



NATIONAL RURAL HEALTH RESOURCE CENTER

EMERGENCY MEDICAL SERVICES (EMS) VIRTUAL KNOWLEDGE GROUP

Introductory Conference Call

June 7, 2011

Participants: Terry Hill, Tracy Morton, Nicole Clement – Technical Assistance and Services Center (TASC), Crystal Barth – Michigan Center for Rural Health, Larry Baronner – Pennsylvania Office of Rural Health, Dale Gibbs – Good Samaritan Hospital (Nebraska), Megan Meacham – Office of Rural Health Policy, Melinda Merrell – South Carolina Office of Rural Health, Gary Wingrove – Gold Cross Ambulance, Matt Womble – North Carolina Office of Rural Health and Community Care, Edwina Ducker – Maine Office of Rural Health and Primary Care, Karlene Andreola – Nevada State Office of Rural Health, Shellye Dant – Oregon Office of Rural Health, Kevin Jacobson – Wisconsin Office of Rural Health, Kathy Lubke – Montana Public Health and Human Services

Action Items

- TASC to send a group participation list including contact information to group members
- If you are interested in participating in additional Virtual Knowledge Groups, or being vice-chair, please contact Nicole Clement at nclement@ruralcenter.org
- TASC to take issue areas identified and develop into a ranking survey for group members to prioritize importance. Survey results will be used to guide group interest in issues to pursue. Results will be shared with the group and discussed in person at the National Flex Conference.
- Participate in Introductory Webinar on Flex Program Forum scheduled for Friday, June 17, 2011 at 2:00pm Central Time. Webinar will be recorded. More information to come via email.

Minutes

Welcome and introduction of call participants

Review of Virtual Knowledge Group Purpose

- Provide a vehicle for discussion of Flex-related topics
- Build knowledge through shared experiences and lessons learned
- Contribute to a collection of Flex information, resources, and models

- Serve as key information group to provide input to TASC, the federal Office of Rural Health Policy (ORHP), Flex Monitoring Team and policy makers
- Not meant to be redundant with previously established national groups
- Groups should focus on topics in the context of the Flex Program

Participants

- Voluntary participation with active engagement and participant contribution
- Limited to State Office of Rural Health Directors, Flex Coordinators, other key State Flex Program personnel, staff from ORHP, TASC, Flex Monitoring Team, TASC Advisory Committee and other federal grantee partners

Function of the Virtual Knowledge Groups

- Driven by activities and communication from group participants, with support from TASC staff
- Chaired by State Flex Program volunteer. Matt Womble has volunteered to chair the group. Looking for a vice-chair. If you are interested, please email Nicole Clement at nclement@ruralcenter.org
- Group will make decisions collectively about work or issues to address and will decide collectively about methods to communicate
 - o TASC can provide support for quarterly conference calls, if desired
 - o Group can also communicate via email and the Flex Program Forum
- Flex Program Forum is a web-based discussion forum, accessible to the same audience as the Virtual Knowledge Groups, where Flex Programs can log in and discuss topics and issues, post and share documents and continue the discussions of the Virtual Knowledge Groups
 - o TASC will host an introductory webinar on the Flex Program Forum on Friday, June 17, 2011 at 2:00pm Central Time. Please look for more information to come via email
- Group will also meet face-to-face at the National Flex Conference on July 12, 2011 in Portland, Maine

Important Issues in the area of EMS. Suggestions from call participants included:

- Community paramedicine education
- Transitioning EMS (ambulance services) to a CAH
- Recruitment and retention
- Education to advance paramedics from basic to more advanced life support
- Motivating rural hospitals to engage with EMS
- Identifying rural relevant EMS measures
- Frequent users of EMS project to reduce the amount of EMS calls from patients misusing EMS
- Combining systems addressing time sensitive illness/injury care (such as trauma, stroke, and cardiac) into an overall system of care

- Develop health professionals shortage area/medically underserved area definition applicable to EMS
- Education on National Scope of Practice model and translation to rural areas
- EMS safety
- Leadership and management
- Government involvement and accountability
- Resource management
- EMS medical direction
- EMS dispatch
- Evidence-based patient care
- TASC will compile into a survey for the group to complete via email on ranking the importance of the issues. Survey results will be used to guide group interest in issues to pursue. Results will be shared with the group and discussed in person at the National Flex Conference.