

EMS OPERATIONS SUBCOMMITTEE MEETING

May 14, 2014 MEETING

EMS Operations Subcommittee Meeting
 Bureau of EMS and Preparedness
 Wednesday, May 14, 2014
 1:10 p.m.

Location: Bureau of EMS and Preparedness
 3750 South Highland Drive
 4th Floor Conference Room 425
 Salt Lake City, Utah 84114
 Reporter: Clark L. Edwards

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1 May 14, 2014 1:00 p.m.
 2 PROCEEDINGS
 3 * * *
 4 **CHRIS DELAMARE:** Well, I'd like to welcome you
 5 all to the EMS operations subcommittee. We'll get
 6 started. Obviously, Tracy's not here, so I'll conduct
 7 from here. But just want to welcome you.
 8 Do we want to go around the table? Is that
 9 what you want to do, and introduce ourselves? And if you
 10 would introduce yourselves and say your name. And then I
 11 think he's asked if you would spell it out distinctly but
 12 slowly so he can get it typed into the minutes.
 13 Does that sound right?
 14 **THE REPORTER:** Yes.
 15 **CHRIS DELAMARE:** Thanks. So, I'm Chris
 16 Delamare. I'm the vice chair of this committee.
 17 I'm with Gold Cross Ambulance. You've got my name,
 18 so do I really need to spell it for you?
 19 **THE REPORTER:** No.
 20 **ERIC BAUMAN:** I'm Eric Bauman with Ogden City
 21 Fire Department.
 22 **ANDY SMITH:** I'm Andy Smith with Graham County
 23 EMS.
 24 **JENNY ALLRED:** Jenny Allred, Bureau of EMS
 25 and Preparedness.

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A P P E A R A N C E S

Guy Dansie
 Dr. Peter Taillac
 Dennis Wyman
 Andy Smith
 Chris Delamare
 Eric Bauman
 Jenny Allred
 Clair Baldwin
 Dr. Brent Mabey
 Mathew Christensen
 Jim Hansen
 Bryson Westbrook
 Tracy Schaffer
 Tami Goodin
 Von Johnson

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1 **GUY DANSIE:** And I'm Guy Dansie with the Bureau
 2 of EMS and Preparedness.
 3 **VON JOHNSON:** Von Johnson from Uintah Basin
 4 Medical Center, EMS.
 5 **TAMI GOODIN:** Tami Goodin with the Bureau
 6 of Emergency Medical Services and Preparedness.
 7 That's T-A-M-I, G-O-O-D-I-N.
 8 **MATHEW CHRISTENSEN:** Mathew Christensen of
 9 Bureau of EMS and Preparedness. M-A-T-H-E-W,
 10 C-H-R-I-S-T-E-N-S-E-N.
 11 **JIM HANSEN:** I'm Jim Hansen, Bureau of EMS.
 12 **BRYSON WESTROOK:** Bryson Westbrook,
 13 B-R-Y-S-O-N, W-E-S-T-B-R-O-O-K, with Mountain West
 14 Ambulance.
 15 **TRACY SCHAFFER:** Tracy Schaffer. T-R-A-C-Y,
 16 S-C-H-A-F-F-E-R, Mountain West Ambulance.
 17 **GUY DANSIE:** I don't believe anybody's on the
 18 phone. Is anybody on the phone? All right. I'll just
 19 keep it open for a bit if anybody does call.
 20 **CHRIS DELAMARE:** All right. Well, I guess for
 21 the board members here, if you have a chance to look over
 22 the minutes, do you want to approve those? Not that we
 23 have a quorum to approve them.
 24 But I guess we ought to get it on the record
 25 that it's been asked. So, do I have a motion to approve?

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1 **ERIC BAUMAN:** I'll make a motion to approve.
 2 **ANDY SMITH:** I'll second that.
 3 **CHRIS DELAMARE:** Any opposed? Okay.
 4 The next part of that is subcommittee chair and
 5 vice chair elections. But there's no one here. There's
 6 no sense in really doing this one right now.
 7 **GUY DANSIE:** True.
 8 **CHRIS DELAMARE:** We can wait until July?
 9 Isn't that our next meeting?
 10 **GUY DANSIE:** Yeah.
 11 **CHRIS DELAMARE:** Or August?
 12 **GUY DANSIE:** I know Tracy's been the chair
 13 for the last two years.
 14 **CHRIS DELAMARE:** Actually, he was vice chair
 15 and then he's chair this year.
 16 **GUY DANSIE:** This year. Okay.
 17 **CHRIS DELAMARE:** Who was it? It was a guy up
 18 in Ogden -- or Logan.
 19 **PETER TAILLAC:** Bob Arrington?
 20 **CHRIS DELAMARE:** It was the gentleman up in
 21 Logan that was the chair before that.
 22 **ERIC BAUMAN:** Jay Downs?
 23 **GUY DANSIE:** No. It wasn't Jay.
 24 **JENNY ALLRED:** Is there somebody on the phone?
 25 **GUY DANSIE:** It was -- I can't think of his

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1 name.
 2 **CHRIS DELAMARE:** So, we'll table that until our
 3 next meeting which I believe is August; right? I want to
 4 make sure.
 5 **GUY DANSIE:** Right. The next meeting is
 6 scheduled for August 13th.
 7 **CHRIS DELAMARE:** So, I guess it's down to --
 8 **ERIC BAUMAN:** We'll do the elections at the
 9 next meeting, then; right?
 10 **GUY DANSIE:** Yeah.
 11 **CHRIS DELAMARE:** And one other thing I was
 12 going to say. If we could -- I know this was put out
 13 in the e-mail that Jenny sent out last week, early this
 14 week, about this elections, but I think another invite to
 15 all of our members to say this is what we need to do and
 16 we need your attendance at this meeting. Please let us
 17 know who's not going to be in attendance.
 18 **GUY DANSIE:** Okay. One thing, too, just so you
 19 guys are aware, the EMS committee is ready to have us
 20 look at membership and people that haven't been attending
 21 and things like that. And we feel like we need to purge
 22 the roster of those that haven't been participating and
 23 then refill those with -- so that's kind of what we're
 24 doing. Jenny and I will be doing that and then the
 25 testing and applications --

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1 **CHRIS DELAMARE:** The applications will be sent
 2 out through the EMS committee?
 3 **GUY DANSIE:** Well, the applications are on our
 4 website, and we will encourage people to apply, and then
 5 the EMS committee makes the selections.
 6 So, we can recruit and have people, you know,
 7 apply and then have them review the applications.
 8 **CHRIS DELAMARE:** I remember when I filled out
 9 my application. Was it a three-year or is it a two-year
 10 commitment?
 11 **GUY DANSIE:** It's two-year. But then you can
 12 be elected for another two years, you know, if you want
 13 to continue on with that.
 14 **BRENT MABEY:** How long have I been on here?
 15 Have I reached my max?
 16 **GUY DANSIE:** Are you ready to get off?
 17 **BRENT MABEY:** No, no. I just don't want to
 18 violate the rules.
 19 **GUY DANSIE:** No, no, no, no. We've actually
 20 made the exception in our policy for physicians because
 21 it is hard to bring physicians in because of their
 22 schedules and, you know, just the lack of physicians
 23 who are willing to attend.
 24 So, we will extend that indefinitely for
 25 physicians if they feel like they, you know, want to

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1 be a part. If there is another physician, you know,
 2 if we have an application, but usually there's enough
 3 openings, we will, you know, qualify them in a different
 4 spot.
 5 **CHRIS DELAMARE:** Well, if there's nothing
 6 further on those, then we'll move forward on that.
 7 And did you say Mat Christensen?
 8 **MATHEW CHRISTENSEN:** Yes.
 9 **CHRIS DELAMARE:** The time is yours on the data
 10 benchmarks.
 11 **MATHEW CHRISTENSEN:** Okay. I'm Mathew
 12 Christensen with the Bureau of EMS and Preparedness.
 13 At the last EMS committee meeting, I presented
 14 this information, and they recommended that we bring this
 15 to this group to make decisions and recommendations and
 16 then bring it back to that group and ponder the
 17 information going forward.
 18 So, this is work that was done by the National
 19 Highway Traffic Safety Administration about over a
 20 five-year period, 2002 to 2007.
 21 Experts across the country put these together.
 22 And these are EMS performance measures. The idea being
 23 a common set of measures across the nation that we can
 24 monitor. We don't have to use these, but these are the
 25 guidance, and a lot of work's been put into this

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1 information. I don't have a copy for everybody.
 2 I wasn't sure how many people were going to be here.
 3 I got a couple more.
 4 So, what I want to do is just walk through
 5 these. It shouldn't take that much time, and then have
 6 discussions about what you think, who do we want to
 7 monitor in this state.
 8 And so, that's going to entail deciding if we
 9 have that data currently, if we need to make decisions
 10 about collecting additional data if there's some things
 11 we feel like are really important.
 12 **PETER TAILLAC:** What's the goal of this from
 13 your perspective, Mat?
 14 **MATHEW CHRISTENSEN:** The goal of this is --
 15 well, it's big. It's to improve the EMS system
 16 statewide. So, from a statewide perspective, are there
 17 areas -- you know, whether they're unique to Utah or not
 18 unique to Utah, are there areas that we want to monitor
 19 from a performance perspective.
 20 And so, not -- this isn't an agency level.
 21 This isn't a part of the Utah level. This is statewide.
 22 If we want to drill down and look at counties or regions,
 23 that would be a possibility.
 24 But right now we're looking at this from a
 25 statewide EMS perspective pulling the data that we have.

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1 A lot of this would come from Polaris. Some of it might
 2 come from other data systems that we have. And we might
 3 not have some of that data. But does that help?
 4 **PETER TAILLAC:** Yeah, it does, certainly,
 5 I think the 30,000 foot view. And if we identify holes
 6 in some of the issues here that we think are important,
 7 then through this committee and the EMS committee, we
 8 could drill down on those holes and figure out ways to
 9 address them.
 10 **MATHEW CHRISTENSEN:** Move forward.
 11 **PETER TAILLAC:** Performance and improvements
 12 sort of cycle.
 13 **MATHEW CHRISTENSEN:** So, that is where the
 14 rubber meets the road in terms of the system we make
 15 here. What we want to get to eventually is other areas
 16 where we can improve because it's something that we do
 17 need to pay attention to from a state perspective and
 18 maybe even from a smaller geographic area and then use
 19 that information constructively.
 20 **GUY DANSIE:** Going over these questions,
 21 looking at these, how much can be pulled from Polaris
 22 already to answer some of these questions that are
 23 on here?
 24 **MATHEW CHRISTENSEN:** I can't give you a simple
 25 question. Some of them, we're going to have the data and

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1 we can pull. Some of them, we're probably going to have
 2 pieces of the data, and there might be some where we
 3 don't have it.
 4 **GUY DANSIE:** That would be nice to tune it down
 5 so you don't look at this sheet and see a whole lot of
 6 stuff, and so you can break them into categories for us.
 7 **MATHEW CHRISTENSEN:** Yeah. How about if we
 8 just walk through them quickly right now.
 9 **GUY DANSIE:** Okay.
 10 **MATHEW CHRISTENSEN:** And if something,
 11 you know, jumps out as we go through it.
 12 **PETER TAILLAC:** If one looks stupid, then we
 13 don't need to --
 14 **MATHEW CHRISTENSEN:** Yeah.
 15 **GUY DANSIE:** All I'm saying is, not only do we
 16 not want to look stupid, but also, if it's on Polaris and
 17 if this is critical, you know, just kind of break them
 18 down into groups.
 19 **CHRIS DELAMARE:** Well, I was just going to say,
 20 one of the things that you brought up in our inner
 21 hospital which is another meeting was the time you
 22 save verse lights versus sirens.
 23 And I thought, that number two question there,
 24 I thought that was kind of -- that may answer some of
 25 your thoughts, and we can drill that out.

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1 **PETER TAILLAC:** It may, actually.
 2 **MATHEW CHRISTENSEN:** So, these are available
 3 online. This is the report published in 2009. EMS
 4 performance measures will be your first hit.
 5 **CHRIS DELAMARE:** And that one's nationwide;
 6 right?
 7 **MATHEW CHRISTENSEN:** Yes. This is the -- yes.
 8 And that's what we're looking at here. This is the
 9 recommendations from this report on these indicators.
 10 So, this is a methods document in terms of the
 11 data that they would use and numerators and denominators
 12 and how you would measure each of these. I've summarized
 13 it just quickly in terms of questions. The first three
 14 talks about your emergency dispatch.
 15 **GUY DANSIE:** Time out. Before we get into
 16 that, somebody joined us on the phone? Did we have
 17 somebody call in on the phone? I swore I heard a chime.
 18 **JENNY ALLRED:** I did, too.
 19 **GUY DANSIE:** Anyway, and then Dennis Wyman just
 20 joined us. Okay. Go ahead.
 21 **MATHEW CHRISTENSEN:** Questions that come up,
 22 stop me because we want to really get into discussion
 23 because ultimately we want to end with some
 24 recommendations on two or three, three or four of these
 25 that we can start with and go from there.

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1 **PETER TAILLAC:** Just one more editorial
2 comment. Sorry. But either this is an effort within
3 the bureau -- I'm asking sort of a rhetorical question
4 to Mathew for the benefit of the group.
5 But this is an effort to begin to, you know,
6 along with our pediatric vital signs that everyone's
7 heard about, that sort of performance improvement project
8 and the IV fluid and trauma emphasis, some other things
9 that are kind of easy low-hanging fruit but in my opinion
10 should be sort of practical and outcome based; i.e.,
11 patient benefit based, that we can start to look at, you
12 know. And a part of this is just starting the process of
13 PI at the statewide level which we, I'll say, frankly,
14 don't think we've done a very good job of over time.
15 We've collected a lot of data. And one of
16 Mathew's jobs has been to figure out how to use that data
17 productively, how to get it back to agencies essentially.
18 **MATHEW CHRISTENSEN:** We do have a lot of
19 information built up over the years, and so we can really
20 draw from that. We don't have everything, but we
21 certainly have a lot we can work with.
22 The first three on this list, one, two, and
23 three, so, I'm going to refer to the numbers on the far
24 left column, are referring to the emergency medical
25 dispatch system. One, which emergency medical dispatch

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1 system does the EMS dispatch center use?
2 Two, does your agency base its lights and
3 sirens response mode on the response it uses or the
4 system it uses?
5 And three, does your agency base its responder
6 level dispatch on the system it uses?
7 Four is -- I'm just going to run through
8 through these quickly, all of them, and then we'll
9 discuss. Four is just turnover rate, what's the
10 turnover rate for EMS.
11 Five and six are cardiac arrest times.
12 EMS arrival where defibrillation is attempted, the mean
13 time, the 90th percentile.
14 And then number six, cardiac arrest occurring
15 prior to EMS arrival where an EKG is obtained, what is
16 the mean time and 90th percentile. Seven is looking at
17 patient triage and transport to the nearest trauma
18 center, how often that occurs.
19 Eight and nine are looking at pain and data
20 collection and use around pain information. So, number
21 eight, comparing first and last pain values, what
22 percentage of patients older than 13 reported decreased
23 pain or no change in pain.
24 And number nine, what percentage of patients
25 older than 13 reporting a pain value of seven or greater

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1 on a scale of zero to ten received interventions
2 associates with pain relief?
3 Ten, eleven, and twelve, looking at cardiac
4 care, what percentage of patients over 35 years of age
5 with suspected cardiac chest pain received a 12-lead ECG?
6 What percentage of patients over 35 with
7 suspected cardiac chest pain received an aspirin?
8 And number twelve, what percentage of patients
9 with field 12 ECG indicated STEMI were transported to a
10 hospital with catheterization capabilities?
11 Thirteen, fourteen and fifteen are all looking
12 at times. So, thirteen is response time.
13 Fourteen is scene time.
14 Fifteen is transport time.
15 Sixteen is costs per capita. So, this would be
16 looking at a catchment area for your agency, population
17 in your agency, cost in a given period, whether it's a
18 year or six months, looking at costs that way.
19 **CHRIS DELAMARE:** Okay. Going back to your
20 response times, would this be on the alpha, bravo,
21 Charlie, delta type, all patients?
22 Or when you refer to emergency patient,
23 what do you think the definition would be on that?
24 Is it going to be just a Charlie delta?
25 **PETER TAILLAC:** We get to decide that.

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1 **CHRIS DELAMARE:** Okay.
2 **GUY DANSIE:** Because it really should be
3 separated.
4 **PETER TAILLAC:** Yes.
5 **MATHEW CHRISTENSEN:** And that wouldn't be a
6 problem.
7 **PETER TAILLAC:** These are all, what do you call
8 it, straw men or whatever. We can do whatever we want
9 with it; yes, no, change, edit.
10 **MATHEW CHRISTENSEN:** It's a good resource that
11 we just want to use that makes sense to us. Seventeen
12 and eighteen, satisfaction. Patient satisfaction.
13 **CLAIR BALDWIN:** Are patients routinely sent
14 satisfaction surveys from all the departments?
15 **PETER TAILLAC:** Any departments.
16 **CLAIR BALDWIN:** From any of the departments.
17 We're doing it on our mobile health program but that's
18 all.
19 **GUY DANSIE:** Because it's pretty hard
20 to ask the question, are we satisfied, if we're not even
21 measuring it.
22 **ERIC BAUMAN:** We just started, actually, about
23 a week ago --
24 **GUY DANSIE:** So, I think we ought to first --
25 **MATHEW CHRISTENSEN:** Well, number eighteen is

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1 that question I think. What percentage of patients does
 2 your EMS agency survey to measure patients?
 3 So that would be zero, it sounds like.
 4 **GUY DANSIE:** Well, we ought to back up and say,
 5 what should we be doing and then follow up on that and
 6 say, how are we going to measure it. But I think we have
 7 to answer the question of what we should be doing.
 8 **MATHEW CHRISTENSEN:** Number nineteen,
 9 percentage of patients in respiratory arrest that
 10 received oxygen. Twenty, undetected esophageal
 11 intubations and what the rate of that is. Twenty-one
 12 through twenty-three are related to EMS crashes.
 13 **GUY DANSIE:** Back on twenty, how often is that
 14 openly reported? Because I hate to admit, in my career,
 15 I haven't necessarily --
 16 **MATHEW CHRISTENSEN:** Wouldn't this be --
 17 if it was truly undetected, wouldn't it be detected
 18 in the emergency room?
 19 **GUY DANSIE:** That's my point. Yeah.
 20 Most of the emergency --
 21 **PETER TAILLAC:** Polaris wouldn't report it.
 22 **MATHEW CHRISTENSEN:** No. Polaris wouldn't,
 23 but I mean, are there other data sources that we have?
 24 **GUY DANSIE:** That would be tough to track down,
 25 and I would bet most physicians may mention it to them,

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1 show it to them, but --
 2 **DENNIS WYMAN:** I don't know. With videoscopes
 3 now, it's pretty easy to share.
 4 **GUY DANSIE:** How many ERs are -- or how many
 5 agencies are using videoscope and --
 6 **PETER TAILLAC:** Well, they also have continuous
 7 capnometry and the other methods we use to prevent
 8 detected esophageal intubations. My gut is, I haven't
 9 heard of one or personally seen one in years.
 10 **GUY DANSIE:** Yeah. The last one I saw was
 11 probably seven years ago.
 12 **PETER TAILLAC:** Yeah. Probably about the same
 13 with me. Yeah.
 14 **DENNIS WYMAN:** Yeah. I don't know of any that
 15 I can recall.
 16 **PETER TAILLAC:** We're getting better at it.
 17 **GUY DANSIE:** We are. There's no question.
 18 **PETER TAILLAC:** Which would raise the question,
 19 is it worth it?
 20 **CLAIR BALDWIN:** We have the video laryngoscope.
 21 We actually have bought DVRs for those as well. So,
 22 we're videoing each one of them as well to keep record.
 23 **GUY DANSIE:** And so, you save the video?
 24 **CLAIR BALDWIN:** Yes.
 25 **GUY DANSIE:** Oh, that's wonderful.

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1 **CLAIR BALDWIN:** Yes. We can transmit the video
 2 and keep it with the 12 lead. Other than that, though,
 3 there's really not a readily-available data source to get
 4 that from because the hospital doesn't share that fact
 5 with us on every patient, and it depends on which
 6 hospital.
 7 **CHRIS DELAMARE:** Would this fall under any
 8 of that CARES data?
 9 **PETER TAILLAC:** No, it's not a CARES.
 10 **GUY DANSIE:** You know, perhaps what you ought
 11 to do there on twenty is pose the question, how is your
 12 agency tracking undetected esophageal intubations because
 13 I think it would be nice to see what we are doing
 14 statewide. Are we doing it?
 15 You do which I think is the ultimate best.

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1 But it would be nice to know how it's being measured.
 2 **ANDY SMITH:** I mean, you can track it through
 3 Polaris; right? I mean, once you do an intubation, you
 4 have all those criteria for how you confirm that it was
 5 in the trachea and not the esophagus.
 6 **GUY DANSIE:** Play with Polaris and see what you
 7 can pull.
 8 **MATHEW CHRISTENSEN:** I don't know if we could
 9 pull out -- if we would feel confident if we came out
 10 with a result out of Polaris and said, oh, in 2013 there
 11 was this many correct and incorrect. I don't know if
 12 we could actually do that and feel confident about it.
 13 If there were actually numbers, would we --
 14 **DENNIS WYMAN:** The question is worded to not
 15 allow success. How many undetected esophageal -- well,
 16 we don't know. It was undetected. So, I mean --
 17 **MATHEW CHRISTENSEN:** That's why I think it
 18 needs to happen in the ED because it's undetected in the
 19 field.
 20 **CLAIR BALDWIN:** It seems like if we worded it
 21 differently, like, what steps is your agency taking to
 22 look for unsuccessful or esophageal placement. I mean,
 23 if you're doing tachometry, if you're doing video
 24 laryngoscope, if you're doing -- rather than --
 25 I don't know that you can pull out in Polaris

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1 that's going to tell you whether it was --
 2 **GUY DANSIE:** Because you'll have a real mix
 3 between the four or five techniques of measuring.
 4 **CLAIR BALDWIN:** Yes. And it seems like that's
 5 a poorly worded --
 6 **DENNIS WYMAN:** That would be a great survey to
 7 see what we've got in the state.
 8 **MATHEW CHRISTENSEN:** I think we're going to run
 9 into this particular issue over and over again with a lot
 10 of these which is, we have some of the data. We don't --
 11 we can't really answer it.
 12 And so, what I would encourage us as a group
 13 is, if we feel like there's something that's important
 14 and we want to know, then we can deal with data down
 15 the road and we can follow, you know, some of your
 16 suggestions and some of the suggestions in the room
 17 about, okay, well, let's start with some place before
 18 this and start to see how data are reported, if they are,
 19 and then move forward.
 20 So, if there are things that we want to
 21 monitor -- you know, I don't want to limit our -- what we
 22 select based on what we think the data we currently have
 23 or don't have.
 24 **GUY DANSIE:** I think any agency exceeding X
 25 number of intubations in a year should seek for state

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1 funds to get videoscopic laryngoscopy because I think
 2 that one day is going to be standard of care to show
 3 you passing the tube through the cords.
 4 And it might be nice if we kind of focus on
 5 that for some state money to upgrade systems that are
 6 doing that frequently.
 7 **CHRIS DELAMARE:** That jumps right to the point
 8 of, the way we would use this particular indicator would
 9 probably provide support to that exact, you know,
 10 strategy if we felt like we wanted to do that.
 11 **MATHEW CHRISTENSEN:** Okay. Moving forward,
 12 the crashes, on twenty-one, what is the rate of EMS
 13 crashes per thousand. Twenty-two, what is the rate of
 14 EMS crashes per 100,000 miles. And twenty-three, the
 15 rate of injuries and death because of EMS crashes per
 16 100,000 miles. Twenty-four, the number and distribution
 17 of primary complaints to which EMS responds.
 18 **GUY DANSIE:** Just a second. Back on
 19 twenty-one, twenty-two, and twenty-three, I really think
 20 you have to separate that between 1039 and 1040 response
 21 because they mean different things.
 22 **MATHEW CHRISTENSEN:** Okay.
 23 **CHRIS DELAMARE:** Make it lights and sirens
 24 versus non-lights and sirens.
 25 **GUY DANSIE:** Yeah. That's the bottom line,

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1 lights and sirens versus, you know, routine transport
 2 because you do have access with routine transport as
 3 well. But I think more than anything is what we want
 4 to see is, are lights and sirens necessary. And the
 5 literature more and more so is saying the benefit gained
 6 in a place like Salt Lake is very slight.
 7 **PETER TAILLAC:** But the risk is substantial.
 8 **GUY DANSIE:** And that's what we don't know,
 9 and this is what we'll help us say, this is the risk that
 10 they're up against.
 11 **ANDY SMITH:** I don't know that we have enough
 12 data to really do anything with that number.
 13 **PETER TAILLAC:** The numbers are small.
 14 **ANDY SMITH:** Yeah. Very small. Not that we
 15 shouldn't pay attention to it.
 16 **CHRIS DELAMARE:** We could look over multiple
 17 years, though.
 18 **MATHEW CHRISTENSEN:** This may be a start
 19 to say, hey, let's start tracking it.
 20 **GUY DANSIE:** Over a five-year period.
 21 **ANDY SMITH:** Over five years you might have
 22 some data.
 23 **DENNIS WYMAN:** You start somewhere.
 24 **GUY DANSIE:** My bet is over a five-year period,
 25 you'd see some good --

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1 **MATHEW CHRISTENSEN:** I just came from the
 2 traffic record safety administration group that's with
 3 our public safety office, and there are six different
 4 data systems related to traffic issues. They wouldn't
 5 all be pertinent to this, but two or three would be
 6 beyond -- that are outside of our agency from police.
 7 And those data systems are out there.
 8 Twenty-five, percentage of patients
 9 experiencing cardiac arrest after EMS arrival that
 10 survive discharge from the emergency department and
 11 discharge from the hospital.
 12 **PETER TAILLAC:** We have that from CARES now.
 13 **CHRIS DELAMARE:** Now, these questions that you
 14 have come up with, these are just recommendations which
 15 you have kind of pulled out of here?
 16 **MATHEW CHRISTENSEN:** No. These are all
 17 recommendations. This is from the National Highway
 18 Traffic Safety Administration. This started in 2001.
 19 They pulled experts together across the country,
 20 and it literally was over five years.
 21 They convened first in 2002. They finished the
 22 report in 2007, and it was published in 2009. So, this
 23 was a long process. It involved a lot of people, and
 24 this is what they came up with as a national standard,
 25 national guidance to provide some consistency across

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1 the country in terms of EMS. And their recommendation
 2 is, you know, use this as it makes sense.
 3 **GUY DANSIE:** As per our discussion, some of
 4 these things are already being done. Some of these
 5 things we're going to have to implement, you know.
 6 There's a wide range of responses to each of these
 7 questions.
 8 **MATHEW CHRISTENSEN:** So, as a starting point,
 9 how about two or three, four, something like that?
 10 **PETER TAILLAC:** If we pick three or four of
 11 these, that would be worth starting with and that would
 12 be a good start to chew on.
 13 **MATHEW CHRISTENSEN:** And so, the next step for
 14 me is, I will go and look at data that we have inhouse
 15 and other data source systems outside, and then probably
 16 the next step is either if I can pull it together, then
 17 I'll come back with a number for these indicators or else
 18 I'll come back with information that talks about what
 19 data.
 20 **PETER TAILLAC:** Let's start with the top,
 21 if I may. So, the first things are kind of on dispatch.
 22 Any dispatch people here?
 23 **CHRIS DELAMARE:** Not really.
 24 **PETER TAILLAC:** To me, these don't look like
 25 performance measures such as questions, sort of like yes

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1 or no's. Is that --
 2 **CHRIS DELAMARE:** You know, out of all of them,
 3 I would say number two would probably be the most
 4 valuable. Going down all these questions, I would think
 5 the first thing that I would like to say is, if we're
 6 going to look at a system is what we're talking, an EMS
 7 system, would be dispatch to scene, to on time, to the
 8 hospital. Let's see how we do in that field because the
 9 medical side of it is going to be, to me, is a different
 10 aspect I guess because you're not going to have apples
 11 to apples on this where we've got advanced EMTs.
 12 We've paramedics.
 13 **PETER TAILLAC:** Right.
 14 **MATHEW CHRISTENSEN:** You've got basics.
 15 You've got volunteers.
 16 **PETER TAILLAC:** And you have urban versus
 17 rural.
 18 **MATHEW CHRISTENSEN:** Exactly. But I think
 19 the time, scene times and the dispatch side of that to
 20 me would be a full component of, if we're looking at,
 21 okay, by the time they call us, the time we get on scene
 22 to the time we treat and transport and get them to the
 23 hospital for care, what is the outcome?
 24 **GUY DANSIE:** And perhaps it might be easy
 25 to do one through four. We need to definitely study

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1 number -- I'm screwing up the numbering system here.
 2 Study one through four and then number seventeen on
 3 satisfaction, we ought to pose some discussion on
 4 how are we going to pursue that.
 5 That seventeen and twenty-four are kind of
 6 together because the complaints that we're getting
 7 right now are the complaints that are actually aggressive
 8 complaints that are made directly. But your complaint
 9 rate's going to go up if you are now querying the people.
 10 **PETER TAILLAC:** I think this "complaint" means
 11 saying the patient called EMS for...
 12 **GUY DANSIE:** That's what I'm saying.
 13 **PETER TAILLAC:** Right.
 14 **GUY DANSIE:** Yeah.
 15 **PETER TAILLAC:** We know that already, actually.
 16 **GUY DANSIE:** Yeah. So, you basically have that
 17 but --
 18 **MATHEW CHRISTENSEN:** Yeah. We got to make sure
 19 that's defined.
 20 **PETER TAILLAC:** Well, I mean, like, chest pain,
 21 shortness of breath. That sort of thing. It's not a
 22 complaint because they got bad service. It's what they
 23 called for. I had chest pain; is that right, Mathew?
 24 **MATHEW CHRISTENSEN:** Yeah. That's number
 25 twenty-four.

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1 **PETER TAILLAC:** Yeah. It's not that --
 2 they aren't bitching about their care.
 3 **GUY DANSIE:** So anyway, number seventeen, then,
 4 just basically, what do we want to do about that because
 5 it doesn't sound like anybody is currently approaching
 6 that like the hospitals do. The hospitals do that
 7 aggressively. I don't think EMS does any of it.
 8 **ERIC BAUMAN:** Well, we just started a program.
 9 **GUY DANSIE:** What are you doing?
 10 **ERIC BAUMAN:** We're doing -- we're using a
 11 product. It's called Survey Monkey, and it's a customer
 12 satisfaction survey. It was based off of several
 13 hospitals, different systems that they're using.
 14 But we're looking at it with several different
 15 components. We ask -- there's a series of fourteen
 16 questions. And it asks them about -- there's
 17 dispatch-related questions. There's a response time
 18 related question. There's a customer satisfaction
 19 in terms of the care that you've received.
 20 The challenge was getting that information out
 21 to the patients. We said, how do we want to do that?
 22 We had just over 14,000 responses last year, and so to
 23 mail a card to everybody was quite expensive. And so --
 24 **GUY DANSIE:** Nobody does that. Not even the
 25 hospitals.

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1 **ERIC BAUMAN:** Yeah. So, we looked at, what's
2 the best way. When you associate a survey with a bill or
3 when they receive a bill from an ambulance service,
4 it's not the best way but it's a start for us.
5 So, we got two systems. We're having our
6 people give them a card or a family member on the scene
7 a card that has the link on it at the scene, and then
8 we also put a separate card in with the bill because
9 we would have people who wouldn't receive a bill that
10 weren't transported, but we still want to know what
11 their experience was.
12 **GUY DANSIE:** It would be nice if somehow this
13 could get there before the bill because I think we can
14 get the bill --
15 **ERIC BAUMAN:** I agree with you a hundred
16 percent, but we still had to figure out what's the best
17 way and the most financially responsible thing for us
18 to do that. And our whole focus on this was to drive
19 training, find out where our weaknesses are, where our
20 strengths are. And so, we're monitoring this weekly
21 and we're just starting. So, as we get responses
22 in, then we'll see where we want to go.
23 **GUY DANSIE:** Next time we get together, I'd be
24 interested for you to bring some data for us.
25 **ERIC BAUMAN:** You bet. Yeah. I'd love to.

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1 **GUY DANSIE:** It would be fun to see what you
2 get.
3 **ERIC BAUMAN:** It's been in the works for about
4 the last two months, and we just went live with it last
5 week. So, it's new to us.
6 **PETER TAILLAC:** That's great.
7 **ANDY SMITH:** We did something very similar as
8 kind of a pilot. And, I mean, our call volume's so low,
9 we had one response in about 350 patients that we sent
10 survey information to. And we used Survey Monkey, too.
11 I just copied and pasted a survey that a friend of mine's
12 using in Minnesota for his service.
13 And, yeah, we had one response in 350.
14 I decided it wasn't worth it, the survey.
15 **GUY DANSIE:** To make it meaningful -- but we
16 don't have to all use the same system, but I think we all
17 have to use the same general platform. Otherwise, you
18 bring in variables that make the data not comparable.
19 **ERIC BAUMAN:** Sure. Well, and just like this,
20 too, you have to decide I think as a group, what do you
21 want to know? What are we looking for? What kind of
22 performance measures.
23 **GUY DANSIE:** Maybe we could start with one
24 through four. On the rest of them, see what Polaris is
25 picking up, have that investigated, and then for items

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1 like seventeen, and there are other ones in there,
2 we work to try to define those better, what we want
3 to accomplish, what we're looking at, and some
4 recommendations on systems that the agencies can use.
5 **PETER TAILLAC:** I think we can do number seven
6 internally.
7 **CHRIS DELAMARE:** Yes. We can do seven. I was
8 looking at that, too.
9 **PETER TAILLAC:** And I would be very interested
10 in that. Eight and nine would be interesting. I'm
11 interested in it because of the new evidence-based pain
12 protocol guidelines which incorporates pain scales for
13 every age for EMS to utilize to help decide if they need
14 medications or not. Pain scales are in Polaris, I know,
15 so, they are available. So, it would be -- again,
16 I think those are ones we can do.
17 Ten and eleven, those are relatively easy to
18 do, too, the EKG ones. If someone has suspected chest
19 pain and if they get a 12 lead, and it would be fun to do
20 that, like, five years ago and then do it now and compare
21 since a lot of agencies have deployed 12 leads now that
22 they didn't have before. A big project supported by the
23 hospital association to help some agencies buy their
24 EKGs. So, some of these I think we could do.
25 Of those sort of, like, six through eleven,

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1 does the group have a sense they can pick up two most
2 important because I think we've got the data to do
3 most of these in that portion anyway.
4 **GUY DANSIE:** And then item number twenty,
5 we should really query the agencies to see what they are
6 currently doing, what method they are using, number one,
7 and then we could go from there.
8 Twenty and twenty-one, my guess is to make
9 it significant enough, that's going to have to be a
10 multiyear study. And twenty-three as well; twenty-one,
11 twenty-two, and twenty-three.
12 **PETER TAILLAC:** I just wonder if twenty is
13 worth doing again, frankly, these days.
14 **MATHEW CHRISTENSEN:** It sounds like it's really
15 uncommon.
16 **PETER TAILLAC:** It's so rare that, is it worth
17 spending our time studying.
18 **GUY DANSIE:** It might be nice, though, to find
19 out what they are doing to detect esophageal intubations
20 and then using monies later on to try to get
21 laryngoscopes to approve the intubations. I think it
22 would simplify it.
23 **CHRIS DELAMARE:** I'm going to say on twenty,
24 though, the whole state is not going to be represented
25 in this group. There's only a certain group. And so,

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1 is that a fair look at what goes on throughout the state?
 2 **GUY DANSIE:** I think this would be something
 3 that would have to go out to every licensed agency in the
 4 state and just simply ask the question, in what manner
 5 do you detect esophageal intubations?
 6 And let's see what they do and see what we can
 7 do to help them, see what we can do about getting money
 8 for the large agencies to do laryngoscopy. That's one we
 9 can really play around with a lot. That's going to take
 10 a query to every agency in the state.
 11 **PETER TAILLAC:** Right.
 12 **CHRIS DELAMARE:** See, and I think one through
 13 four and thirteen, fourteen, and fifteen are all probably
 14 going to come through that dispatch. Did I say four?
 15 Did I say that? Not four. One through three.
 16 **MATHEW CHRISTENSEN:** Thirteen, fourteen, and
 17 fifteen we also can do. We certainly have those times.
 18 **CHRIS DELAMARE:** So, could you not on one
 19 through four --
 20 **DENNIS WYMAN:** I wouldn't say four, but one
 21 through three.
 22 **ERIC BAUMAN:** Yeah. One through three.
 23 You could query that even even through a grant.
 24 **GUY DANSIE:** If we wanted to incorporate that
 25 into the designation requirements, we could even do that.

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1 **PETER TAILLAC:** Is it something the state's
 2 really interested in? I don't really care what --
 3 I kind of feel, I don't really care --
 4 **CHRIS DELAMARE:** The implication that I get
 5 from this, though, is they have to believe that there's
 6 a difference by system in terms of either time or
 7 information. I can't imagine they would put it here
 8 unless they felt like these systems are so much better
 9 than these other systems for whatever reasons.
 10 **ANDY SMITH:** So, do you take the information
 11 and then take your thirteen, fourteen, and fifteen and
 12 compare it to the dispatch software being used and say,
 13 the software has faster time?
 14 **MATHEW CHRISTENSEN:** I think that's the
 15 correlation.
 16 **CHRIS DELAMARE:** Peter's point of, well, by
 17 themselves, they don't make a lot of sense. They make
 18 sense in terms of looking across some of the other
 19 measures --
 20 **ANDY SMITH:** Okay. Right.
 21 **CHRIS DELAMARE:** -- and seeing if the system
 22 is impacting some of these other kind of outcomes.
 23 **ANDY SMITH:** It's only going to work if the
 24 software is being used to dispatch multiple agencies,
 25 though, because it could just be an operational thing

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1 with that agency. They just may be on their game.
 2 **GUY DANSIE:** You know, the next time we get
 3 together, it would be really nice for you to then
 4 organize these into groups, groups that we're going to
 5 get data that can be already obtained through Polaris
 6 and others, groups that we're going to have to query
 7 other agencies, groups that we need to work on and
 8 we can immediately start developing.
 9 **MATHEW CHRISTENSEN:** Yeah. That is going
 10 to be my next step. It's going to be exactly that.
 11 Probably not until twenty-five, though, but that's
 12 what I wanted to start is, you know, a handful.
 13 **GUY DANSIE:** But I think you could organize
 14 almost the majority of these into those groups we talked
 15 about.
 16 **MATHEW CHRISTENSEN:** Yeah. You can to a
 17 certain extent. The thing about running down data is,
 18 it isn't just whether there's a source out there, but
 19 it's actually getting this data so if it's coming from,
 20 you know, traffic records or crash records, then it would
 21 be actually getting the data and querying it and seeing
 22 if we could answer the question in that fixed time for
 23 each one of these.
 24 **GUY DANSIE:** Just out of a personal question,
 25 Peter, if an EMS agency gets involved in a motor vehicle

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1 accident, is that reported to the EMS agency?
 2 **PETER TAILLAC:** No.
 3 **BRENT MABEY:** That is something that should be
 4 done. I think that that's maybe a revision of the law
 5 that we ought to look at because if an EMS vehicle is
 6 involved in an accident, that should come to you.
 7 **PETER TAILLAC:** There should be some sort of
 8 investigation sort of like when a plane crashes, the NTSB
 9 looks at it.
 10 **BRENT MABEY:** Yeah. Exactly.
 11 **CHRIS DELAMARE:** That information is collected,
 12 but that's an interesting point. That could just be
 13 reported to the bureau.
 14 **GUY DANSIE:** But I think it needs to be --
 15 I think that that needs to be reported to the bureau.
 16 **PETER TAILLAC:** If one agency has an
 17 extraordinary number of crashes, then they perhaps need
 18 to be looked at and maybe their license needs to be put
 19 on probation.
 20 **GUY DANSIE:** Yeah. I think that there would
 21 be a lot of value in that.
 22 **PETER TAILLAC:** Or mediated.
 23 **CHRIS DELAMARE:** Well, frequency of lights and
 24 sirens and then also frequency of crashes because if it
 25 is different, I mean, it might be that, you know, some

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1 agencies aren't using it often and some agencies are
 2 using it a lot more.
 3 **GUY DANSIE:** What will it take to get that
 4 report to the bureau do you think?
 5 **PETER TAILLAC:** Well, I think the first thing
 6 we should look at before we decide if we want to
 7 establish a rule or a statute for that is to see --
 8 look at the data and see, is there an issue or not.
 9 If it's such a rare event that it's not really
 10 an issue, then we can just decide if it's worth the
 11 process of putting it into rule or having the legislature
 12 put it in for us.
 13 **CHRIS DELAMARE:** The problem is, what would
 14 your definition of an accident be? If I back into a
 15 pole, I'm not going to tell the bureau, hey, I backed
 16 into a pole.
 17 **ANDY SMITH:** I don't want you guys to come and
 18 investigate. I mean, you're talking about really putting
 19 a lot of caste on the agency who already has to do their
 20 own internal investigation.
 21 My insurance company already comes out with all
 22 their gear telling me I better stop driving so fast, and
 23 the county comes out and yells at me. You know, I
 24 already have all these people coming to investigate the
 25 accident. Do I really need the state bureau of EMS?

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1 Maybe a reporting system. I just say, hey,
 2 we had an accident, something like that, that's fine.
 3 But to actually try to pull some, you know, investigation
 4 or something into the accident --
 5 **GUY DANSIE:** It sounds like -- well, you could
 6 just attach the stuff in your report --
 7 **MATHEW CHRISTENSEN:** I don't think this
 8 information will go to that point because as you said,
 9 it's already happening at that very fine-grain level.
 10 But at the state level across, you know, a lot of
 11 agencies, it might make sense.
 12 **PETER TAILLAC:** It might across a lot of
 13 agencies to correlate with lights and siren or dispatch
 14 techniques or that sort of thing.
 15 **GUY DANSIE:** Do you have any feel of how many
 16 EMS crashes there have been in the last three years?
 17 **PETER TAILLAC:** You only hear about them
 18 anecdotally.
 19 **ERIC BAUMAN:** And that's the thing. You have
 20 to define what a crash is.
 21 **PETER TAILLAC:** A better question is, what EMS
 22 crashes resulted in crew or patient injury, for example.
 23 **GUY DANSIE:** That's really where it's going.
 24 **CHRIS DELAMARE:** How many bumpers do we
 25 replace? I think that will give you an idea of how many.

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1 **ANDY SMITH:** Maybe that could go on the grant
 2 application.
 3 **MATHEW CHRISTENSEN:** Okay. So, in terms of
 4 guidance and in terms of trying to make a decision --
 5 **CHRIS DELAMARE:** Well, I was just going to ask,
 6 I mean, again, the purpose here is to better the system
 7 throughout the state. So, what information would it need
 8 and how would we apply it to make our system better in
 9 each agency's system?
 10 So, I actually liked -- well, let me go back
 11 because one of the things I was just going to say and I
 12 think a question that we're missing, too, is, if we're
 13 going to talk about dispatch, I would like to know how
 14 long the caller is on the phone before somebody is
 15 actually dispatched because that is another time added
 16 in that element.
 17 **GUY DANSIE:** Well, that would really reflect
 18 back on the dispatch company, you know. If one of these
 19 companies is causing a two- to three-minute extension of
 20 time on phone, it's good to know.
 21 **MATHEW CHRISTENSEN:** Well, the only reason
 22 I ask is for, right now at Gold Cross, we use Medical
 23 Priority Dispatch System. There are certain questions
 24 that you ask every caller when they call in. I would
 25 assume the other ones are the same way. Maybe just

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1 different formats.
 2 **PETER TAILLAC:** I'll throw back that with the
 3 exception of certain things where it makes a difference
 4 like trauma scene times, I don't particularly care about
 5 times because most of the things you guys respond aren't
 6 like, get there in two minutes makes a difference; right?
 7 You know, the lady with abdominal pain or the
 8 the lady who fell down and broke her hip, you know, if
 9 you take two extra minutes to get there for some reason,
 10 does it matter? I mean, there are some acute cases
 11 where the time matters. Maybe the time out to a cardiac
 12 arrest, we should look at that group where it's a
 13 time-critical thing.
 14 Scene times for trauma should be short.
 15 Scene times for cardiac arrest probably should be long,
 16 actually, if we're starting to work more at the scene
 17 and transporting less of them.
 18 So, just looking at dispatch times
 19 and transport times to me is such a giant, gross,
 20 all-encompassing number that it doesn't mean anything.
 21 And is there any difference for urban versus
 22 rural and how far away you are, you know, how big your
 23 area is. I would rather hone that down to, again,
 24 outcome-based times. Look at specific things that
 25 actually mean something that we could improve on unless

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1 you're taking twenty-two minutes at each of your trauma
2 scenes, can you make that better?
3 Is there a way to refine that and make it
4 better, bring it down closer to the ten-minute goal.
5 **GUY DANSIE:** So, instead of response, you just
6 want scene time?
7 **PETER TAILLAC:** Well, it just depends what
8 you're looking at. For cardiac arrest response,
9 it probably matters; right?
10 **GUY DANSIE:** If dispatch is being delayed
11 by five minutes or so on a cardiac arrest, that's
12 substantial.
13 **PETER TAILLAC:** And I don't care what all of
14 your response times are across the board because it's
15 just mush, but maybe for cardiac arrest.
16 **CHRIS DELAMARE:** Specific.
17 **PETER TAILLAC:** What else? So, unstable vital
18 signs reported or not breathing or sort of, let's look at
19 some complaints that matter. Two minutes might matter
20 kind of thing.
21 **GUY DANSIE:** Yeah. Sounds good.
22 **PETER TAILLAC:** It would be easier to look
23 at a smaller slice.
24 **MATHEW CHRISTENSEN:** A lot of good ideas.
25 I want to walk through these again, and let's select.

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1 Is there any from those first three that we want?
2 **ANDY SMITH:** Will you clarify what you're
3 trying to get? You want to narrow down to just a couple
4 of goals that we can pick now?
5 **MATHEW CHRISTENSEN:** Yeah.
6 **ANDY SMITH:** Okay.
7 **MATHEW CHRISTENSEN:** And I'm going to go back
8 and do some legwork and try and pull it back, and then
9 you'll hear on those things we decide on either at the
10 next committee meeting or the next operations meeting,
11 and then we'll just move forward that way.
12 **PETER TAILLAC:** All right. I will throw out,
13 I would love to look at pain scales. So, that would be,
14 it looks like that's eight and nine for pain scales.
15 So, we could pick one.
16 **GUY DANSIE:** If you're doing pain, do them
17 both. So, let's do eight and nine.
18 **MATHEW CHRISTENSEN:** Eight and nine.
19 **GUY DANSIE:** So, let's do eight and nine.
20 **PETER TAILLAC:** How many people are utilizing
21 pain scales when they give pain medication?
22 **GUY DANSIE:** So, we do eight and nine.
23 **MATHEW CHRISTENSEN:** Okay.
24 **ANDY SMITH:** Do you know the significance
25 of thirteen?

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1 **PETER TAILLAC:** I do know why, because the
2 recommended pain scale for thirteen and above is
3 basically the one through ten, the thing that we're
4 used to using. And below thirteen, they have sort of
5 child-appropriate ones which are more complicated; the
6 faces. There's CHEOPS and all these other scales that
7 we will become familiar with I think but we're not there
8 yet. Thirteen is, like, sort of an adult. That's why.
9 **MATHEW CHRISTENSEN:** Okay. Eight and nine.
10 Any others that really jump out and say, yeah,
11 let's start with that one? What else?
12 **GUY DANSIE:** You know, I think number twenty,
13 it might be worth just querying each agency what they
14 do to detect esophageal intubations. Just a query.
15 **PETER TAILLAC:** Sending out a simple question
16 and --
17 **GUY DANSIE:** Just a simple question. What does
18 your department do to detect esophageal intubation. And
19 let's just see what we got. And that way we may be able
20 to help some of them. We can look at funding to get
21 better systems, but a query would be useful.
22 **ANDY SMITH:** Representing the rural areas,
23 twelve is something that I'm always looking at and
24 interested in. I know up here it doesn't make much
25 sense for you guys to look at that because you have

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1 a lot of STEMI centers, but for us in our areas, it
2 is an interesting paradigm, where do we go.
3 So, I would be interested to know if there's any
4 other areas that are transporting to PCI centers or not.
5 **PETER TAILLAC:** Even if they're farther away,
6 so to speak?
7 **ANDY SMITH:** Yeah. I'm interested in that
8 timeframe. I'd like to know the split.
9 **GUY DANSIE:** Well, I think that would be
10 appropriate for here, too, so I wouldn't have a problem
11 with that. I think that would be a good one.
12 **MATHEW CHRISTENSEN:** Twelve?
13 **CHRIS DELAMARE:** Yes.
14 **MATHEW CHRISTENSEN:** So, we've got eight, nine,
15 twelve, twenty.
16 **GUY DANSIE:** Would twelve be just a query?
17 It would not be a study. We're just going to ask the
18 question.
19 **MATHEW CHRISTENSEN:** Yes. Twenty, we'll just
20 send out that question.
21 **BRENT MABEY:** Yeah. That's all. We're not
22 studying it yet.
23 **GUY DANSIE:** Just curious if we could look at
24 twenty-three. You said there's information out there
25 that public safety may have?

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1 **CHRIS DELAMARE:** I think that one is probably
2 the easiest one to gather because every agency's going
3 to know --
4 **MATHEW CHRISTENSEN:** All crash information is
5 collected. It's not here, but any crash, there are data
6 systems.
7 **GUY DANSIE:** Do you know if it has injuries?
8 Twenty-three really is the one we would probably be
9 interested in because that is deaths and injuries.
10 **CHRIS DELAMARE:** Rate of injuries and deaths.
11 **MATHEW CHRISTENSEN:** I don't know about
12 injuries. So, I know about the FARS database, the
13 fatality reporting system. And so, it's going to catch
14 fatalities, and it describes a lot about each injury or
15 I mean, each crash.
16 **GUY DANSIE:** Is this something we can obtain
17 that might be useful?
18 **MATHEW CHRISTENSEN:** I can look into it.
19 So, if that's something we want to know, I can come back
20 with an answer, this is what's out there.
21 **ERIC BAUMAN:** I think that would be beneficial.
22 **PETER TAILLAC:** I'd be interested in that data,
23 yeah.
24 **MATHEW CHRISTENSEN:** And I would say, instead
25 of per the 100,000 fleet miles, I'm going to say, let's

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1 look at it for one year to five years.
2 **GUY DANSIE:** Yeah, for years, for annual
3 totals.
4 **MATHEW CHRISTENSEN:** So, I think that's going
5 to be some raw data, but it will give you a good idea.
6 **GUY DANSIE:** Especially where we're just
7 implementing our EVO training requirements, maybe that
8 will be something we can --
9 **PETER TAILLAC:** And it would correlate with our
10 lights and siren.
11 **GUY DANSIE:** Right.
12 **CHRIS DELAMARE:** Well, and I would say, you'd
13 almost have to put a second question in, was this --
14 were you responding lights and sirens or not when this
15 resulted.
16 **ANDY SMITH:** I'd almost guarantee that those
17 databases have that information in it. I mean, the way
18 they do their investigations, I mean, they mark
19 everything. So.
20 **GUY DANSIE:** What's the purpose of question
21 four?
22 **PETER TAILLAC:** Great question. Maybe
23 performance improvement from an agency standpoint.
24 **DENNIS WYMAN:** It could be very much about --
25 a huge deal for the rural folks.

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1 **MATHEW CHRISTENSEN:** On the bureau side, you
2 could use it to say, how can we get the education out
3 there and start getting people more interested.
4 **PETER TAILLAC:** Make life better for the medics
5 who want to stay longer.
6 **CHRIS DELAMARE:** We could look across volunteer
7 and not volunteer and see what the turnover is.
8 **GUY DANSIE:** So again, that's one that we need
9 to gather data. That's another query that needs to go
10 out. So, if you're going to send out the query on the,
11 you know, detecting esophageal intubations, you might as
12 well add another one, just say, these are items that
13 we want your response on.
14 **CHRIS DELAMARE:** Okay. So, I guess on that
15 idea, I was going to ask this question. Does the state
16 right now, how often when someone certifies, do you guys
17 keep track of if they renew --
18 **PETER TAILLAC:** Yes.
19 **CHRIS DELAMARE:** -- or do they just let it
20 expire? Because I'm curious how long an EMT would keep
21 their certification, how long a paramedic keeps their --
22 **PETER TAILLAC:** There are tons and tons of EMTs
23 and paramedics and aides that don't work for anybody.
24 They just have --
25 **CHRIS DELAMARE:** I know. But what I'm saying

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1 is, but that might be already data in your system --
2 **PETER TAILLAC:** It is.
3 **CHRIS DELAMARE:** -- that you could extrapolate.
4 And maybe that gives you an idea, okay, well, we know the
5 rate of -- I don't know if I want to say recidivism?
6 Is that the word I'm looking for? How often they do
7 actually recertify. Do the EMTs say, well, I didn't work
8 for anybody, so I really can't recertify after four years
9 or whatever our recertification rate is.
10 **MATHEW CHRISTENSEN:** We can look at that.
11 It doesn't get directly to turnover, but that's a piece
12 we can look at.
13 **CHRIS DELAMARE:** But I would assume that that
14 turnover rate and how often these guys recertify probably
15 would go in hand I would think. Okay. So, that's
16 certainly enough for starters --
17 **GUY DANSIE:** And one final item would be for
18 you to look at the rest of the list and come back to us
19 and tell us which of the rest of the list you can get
20 off of databases that you already have.
21 **MATHEW CHRISTENSEN:** So, just organize the
22 other indicators --
23 **GUY DANSIE:** Right.
24 **MATHEW CHRISTENSEN:** -- and provide back
25 information --

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1 **GUY DANSIE:** Right.
2 **MATHEW CHRISTENSEN:** -- about what data --
3 **GUY DANSIE:** So we don't have to discuss those
4 further. Those are the ones you already have databases
5 that you can get it from.
6 **PETER TAILLAC:** Well, on the trauma side,
7 I think it's safe to say we're going to do number seven.
8 We discussed it already, the percent of patients who meet
9 criteria to go to the trauma center.
10 **CHRIS DELAMARE:** You said you presented this
11 to the EMS committee as well?
12 **MATHEW CHRISTENSEN:** Yes.
13 **CHRIS DELAMARE:** Did they come back with any
14 recommendations or what did they do?
15 **MATHEW CHRISTENSEN:** We read through the
16 questions like we did here, and I said, let's select
17 three, four, five. And it was at the end of the meeting.
18 It was a two-hour meeting. We were right at the end
19 literally. And it was like, oh, okay, we're not going
20 to do that now. We don't have the time or the energy
21 and that would be, you know, a lot of discussion.
22 And in a bigger group, I mean, we've had a lot
23 of good discussion here, but we're half the size.
24 So, it just stopped there and it was tabled to this --
25 **CHRIS DELAMARE:** So, how many do you have now

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1 off of our recommendations?
2 **MATHEW CHRISTENSEN:** Seven. I've got seven
3 circled with two that we're just going to send out to
4 agencies with two questions. And I'll round up the
5 information I can for those seven and then organize
6 the other indicators in terms of just data capability.
7 **CHRIS DELAMARE:** Is this information you can
8 get back on our next meeting by August or do you think
9 that's too fast?
10 **MATHEW CHRISTENSEN:** Oh, yeah. I'm not going
11 to have all the answers to everything, but I'll certainly
12 have pulled together a lot more.
13 **GUY DANSIE:** Okay. That will be good to see.
14 **PETER TAILLAC:** On that turnover rate, if you
15 do survey the agency, you may want to give them a formula
16 of how to calculate that.
17 **CHRIS DELAMARE:** Yeah. I would agree.
18 **ANDY SMITH:** Yeah. Define it for everybody.
19 And, you know, especially, my department has no files
20 previous to me coming in. So, you know, I'm not going
21 to be able to calculate it before 2012. So -- and I'm
22 telling you, most rural agencies are that way and worse.
23 So, they may not even know.
24 **CHRIS DELAMARE:** And no one else is here
25 anymore.

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1 **ANDY SMITH:** Right.
2 **CHRIS DELAMARE:** There's been a lot of
3 turnover.
4 **ANDY SMITH:** There's agencies that do have that
5 much. I mean, some of them have --
6 You know, there's usually at least one or two
7 lagging people who are there the whole time, but normally
8 it's, you know, a six-year cycle.
9 **GUY DANSIE:** A lot of turnover.
10 **CHRIS DELAMARE:** And I think the other side
11 of it is is, what are you looking for on turnover, just
12 paramedics and EMTs? Or are you looking at your office
13 staff or supervisory. There's a lot of different things
14 that you want to look at as well.
15 **MATHEW CHRISTENSEN:** And I think a lot of them
16 are going to shape like that as we start to look at it,
17 it's going to raise more questions, but this is a good
18 place to spend time, and we'll find our way through it.
19 **CHRIS DELAMARE:** To me, out of all of the
20 seven, that would be the lowest priority.
21 **MATHEW CHRISTENSEN:** Okay. Number four?
22 **CHRIS DELAMARE:** Yeah.
23 **GUY DANSIE:** That's what I was going to say
24 is that, I've actually gone out and done some assessments
25 with some of the rural agencies, and that's -- granted,

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1 it's a one-on-one type of a deal.
2 But they all have problems with that in the
3 rural areas is staff turnover. I don't think having
4 statical data is really going to change anything.
5 I think we already know there's a problem there,
6 and how we remedy that is probably the bigger issue.
7 **MATHEW CHRISTENSEN:** So, if it confirms what
8 we already know and say, wow, there's a lot of turnover,
9 we might be able to use that. I mean, we might be able
10 to.
11 **DENNIS WYMAN:** You're probably looking
12 at turnover in high-pressure agencies, burnout.
13 **MATHEW CHRISTENSEN:** All right. That's all
14 I have unless anybody has anymore comments.
15 **GUY DANSIE:** Thank you.
16 **CHRIS DELAMARE:** Eric actually brought
17 something up. Now that we actually have a quorum here,
18 do we want to go back to the first part and say I'm going
19 to present -- if you've had a chance to look at your
20 minutes from the last meeting, we've already had a second
21 but we really didn't have a quorum and approval I guess
22 of minutes.
23 So, just go back. Have you looked them over?
24 Do you all approve of the minutes from the last meeting?
25 And so, I'll ask for another second, a second second.

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1 **GUY DANSIE:** Second.
 2 **CHRIS DELAMARE:** Or approval I guess. Another
 3 second. Thank you. And then --
 4 **GUY DANSIE:** Shall we do a vote?
 5 **CHRIS DELAMARE:** I guess. Honestly, I guess.
 6 If we've got a quorum here, we might as well. So,
 7 they're talking about -- I guess we ought to submit a
 8 name for both a chair and a vice chair for this upcoming
 9 year because it's only a one-year deal; right?
 10 And is there any recommendations, nominations
 11 for a chair in order to release Tracy from him being a
 12 chair? Now, he's been the chair for a year and I've been
 13 the vice chair for a year, so, these two positions would
 14 be available on this committee.
 15 **GUY DANSIE:** Is there anybody who would like
 16 to do it might be a nice question.
 17 **CHRIS DELAMARE:** Is anybody going to get
 18 appointed to it versus liking to do it?
 19 **PETER TAILLAC:** Well, is Tracy going to do it
 20 again, do you know?
 21 **CHRIS DELAMARE:** I don't think so.
 22 **GUY DANSIE:** He struggled, honestly --
 23 **CHRIS DELAMARE:** Yeah.
 24 **GUY DANSIE:** -- with getting here --
 25 **PETER TAILLAC:** Getting here.

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1 **GUY DANSIE:** -- as part of the group. So.
 2 **ERIC BAUMAN:** I'd be happy to help out.
 3 **ANDY SMITH:** Me, too. And I'll make it, coming
 4 up. So.
 5 **GUY DANSIE:** Good to know.
 6 **CHRIS DELAMARE:** So, we have Eric and Andy.
 7 Honestly, I was going to say, do we go through a
 8 progression and say vice chair moves to chair instead
 9 of saying chair --
 10 **GUY DANSIE:** We haven't in the past, but we
 11 could, you know, certainly do that.
 12 Do you want to do that?
 13 **CHRIS DELAMARE:** I can do that, actually.
 14 **GUY DANSIE:** Then you could be the chair.
 15 **CHRIS DELAMARE:** I would be the chair.
 16 **GUY DANSIE:** And then maybe one of the other
 17 two would be vice?
 18 **PETER TAILLAC:** Rock-paper-scissors?
 19 **ANDY SMITH:** I'd like to respectfully pull my
 20 name.
 21 **GUY DANSIE:** And then I would like to nominate
 22 Eric Bauman. We've got Andy on the hit list, though.
 23 So, we will be doing this again next year.
 24 So, do you want to vote on that?
 25 **CHRIS DELAMARE:** So, I guess, do we have to

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1 do an election on the chair?
 2 **GUY DANSIE:** Let's do a vote on the chair and
 3 the vice chair, and then we can suggest that to the EMS
 4 committee, and then we'll approve it.
 5 **CHRIS DELAMARE:** Okay. Well, then, I would
 6 say, let's vote on myself as being the chair of this
 7 committee and Eric Bauman as vice chair.
 8 All those in favor? Any opposed? I feel like
 9 I'm in church again. Okay. So, do I need a second on
 10 the approval of those -- our two names for these?
 11 Do I need to get a second if there's an
 12 approval of everybody; right?
 13 **GUY DANSIE:** Well, we just voted.
 14 **CHRIS DELAMARE:** No, because we just voted.
 15 All right.
 16 **GUY DANSIE:** You're fine.
 17 **CHRIS DELAMARE:** Very good. Well, I guess,
 18 Eric, you and I are the problem children.
 19 **ERIC BAUMAN:** Her we go.
 20 **GUY DANSIE:** Good enough.
 21 **CHRIS DELAMARE:** Okay. So, ambulance standard
 22 recommendations by Guy.
 23 **GUY DANSIE:** Okay. Just to kind of give you
 24 a little background, I'm working with the EMS rules task
 25 force. The department set up a task force. We're

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1 reviewing all of the rules that were made effective last
 2 October. And the lightning rod piece of that is
 3 operations. And it's the new R426-4.
 4 So we're working through that. One of the
 5 questions that came up again was about ambulance
 6 standards for, like, the commercial standards for
 7 the ambulances, the manufacturers.
 8 **PETER TAILLAC:** Like, the KKK?
 9 **GUY DANSIE:** The KKK. We discussed that a
 10 little over a year ago I believe in this group.
 11 **CHRIS DELAMARE:** It was a guy from Salt Lake
 12 Community College.
 13 **GUY DANSIE:** Yeah. Russ Malone did a little
 14 bit of a study on it. At that time it was -- the NFPA
 15 requirements were still in draft form and in a flux.
 16 He thought that we probably ought to just wait. And now
 17 here we're a year later, and it's come up in rules that
 18 we need to reference something in rule.
 19 And so I ask you gentlemen if you would be
 20 interested in reexamining the NFPA 1917 or if you have
 21 any thoughts on that, suggestions?
 22 **CHRIS DELAMARE:** Well, if he's done a study
 23 already and it's only a year, can we refer back to him
 24 and ask him again what his recommendations were?
 25 **GUY DANSIE:** Yeah.

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1 **CHRIS DELAMARE:** Because I remember him saying
2 something, but that was my first meeting and I just don't
3 remember where that went.
4 **GUY DANSIE:** Basically, the summary of it is
5 the new guidelines are a little more restrictive than
6 the KKK was. There's a few things that will cost the
7 ambulances to be more -- you know, raise the cost
8 to meet the new standards.
9 Nationally, I think most of the states are
10 struggling a little bit with this, whether to adopt
11 it outright or to adopt it in part.
12 And so, that's kind of where we're at. If we
13 adopt it in part, then we have to go through and spell
14 out, like, the things we don't accept.
15 **CHRIS DELAMARE:** So, you're saying the NFPA
16 standards are more restrictive than what the KKK --
17 **GUY DANSIE:** Than what the old KKK was.
18 **ANDY SMITH:** And I don't have a problem with
19 it. I think you have to take an all-or-nothing approach.
20 I think the manufacturers are going to take an
21 all-or-nothing approach anyway.
22 **GUY DANSIE:** Correct.
23 **ANDY SMITH:** Give it a few more years,
24 you won't be able to buy an ambulance that's not
25 NFPA compliant.

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1 **CHRIS DELAMARE:** But I was going to say, aren't
2 the manufactures now kind of moving towards that, do you
3 know?
4 **ANDY SMITH:** Yeah.
5 **CHRIS DELAMARE:** Do you know, Clair, at all?
6 **CLAIR BALDWIN:** Well, they are. One of the
7 things that came up in the zero fatalities was that
8 the fire engine ambulances that have the cots mounted
9 horizontally, that there's no way to put the child seats
10 into that adequately to meet the standard.
11 So, there's a lot of issues that are not being
12 addressed, and I think that, in general, NFPA is looking
13 for direction. So, it sounds to me like that from
14 everything -- I've been in three different conferences
15 this year that have talked specifically about this and
16 the number of injuries that occur to personnel in the
17 back as well as patients. And it's a major problem,
18 and it's not being addressed adequately at all.
19 **ANDY SMITH:** The NFP document is done; right?
20 **CLAIR BALDWIN:** It's done for now, but there's
21 a lot of people that feel like that it's not been
22 addressed in any way, shape or form the way it should
23 have been.
24 **GUY DANSIE:** I understood it's in, like,
25 a final draft.

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1 **CLAIR BALDWIN:** Yeah.
2 **GUY DANSIE:** And it's a guidance document.
3 It's nothing that's -- it's not like federal code or
4 regulation. So, that's kind of where we're stuck, too,
5 because we're trying to reference something in rule and
6 have a standard. But the standard is -- it's moving and
7 it's not clear.
8 **CHRIS DELAMARE:** But, okay. So, but what, as
9 agencies, what do we have to do with that? I mean, if
10 it's a manufacturer thing and the manufacturer's got
11 to follow that, we're just buying the vehicles.
12 **GUY DANSIE:** Right. But then they're saying,
13 well, what spec do we build these to and what is your
14 requirement? We've actually talked to one of the
15 gentlemen that's involved in the industry and with our
16 rules task force. And he goes, we would like the state
17 to say something, this is our expectation so that they
18 can match that.
19 **ERIC BAUMAN:** Say, as an agency, you would have
20 to utilize your purchase of NFPA-approved --
21 **GUY DANSIE:** Right. And then they build to
22 that spec, right. But like Clair said, there are issues
23 out there, and it's been kind of a tough thing.
24 **CLAIR BALDWIN:** For instance, one of the
25 things, the bench seat that we sit on, the

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1 recommendations, some of them are, that they put captain
2 seats in there that can pivot so that the back faces
3 toward the front of the ambulance while it's in route
4 rather than sitting there sideways because sitting there
5 sideways, whether you've got a shoulder harness or not
6 on with your seat belt, it's not going to protect you.
7 So that's that part of it.
8 **ANDY SMITH:** In the document it does state that
9 they have to have five-point restraint systems.
10 **CLAIR BALDWIN:** It does that but not the seat.
11 **ANDY SMITH:** So, you know, I did go on a tour.
12 Colorado's got some very progressive safety-wise EMS
13 systems. And I went and toured a bunch of different
14 ambulances over there that have gone into service.
15 And a lot of southwestern Colorado, anyway.
16 Southwestern? I'm southeastern Utah. They're all
17 purchasing ambulances like that. I mean, they have a
18 captain's chair. They don't have bench seats anymore.
19 They have captain's chairs and things like that.
20 I thought it was already in the rule that
21 that's kind of an NFPA standard now, but they must
22 just be doing it on their own is my guess.
23 **GUY DANSIE:** They may have adopted the NFPA.
24 I don't know.
25 **PETER TAILLAC:** Do we reference KKK in our

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1 current rules?
 2 **GUY DANSIE:** I'm trying to remember what it
 3 says. I think --
 4 **CHRIS DELAMARE:** Do we reference any standard
 5 in our rules?
 6 **GUY DANSIE:** Well, the thing is is we need to,
 7 and that's what I'm having a hard time with is what to
 8 reference.
 9 **PETER TAILLAC:** Could it be referenced
 10 as a recommendation because clearly this is not
 11 set in stone --
 12 **GUY DANSIE:** Right.
 13 **PETER TAILLAC:** -- or agreed upon yet, and we
 14 wouldn't expect agencies to retrofit all these rules.
 15 **GUY DANSIE:** Right. Well, there wouldn't
 16 be any retrofitting. It would be moving forward with
 17 ambulances.
 18 **CHRIS DELAMARE:** Well, how many specifications
 19 are out there? I know of the KKK and you just said NFPA.
 20 **GUY DANSIE:** Those are the only two I'm aware
 21 of.
 22 **CHRIS DELAMARE:** Well, then why couldn't we
 23 just say --
 24 **GUY DANSIE:** One or the other?
 25 **CHRIS DELAMARE:** Or both.

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1 **MATHEW CHRISTENSEN:** Well, until one is adopted
 2 and mandated I guess.
 3 **GUY DANSIE:** We'll have to probably just keep
 4 it loose in rule if that's how -- if that's -- I mean,
 5 and I have the same feeling. I don't know if there
 6 is a solid answer.
 7 **CHRIS DELAMARE:** I mean, if it's just a
 8 guideline, then there's nothing that's really binding
 9 us to one or the other; right?
 10 **GUY DANSIE:** Right. Right now, technically,
 11 there is nothing that is binding.
 12 **PETER TAILLAC:** The only thing would be, if you
 13 had a recommendation in rule that wasn't binding, but
 14 then if there's a crash and somebody gets hurt, then the
 15 lawyers look and say, well, the state says you should
 16 have been doing this. The recommendation could push
 17 it forward just from a liability standpoint I guess.
 18 **CHRIS DELAMARE:** Well, but I would say, to be
 19 honest with you, I would say, if most agencies right now
 20 are going off of KKK because NFPA hasn't come out and
 21 said, this is where we're at, I'm almost going to say,
 22 you'd have to go with the lower --
 23 **GUY DANSIE:** The lower standard.
 24 **CHRIS DELAMARE:** -- specifications I guess,
 25 if you will.

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1 **GUY DANSIE:** Basically, our status quo, just
 2 to maintain status quo.
 3 **CHRIS DELAMARE:** Right, because it sounds like
 4 to me, this is going to be a huge cost to everybody to
 5 start retrofitting or start purchasing -- when do you
 6 start saying, okay, you have to start doing this?
 7 **GUY DANSIE:** It might be nice to -- we could
 8 add just a recommendation for the future that this is
 9 what we want to move toward. I'm kind of floating along
 10 here, but I'll just let them know that you felt the same
 11 way they did.
 12 And that's kind of how the group there was.
 13 They were feeling like it's maybe a little premature to
 14 adopt in the NFPA standards. And mine, too. And I think
 15 my other issue, the conflicting issue I have is just
 16 making sure the rule is tight but --
 17 **PETER TAILLAC:** We may have to address it again
 18 in a year or so. I think once NFPA comes out, KKK is
 19 going to drop up.
 20 **GUY DANSIE:** Yeah. That's kind of what I
 21 understood, too.
 22 **CLAIR BALDWIN:** Well, and that's why I think
 23 you tie it into recommendations so that you can
 24 preemptively be ready for those other things.
 25 **GUY DANSIE:** Okay. So, I'll take that back to

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1 them. We're kind of in the same thought I think as the
 2 task force, but we're trying to write the rule so the
 3 rule is good and yet still be kind of flexible with
 4 this requirement.
 5 **CHRIS DELAMARE:** Well, I'm going to say, I have
 6 to assume the manufacturers are going to start moving
 7 towards the more strict or restrictive knowing that
 8 it's coming down the line. I think they'll kind of
 9 do their own policing.
 10 **GUY DANSIE:** And maybe we'll kind of see how
 11 it goes nationwide. Well, that's good. I mean, the
 12 recommendation is to wait and see kind of if that's okay
 13 with you guys.
 14 **CHRIS DELAMARE:** Okay. Is there any other
 15 announcements or anything that needs to be brought before
 16 this body?
 17 **GUY DANSIE:** I think that's about it.
 18 Do we have any other topics or things? I think
 19 the professional development subcommittee and this one,
 20 we kind of feel like maybe we're a little weak on topics.
 21 And are there any suggestions? I would like
 22 to take those back to the EMS committee and maybe make --
 23 suggest that we have a topic, sort of things that we can
 24 discuss here that are meaningful.
 25 Is there anything that rises to your --

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1 **BRENT MABEY:** Well, you know, I think this
2 sheet that we just went over, the emergency medical
3 services performance measures, I think we could take a
4 more aggressive stance on this sort of thing and look
5 for input on that so that we know what we need to be
6 measuring. We know where we need to be improving.
7 We know how we're going to record these things.
8 So, that's a great place to be going from.
9 **GUY DANSIE:** And that's a good, like, maybe
10 a direction to head. Is there any other topics that are
11 out there smouldering that we're unaware of?
12 **ANDY SMITH:** So, nationally, it's kind of a big
13 thing for -- it has been for the last few years, and I've
14 been trying to figure out how to deal with it in my
15 agency, not that we've had a problem.
16 But this whole idea of highway Incident Command
17 Systems, who's in charge, how does that operate, I'd
18 really like to know if there's any federal legislation,
19 local legislation that enables safety emergency workers
20 to do their jobs without having any other issue, whether
21 it be highway patrol, whatever it might be, causing any
22 problems.
23 **CLAIR BALDWIN:** Well, I presented on that
24 in Zero Fatalities. There is no state law in Utah that
25 covers that.

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1 **GUY DANSIE:** That's an important thing.
2 I was in my residency when the plane went into the
3 Potomac. And here you've got all these victims in the
4 water and you've got officers from these various
5 departments in Virginia and in the DC standing on the
6 bridge arguing with each other. It was just pathetic is
7 what it was.
8 **CLAIR BALDWIN:** Well, the emphasis is on
9 forming a unified command of course, and that requires
10 cooperation. And even if there was a law --
11 There's been seven fire EMS personnel arrested
12 since the first of January nationally for this very thing
13 over placement of apparatus, over all kinds of stuff, or
14 who was in charge. And it's gotten kind of ridiculous.
15 We've not had those types of issues locally,
16 but occasionally on the freeway we do. On the freeway we
17 have but not in Salt Lake City itself. But when we deal
18 with highway patrol, sometimes we've had a few little --
19 **GUY DANSIE:** So, for those of you in the field,
20 can you come up to us with recommendations on what we
21 could try to advance?
22 **CLAIR BALDWIN:** Well, I don't know how you
23 could ever pass a law because the emphasis changes. When
24 we first arrive, the emphasis -- you've got to determine,
25 what's the biggest issue here. Is it a police matter or

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1 is it an EMS matter or is it a Hazmat issue?
2 So, that's why you have to have that unified
3 command where the people who are there that are in charge
4 of each agency can at least meet and determine, okay,
5 what's our emphasis for right now and come up with
6 an action plan that applies --
7 **GUY DANSIE:** Well, I think what you just said
8 is the way it should be. Whichever of those three it is,
9 the commander is the one over each of those three
10 entities.
11 **CLAIR BALDWIN:** Right. And then, if the
12 emphasis right this second is PD, then the others
13 support them.
14 **GUY DANSIE:** Right.
15 **CLAIR BALDWIN:** But I don't see there's any way
16 that you can ever legislate something. It has to be a
17 matter of people learning how the Incident Command System
18 works, working under it, and then being big enough people
19 and training together.
20 **GUY DANSIE:** And I think that's what the agency
21 needs to communicate with police and others to say, when
22 these things occur, the worst possible outcome is that
23 you waste the time arguing between yourselves.
24 **CLAIR BALDWIN:** Well, it's unprofessional.
25 It's counterproductive to what you're trying to do.

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1 **GUY DANSIE:** Right. So, I think if there are
2 at least some general guidelines that we can give.
3 **CLAIR BALDWIN:** Well, they're already there.
4 In the Incident Command System, they're already there,
5 and we're all required under law to follow the Incident
6 Command System. Every agency, both fire and police and
7 EMS is required to follow the Incident Command System.
8 **GUY DANSIE:** Well, you know, that's another
9 one to add on here, that any incidence that occurs where
10 there was argument over jurisdiction should be reported
11 to the bureau.
12 **PETER TAILLAC:** We don't have any authority
13 over the police.
14 **CLAIR BALDWIN:** No. We don't either.
15 **GUY DANSIE:** But at least you can then as an
16 agency say, we felt that this was inappropriate.
17 **PETER TAILLAC:** Yeah. I think -- Clair started
18 by talking about this topic and bringing this up in front
19 of mixed audiences of law enforcement and EMS at the
20 national level with the full active shooter thing and,
21 you know, trying to get EMS and police to play better
22 together at the scene at some of these active shooter
23 events is a big emphasis.
24 So, I think nationally, I was at a conference
25 two months ago where the FBI was out trying to encourage

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1 EMS and law enforcement to play well together,
 2 essentially, as part of these active shooter events
 3 trying to get EMS a little closer to the hot zone but not
 4 too close and have the actual police start doing a little
 5 bit of, like, immediate life-saving first aid stuff
 6 as they are speaking through.
 7 So, there's an emphasis on working better
 8 together I think at the national level. And I think
 9 the best thing we can do I think, frankly, is just keep
 10 discussing it in meetings like this in the EMS committee
 11 and then conferences.
 12 **ANDY SMITH:** Yeah. We could set up some
 13 training.
 14 **CLAIR BALDWIN:** Maybe facilitate having
 15 meetings that, I mean, state EMS could facilitate having
 16 a meeting of law enforcement and EMS personnel and
 17 discuss it.
 18 **GUY DANSIE:** And any -- how shall I term this,
 19 adverse outcome event between the agencies, that we
 20 should discuss those and give our impression of --
 21 **CLAIR BALDWIN:** Well, they're going to hit the
 22 media because every one in the nation that's happened
 23 so far this year has been a major circus with major
 24 repercussions.
 25 **ANDY SMITH:** In your research, did you find

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1 anything that was -- any state that had legislation?
 2 I heard Texas had some legislation.
 3 **CLAIR BALDWIN:** There are probably about
 4 seventeen states that do. And it just simply states
 5 that if it's an EMS priority that the emergency medical
 6 responders have control over the scene until it has been
 7 mitigated to the point where you're no longer having the
 8 emphasis beyond that event.
 9 **GUY DANSIE:** Well, that's reasonable to have
 10 in Utah.
 11 **ANDY SMITH:** Well, that's my question and I've
 12 asked all -- and I'm really good friends with a lot of
 13 our highway patrol, and I actually have great
 14 relationships with our highway patrol now.
 15 But I ask them, what are you taught in the
 16 academy? Oh, we're taught we're always in charge.
 17 What was I taught in the academy? I'm taught I'm always
 18 in charge. So, we're both being taught the same thing
 19 in the academy without really an understanding of, okay,
 20 what is the difference between these things, when is it
 21 an EMS priority and why aren't those things being brought
 22 up in our initial training?
 23 I mean, we go through patrolmen down there
 24 every year, you know. There's two more that come in
 25 every year. And so, if they're not being taught it

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1 at the academy, they're not going to get taught it
 2 in the field. It's just not going to happen.
 3 **GUY DANSIE:** Peter, any suggestions from you?
 4 **PETER TAILLAC:** Yeah. I think Clair had
 5 a great suggestion. Maybe we should invite law
 6 enforcement, state police, and maybe a couple of the
 7 bigger city police agencies with EMS and host a one-day
 8 conference to talk about this, or a morning or whatever
 9 it takes. Have you speak based on your experience.
 10 We could talk about the Hartford consensus
 11 document which talks about moving EMS and fire --
 12 or EMS and police --
 13 **GUY DANSIE:** Pull copies of the laws of Texas
 14 and some of these other states.
 15 **PETER TAILLAC:** It's a hot topic nationally
 16 right now.
 17 **GUY DANSIE:** That would be a worthwhile
 18 conference to put on.
 19 **PETER TAILLAC:** And the focus could be on,
 20 how would we handle the active shooter or other
 21 terrorist-type event.
 22 **PETER TAILLAC:** Or, Peter, you could come in
 23 and say, okay, here's the case. And you put it up on the
 24 board, and then you pull people from the room and say,
 25 okay, you guys are the ones involved. How are you going

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1 to handle this?
 2 **PETER TAILLAC:** Some of the discussions could
 3 fall back to, how do we train better together?
 4 Let's discuss --
 5 **CLAIR BALDWIN:** Well, right there. Who's in
 6 charge of active shooter? Police. No ifs, ands or buts.
 7 And everyone else works in conjunction with what their
 8 plan is. But they have to listen to what our concerns
 9 are.
 10 **GUY DANSIE:** That would be a good conference
 11 to hold.
 12 **ANDY SMITH:** I heard your discussion was really
 13 good, the whole Zero Fatalities. I heard some really
 14 good feedback.
 15 **CLAIR BALDWIN:** There were some law enforcement
 16 people there. We had a highway patrol officer from
 17 Fillmore that was involved as well and then -- I'm
 18 drawing a blank, but from -- someone from Tremonton
 19 and also someone from DOT that does the emergency
 20 response for DOT. It's simple but it's complex.
 21 **GUY DANSIE:** I think it's a great idea.
 22 It would be nice, after you have it, to report to us
 23 on how it went. So, we will recommend that to the EMS
 24 committee, then, in July.
 25 **PETER TAILLAC:** Have a recommendation at our

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1 next meeting.
 2 **GUY DANSIE:** See if we can come up with some
 3 kind of idea for --
 4 **BRENT MABEY:** That would be a very useful
 5 meeting.
 6 **GUY DANSIE:** -- multi-agency type training.
 7 **CLAIR BALDWIN:** I'll help you if you want.
 8 **GUY DANSIE:** Thank you, Clair.
 9 **ANDY SMITH:** And then, just one more thing I
 10 have. Sorry, that took a long time.
 11 **GUY DANSIE:** Oh, no. That was a good topic.
 12 **ANDY SMITH:** I didn't know I had the expert in
 13 the room. One of the other things that I -- just coming,
 14 representing the rules side -- and I haven't always been
 15 that way. You guys know that.
 16 They have a lot of management problems it seems
 17 to be, you know, statewide with rural services.
 18 There's not a great emphasis placed on getting
 19 good leadership in there. And one of the things I went
 20 to, and you actually started this, you brought in
 21 John Becknell at the rural leadership conference.
 22 I would really like to see if we can't continue
 23 with -- they have a program that they put up for EMS
 24 leadership. It's a very, very good program. It talks
 25 about a lot of this, turnover issues, leadership issues

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1 that these rural agencies are having.
 2 You know, their first slide that they pull up
 3 is, can you fire a volunteer which, you know, is, oh, no,
 4 you can't. Yes, you absolutely can.
 5 And so, how to deal with that. And I think a
 6 lot of these rural services are stuck in the mindset of,
 7 well, we don't know how to deal with this. They're
 8 volunteers, you know. I can't fire them. I can't get
 9 rid of them. I can't fix my turnover issue.
 10 And so, I think maybe bringing their project
 11 in. I've talked with them about it, John, and Aaron
 12 Reinert are the two that run that service. I've talked
 13 with them about it. They're both very interested in
 14 coming to Utah. They've done it in other states.
 15 And so, I just wanted to pass that on to you guys.
 16 **GUY DANSIE:** Thank you. That was very
 17 valuable. I will recommend that maybe we do something
 18 along that line, too. And maybe not this group, but we
 19 do have a rural leadership conference every year that we
 20 try to bring in topics for people, and I think that he
 21 was probably our best one.
 22 So, I will possibly see if we could do
 23 something maybe on a statewide level or if not, maybe
 24 next year at the leadership conference, we can bring
 25 him in again, and Aaron, and see if that works. Okay.

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1 Anything else anybody has?
 2 **ERIC BAUMAN:** We discussed a couple times,
 3 do we want to continue looking at the hazards of weather,
 4 transporting families?
 5 **GUY DANSIE:** Yeah. And I thought we had it
 6 pretty well hammered out. And we haven't really
 7 publicized it all that well.
 8 **PETER TAILLAC:** I have a copy. We're using it.
 9 **GUY DANSIE:** Good. I think -- yeah. We got it
 10 blessed. Weather assessment. Maybe we need to publish
 11 it more, push it out there more. And it kind of goes
 12 hand in hand with our emphasis on EVO.
 13 **ERIC BAUMAN:** I know that we've used it pretty
 14 heavily, and it's hard to measure because hopefully
 15 you're not having these to --
 16 **GUY DANSIE:** Right. I think maybe we need
 17 to redouble -- I'm probably guilty for this for not
 18 pushing it out more. And maybe what we could do is --
 19 Maybe what we should do is we require the EVO
 20 training be submitted with their licensure that we ask
 21 them or include a weather assessment tool as part of
 22 their -- so that they understand that there is a tool
 23 there and they can use it.
 24 I'm not sure how to entwine that, but we could
 25 probably do something on that end, too, because maybe

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1 make it part of our licensure packet so when they apply,
 2 they have to address the weather element as well.
 3 Would that be good? Give them a tool.
 4 **CHRIS DELAMARE:** Well, give them the
 5 information but not say that it's -- I guess that's where
 6 I'm like, I don't like it going with the licensing packet
 7 or renewal packet.
 8 **GUY DANSIE:** Maybe it ought to just be included
 9 in part of our EVO training.
 10 **CHRIS DELAMARE:** Just an informational thing.
 11 Yeah.
 12 **GUY DANSIE:** I'm not sure.
 13 **ANDY SMITH:** That is, unless you find a
 14 correlation between traffic accidents and deaths in
 15 ambulances and weather, then maybe it should be required
 16 upon submittal of their licensure.
 17 **GUY DANSIE:** Yeah. Maybe. I don't know.
 18 Just ideas. But we'll push on these.
 19 **ERIC BAUMAN:** If it's accessible, the tool,
 20 because some of the initial pushback we got was, it's
 21 specific to each agency.
 22 And if you remember the Logan situation.
 23 For us, winter months in Logan, it's okay, yeah, with
 24 some adaptability agency-wise and they can utilize --
 25 **PETER TAILLAC:** I'm big on general guidelines.

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1 And then each agency has to take them and say, that's a
 2 great idea, didn't think of it. Now, this doesn't work
 3 for us. With the helicopter activation guidelines we
 4 published three or four years ago, it was the same idea.
 5 It's not going to fit everybody but it just gives you at
 6 least some place to start.
 7 **GUY DANSIE:** You know, this is a big state.
 8 Logan to St. George could be very different.
 9 **ANDY SMITH:** I think if they're there, we ought
 10 to publish them.
 11 **GUY DANSIE:** We have the tool. We just haven't
 12 pushed it. Like I say, that's probably my fault. I need
 13 to push that out a little better, put it on the web page
 14 and maybe disseminate it out, the state protocols,
 15 the state guidelines.
 16 **PETER TAILLAC:** Well, if we could attach it --
 17 I deliberately made the guidelines, not I, we, more
 18 medical and less operational. Kind of leave the
 19 operational stuff in kind of another place.
 20 But certainly we could just do better I think
 21 putting it on the website and maybe put a banner above
 22 it and say, hey, by the way, these are out there so
 23 people notice them as they go to the website.
 24 **GUY DANSIE:** Well, that's what I was thinking.
 25 Maybe I could piggyback a little bit with EVO.

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C E R T I F I C A T E

STATE OF UTAH)
)
 COUNTY OF SALT LAKE)

This is to certify that the foregoing proceedings were taken before me, Clark L. Edwards, a Certified Shorthand Reporter in and for the State of Utah, residing in Salt Lake County, Utah:

That the proceedings were reported by me in stenotype, and thereafter caused by me to be transcribed into printed form, and that a true and correct transcription of said testimony so taken and transcribed is set forth in the foregoing pages, inclusive.

DATED this 4th day of June, 2014.

 Clark L. Edwards, RPR, CSR
 LICENSE NO. 109221-7801

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1 **CHRIS DELAMARE:** That's actually not a bad
 2 idea.
 3 **GUY DANSIE:** So, I'll work on it.
 4 **CHRIS DELAMARE:** Okay. Is that everything?
 5 Motion to adjourn?
 6 **GUY DANSIE:** So made. Thanks, Chris.
 7 (Meeting was adjourned at 2:40 p.m.)
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