Montana EMS and Trauma Systems Section
Chronic Disease Prevention & Health Promotion Bureau
Department of Public Health & Human Services
http://dphhs.mt.gov/publichealth/emsts

2017 Activities Report
50-6-101. Legislative purpose

The public welfare requires the providing of assistance and encouragement for the development of a comprehensive emergency medical services program for Montanans who each year are dying and suffering permanent disabilities needlessly because of inadequate emergency medical services. The repeated loss of persons who die unnecessarily because necessary life-support personnel and equipment are not available to victims of accidents and sudden illness is a tragedy that can and must be eliminated. The development of an emergency medical services program is in the interest of the social well-being and health and safety of the state and all its people.

EMSTS Mission:

It is our mission to reduce death and disability by providing leadership and coordination to the emergency care community in assessing, planning and developing a comprehensive, evidence-based emergency care system.
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We are pleased to present this report on EMS and Trauma Systems key activities for 2017. EMSTS has broad responsibilities for emergency care system development. This report is meant to tell our story – what we’ve been working on in the last year and, to a certain extent, some of our priorities for 2018. Please visit our website at: http://dphhs.mt.gov/publichealth/emsts for additional information on these and other programs and strategies.

Emergency Care is a system of systems. EMS, trauma, cardiac and pediatric are all integrated programs with a common goal of providing optimal care with available resources. Injury Prevention is ingrained as part of each system. EMSTS staff collaborate with other agencies and stakeholders to improve the health and safety of the state and all its people.

Some key highlights of changes this year include:

- EMSTS increased its capacity for conducting surveillance with the addition of two epidemiologists. These staff have been helpful in guiding how we can use data to measure where programs are and help us plan where we’re going.
- HIRMS is being decommissioned and all EMS services are being migrated to the new OPHI eLicense software. Most services are also taking advantage of the state’s license to ImageTrend’s Elite PCR product (OPHI ePCR). Change is never easy, but many services are already realizing the benefits of easier documentation and report capabilities available to them.
- EMSTS add strategic planning for Montana’s opioid abuse crisis to its services. There are no simple solutions for this and while other substance use disorders such as meth and alcohol may be more prevalent, opioid abuse is predominantly causing many of the state’s fatalities.

We also continue to have numerous challenges. At the top of the list are workforce challenges, particularly our fragile emergency medical services and their reliance on a volunteer workforce. We will continue to research alternate methods of educating providers; explore development of community paramedicine; and provide technical assistance to EMS managers and medical directors. However, a process to evaluate our system and engage EMS broadly in developing solutions is also being planned.

We are very appreciative of the people who continue to serve on our committees and projects and for all the providers that continue to good the good work out there. With your help, we hope that we can continue to seek solutions to Montana’s challenges.

Section Supervisor, EMS & Trauma Systems
Program Overviews

Photos:
- top left – photo shoot for “Trauma Systems Saves Lives” production
- top right – Gallatin sunset; MobileSim Montana
- bottom – emergency childbirth, MEMSA conference, Lewistown
Emergency Care Council – The Emergency Care Council is a multidisciplinary, advisory group of stakeholders brought together to assist the EMS and Trauma Systems Section undertake activities to improve Montana’s emergency care system and achieve its mission to reduce death and disability. Their participation helps us provide leadership and coordination in assessing, planning, developing and promoting comprehensive, evidence-based emergency care services.

The primary role of the council is to help develop a strategic plan which outlines and prioritizes activities which will make measurable improvements in Montana’s emergency care system over the next years. Unfortunately, we’ve gotten behind on this activity as the terms of council members expired in October and we were so engaged with implementation of several projects that we didn’t solicit renewal or new appointments in a timely manner. This will be remedied in 2018 and we'll re-engage ECC members with several important projects and strategies.

Prehospital Trauma Life Support Education (PHTLS) – Trauma care for EMS services is an intense and stressful event. Through a cooperative grant from MDT Highway Traffic Safety, EMSTS has been able to fund the costs of instructors and materials to deliver Prehospital Trauma Life Support courses to EMS providers across the state.

During the 2017 grant cycle, courses were held in Helena (Refresher), Bozeman, Rygate, Butte, Fairfield, Plentywood, Three Forks, Lame Deer, Laurel and Glasgow. The first course for the 2018 grant cycle was held in Eureka with additional courses scheduled for Havre, Townsend, Superior, and Malta. Course scheduling is pending for Chester and Joliet. Course evaluations continue to indicate that these trainings improve student skills in trauma care.

Criteria Based Dispatch - Emergency Medical Dispatch (CBD-EMD) – Our 9-1-1 dispatchers are the first “first responder” to encounter a given incident. It is vitally important that these call takers are educated in how to gain the most pertinent information in a short amount of time, send help, and assist the caller with medical instructions until EMS arrives. EMSTS has a licensing agreement with Seattle/King County Public Health which allows EMSTS to offer CBD-EMD programs to any 9-1-1 dispatch centers in the state. EMSTS provides the education staff and materials for this program.

In 2017, the CDB-EMD program was added to the Montana Law Enforcement Academy’s Public Safety Communicator course. Every new 9-1-1 dispatcher will receive the 24-hour CBD-EMD education as part of their initial education.

On-site CBD-EMD courses in 2017 included trainings in Madison, Broadwater, and Stillwater counties. Currently, 22 PSAPS are using CBD-EMD, and 12 are using another similar program. CBD-EMD is now in 61% of dispatch centers - up from 37% in 2013.

EMS Service Manager’s Workshop – In addition to many EMS services being volunteer, most of the managers of these services are also volunteer. Fifty (50) people attended an EMS service manager’s workshop held in Kalispell as a preconference to the Rocky Mountain Rural Trauma
Symposium. This year, the program focused on the new OPHI eLicensing and ePCR data systems. An educator from ImageTrend was available to assist agencies in transition to the new system.

**Epinephrine (EPI) Check and Inject Project** - EMSTS continues to make available EPI Check and Inject kits at no cost to EMS agencies throughout the state. This program helps to alleviate some of the financial burden realized due to the significant increase in the cost of EPI Pens. EMTs are now allowed by protocol to draw up and administer EPI to patients displaying signs and symptoms of anaphylaxis. The kit contains all supplies - the service just needs to add the epinephrine. The kit also has a card that displays the protocol, visual cues for proper dosing and a QI card to complete and return to their agency medical director for case review. Each agency that orders the kit also receives a thumb drive with a review of anaphylaxis care and a video that reviews IM injection procedures.

**Emotional Trauma Life Support** - ETLS™ is a new, extremely unique training program designed to train Emergency Responders in how to deal with emotional trauma, both within themselves and their colleagues and within those they serve. Emotional trauma refers to the sort of extreme stress that overflows one’s ability to cope emotionally, cognitively, vocationally, and/or relationally. This can be from a single extremely disturbing event such as an unbelievably bad call or the sudden death of a loved one, or it can be from chronic stressors that wear down one’s ability to cope until even small stressors can wreak havoc.

There has always been the need for such training and events we are now living with make this essential education for all health care providers. Nothing speaks more about this need than the February 2018 course filling up within days of being announced. We are pleased to be able to sponsor this opportunity and hope to be able to facilitate more of this education in the future.

**Community Paramedicine / Community Health EMS** – As has been demonstrated in many communities in the country, patients can benefit from an expanded EMS role into non-emergency care. Community paramedicine means utilizing EMS personnel to meet gaps in the community. Gaps in primary care and chronic disease prevention stresses our ever-fragile EMS system. Many 9-1-1 calls are not emergencies. Many patients utilize 9-1-1 and EMS as their only means of accessing healthcare. CP can prevent many unnecessary transports. In rural areas, that can save stress on our volunteers who many times must transfer a patient to a facility hours away. There are many models of CP staff being paid for their services. Potentially, these paid staff can supplement gaps in volunteer EMT responders in rural EMS services.

Unfortunately, we’ve been hampered by laws developed 30 years ago that are a perceived barrier to EMS providing non-emergency care. SB 104 was presented in the 2017 legislature to fix this. SB 104 expanded the role of ECPs and EMS services to be able to provide non-emergency, community health EMS services. While SB104 passed the Senate with no opposition, several distractors were introduced when it was transmitted to the House that ultimately killed the effort.

However, there is renewed interest in resolving these issues in the 2019 legislature. Two interim committees have study bills related to volunteer EMS and CP. Many communities are interested in developing CP programs – two are successfully piloting it already. EMSTS will be educating providers, legislators and others over the next year. Email jdetienne@mt.gov with “join CP” if you’d like to be part of the listserv to stay abreast of activities on this important issue.
EMS Service Licensing

50-6-301 MCA the legislature finds and declares that:
(1) the public welfare requires the establishment of minimum uniform standards for the operation of emergency medical services;
(2) the control, inspection, and regulation of persons providing emergency medical services is necessary to prevent or eliminate improper care that may endanger the health of the public; and
(3) the regulation of emergency medical care services is in the interest of the social well-being and the health and safety of the state and all its people.

For protection of the public's health and safety, EMSTS is required to develop rules for the licensure and operation of EMS services and to inspect these services for compliance. Of the 270 licensed non-transporting, ground and air medical EMS agencies, half were subject to site visits in 2017.

In addition to inspections, this program utilizes the inspection process as an opportunity for technical assistance. In particular this year, time was spent assisting agencies with the new OPHI data system and agencies were helped with completion of a survey of EMS pediatric readiness.

Licensed EMS Services

- 104 Non-transporting services
- 143 Ground ambulance services
- 10 Fixed-wing ambulance services
- 12 Rotor-wing ambulance services
EMS Data Systems

**EMS DATA Collection** – EMS data is an essential element of patient care, measuring how well we are doing and making improvements. EMS services cannot bill appropriately if they do not complete good patient care records. More and more grants require data to justify a request for funding. EMS services need to justify what they do to their constituents and city councils or county governments to realize support for their programs. EMSTS needs to justify the strategies and programs it funds. If we’re going to continue to solicit support for the system, we need data to tell the story.

We are now six months into the implementation phase of our new EMS data collection system, ImageTrend. We have been actively working to assist agencies in the use of both the eLicense system and the ePCR. At the time of this report, there were over 19,000 incident records in the system. This is still only a fraction of the patient encounters that occur annually in Montana and we look forward to more complete data submission and robust reporting.

ImageTrend offers:

- A user-friendly ePCR software at no cost to services that wish to use the State system,
- A seamless system to be able to collect information in real time on tablets and transfer that data to the server when internet is available,
- Data that is hosted and stored securely on the vendor’s servers with very little downtime,
- Reports, reports, reports

Our implementation plan includes numerous training and technical assistance strategies including the use of master trainers around the state for initial and ongoing training on the system as well as ongoing training at conferences, face-to-face or WebEx.

In the coming year our focus will shift from implementation to meaningful use of the system. Training will be offered in report writing, local system configuration, and continuous quality improvement.

**Cardiac Arrest Registry for Enhanced Survival (CARES)** - EMSTS began participation in CARES in 2016. Initiated by the CDC and Emory University in 2004, CARES is a tool to increase out-of-hospital cardiac arrest survival (OHCA) rates through system performance improvement. CARES provides a seamless web-based platform for tracking OHCA from bystander CPR through hospital discharge. CARES provides EMS services with not only data to assess the entire cardiac event, but also outcomes so that performance improvement can be performed.

Montana CARES data has been collected by Billings and Bozeman AMR for some time. Through 2017, Big Horn County Ambulance, Big Sky Fire Ambulance, Columbus Rural Fire District #3, Great Falls Emergency Services, Hebgen Basin Fire/Ambulance, Missoula Emergency Services, Polson Ambulance Service, Ronan Ambulance Service, and St. Peters Ambulance Service began submitting CARES data.

Results from the CARES report for participating agencies in Montana was favorable. Data from 252 cases reported in 2016 showed 29 out-of-hospital cardiac arrest survivors. Based on pre-
established (Utstein) criteria, Montana had a 31% survival rate. 2017 data will be available in April, 2018

Participating agencies and hospitals represent about 45-50% of Montana’s population. Our goal for 2018 is to have all major population centers providing CARES data. CARES will aid each EMS agency, as well as EMSTS, to focus on opportunities for improvement in the sudden cardiac arrest chain of survival.

**National Collaborative for Bio-Preparedness (NCPB)** – EMSTS is exploring adding this initiative to its data surveillance activities in 2018. NCPB is a syndromic surveillance tool originally funded by Homeland Security and now supported by several federal agencies. The NCPB uses data sources to detect anomalous events related to public health and safety, potentially in near-real time. Dependent upon the data that is consumed by the system, anomalies of respiratory disease or other threats can be available to federal, state and local entities.

We have some key interests in this system. First, ImageTrend and NCPB are partners in being able to migrate EMS data at no cost to our program. The data provided to the cloud-based environment is protected and secure and contains no patient or other personal identifiers. Second, this can be a dynamic system for your service to have real-time access to events in your service area. Dashboards can be created to monitor traffic crashes, opioid overdoses, or other key events. The data you provide into the state system comes right back to you.

Lastly, the opportunities for linking various databases in the NCPB are very promising. For example, linking EMS records with the trauma register can result in better outcomes and severity reporting than each database can do separately. Linking those records with highway crash records can add crash severity information.

Several states are already part of this project and they are very pleased with the outputs of this system. We are going through all the security and legal approvals for our participation and we will keep services apprised of further developments.
Trauma Systems

Montana’s statewide trauma system seeks to make the delivery of trauma care cost effective, reduce the incidence of inappropriate or inadequate trauma care, prevent unnecessary suffering and reduce the personal and societal burden resulting from trauma. The goals and objectives of a trauma care system include:

- Providing optimal care for the trauma victim;
- Preventing unnecessary death and disability from trauma and emergency illness; and
- Conducting trauma prevention activities to decrease the incidence of trauma.

STCC and RTACs - Administratively, Montana’s trauma system is divided into a State Trauma Care Committee (STCC) and three regions (Western RTAC, Central RTAC and Eastern RTAC) each with a regional council.

The State Trauma Care Committee (STCC) meets quarterly and consists of fifteen Governor appointed representatives. The purpose of the STCC is to reduce the incidence of trauma injuries in Montana and to promote and advance excellence in the care of the injured patient. Statewide reports as well as state level registry reports are presented at each meeting by trauma staff. Statewide performance improvement and peer review occurs by regularly analyzing the effect of the statewide trauma care system on patient care, morbidity and mortality. Indicators include:

- GCS ≤8 without advanced airway support
- ED Dwell Time for ISS ≥15
- Met physiologic criteria, no Trauma Team Activation
- Transfer of patient after admission to facility
- Transfer of patient out-of-state

Also in concert with each STCC meeting, the Designation/PI subcommittee meets to discuss trauma facility designation activities and recommendations and the Education subcommittee plans a variety of statewide trauma education projects.

The three Regional Trauma Advisory Committees each meet quarterly. Trauma staff attend each of the 12 meetings to provide State trauma reports. Other staff attend as well to provide reports and answer questions about our EMS, pediatric and other programs. Each RTAC has specific performance improvement indicators that are updated and approved annually. Data is queried using the State Trauma Registry to pull individual patient cases that meet each specified performance improvement indicators. These cases are then discussed as part of a dynamic performance improvement strategy. Examples of region-specific indicators include:

Eastern Region:
- ISS ≥ 15 without trauma team alert
- Glasgow Coma Scale ≤ 8 without advanced airway
- ISS ≤ 20 and death
- IV Fluids > 2000 ml Normal Saline before blood products
- Transfer time > 3 hours
Western Region:
- More than two (2) attempts at airway placement
- Met physiological criteria but no trauma team alert
- Transfer of patient after admission at first facility or > 3 hours
- IV Fluids > 2000 ml before blood products
- CT of children < 15 years old

Central Region:
- GCS ≤ 8 without advanced airway
- Age ≥ 55 with ISS ≥ 15 and no trauma team alert
- IV fluids > 2000 ml before blood products
- EMS trip reports missing in chart
- Transfers with ISS ≥ 15 with ≥ 6 hours in ED or before transfer
- Lack of temperature documentation

**Trauma Systems Save Lives Campaign** – A grant was received through the Federal Highway Administration via Montana Dept. of Transportation to develop and implement a statewide trauma awareness campaign. Video shoots were done at two locations in November 2016: one rural (Hardin) and one urban (Billings). These materials were used to produce two 30-second TV spots, radio spots, billboard, print and still photos. TV, radio and billboards ran at various locations across the state from June-September 2017. Each spot included the Trauma Systems Save Lives tagline.

Go to: [http://dphhs.mt.gov/publichealth/EMSTS/traumasytems/saveslives](http://dphhs.mt.gov/publichealth/EMSTS/traumasytems/saveslives) for additional examples of downloadable posters and media.
Air Medical Committee - Through the trauma program, EMSTS staff facilitate meetings of air medical providers around the state. While these services may be competitors outside of the room, these meetings are about how to collaborate on medical and safety issues. This year, the committee did not meet as frequently, primarily due to the busy 2017 Legislative session which included several air medical bills and the various services were very actively involved in attending and following the session. The 2017 Montana Legislature passed Senate Bill 44 that required health insurance and air ambulance companies to negotiate settlements of air ambulance bills, on a case-by-case basis if necessary, leaving patients ‘harmless’ from the worries of a balance bill during the process. The House also passed legislation that treats certain memberships sold by air ambulance companies as insurance.

Trauma Facility Designations continue to be a key activity of the EMSTS trauma program. Designation verifies a significant hospital commitment to the trauma care they provide and the continual performance improvement to improve patient care over time. State staff, consultants and surgeons perform designation visits for 4 levels of trauma designation:

- Regional Trauma Centers (RTC) - Initiates and provides definitive care for all injured patients by serving as the lead trauma facility for a geographical area, which includes outreach to small facilities within the same service area
- Area Trauma Hospital (ATH) –Provides prompt assessment, resuscitation, surgery, intensive care and stabilization with the majority of injured patients
- Community Trauma Facility (CTF) - Provides evaluation, stabilization, diagnostic capabilities and some surgical coverage for injured patients
- Trauma Receiving Facility (TRF) – Provides initial evaluation, stabilization and diagnostic capabilities prior to transfer to definitive care

Currently 40 of 65 hospitals statewide are designated for a total of 61.5%.

- Western Region: 13/16 (81%)
- Central Region: 8/16 (50%)
- Eastern Region: 19/33 (57.5%)
No new facilities were designated this year. Eleven full designation visits were held (Shelby, Choteau, Plains, Poplar, Columbus, Livingston, Culbertson, Plentywood, Red Lodge, Malta, Wolf Point). Three full designation visits, in conjunction with American College of Surgeons were held (St. Vincent Healthcare in Billings, Butte and Bozeman) Four on-site Focus Reviews were conducted (Helena, Havre, Chester, Harlowton). Documentation Focus Reviews were held for two facilities (Big Timber and Terry).

With the increase in reviews over the past years, EMSTS trauma staff are now supplemented by five in-state and one out-of-state surgeons and four nurse reviewers oriented to performing designation visits. One surgeon in the Central region was oriented and will start conducting reviews in 2018.

**MDT / Highway Traffic Safety Collaboration** – There continues to be strong collaboration between all our EMSTS programs and traffic safety programs at the Montana Department of Transportation and their Highway Traffic Safety Program. This includes collaboration with the MDT advisory committee, occupant protection, impaired driving, roadway departure emphasis areas, and various other meetings. MDT hosts a table at the annual Rocky Mountain Rural Trauma Symposium, providing statewide crash data maps and networking with trauma staff from across the state. Numerous EMSTS and DPHHS staff attend the annual Comprehensive Highway Traffic Safety Plan meeting.

A collaborative education event was held during the legislative session in January 2017 to promote the important public health issue of primary seatbelt use. The Trauma program was part of a panel including Director Tooley (MDT), Colonel Butler (MHP) and the State Medical Officer, Greg Holzman, MD at an annual Highway Safety meeting to discuss highway safety issues.

Other examples of collaboration and funding include funding Together Everyone Achieves More (TEAM) courses - Funding for the three RTACS to provide six TEAM courses. This Montana-developed course helps a hospital assess their preparedness as a trauma facility and their role in the trauma system. TEAM Courses were held in Columbus, Lewistown, Hamilton, Chester, Choteau, and Fort Benton.

**Trauma/Performance Improvement Network (PIN)** – This was the second year of this grant funded with HRSA/Rural Flex funds in which trauma partnered with Montana Hospital Association. The focus of the project was to:

1. Assist facilities with Trauma Team Activation (TTA) fee and reimbursement from cases meeting appropriate criteria (i.e. pre-hospital activation)
2. Assist facilities with reimbursement for critical care billing/trauma activations arriving by private vehicle (POV) or walk-in and/or trauma patients meeting appropriate critical care billing requirements.

Onsite visits were conducted with 10 CAH facilities in the Eastern Region and 4 in the Western Region. Facilities participating in the project included: Columbus, Red Lodge, Terry, Culbertson, Plentywood, Wolf Point, Poplar, Lewistown, Harlowton, Big Timber, Plains, Superior, Sheridan, and Ennis. There were face to-face meetings in each region in which all involved individuals came to a Regional Trauma Center in their region (Billings Clinic & St. Patrick) and additional education and training was provided. There were 37 attendees in Eastern Region and 14 in the Western Region. Every facility discovered potential lost revenue with either trauma activation fees and/or critical care charges.
Medical Examiner Office/Dept. of Justice— Historically, autopsy reports have been difficult to obtain from local coroners. In 2017, there was an increased effort to collaborate with the Montana Medical Examiner’s office to streamline the process of providing reports to facilities for performance improvement.

Approximately 14.2 percent of trauma related deaths received an autopsy from 2008-2016. In conjunction with the State medical examiner, the trauma program manager provided education at the Basic Coroner Course on the role autopsies play in trauma performance improvement and peer review.

Stop the Bleed/Bleeding Control (B-CON) Course – Montana’s ‘Stop the Bleed’ campaign was initiated with several instructor and provider courses being taught statewide. At the quarterly STCC meeting in May, Ron Wenzel, B-Con Instructor, hosted an instructor course for the trauma coordinators. This training was again hosted at Montana Trauma Systems Conference in Sept. in which over 55 trauma coordinators/trauma medical directors participated and obtained instructor recognition. These instructors have now returned to their individual communities and are offering Bleeding Control Courses to various providers and sectors. The EMSTS website will be updated to include information on the Stop the Bleed campaign.

Montana Trauma Coordinator Webinar – An annual four-hour webinar was held in early spring for trauma coordinators, trauma registrars and trauma medical directors. This year educational topics included pediatric CT guidelines, marketing a trauma program, Glasgow Coma Scale, trauma registry updates, open fracture management and the opioid epidemic. Participant evaluations show this is a beneficial and convenient educational event in the system.

Rocky Mountain Rural Trauma Symposium (RMRTS) - Each year EMSTS trauma staff coordinate the planning for the annual RMRTS which rotates to a different region each year. This two-day conference has become one of Montana’s premier trauma education offerings for physicians, advanced practice clinicians, nursing and prehospital personnel. The 2017 symposium held in Kalispell September 14-15th included 309 attendees. The conference sessions covered a wide variety of trauma-related topics from both in-state and out-of-state speakers including a popular pediatric skills pig lab.
Montana Trauma Systems Conference (MTS) – Held the day before RMRTS, this one-day conference specifically for hospital trauma staff (trauma registrars, trauma coordinators, trauma medical directors) is conducted by trauma system staff to cover trauma system and performance improvement issues. This year, the agenda for 54 attendees included training about Stop the Bleed Instructor training, Outcomes data module training for larger hospitals and trauma program basics for the smaller facilities.

Advanced Trauma Life Support (ATLS) – This American College of Surgeons foundational course on the care of trauma patients continues to be one of the most important education opportunities we provide. This year, 102 providers participated in one of five ATLS courses, which teaches how to assess a patient’s condition, then resuscitate and stabilize to assure optimum care is provided in a systematic organized approach. Sixty-five (65%) of students received recertification and thirty-five (35%) were providers who have never had the course before, most of them being advanced practice clinicians. The two Billings courses also provide an Advanced Trauma Care for Nurses (ATCN) course in conjunction with those ATLS courses.
Trauma Data System

A critical element of a trauma system is the collection of data to support evaluation of the system and ongoing performance improvement at the local, regional and state levels. EMSTS maintains a central trauma registry that is a repository of data collected at the local level by software provided to them for that purpose. The version provided to larger facilities enables data collection and advanced reporting and performance improvement on their local data servers. The remaining facilities utilize a web-based system that enables them to enter their data electronically.

Trauma Registry Support – Implementing an evidence-based trauma system cannot be accomplished without data, therefore collecting data is a significant investment in time and resources at all levels. As such, EMSTS commits considerable resources to assure data collected is accurate, complete and timely. Advancements with coding, data functionality and data mapping has occurred this year. Outcomes, a performance improvement software program, was provided for the three remaining facilities with training provided by our software vendor, Digital Innovations. Data migration of historical records from a previous version will be migrated for the software users into their current trauma registry. This will be very helpful in that only one version houses all trauma registry data and streamlines the reporting processes. Training, statewide and locally, has been a high priority. As facility trauma registrar/coordinator vacancies have been filled, we aggressively provide onsite and web-based training.

Clean and accurate data is of no use if it isn't being used. Examples of strategies supported by EMSTS include:

- State trauma nurse coordinator assists hospitals with education and technical assistance with the trauma registry, statistical reports and performance improvement on their trauma patients.
- Smaller facilities are provided reviews quarterly of the trauma cases they have entered concerning data accuracy, completeness, and identifying opportunities for case reviews and performance improvement
- A new epidemiologist was added to the staff to assist in data abstraction and understanding.

Trends in Montana Trauma Registry Data: Analysis of the trauma registry data allows EMSTS, the STCC and the RTACs to understand if statewide efforts being made in our trauma system are making a difference and to identify trends and opportunities for improvement. Examples include:
**Montana Trauma Patient Crude Death Rate** The number of trauma cases being submitted to the Montana trauma registry has been steadily increasing, while the crude death rate from trauma related injury has steadily decreased from a peak of 6.5 percent to 3.4 percent. This diagram summarizes almost 50,000 records submitted during this period.

![Graph showing trends in Montana Trauma Patients and Patient’s Death Rate % from 2003 to 2016](image)

**Percentage of crystalloid given during the initial resuscitation.** Current standard of care is to strive to infuse less than two liters of fluid to a trauma patient before switching to blood products. Extensive education has been offered to providers to bring awareness to this criterion.

As shown below, facilities have made tremendous strides to follow ATLS guidelines pertaining to judicious administration of crystalloid fluid when faced with continued hemorrhage/shock in their trauma patients.

![Bar chart showing percentage of crystalloid given during initial resuscitation](image)

In 2015, facilities administered an average of 3.5 liters of crystalloids to a trauma patient. As of YTD 2017, facilities only administer app. one liter of crystalloids per patient.
Injury Prevention

In Montana, there are approximately 900 deaths from injury each year, two-thirds of which are unintentional. The statewide age-adjusted mortality rate due to unintentional injury was 55.08/100,000 from 2011-2015, consistently higher than the U.S. rate of 40.14/100,000 during the same time period, making unintentional injury the leading cause of death for Montanans aged 1-49 years.

It is a common mistake to consider injuries as random events that are both unpredictable and unavoidable. From a public health perspective, however, injuries are understood to be a preventable problem, with identifiable risk and protective factors and proven mitigation strategies. The Injury Prevention program focuses primarily on three common mechanisms: motor vehicle crashes, falls, and poisonings.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Deaths (N=2,385)</th>
<th>Hospitalizations (N=15,610)</th>
<th>ED Visits (N=228,658)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Motor Vehicle (N=853, 36%)</td>
<td>Falls (N=8960, 57%)</td>
<td>Falls (N=82,015, 36%)</td>
</tr>
<tr>
<td>2</td>
<td>Falls (N=562, 23%)</td>
<td>Motor Vehicle (N=2156, 14%)</td>
<td>Struck by/against (N=30,077, 13%)</td>
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<tr>
<td>3</td>
<td>Poisoning (N=373, 16%)</td>
<td>Other Transport (N=1089, 7%)</td>
<td>Overexertion (N=22,931, 10%)</td>
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<td>4</td>
<td>Unspecified (N=140, 6%)</td>
<td>Poisoning (N=1078, 7%)</td>
<td>Cut/Pierce (N=20,075, 9%)</td>
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<tr>
<td>5</td>
<td>Suffocation (N=117, 5%)</td>
<td>Struck by/against (N=457, 3%)</td>
<td>Motor vehicle (N=19,581, 9%)</td>
</tr>
</tbody>
</table>

**Motor Vehicle Crash Prevention** - Motor vehicle crashes (MVCs) are one of the most common causes of both fatal and non-fatal injuries in Montana. MVCs result in huge medical and work loss costs, especially since younger people are disproportionately affected. High-risk driving behaviors such as not using a seatbelt consistently, speeding, impaired driving, and distracted driving are highly prevalent in Montana.

From 2011 – 2016, 55% of all MVC related fatalities involved an impaired driver, and among fatalities to occupants of vehicles with seatbelts available, nearly 70% were unrestrained.

Rural Montana residents have more than double the age-adjusted mortality rate due to MVCs compared with residents of urban or small urban areas.

EMSTS continues to be a strong partner with the Montana Department of Transportation Highway Traffic Safety program and others with initiatives to increase use of seat belts and child safety seats, promote teen driver safety, decrease distracted driving and impaired driving and other prevention strategies.

**Fall Prevention** – Falls are the second leading cause of unintentional injury death in Montana, and have been the leading cause of death for Montanans age 65 and older since 1991. As the population ages, the burden from falls is likely to increase.

Falling is not an inevitable part of growing older, but rather can be prevented by making a few simple changes to everyday life. The good news is that many falls can be prevented.
Since 2010, the Injury Prevention program has implemented an evidence-based fall prevention program called Stepping On for individuals aged 60 years or older who are independently mobile (including with a cane or walker), but who have had a fall in the past year or have a fear of falling. The Stepping On course is a seven-week program designed to help older adults reduce their risk for falls. Participants attend a weekly two-hour session that includes interactive discussions and story-telling to promote adult learning.

In 2017, the program:
- Organized “Stepping On” leader training in Helena, training eight (8) new leaders
- Awarded 12 “Stepping On” mini-grants to sites to help facilitate community fall prevention classes.

Poisoning Prevention – Poisonings can occur by being ingested, absorbed through the skin or eyes, or inhaled through the nose and mouth. Poisoning is the third leading cause of unintentional injury death in Montana, as well as a leading cause of hospitalization. The age-adjusted mortality rate due to unintentional poisoning in Montana from 2011-15 was 9.55/100,000. Most (N=472, 85%) of the deaths during this period were due to drug poisoning, primarily narcotics and hallucinogens.

Recognizing when a poisoning has occurred and getting help right away, as well as learning how to prevent poisonings for both children and adults are vital to staying safe from poisons.

Using both federal block grant and general funds, DPHHS has contracted with the Rocky Mountain Poison Center since 1983 to provide lifesaving medical advice and poison information to Montanans through a confidential toll-free hotline. Over 12,000 times annually, Montana citizens call this number to get help with whether a substance is a poison, how toxic it may be and immediate measures to take while the poison center calls EMS if necessary.

If a poisoning event can be managed by Montana Poison Center at the exposure site, it saves the time and expense of an emergency department visit. Two-thirds of all exposures are handled over the phone. An estimated $2.5 million in healthcare costs are saved annually by the Poison Center managing poison exposures on site instead of in the emergency department.

Approximately half of all calls made to the Poison Center are informational: the caller is seeking information about a medication, to learn about environmental or medical effects of a poison or pesticide, or to receive poison control stickers and pamphlets or other public education materials. Nearly 10,000 poison control stickers, pamphlets and other materials were distributed in 2017.
**Opioid Overdose Prevention** - Opioid use is the primary driver of drug overdose deaths in the state of Montana. From 2003-2015, 44% of all drug overdose deaths were attributable to opioids. Montana has made progress in recent years addressing prescription opioid misuse and abuse and reducing overdose deaths, though much more can be done to ensure that opioids are prescribed, taken and disposed of safely and that patients being transitioned off high-dose prescription opiates do not transition to illicit narcotics such as heroin.

In September 2016, the Injury Prevention Program was awarded a 3-year $900,000 CDC grant for a Data-Driven Prevention Initiative to support efforts to end the opioid overdose epidemic in the United States. In September of 2017, the program was awarded an additional $240,000 to support these efforts.

In the first year, the program’s capacity was enhanced by hiring a health education specialist, an epidemiologist and a quarter time evaluator. In early 2018, a Vista position will also be available to assist with local community initiatives.

**Substance Use Disorder Strategic Plan**: Primary grant activity for 2017 included development of a Montana strategic plan. Five strategic planning meetings were conducted - over 100 individuals from over 80 agencies attend meetings to contribute suggestions and activities for prevention, monitoring, treatment, law enforcement, community resources, and partnerships.

With an over-arching goal to reduce drug overdose deaths and to increase awareness of Substance Use Disorder in Montana, the plans goals include:

- Increase Coordination and data sharing across sectors to more effectively utilize resources
- Increase prevention efforts to reduce the misuse and abuse of opioid and other substances
- Reduce the illegal distribution of drugs and strengthen partnership between justice system and treatment providers
- Increase the use of monitoring to target interventions and reduce prescription drug misuse
- Expanded access to evidence-based, recovery oriented, culturally appropriate treatment for all Montanans
- Expand access to supportive resources for individuals and families affected by SUD

**Naloxone Administration and Access** – With the passing of House Bill 323 (Authorize Emergency Use of Opioid Antagonist in a School Setting) and HB 333 (Help Save Lives from Overdose Act), expanded access to Naloxone was provided to a larger group of emergency responders. In support of these acts, DPHHS has developed supporting materials such as a Naloxone Standing Order, Naloxone Implementation Guidelines, and Naloxone brochure.

http://dphhs.mt.gov/publichealth/EMSTS/prevention/opioids

**Naloxone Training for Emergency Responders** - The EMSTS section contracted with Best Practice Medicine in Bozeman to provide naloxone administration Master Trainer courses training to law enforcement, fire departments, school nurses, EMS and others authorized to administer Naloxone. Master Trainers who complete this blended web-based / skill training course can then teach other responders. Those who complete the training are eligible to receive a free dose of naloxone, courtesy of a grant our partners in the Addictive and Mental Disorders Division has received. Go to [http://www.bestpracticemedicine.com/narcanmastertrn](http://www.bestpracticemedicine.com/narcanmastertrn) for further information about the training.
**Opioid Media Campaign** - A media campaign including billboards and digital ads are being developed to try to reduce the stigma of substance use disorder and to encourage individuals to seek treatment.

![Opioid Media Campaign Image]

**Injury surveillance** relies heavily on administrative claims data to determine the burden of injury, identify trends impacting the population, determine programmatic priorities, support prevention activities, and evaluate prevention efforts. Beginning October 2015, the United States transitioned to ICD-10 CM for coding of morbidity data, which has major implications for injury surveillance including the introduction of new injury concepts. During 2017, EMSTS has been actively participating in a multi-jurisdictional effort to coordinate the development of standard injury and poisoning case definitions and indicators based on ICD-10 CM by analyses using Montana’s ICD-10 CM coded administrative data.

EMSTS is also collaborating with the Office of Epidemiology and Scientific Support (OESS) on a QI project to improve external cause coding practices at Montana hospitals. External cause codes, or E-codes, convey the mechanism, intent, place of occurrence, and activity related to injury and poisoning events. With the transition to ICD-10CM, valid coding of admissions and encounters decreased from a historical level of 90% to approximately 77%. The project goal is to increase the percentage of admissions and encounters with a valid E-code to 95% during 2018.

**ESSENCE** - To track drug overdose events, EMSTS has begun using the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) program developed by Johns Hopkins University and the Walter Reed Army Institute of Research. This program accesses emergency department chief complaints and discharge diagnoses to show spatial and temporal trends in “syndromes” chosen by the researcher. Though ESSENCE is more commonly used to track infectious diseases, drug overdoses can also be followed. One goal of using ESSENCE is to detect clusters of overdoses and provide guidance for first responders in the area on being prepared to administer proper aid to a drug overdose victim.
The goal of the Emergency Medical Services for Children (EMS-C) program is to reduce child and youth mortality and morbidity caused by severe illness or trauma. EMS for Children aims to ensure that:

- State of the art emergency medical care is available for the ill and injured child or adolescent,
- Pediatric service is well integrated into an EMS system backed by optimal resources, and
- The entire spectrum of emergency care, including primary prevention of illness and injury, acute care, and rehabilitation is provided to children and adolescents as well as adults, no matter where they live, attend school or travel.

While the program has been traditionally funded each year through a federal Maternal Child Health grant, Montana has also been the recipient of a demonstration State Regionalization of Pediatric Care (SPROC) grant over the last few years. This has provided the state with additional opportunities and resources to make improvements in pediatric care.

**Pediatric Readiness Assessment** - At the onset of the SPROC grant, 52 hospitals had responded to a Pediatric Readiness Assessment which measured hospital pediatric readiness in meeting essential guidelines and having resources in place to provide effective emergency care to children. Montana’s overall average score was 58 / 100 compared with a national average of 69. An EMS-C/Child Ready Advisory Committee was convened to review this and other data to provide recommendations on activities and strategies to improve Montana’s system.

**Education** for hospital and EMS personnel rose to the top of the list. Numerous activities have been implemented in 2017 including:

- The grant funded 167 nurses taking part in 18 Emergency Nurse Pediatric (ENPC) courses
- 50 EMS personnel participated in the Emergency Pediatric (EPC) course at no cost
- Each of the three trauma regions were provided funding to support pediatric education opportunities
- Pediatric Education and breakout Sessions at Spring Fling, Rimrock Conference, Spring Fever, Rocky Mountain Trauma System Symposium, Big Sky EMS Conference and MEMSA Conference.

**Pediatric Equipment for Prehospital Services** – Pediatric supplies were provided to approximately 190 MT EMS Agencies as an incentive for answering the National EMS Pediatric Survey. Montana achieved over 93% response rate (199/212). Data from the survey will assist in the development of the upcoming strategic plan for the EMSC/Child Ready MT Programs (2018-2019.)

**EMS-C/Pediatric Ready Connection Newsletters** – The program has distributed a monthly newsletter broadly across Montana with information related to pediatric care including new practice guidelines, educational opportunities, other related pediatric programs and cultural awareness.

**Pediatric Facility Recognition** – A key activity of the advisory committee was to develop standards for hospitals to enable them to assess their pediatric readiness and provide goals for improvement. Hospitals have been offered the opportunity to undergo an external assessment of their readiness.
Modeled after trauma designation, two levels of pediatric readiness were crafted and endorsed by the Montana Academy of Pediatrics:

- **Pediatric Capable** – smaller hospitals with limited resources that enable them to stabilize injured and ill children and safely transport them to a larger facility, or
- **Pediatric Prepared** – larger hospitals with more resources and the ability to receive and treat most children

Seventeen (17) Montana hospitals have been assessed and formally recognized as pediatric ready:

<table>
<thead>
<tr>
<th>Pediatric Prepared</th>
<th>City</th>
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<tbody>
<tr>
<td>St. Vincent Health Care</td>
<td>Billings</td>
</tr>
<tr>
<td>Northern Montana Hospital</td>
<td>Havre</td>
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<tr>
<td>North Valley Hospital</td>
<td>Whitefish</td>
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<tr>
<td>Beartooth Billings Clinic</td>
<td>Red Lodge</td>
</tr>
<tr>
<td>Kalispell Regional Healthcare</td>
<td>Kalispell</td>
</tr>
<tr>
<td>Billings Clinic</td>
<td>Billings</td>
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<tr>
<td>St. Patrick/Providence Hospital</td>
<td>Missoula</td>
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<tr>
<td>Benefis Health Care</td>
<td>Great Falls</td>
</tr>
<tr>
<td>Bozeman Health</td>
<td>Bozeman</td>
</tr>
<tr>
<td>Community Medical Center</td>
<td>Missoula</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pediatric-Capable</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stillwater Billings Clinic</td>
<td>Columbus</td>
</tr>
<tr>
<td>Phillips County Hospital</td>
<td>Malta</td>
</tr>
<tr>
<td>Central Montana Medical Center</td>
<td>Lewistown</td>
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<tr>
<td>Colstrip Medical Center</td>
<td>Colstrip</td>
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<tr>
<td>St. Joseph Hospital</td>
<td>Polson</td>
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<tr>
<td>Community Hospital of Anaconda</td>
<td>Anaconda</td>
</tr>
<tr>
<td>Big Horn County Memorial Hospital</td>
<td>Hardin</td>
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**Pediatric Prehospital EMS Services Recognition** – Another activity of the advisory committee was to develop standards for Prehospital Services to enable them to assess their pediatric readiness and provide goals for improvement. The criteria is a four-tiered system with an option of a Safety Plus Endorsement for services whose personnel undergo Montana Child and Family Services Background Checks for their staff.

The four levels include:

- **Level I** – Basic (BRONZE) – Equipment and Assessment Participation
- **Level II** – Intermediate (SILVER) – Pediatric Education & PECC
- **Level III** – Master – (PLATINUM) Community Outreach Programs
- **Level IV** – Expert (Gold) Child Passenger Safety Technician
- Safety Plus Endorsement Child Protective Services Background checks
**Pediatric Prehospital EMS Guidelines** - The advisory committee has begun development of Pediatric Care Guidelines and the development of educational modules pertaining to each of the guidelines. This will assist prehospital agencies in utilizing the updated pediatric guidelines in order to give the right care, at the right time, with the right resources.

**Pediatric Regionalization of Care** – Through an RFP process, Jason Mahoney was awarded a contract as the Pediatric Liaison for the program. Jason will assist in the creation of the Pediatric Readiness Regionalization Committee and will work across the continuums of care to help increase Montana’s pediatric readiness.

**Pediatric Cultural Liaison** - also through the RFP process, Benefis Healthcare has been awarded the contract as the Cultural Liaison for the grant. Benefis will continue the important work of Cultural Awareness/Humility with health care providers and will work across the continuums of care to help increase Montana’s pediatric readiness and Cultural Humility.
Cardiac Ready Communities

In January of 2015, EMSTS received a three-year Leona M. and Harry B. Helmsley Charitable Trust grant aimed at improving cardiac arrest survival rates in Montana. This included the creation of a Cardiac System of Care for the state as well as distributing Lucas 2 Mechanical Chest Compression Devices to EMS and hospitals.

While the deployment of Lucas devices was a key activity for this initiative, it would do little to place these devices with EMS services and hospitals if the entire community is not engaged with all links of the Cardiac Chain of Survival. i.e. If someone does not readily recognize signs of a cardiac arrest and call 9-1-1 immediately, the patient may not survive until EMS can respond with a Lucas device. Likewise, deployment of Lucas devices will not do anything to change patient outcomes if AEDs are not available and utilized where possible, or if EMS and hospitals do not adopt High Performance CPR standards.

While this grant formally ends in 2017, unobligated funds will be utilized, albeit at a much-reduced level, to continue the work of developing a Cardiac Care System. Program funds will continue to support:

1) Training and assistance for utilization of the Lucas and administration of High Performance CPR
2) Development of Cardiac Ready Communities – focusing on a few selected communities and providing assistance with resolving gaps in the cardiac chain of survival, ultimately achieving recognition as Cardiac Ready Communities
3) System surveillance and evaluation

The Montana Cardiac System of Care
Deployment of Lucas devices and HP-CPR – This grant funded over 200 Lucas devices deployed to EMS services and hospitals. These devices provide CPR compressions to a person in cardiac arrest. However, the devices themselves only improve outcomes if they are part of a High Performance CPR program. The foundation for HP-CPR is BLS cardiac care with strict attention to details that make CPR more effective, as well as ventilations and defibrillation. Research indicates that HP-CPR saves lives.

HP-CPR is staff / crew intensive and communities with limited personnel are finding the Lucas is a game changer. Even services or hospitals with a pool of personnel are finding that utilization of the Lucas as part of HP-CPR is useful. An ongoing report indicates the Lucas has been deployed in 175 cardiac arrest cases relating to 15 patient survivals.

Dispatch-Aided CPR - In communities where Emergency Medical Dispatch has not yet been implemented for various reason, the Cardiac Ready program encourages all dispatchers be oriented in dispatch-aided CPR. The process of having dispatchers guide callers through basic CPR on a patient until EMS arrives is a crucial element in the cardiac chain of survival.

Law Enforcement AEDs – Having an AED in a law enforcement vehicle may provide quicker access for a patient. While on patrol, an officer may be able to reach the patient sooner than the ambulance to provide the shock necessary to restart a normal heart rhythm. The Cardiac Ready program has been assisting departments interested in getting AEDs with finding grant opportunities to purchase devices.

Resuscitation Academy – Modeled after the Seattle program, Montana conducted its third Resuscitation Academy, incorporating faculty from the Seattle program, Alaska and local providers. The 2017 Montana Resuscitation Academy was held in Helena in June with 30 participants. The goal of the Academy is to improve cardiac arrest survival through training and mentoring of EMS and hospital personnel. EMTs, paramedics, nurses, advanced practice clinicians, and physicians attended the academy. With ongoing grant funds currently limited, plans for a 2018 program are on hold.

Montana Heart Rescue – Gallatin Heart Rescue was formed after a cardiac arrest save in July of 2011. The patient was saved, in part, because bystander CPR had been initiated very quickly after sudden cardiac arrest (SCA). Over the next few years, Gallatin Heart Rescue grew with a mission to: “increase the rate of survival from sudden cardiac arrest within Montana by increasing the rates of bystander CPR.”

The Cardiac Ready Communities Program has adopted this program and continues to promote this mission through what is now called Montana Heart Rescue. To date, over 55,000 people have been trained in hands-only CPR and the program has distributed 100+ ‘CPR in-a-Box’ totes to communities across the state. The tote contains everything needed to walk into any setting and provide hands-only CPR training to 20 students at a time. Communities wishing to become part of Montana Heart Rescue can find resources and instructors on a map at: http://dphhs.mt.gov/publichealth/EMSTS/cardiacready/MontanaHeartRescueCPRTraining.

Cardiac Ready Communities – A key strategy of the Helmsley grant is to develop Cardiac Ready Communities. For any community to be successful, they need to develop all the links of the Cardiac
Chain of Survival. Activities included visiting each Montana community to promote the cardiac ready concept and to provide them with a community gap analysis tool to help them evaluate their readiness. Depending on each community’s needs, the grant was utilized to provide training, education, and other resources. A key goal of the project has been assisting communities to meet standards identified in the gap analysis tool and to work towards formal recognition as Cardiac Ready Communities. While no community has yet achieved recognition status, continuation grant funds will support a few communities desiring to be models in the state.

**AED Registration** - Any entity that wishes to use or allow the use of an automated external defibrillator must register their organization with the Department of Public Health and Human Services, EMS and Trauma Systems Section (MCA 50-6-502). Entities registering in Montana provide the required information through the EMSTS Section’s web-based, electronic OPHI-AED module of the Health Information and Resource Management Data System (HIRMS). In July, an audit of the AED registration program was conducted. Entities that had started the registration process but had not completed it were notified. Approximately 1/3 – 1/2 of those have been completed. In addition, EMS agencies and fire departments were engaged to assist with notifying people of the requirement to register as they encountered an AED during their work. Entities that complete the registration process are provided with a sticker stating the AED is registered with DPHHS.

**System Surveillance & Evaluation** – The Cardiac Ready Program collaborates with our EMS Systems program to support and implement the CARES data system described earlier in this report. In August, EMS agencies also begin submitting their cardiac arrest case reports from their EKG heart monitor. These data are annotated and summaries are provided back to the agency for use in performance improvement activities. To date, twenty-four reports from eight participating agencies have been completed providing them suggestions on which elements of High Performance CPR can be improved upon. Agencies report a positive impact on responders when they see opportunities where they can make improvements based on actual data from their calls.

**Every Second Counts. Every Action Matters** – An advertising campaign for communities to improve the response to a SCA has been developed. Using a similar format to the Trauma Section’s educational campaign, posters targeting every level of responder (bystander, law enforcement, EMS and hospital) were developed and distributed.
Simulation in Motion Montana

In January 2016, the Leona M. and Harry B. Helmsley Charitable Trust awarded EMSTS a three-year $4.2 million-dollar grant to purchase three mobile simulation trucks. Each of these units comes with a suite of an adult, child, infant and O.B. high fidelity manikins. The front of the unit has pull-outs and simulates an emergency room and the rear of the unit simulates an ambulance. Custom made, these units arrived in February 2017.

Grant Funding / Project Goals - The three-year grant also funds operations such as staff, training and marketing, albeit at decreasing amounts each year (100% in year one; 66% in year two, 33% in year three). As such, sustainability and marketing is a crucial part of the project business plan.

The primary goal of MobileSim Montana is to provide education and training to rural EMS services and hospitals. As part of a plan to assure sustainability, services will also be provided to a broad base of other stakeholders such as universities, colleges and others who have a need for simulation education.

MobileSim Montana, Inc. - While the grant is awarded to DPPHS, the long-term management of this project will be through a public/private partnership with a nonprofit entity (501c3). In early 2017, Simulation in Motion Montana, Inc. (dba MobileSim Montana) approval was approved by the Secretary of State. A contract between DPHHS and MobileSim Montana was created as the instrument to pass funds through for various grant related activates.

Current MobileSim Montana board members:

- Drew Dawson, Board Chair, Boulder, retired, Office of EMS, National Highway Traffic Administration
- Dave Gurchiek, Butte, PhD, NRP, Dean, Highlands College
- Kyle Gibson, RN, Glasgow, STAT Air Ambulance Service
- Edith Clark, Sweet Grass, RN (retired), past legislator, Child & Family Advisory Board, AHEC, Montana Health Coalition, 40 years’ experience in rural hospitals
- Hope Evans, Missoula, BSN, RN, CMSRN, Education Manager at Community Medical Center, Missoula
- Joby Flynn, Wolf Point, NEMHS, not for profit organization that encompasses two CAH hospitals, two tele-pharmacies, a long-term care facility and two rural health clinics
- Ann Geiger, Anaconda, co-founder and Executive Director of Liberty Place, a non-profit program for long-term care and rehabilitation of adults with brain injury; appointed to the Governor’s Advisory Council
Membership of the corporation also includes an advisory group of 14 members representing EMS, hospitals, colleges, universities and other stakeholders.

**Project Management Entity** - MobileSim Montana then issued an RFP for a Project Management Entity (PME) to manage the day-to-day operations of MobileSim Montana for staffing and education, scheduling, maintenance of equipment and marketing as well as for seeking contracts, grants and other sustainability funding. In late spring, Best Practice Medicine was awarded the contract for these services.

BPM has been then engaged with hiring and training staff, getting the trucks equipped and ready, and testing the manikins. Each of the three simulation labs will cover a region of the state with a Bozeman-based lab covering the I-90 corridor; a Kalispell-based truck covering the west and a Havre-based truck covering the high-line. There has been an incredible about of work to get these labs ready. The Bozeman and Kalispell labs have been conducting events across the state including a 3,000-mile tour of most critical access hospitals and rural EMS agencies. The Havre lab has just been staffed and housed on the high-line and will be running events in 2018.

There are still significant challenges ahead, including sustainability, but we are encouraged as the program continues to find opportunities and support. There is a great need for the simulation services MobileSim Montana can provide healthcare providers and the next years will be an exciting time.

Additional information about MobileSim Montana, as well as a page to request training, can be found at: [http://www.mobilesimmontana.org/](http://www.mobilesimmontana.org/)