



NLCERA EMS Contract

Quarterly Rural Fire Chiefs Meeting

February 16, 2019

PFA Administering the NLCERA EMS Contract through IGAs

Greetings NLCERA EMS Rural Fire Chiefs and designees,

Please see the minutes from the first-quarter February 16, 2019 meeting. The meeting was held at Glacier View Fire Station 1, 08:30 – 11:30.

Discussion Items and Agenda:

- 1) Introductions and welcome, sign [roster](#).
 - a. We welcomed two new members, Aaron Leonard (UCH) and Brendin (Bobby) Hill (RFLFPD)
- 2) Approve December 15, 2018 fourth-quarter meeting [minutes](#)
 - a. Minutes approved no discussion.
- 3) Administrative
 - a. NLCERA Rural Fire Departments/Districts
 - i. Any EMS Contract related issues?
 1. None at this time.
 - ii. Changes in leadership, roles or governance relating to EMS?
 1. No changes at this time.
 - iii. ReadyOp form still in development
 1. ReadyOp contact list update form is still being developed from the first version. Bill will send this out soon to the NLCERA for comment and updates.
 - b. PFA Updates
 - i. Northern Colorado EMS Protocols have been updated February 1, 2019
 1. [Protocols](#) most updated version will always be posted on EMS Tab of the Poudre-Fire.org website.
 2. PPP App will always be updated as quickly as possible – they are very responsive. (download from App store)
 3. Please ensure you are operating off the most current protocols
 - a. Request by rural chiefs to send emails when updates are coming.
 - i. PFA is committed to keeping the NLCERA chiefs informed before any protocol updates happen.

- b. Feedback from chiefs – possible protocol issues with stroke and medication administration. Much discussion about potential improvements. Kevin to take back and research update improvements.
 - 4. Discussion about I-Gel change and effects on the NLCERA Rural departments
 - a. Bill and Kevin thanked Mark for his email explanation of how this change was affecting his department. The costs can be extensive when a change is imposed quickly, as is the case with the I-Gels.
 - i. Kevin secured one set of I-Gels for each rural department for distribution at this meeting.
 - ii. Much discussion about the models of how rural departments equip their EMTs.
 - iii. Kevin advised he has been talking with the manufacturers of the King Tubes to see if they will allow a return for credit and purchase of I-Gels. He will keep everyone informed as information becomes available.
 - iv. Kevin requested each department inventory their current stock of King tubes which are not expired and in good condition. Each department, if they wish PFA advocacy and pricing, should send their list to Bill and Kevin.
- ii. Rural ALS Follow-up – Kevin
 - 1. Coordinated Compliance discussion from last meeting
 - 2. Discussion about each AHJ's ability to set the level of EMS response within their jurisdictions.
 - a. Clinical practice under a medical director to ensure successful ALS response is separate discussion for consideration (training, clinical training, equipment, documentation).
 - b. MedicCE able to provide means for training and documentation.
 - c. Discussion: Kevin confirmed the medical director must approve certain purchases of medications or equipment.
 - 3. Discussion of setting up Coordinated Compliance (CC) with a model for the NLCERA departments. PFA Proposes to standardize components of CC where those with ALS capabilities can enter or withdraw from CC as their AHJ is staffed.
 - a. PFA to develop this idea and follow-up with the medical director and NLCERA rural chiefs for their feedback.
 - b. Kevin – we have the means as a system to coordinate education, training and documentation. What is needed is the funding for proper equipment.
 - i. Cardiac monitors are identified as a needed key element.

1. Proposed ideal is one cardiac monitor per rural ambulance (six total).
2. Discussion about possibilities of used monitors being available.
 - a. Kevin to follow-up and advise of options.
- ii. Discussion of grant writing and applications for regional grants as a need for the rural departments.
 1. Joel to research options for regional grant writing.
- c. Discussion about difference between ALS ambulance license and providing ALS care in AHJ's.
 - i. Kevin - Do not need ALS ambulance license to provide ALS care with BLS ambulance.
 - ii. Discussion: Aaron - reminder that purchasing cardiac monitors is just the beginning, they require costly ongoing calibration and maintenance.
- d. Discussion of how to dispose of old monitors and AEDs?
 - i. Contact recycle companies or manufacturer for options.
- e. Discussion about Auto-pulse use in the rural NLCERA
 - i. No current EMS protocol regarding their use from the medical director.
 - ii. Dr. Tremblay is researching the effectiveness of Auto-pulses.
 - iii. Discussion of the benefits of their use in the rural setting, especially with limited manpower.
- iii. NLCERA Feedback Form is working well
 1. [Feedback form](#) posted as a link under the NLCERA webpage
 - a. The form has been used and leads to solving issues or problems for entire NLCERA. Much appreciated.
- iv. NLCERA Rural EMS Transport Reimbursements invoice form
 1. The 2018 rate Medicare transport rate per mile was established at \$7.23 per mile.
 - a. Question if this cost will be passed onto the patients?
 - i. Answer: no, patients are already billed for transport by mileage to the hospital and the BLS part is not an add-on.
 2. GVFPD has submitted an invoice to UCH with the past years transports.
 3. Vanessa to send out to the rural chiefs her model of the GVFPD EMS transport reimbursement invoice form.
 4. Bill to post a generic model invoice form (downloadable Excel file) on the NLCERA Training and Resources page.
 5. Suggested to send invoices quarterly (Example: March, June, September, and December).

- a. Send invoices directly to (and copy Bill Salmon):
 - i. Jessica Trujillo-Vargas
<Jessica.TrujilloVargas@uchealth.org>
 - 6. Questions about legalities of transporting to a hospital
 - a. Ambulances licensed and insured as emergency vehicles.
 - b. Each department encouraged to check with their respective legal representation to ensure their response vehicles are properly licensed and insured for their defined duties.
- v. NLCERA Peer Support
 - 1. Recent local and national first responder suicides – discussion?
 - a. Brief discussion of how recent local and national suicides may be affecting us or those who serve under our leadership.
 - 2. 911For911.org (501C3)
 - a. Newly formed 501C3 to raise funds for in-patient and counseling expenses related to first-responders.
 - 3. Responder Strong (links available on the NLCERA Training and Resources page of the Poudre-fire.org website.
 - 4. Foundation 1023 (foundation1023.org) online
 - 5. Needs or discussion?
 - a. No expressed needs at this time.
- c. UCHealth updates
 - i. Organizational Updates
 - 1. UCH EMS Organizational Chart
 - a. Aaron Leonard – UCHealth EMS Contract Compliance
 - i. Aaron introduced himself and gave a brief update of his background.
 - ii. Aaron will be working with Bill as UCH's EMS Contract data and analysis person.
 - b. Updated UCHealth EMS organizational chart
 - i. Many changes and an updated organizational chart will be available soon.
 - ii. MedicCE
 - 1. All rosters to Rob Collett at UCH?
 - 2. Apparent issue when a person is a member of multiple NLCERA departments, and their name shows up multiple times in MedicCE.
 - a. Aaron to research migration of multiples into one record.
 - 3. Any NLCERA departments who still need to submit roster information for inclusion in MedicCE please do so ASAP.
 - 4. Training coming soon for how to use MedicCE.
 - iii. ESO update
 - 1. Update regarding patient care forms
 - a. Mark Rode follow-up with rural NLCERA form design
 - i. Mark has patient care form examples from each NLCERA department

- ii. Question of what does UCH need within the patient care forms?
 - 1. Aaron to review GVFPD form and give feedback.
 - iii. Mark to follow-up with NLCERA departments for best design.
 - 2. Feedback information from responses
 - a. New format of ESO treatment feedback was discussed and is a significant improvement.
 - b. All feedback should be considered confidential and for NLCERA EMS response use only.
 - d. NLCERA Final 2018 Data:
 - i. 2018 full data by quarters
 - 1. Graphical updates distributed and reviewed regarding the 2018 data.
 - ii. Current Remediation-Equivalencies (R-E's) involving Rural NLCERA
 - 1. Discussion about the R-E process, the metrics/tools being used (DMAIC) moving forward.
 - 2. The 2018 - Zone 3 data graphical breakdown showed the beginning of this work. More to come at each quarterly meeting.
 - 3. Discussion of how the R-E's may equate to response changes in the rural NLCERA
 - a. The past NLCERA data will be evaluated for the rural NLCERA and plans developed to improve EMS response.
 - i. Discussion about needs and locations for best access (GVFPD mid-point).
 - ii. Possible fly-car with paramedic to support rural response EMTs.
 - b. A NLCERA rural planning meeting will be scheduled in April, 2019 to review proposed R-E driven summer response plans (May-September).
 - e. NLCERA Map proposed Improvements - update
 - i. PFA is developing an improved version of the NLCERA map. This map will be available for comment soon. It will be shared with the NLCERA Rural chiefs as soon as publically available for their comments and questions.
- 4) Operations
 - a. Communications – Needs?
 - i. Hiplink status update
 - 1. Many reliability issues with LCSO paging expressed by the rural chiefs.
 - 2. (Note: in the EMS Advisory Committee meeting, Feb 20, Justin Whitesell gave a report on Hiplink.
 - a. Hiplink has many issues and for now is not an option. Any issues with LCSO response paging please report to Dispatch for pass-on to the repair folks.)
 - b. OEM

- i. PFA OEM is now under the City of Fort Collins
 - 1. Jim Byrne is Interim Director of Emergency Management
 - 2. Christ Wolf remains with PFA as OEM tech
- ii. Updates from Lori Hodges, LC-OEM (From Tom Forbes)
 - 1. Full Scale exercise this summer – contact Lori with questions or interest
 - 2. At the LCFCA meeting, Lori described a grant for fire department needs. Contact Lori for information.
 - 3. LETA is going to be pushing for a Reverse-911 sign-up in Larimer County.
 - 4. Team Rubicon is looking for service projects in the county.

5) Training:

- a. PFA EMS Division & UCHealth
 - i. NLCERA 2019 Training Plan Review
 - 1. Kevin reviewed the training plan handout with everyone: see [Appendix – A](#) (2019 NLCERA EMS Schedule)
 - a. This schedule may change if significant needs or opportunities arise, or as the medical director requires.
 - 2. There is no spring EMS conference in 2019.
 - ii. MedicCE – Status of Departments
 - 1. Scheduled training will be documented in MedicCE
 - a. Make sure those attending monthly trainings are on the attendance rosters.
 - b. MedicCE auto-populates to national registry requirements
 - c. UCH's training person, George Solomon, will be updating rosters and entering training.
 - iii. EMR and First Responder training and certification update
 - 1. PFA's Training Division assisted the Fort Collins and Larimer County Rangers move from NOLS EMR to EMR certification.
 - a. EMR covered in Chapter 2, Acts Allowed (CDPHE).
 - 2. EMR discussion and value is a win for all.
- b. UCH training deliveries to rural NLCERA
 - i. Question if QRT meetings would continue as in the past?
 - 1. Discussion of QRT vs. AHJ mindset, and what information gave these meetings value?
 - a. Medical director attended giving direct face-time
 - b. Run report QA given at these meetings.
 - 2. NLCERA Rural Chiefs Requests
 - a. Can medical director have NLCERA MedicCE office hours to allow feedback and facetime?
 - b. What is best way to reach medical director?
 - i. Use NLCERA form for best results.
 - c. Kevin and Bill to research these questions and provide an update.

ii. Feedback?

1. EMT Class: Need online/skills hybrid EMT class

- a. Kevin – PFA and UCH not able to provide this kind of resource at this time. The best option may be partnering within the community college system.

- i. PFA to research options for next meeting.

6) NLCERA Fire/EMS Agency updates

- a. No other issues or updates brought forward for discussion.

Feedback, needs or questions Please contact Bill Salmon (bsalmon@poudre-fire.org) or Kevin Waters (kwaters@poudre-fire.org) with any questions.

Roster:

2019	NLCERA EMS Rural Fire Chiefs Meeting - February 16, 2019	1st Quarter		
In Attendance	First and Last Name	Organization	Email	Phone #
	Andrew Battles	UCHealth	Andrew.Battles@UCHealth.org	816-550-4904
1	Hugh Collins	PCFPD	h.collins@poudre-canyon-fire-district.org	970-881-2472
	Carol Dollard	RCVFD	chief@rcvfd.org	
2	Michael Everett	PCFPD	michael.everett@scouting.org	
3	Tom Forbes	RFLVFD	tfbike@hotmail.com	281-838-5587
4	Heath Fournier	GVVFD	gvdchief02@gmail.com	
5	Vanessa Fournier	GVVFD	gvdchief1@gmail.com	970-493-3353
6	Joel Funk	LFPD	joelfunk@hotmail.com	
	Gary Green	WFPD	ggreen@wfpd.org	970-418-0398
	Ron Hall-Estand	RCVFD	ronestand2006@yahoo.com	
	Jim Herrington	LFPD	elbowcreek@gmail.com	
7	Dan Knox	GVVFD	danknox54@gmail.com	
	Donn Maynard	LFPD	Livermorechief@gmail.com	
8	Mark Rode	CLVFD	markrode58@gmail.com	
9	Bill Salmon	PFA	bsalmon@poudre-fire.org	970-218-9406
	Gerry Wagner	RFLVFD	giwagner@centurytel.net	
10	Kevin Waters	PFA	kwaters@poudre-fire.org	
	Justin Whitesell	LCSO	whitesjl@co.larimer.co.us	
	New Members fill out below			
1	Aaron Leonard	UCHealth	aaron.leonard@uchealth.org	
2	Brendin (Bobby) Hill	RFLFPD	Bhillredfeatherfire@gmail.com	

Appendix – A:

2019 NLCERA EMS SCHEDULE				
Month	Title	Topic	Subtopic	Content hrs
Jan	Airway	Airway	Capnography	2
Feb	Altered LOC	Medical	Tox/Opioids	0.5
		Medical	Neuro/Sz	0.5
		Cardiology	Stroke	1
Mar	Trauma	Trauma	Triage	1
		Trauma		1
Apr	ART/AED	ARV	Ventilation	0.25
		Cardiology	Post-Arrest Care	0.25
		Cardiology	Adult Arrest	0.75
		Cardiology	Peds Arrest	0.75
May	Altered LOC	Medical	Endo/Diabetes	1
		Trauma	CNS Injury	1
June	Allergy and Asthma	Medical	Immunological/Anaphylaxis	0.5
		ARV	Oxygenation	0.5
		Medical	Medication Delivery	1
July	ART/AED	ARV	Ventilation	0.25
		Cardiology	Post-Arrest Care	0.25
		Cardiology	Adult Arrest	0.75
		Cardiology	Peds Arrest	0.75
Aug	Trauma	Operations	Field Triage MCI	0.5
		Trauma	Hemorrhage Control	0.5
		Local/Individual	Trauma assessment	1
Sept	Cardiac	Cardiology	ACS	1
		Cardiology	Stroke	1
Oct	ART/AED	ARV	Ventilation	0.25
		Cardiology	Post-Arrest Care	0.25
		Cardiology	Adult Arrest	0.75
		Cardiology	Peds Arrest	0.75
Nov	Medical	Medical	Specials Needs Pts	1
		Medical	Psychiatric	1
Dec	Medical	Medical	Infectious Diseases	1
		Medical	OB	1