

**Gage County EMS Assessment Committee
Parkview Center
Beatrice, NE**

July 10, 2008

MINUTES

Present:

Don Harmon
Jane Ford-Witthoff
Ron Miller
Brian Daake
Mark Meints
Alan Fetty
Rex Adams
Danny Hawkins

Absent:

Dee Fritch
Dennis Byars
Larry Stanoscheck
Gary Williams
Dawn Hill

Guests:

Don Rice, MD
Randy Ritnour

Staff:

Robyn Henderson
Dean Cole
Richard Mettner

Call to Order and Introductions

Don Harmon called the meeting to order and introductions were made.

Minutes and Agenda

Motion was made and seconded to approve the minutes of the June 12, 2008, meeting. Motion passed. Motion was made and seconded to approve the agenda. Motion passed.

Gage County Board of Supervisors

Don and Jane Ford-Wittford attended the June 18 meeting of the Board of Supervisors in order to answer any questions that the Board may have regarding the EMS Committee's request for funding for a Medical Director.

Finance Committee asked for more information about MD position, including job description. The "start date" for this position will impact the county budget. Are other funding sources being considered/sought to help pay for this position?

Don, Jane and Rex Adams agreed that Board appeared to be receptive to the idea.

Report in Beatrice Daily Sun said units could still retain their own MD. Technically that is correct, but would hope that units won't do that (see attached copy of July 5, 2008, story).

90-day rule on contracts (not a statutory provision) are just agreements. Both parties would have to have a public hearing. However, could do a joint hearing.

Committee Process

A question was asked regarding the decision to write the letter to the County Board. One of the primary reasons was that county board is in middle of budget discussion and needed to have the request in now or we would have to wait until next year. Also, several thought that establishing the Medical Director position was key to achieving other changes; this was a logical first step as many other decisions depend on or required the MD input or approval.

Public questions have been raised about committee members' attendance at meetings. Others on the committee also expressed this concern. Don volunteered to contact members that have been absent from several meetings to determine their interest and availability to continue on the committee. Committee members are concerned some sectors of the county who will be impacted by these changes have not been available to ensure their concerns are met.

It was decided that the minutes of these meeting should be distributed broadly. Don and Robyn will work a list of other entities that probably should receive minutes. It was suggested that the Mayor should be on the distribution list and the Dawn Hill could distribute the minutes to members of the County Board.

Lancaster County Rural EMS Issues/Ambulance Districts

The Lancaster County group meets every week. They are negotiating with Lincoln Fire Chief/Lincoln Fire and Rescue. Rural districts had agreed to pay LFR \$120,000 for services (apportioned among rural districts by number of calls); now Mayor Beutler says it will take \$180,000. Rural districts can bill etc. to recover their costs. Lancaster County is determining if they can cross county lines. This would affect northern tier of Gage County, where for example, Lancaster County may want to cover Cortland and Adams. This situation would create a dispatch nightmare. Agreement needs to be done by end of August. Squads impacted are Adams Firth, Cortland and Clatonia.

For the reasons noted above, members discussed whether they need to form ambulance districts before Lancaster County acts. Ambulance districts need to be voted on by the people affected. If established, they can then tax themselves to provide services. Residents can also vote to exempt themselves from Lincoln ambulance coverage/service.

If the ambulance districts stay within current amount budgeted by County Board for fire districts, then there is no problem with creating ambulance districts and additional tax authority would not be required. The ambulance districts cannot exceed the county tax lid.

Physician Medical Director

Dr. Rice is the State of Nebraska's physician medical director consultant (under contract for TA).

He was the Medical Director at Columbus and really turned the program around. He now has an Urgent Care Clinic in Lincoln, serves as Medical Director (MD) for Cortland, and teaches courses and revamped training curricula for state MDs.

Dean stated that the State will pay for him to provide technical assistant to committee. He could help with drafting job description for MD, develop contract, and so forth.

Physician Medical Director (PMD) maintains the ultimate authority for all medical aspects of a call/response under state law and also has responsibility for quality assurance. In communities with involved PMDs, the quality of care and services are better than when PMD is not involved and/or is not paid.

The chain of accountability for the PMD needs to be clearly defined. One option is a county-wide EMS board (similar to "airport authority"). The board would have no authority to change medical decisions made by PMD, but should hold the PMD accountable to terms of contract, which also must be very concise. PMD should not be beholden to any other entity involved with provision of EMS services (i.e., such as a shared position with hospital).

The contract with a PMD needs to set very clear expectations for both sides; the job description must also be very thorough; and the contracting entity needs to understand the pattern of calls in their area to determine how much time the PMD should be involved. There should also be a clear definition of quality assurance and the PMD should have some line item authority to carry out their duties (training, resources, etc.)

There are other county-wide systems in in the state. Many models integrate volunteers and paid EMS. Many squads (volunteer) don't want to give up control/"turf", but it is vital to remember that volunteers are held accountable to same rules and regulations as paid EMTs. There should be no special exemptions for quality, etc, for volunteer squads.

In-field support by the PMD provides opportunities for observations that would not show up in eNARSIS report. eNARSIS also provides a lot of data to help with improve quality and determine training needs.

Qualifications:

Formal Criteria:

Should be board certified in something such as family practice and have demonstrated ER experience;

Informal criteria:

Attend state PMD training course (include in contract)

Attend national PMD training (include in contract)

Attend ALS meetings (dependent on call volume)

Use monthly regional meetings to stay in touch with squads

Dr. Rice recommends bringing the PMD on first – they then can provide input on other restructuring issues, quality of care concerns, etc. Bringing the PMD into the process early then provides a point of centralization for the rest of the process

Next Steps

Legal questions need to be forward to Randy prior to meetings.

Physician Medical Director

Quality Subcommittee will work on:

Job description

Qualifications/criteria

Performance expectations

Search -

Hire date: -- July 1, 2008 – beginning of County fiscal year/ budget is finalized

September 1 (that would be good hire date)

Finance Subcommittee

Funding for position

Forming Ambulance District:

1. Structure Subcommittee: formalize concept and get answers to anticipated questions. Randy has responded to “how to form an ambulance district” which answers most of the questions. County Board can establish ambulance district with a hearing. Randy will do further background. Structure Committee – work on forming an ambulance district.
2. Hold meeting with all departments affected about creating the district and get approval. Use Mutual Aid Meeting as forum – first Monday in August
3. This can be done with a 10 day-notice, which includes a summary of the general plan, cost to create, and anticipated costs.
4. Board will have to vote on this. Approximately 45 days out.