

July 10, 2018

Ambulance Mediation Meeting

The Lincoln County Board of Commissioners met for a special session on July 10, 2018 in the Lincoln County Courthouse, Libby, Montana. Present were Commissioner Cole, Commissioner Bennett, Commissioner Peck, County Administrator Darren Coldwell, and Clerk and Recorder Robin Benson.

8:00 AM **Ambulance Mediation:** Present were meeting facilitator Bret Romney from Ascend Strategies, Ben Kibbey, Brian Griffeth, Roby Bowe, Dick Wernham, Tom Wood, Tony Turk, Willy Demond, Roger Gilligan, Pat Shira, Penny Kyes, Jeff Holder, Anita Ivankovig, Rachel Duram, Shelly Treece, Bruce Whitfield, Alan Gerstenecker, Mark Harding and Vincent Brown.

Commissioner Bennett welcomed everyone and explained we are all here to discuss a long term plan for emergency transports.

Brett opened the meeting with introductions of each person in the room and what their role is regarding emergency services. Brett introduced himself clarifying his role is to help facilitate a plan that can improve Lincoln County EMS services moving forward. Brett discussed the importance of having a shared vision, strategy, goals and how to execute that plan and goals.

Brett asked the group what issues need attention. Commissioner Peck clarified that we have the transport issue between Libby, Troy and Eureka to Kalispell, so its local and regional.

Libby EMS Meeting Notes submitted by Bret Romney.

What issues need attention to deliver quality patient care?

1. Lack of funding
 - a. Many self-pay or no-pay transports – result in no reimbursement
 - b. Too often expected to transport for nothing
 - c. Medicare, Medicaid and private insurance cutting back on reimbursements
2. Lack of resources – people
3. Volunteerism is down
4. Massive number of transports is the issue – between facilities
5. Trust – throughout the system
6. Retention of volunteers
7. Demographics – aging population, economy, business climate
8. The regional nature – all the way to Kalispell
9. Current volunteers are wearing out and burning out
10. Hospitals are not doing their own transports
11. Volunteers are held to the same standard – and liability is an issue
12. Specializing in healthcare is driving all these transports
13. Mental health transports – affects EMS, law enforcement
14. 911, transports – clashing due to lack of resources
15. Ambulance services are licensed for 911 calls, but transports are on as available
16. Training is costly – time and money. Makes it difficult to attract volunteers
17. Are we sending too many patients to Kalispell or can more services be delivered in Libby?
18. Some professionals see Libby as undesirable
19. Everyone is losing money on Medicaid, Medicare and self-pay
20. Uncertainty of where to transport
21. Patients may not understand billing
22. Communication in Libby difficult – line of site
23. Medical liability
24. Paid staff vs volunteers – the way they perceive each other, sometimes drives wedges

What does a perfect world look like?

- A way to tax beyond a mill levy – ie. a sales tax that extends to non-residents
- Volunteers can realistically meet requirements to be certified

Other

- Commissioner Bennett may be able to help influence legislation
- Tax advantage for employers who support volunteers – or some other incentive
- Research what other communities are doing – look for ideas
- Grant?

Having a system that works well for our county means:

- Patients stay in the county as much as possible
- We have the physicians here to deal with basic standards of care cardio, ob-gyn and ortho – that make sense to deliver in a critical care hospital
- We are maximizing the potential of our current facilities
- We have a well-staffed, funded and trained healthcare delivery system from point of injury to cure
- All the components of the system understand the challenges and opportunities facing the others – and are working to help each other
- We have trust throughout our system – we have accurate expectations of each other – and deliver on those expectations
- We have an entity -i.e. a board -that has a view of the whole system and can lead and ensure accountability – but doesn't overstep their bounds – respects the autonomy of its stakeholders
- We have 3 full time 24/7 ambulances with paid paramedic and EMT with supporting staff – located in Libby, Troy and Eureka
- We would all have the same agenda to provide quality care without being territorial
- We have an educated citizenry – how they impact and can participate in a system that works – how they are part of the solution

- Our model is financially sustainable
- We've solved the transport problem
- There is a high degree of communication within the system
- The regional relationships/expectations are clear and are working for all parties – aligned incentives
- We have other entities in the community engage in and add value to the healthcare system – i.e. FVCC, schools, etc.
- Our system takes advantage of all available technology – i.e. health devices – to help citizens be better patients and consumers
- We have clear incentives that bring people into our system
- Volunteers are integral to the system and are treated in high regard – that they feel

Bret explained that the deliberate strategy will be challenging and unruly, but the emerging strategies are ultimately what will work. The discussion is a great first step, and the emerging strategies will come from this effort. Bret asked the group to brainstorm what we can do now to make a positive difference and progress forward.

What can we do now to make progress toward our model system? Submitted by Bret.

1. Educate the public to the problem and what they can do to help
2. Have the county (city, hospitals and other larger employers) incentivize their employees to volunteer – i.e. hourly raise, stipend, etc,
3. Give a bonus for volunteers who recruit other volunteers
4. Look at pooling resources between Troy and Libby and possibly Eureka – create an Memo of Understanding
5. Have an emergency physician assigned to each ambulance service unit to improve communication – meet on a quarterly basis
6. Have the college students tap in to EMS as part of their education hours
7. Create an oversight board or entity to stay focused on creating the model system
8. Ensure dispatch correctly pages using ALS and BLS
9. Review and tweak protocols to ensure they work for us
10. See if we can solve the radio communication challenges
11. Solve the transport problem and make it a regional issue
12. Allow sharing of resources – ie. LVA loaning a truck to CPH so hospital staff can do a ALS transport when needed
13. Look at incentive nurses to do transports
14. Work with chamber of commerce to get local business to support volunteerism – providing incentives
15. Explore whether online training exists to facilitate getting more volunteers trained
16. Make the problem a community issue and campaign – rotary, chamber, other civic clubs, churches, etc.
17. EMS pig roast – increase awareness
18. Create a story and start sharing it ... this many calls, this many volunteers – the need is greater than the resources – why you'd benefit if you helped
19. Create a status/recognition for employers that have at least one volunteer on staff
20. Look for the education debt forgiveness program for those that volunteer – does it exist?
21. Contact Helena College to find out what they are doing and if we can benefit in any way
22. Create a smaller working group tasked with moving this forward in the short term and ensuring it appropriately evolves over time
23. Get MACo involved in the issue – to raise awareness and combine forces with other counties having the same problems
24. Centralize EMS through the county
25. Teach classes together – the three ambulance services – using video technology
26. Research millennials generation and learn how to engage them in a way that will cause them to sign up

County EMS Advisory Board (Not a governing Board)

1. LA Rep
2. TA Rep
3. EA Rep
4. Physician
5. County Commissioner
6. Hospital Admin
7. Citizen at large
8. Sheriff's office

Transitioning from issues to solutions:

Bret requested everyone to pick out their top 3 priority issues; results were as follows:

1. Lack of funding
2. Lack of resources-people
3. Volunteerism is down
4. Massive number of transports between facilities
5. Trust-throughout the system

Bret handed out the ideas to be accomplished from today's discussion to be rated on a scale from 5 to1, 1 being critical to get done and 5 being a waste of time.

The following submitted by Bret are prioritized solutions by everyone in attendance:

2	Create an oversight board or entity to stay focused on creating the model system	1.53
3	Create a smaller working group tasked with moving this forward in the short term and ensuring it appropriately evolves over time	1.59
4	Educate the public to the problem and what they can do to help	1.71
5	Teach classes together – the three ambulance services – using video technology	1.82
6	Work with chamber of commerce to get local business to support volunteerism – providing incentives	1.94
7	Centralize EMS through the county	1.94

8	Look at pooling resources between Troy and Libby and possibly Eureka – create an Memo of Understanding	2.00
9	Solve the transport problem and make it a regional issue	2.12
10	Make the problem a community issue and campaign – rotary, chamber, other civic clubs, churches, etc.	2.12
11	Have an emergency physician assigned to each ambulance service unit to improve communication – meet on a quarterly basis	2.18
12	See if we can solve the radio communication challenges	2.18
13	Explore whether online training exists to facilitate getting more volunteers trained	2.18
14	Review and tweak protocols to ensure they work for us	2.24
15	Ensure dispatch correctly pages using ALS and BLS	2.29
16	Allow sharing of resources – ie. LVA loaning a truck to CPH so hospital staff can do a ALS transport when needed	2.35
17	Research millennials generation and learn how to engage them in a way that will cause them to sign up	2.41
18	Look for the education debt forgiveness program for those that volunteer – does it exist?	2.47
19	Create a story and start sharing it ... this many calls, this many volunteers – the need is greater than the resources – why you’d benefit if you helped	2.53
20	Create a status/recognition for employers that have at least one volunteer on staff	2.59
21	Have the county (city, hospitals and other larger employers) incentivize their employees to volunteer – i.e. hourly raise, stipend, etc,	2.65
22	Look at incentive nurses to do transports	2.94
23	EMS pig roast – increase awareness	2.94
24	Contact Helena College to find out what they are doing and if we can benefit in any way	2.94
25	Get MACo involved in the issue – to raise awareness and combine forces with other counties having the same problems	2.94
	Have the college students tap in to EMS as part of their education hours	3.06
	Give a bonus for volunteers who recruit other volunteers	3.47

Bret commented the focus of tomorrow’s meeting will be how we are going to educate the public; awareness campaign, recruitment, developing the story and creating the working group or Advisory Board.

A continuation meeting is scheduled at 2:00 PM tomorrow.

The commissioners thanked everyone for attending and expressed appreciation for their service.

5:00 PM Meeting Adjourned

LINCOLN COUNTY BOARD OF COMMISSIONERS

Mike Cole, Chairman

ATTEST: _____
Robin A. Benson, Clerk of the Board