead JEMS article July 2006.

Download from: <http://flathead.mt.gov/ems/downloads.php>