

Time Stamp	Transcript
0:00	this is the Gregg Belfrage
0:02	six minutes fast ain't mostly cloudy in
0:04	70 welcome to the great dolphin show
0:07	great to have you here this morning
0:09	portion brought to you by still group
0:11	architects business stone group
0:12	architects calm for more information
0:15	still drop architects designers planners
0:18	visionaries well as you know we've got a
0:21	couple of recent conversations recently
0:22	in regard to ambulance service in Sioux
0:28	Falls questions that some of our city
0:30	councillors of answered well city
0:31	councilor pant star was here recently
0:33	too um both a lay
0:37	I think concerns following some media
0:39	reports but also to express some of some
0:43	of the questions that he has so joining
0:46	us this morning is Jill Frank it from
0:48	City Health Department Jones finally
0:49	it's nice to finally meet you welcome
0:51	nice to meet you and very glad to do it
0:55	and Gary Myers is also here and you're
0:57	the chair of the REMS aboard and I
0:59	always forget what Remsen stands for you
1:00	good morning yes the Regional EMS
1:03	authority all right and I'm not sure
1:05	where to start maybe with some of the
1:07	media reports Jill I'll start with you
1:09	some of the media reports that were out
1:11	there in regard to ambulance service and
1:13	maybe creating a perception that there
1:16	are a whole lot of cases where
1:18	ambulances just don't show up and that's
1:21	not necessarily reality that's correct
1:24	that's correct Greg and thank you so
1:26	much this it's awesome to be on the show
1:27	this morning and we do want to continue
1:31	to make sure the community is aware that
1:33	we have an EMS system that is high
1:36	functioning high quality and really
1:38	performing well for the residents of
1:40	this community we have a contract in
1:43	place with paramedics Plus and that
1:45	contract has been in place since 2015

1:47	and that's the contract with basically
1:49	the city the city council approved that
1:52	and within that there's a number of
1:54	really stringent requirements that they
1:57	have to be able to meet in order to
1:59	provide ambulance service in Sioux Falls
2:00	and paramedics plus is our provider and
2:04	they are doing that they're meeting
2:05	every bit of their contract obligations
2:09	and more and are always striving to
2:11	improve the quality
2:13	and the coordination of service with the
2:15	EMS system partners I know part of the
2:18	concern has been that people are either
2:21	waiting what they feel is an inordinate
2:23	amount of time for an ambulance to
2:25	arrive or that we have situations that
2:28	arrive where there's an ambulance that's
2:29	not immediately available to be
2:31	dispatched that's that unusual correct
2:35	regardless of who the provider is that's
2:38	correct you know we say parties in Gary
2:41	you can jump in here anytime but we
2:43	prioritize our calls based on the
2:46	severity and the level of emergency
2:48	there's life-threatening emergencies
2:51	that would be one level of priority the
2:53	top and then there's non
2:55	life-threatening emergencies and then
2:57	there's non-emergency transports the
3:00	majority of our calls and the work that
3:03	our EMS system does is really in that
3:05	non-emergency transport area and so
3:08	those are those are actually transports
3:10	that somebody needs to get to the
3:13	hospital for something that is urgent to
3:15	them but it isn't prioritized as an
3:17	emergency based on the call that comes
3:19	in and the information that's relayed so
3:23	those are individuals that when just
3:25	like going to the emergency department
3:27	those are calls that might end up being
3:30	triaged and as the EMS system is able to
3:34	arrive they do but they still regardless
3:36	are required to do so within a certain
3:38	time frame ninety percent of the time
3:40	and they do so Jerry you want to jump in

3:44	I think one thing that we always want to
3:46	make sure that everyone that is
3:47	interested in this conversation
3:49	remembers and realizes is that we have
3:51	an EMS system we have an ambulance
3:53	provider that is contracted to do the
3:55	transportation and care in an ambulance
3:57	but in Sioux Falls we have a system and
3:59	I think there's a perception out there
4:00	that if the fire department is there and
4:02	taking care of a patient that's that
4:04	something is wrong that's part of the
4:06	system that's part of what we plan out
4:08	when we have a REMSA meeting when we
4:10	have leadership meetings to talk about
4:13	our system the fire department is always
4:15	there because they're part of the system
4:16	so when the fire department is there
4:18	before the ambulance that's what's
4:20	supposed to happen if the police
4:21	department's there and helping out
4:23	that's what's supposed to happen that's
4:24	not an issue but I know one of the
4:26	things that sit
4:27	slurp a star brought up is contractually
4:30	aren't though those firefighters
4:33	prohibited there's only a certain amount
4:35	of care that they can provide is as part
4:38	of what he was saying that they they
4:40	could go so far there and they can't go
4:44	beyond is that an issue
4:47	I don't contractually is I don't know if
4:49	that's the word I would use I'm not
4:51	familiar with what their contract would
4:54	say but as far as what they're able to
4:56	do as providers as EMTs and/or
4:59	paramedics right now they all function
5:00	as EMTs they get on their direction
5:03	their care direction from REMSA as well
5:05	all of their care guidelines come from
5:08	REMSA so the only thing that they're not
5:09	able to do that compared to a paramedics
5:13	Plus EMT because they have their EMTs
5:15	and paramedics right is transport the
5:17	patient because they don't have the
5:18	vehicle but otherwise they're doing all
5:20	the care that any other EMT out there

5:22	does alright I I think that's really
5:24	important for people to understand and
5:26	so when we talk about some of these with
5:27	ambulance response times that has
5:29	nothing to do with Fire Rescue that's
5:32	already on the scene absolutely and it's
5:34	so ambulance response to the scene is
5:37	not when the care starts in a system of
5:40	care like we have in Sioux Falls we have
5:42	to look at when the care starts and if
5:44	the ambulance is not there to do the
5:46	next level of care which is you know
5:49	take the patient from the first
5:51	responder please fire and do the
5:53	transport to the hospital the care
5:56	starts when that first responder when
5:57	that first group of people that that are
6:00	part of our system get there that's the
6:02	important number to remember so how do
6:05	you respond to a clearly you know some
6:06	of this was driven by media reports as
6:08	you know in people there are people that
6:11	are complaining I think that's also
6:13	what's motivating some of our city
6:14	councillors they're hearing from people
6:16	who say they felt they had waited
6:18	inordinate time some of whom are
6:20	transporting a patient and without
6:23	knowing the circumstances as you said a
6:25	lot of this may be not where it's not
6:28	critical or not not in an immediate
6:32	emergency but people are taking it upon
6:34	themselves to transport somebody to the
6:36	hospital there certainly seems to be
6:38	some level of concern in the community
6:40	about
6:40	I you know healthcare is an industry
6:45	where people are not always happy
6:47	whether it's EMS or the hospital or
6:50	legislation around healthcare sure
6:52	that's that's unfortunate and there will
6:54	always be concerns out there and I'm not
6:56	saying that people shouldn't voice their
6:57	concerns they absolutely should that is
7:00	our job to hear those concerns and look
7:02	at the system of care and make sure that
7:04	we're addressing those concerns as much

7:06	as possible as much as makes sense in
7:08	our system and remember that yes there
7:11	are people out there with concerns
7:12	I won't call them complainers because I
7:14	think that is a negative connotation
7:15	there they're voicing their concerns but
7:17	there is a whole lot of people out there
7:19	that are not saying anything that are
7:20	very happy with the care they're getting
7:21	and I would also say that I would highly
7:25	encourage anyone who has a concern with
7:27	any segment of our EMS system to contact
7:31	the health department we provide the
7:33	quality oversight of the ambulance
7:35	service but also are in charge of really
7:37	looking at the system as a whole and
7:38	making sure that we have a good quality
7:40	system and I'm not getting the kind of
7:44	complaints that I'm hearing or out there
7:46	and that has to come to us so that we
7:48	can actually if there is a concerns that
7:51	can be corrected we need to do that and
7:54	so I really encourage people to actually
7:55	call us when they have a concern Yoh
7:57	Franken is with the City Health
7:59	Department Gary Myers is the chair of
8:01	the REMS aboard your Jill you're just
8:04	talking about oversight and Gary I'm
8:05	gonna ask him question of you here in
8:07	the moment in terms of oversight of
8:09	these kinds of things what do you do at
8:11	the City Health Department in that
8:12	regard we have a Quality Assurance
8:13	coordinator her name is Julie
8:15	Charbonneau and she is in charge of
8:17	really making sure that every data point
8:22	all our measurable criteria is really
8:25	looked at and that we're tracking for to
8:28	assure that every element of the
8:30	contract is being complied with with the
8:31	ambulance service so with paramedics
8:33	plus but then in addition to that she
8:35	really looks at the system as a whole
8:37	she actually reviews almost every call
8:41	she is looking at every single call
8:44	every day is helping to convene a it's
8:48	called a pulse called review process

8:51	where they look at the calls from the
8:53	prior day and there
8:54	are looking at opportunities to improve
8:56	if there's things that need to be
8:58	accomplished to make those improvements
8:59	whether it's how it was dispatched
9:01	perhaps a call maybe it was something
9:03	related to something with the elements
9:07	that the fire does when they get on
9:08	scene maybe it's something that the
9:11	ambulance provider could improve upon on
9:13	scene anything that can be improved upon
9:16	but also looking for just opportunities
9:18	you know is there new equipment that we
9:20	need to be taking advantage of that
9:22	could help us with our response and
9:25	being more responsive but it's looking
9:27	not just a timely response but also the
9:29	quality of the care that's provided so
9:31	Gary's same question you as as the REMS
9:33	award first of all you know um maybe I
9:36	probably should have started for those
9:38	who aren't familiar with the board give
9:40	us a little bit of overview of what you
9:42	do and then in particular in regard to
9:44	you know ambulance and some of these
9:46	what kind of oversight is your group
9:49	responsible sure thank you and thanks
9:50	for the opportunity to explain because I
9:52	think that is always there's some
9:54	misconceptions out there
9:55	the Grimson board is a group of citizen
9:57	volunteers that's all I am as a
9:59	volunteer I wanted to be on the REMSA
10:01	board I applied you know I was picked
10:03	and appointed by the City Council but I
10:05	received no remuneration for that at all
10:09	and so we're just a group of citizens
10:12	that really want to be involved in the
10:13	emergency response system as an
10:15	oversight I think I look at it as more
10:18	of being a partner the the Health
10:20	Department of Health is one of those
10:21	partners fire police paramedics plus
10:25	Metro 9-1-1 communications we're all
10:27	partners in this making sure that we
10:29	have the best emergency response system

10:31	that we can have one of the best in the
10:33	countries in my opinion so as REM says
10:36	oversight this group of citizen
10:37	volunteers things are brought to us from
10:40	the partners options issues and we
10:44	listen to those things and they give us
10:46	choices they say you know we want to do
10:49	this or that we we have this piece of
10:52	equipment that we think is be good
10:54	placed here we want to respond this way
10:56	this is our plan we get involved in
10:58	those discussions as representing the
11:00	citizens and we make our recommendations
11:02	we vote you know just like any other
11:04	body of people we vote on what they
11:06	bring us
11:07	and then there's another board which is
11:09	the Medical Board which is made up of
11:10	medical professionals from the hospital
11:12	systems here in town equally represented
11:14	by all the hospital systems here in town
11:16	and they specifically review those calls
11:18	talked about medications change this
11:21	medication dosing to that and then they
11:23	they make a recommendation bring that to
11:25	REMSA the case is made and we say yes
11:28	that is a that sounds like a good you
11:30	know change that's what we do we're that
11:33	we're that citizen board we're that
11:36	citizen arm that can weigh in on these
11:38	discussions that all of the the paid
11:40	members I guess so to speak you know
11:43	Police Fire ambulance and Health
11:45	Department that they're talking about
11:47	and I think to clarify that because that
11:50	was a misconception I think that might
11:52	have been put out there in some of the
11:54	media that the REMSA board when we say
11:56	numbers we as the Health Department Fire
11:59	Department police department paramedics
12:01	plus they attend those meetings but we
12:03	are not part of that board we're not
12:05	members of that board sure we're just
12:08	providing information to them we're
12:10	bringing recommendations we're bringing
12:11	guidelines are bringing protocols work
12:14	clothes etc things for either their

12:16	information or for their approval
12:20	let me ask and I'm just throw throw it
12:23	out there and either one of you or both
12:25	of you respond to it and and that is you
12:28	know I know there was a recent meeting
12:29	with the City Council it was intended I
12:31	think to be fairly short land up being
12:33	quite lengthy some two hours plus in
12:36	regard to this issue and some
12:39	frustration voiced on the part of some
12:41	councillors even one of the many our
12:43	county commissioners it was in the in
12:45	the newspaper whose name we do not speak
12:47	at least here was in the newspaper
12:50	saying that you know he feels there
12:52	needs as part of the Metro committee
12:53	apart part of the Metro communications
12:56	board and saying he feels there needs to
12:58	be more transparency on some of these
13:00	issues in Riga how do you respond to
13:02	them my response to that would be that
13:06	if there is information that needs to be
13:08	shared call me call Gary Myers call
13:12	someone who has that information who
13:14	knows that I get so few actual direct
13:17	contacts from anyone the city
13:20	councillors that are
13:21	turned about this rarely if ever
13:23	actually call me do we go through the
13:25	media too much here we go to the media
13:28	and with it rather than communicating to
13:30	each other about what's happening yeah
13:32	that's my that's probably my biggest
13:34	frustration is that I sit and the
13:36	council meetings I sit in different
13:37	meetings and I hear all these things and
13:39	Jeff Barth I've never met the man I've
13:41	never seen him in person and he's
13:43	talking about REMSA and and issues need
13:45	to change and REMSA needs to change
13:47	never seen him at a meeting never have
13:49	talked to him you know there's been two
13:51	city councilors since I've been on REMSA
13:53	board and have come to a REMSA meeting
13:54	and I really appreciate that there are
13:56	other people that are out there talking
13:58	in the media about the ambulance and

14:00	REMSA that have never been to a REMSA
14:02	meeting its monthly it's in the Health
14:05	Department building it's in a big
14:06	conference room it's not back in a hole
14:07	somewhere it's very accessible and we
14:09	welcome everyone there's plenty of
14:10	seating if somebody comes I'm happy to
14:13	ask them if they have anything that they
14:15	want to talk about but it doesn't happen
14:17	that doesn't sound like a lack of
14:18	transparency when they don't and you
14:21	know in in fairness back last fall when
14:26	we were doing some performance
14:27	improvement work around the EMS system
14:30	there was a fair amount of questions
14:32	that were asked there was contact who
14:34	our department then we responded to that
14:36	and we provided information we shared
14:39	with them what we were doing and I think
14:41	we did it in quite a bit of detail and
14:43	and we made the system even better as a
14:46	result so what do you think are maybe
14:48	some of the biggest misperceptions that
14:50	people have right now whether it's for
14:52	media reports or elsewhere in regard to
14:56	what's happening with our ambulance
14:58	service I think the biggest
14:59	misperception is that there is a problem
15:01	that to me is the biggest misperception
15:03	I think people are given a certain
15:08	amount of information maybe one sided or
15:10	at least not the full story and they
15:13	make their snap judgments based on that
15:14	and I think that it's an industry EMS in
15:17	general but emergency healthcare or
15:19	let's just say health care from the
15:21	point of first medical contact to all
15:23	the way to the emergency department is
15:25	something that most people only
15:26	experience once or twice and their whole
15:28	lives if ever and to make a snap
15:30	judgment on an industry that you may
15:32	never touch you know saying that well
15:35	87% why can't we make a hundred percent
15:37	a hundred percent is extremely possible
15:40	impossible difficult extremely difficult
15:44	to do in an industry like this whether

15:46	it's in the emergency room or whether
15:47	it's not on the street I think we need
15:50	to look at what the end people need to
15:51	understand what the industry standards
15:53	are and what is good healthcare is 50%
15:56	good
15:57	no but 97 96 95 % is extremely good and
16:00	it exceeds the expectations that we put
16:03	forward several years ago when we put
16:05	the contract together exceeds I think
16:07	the other misperception is around how we
16:11	partner with our outline ambulance
16:13	services so mmm thank you because one of
16:15	the other things I wanted to ask about
16:17	yeah you know we this whole notion of
16:21	mutual aid has gotten I in my mind come
16:25	really blown out of proportion why do
16:27	you say that what do we was
16:29	understanding well because you know one
16:31	of the things that we in good faith did
16:33	last fall this entire system and when I
16:36	use we I use that loosely because my
16:37	team really was part of the discussions
16:40	that but it was really the EMS system
16:41	that is doing the work that really came
16:44	up with the new protocols new way of
16:46	operating that could assure that we are
16:49	using all the resources in this around
16:52	our community and surrounding community
16:54	to the best of our ability and one of
16:55	those was how do we reach out for mutual
16:58	aid when it's needed as paramedics came
17:01	on board they were a new service in our
17:02	town and they were a new leadership
17:04	providing the ambulance service so once
17:06	I got all the quirks worked out and they
17:08	were doing that in fine fashion and
17:10	write out the right of the gate doing
17:12	well there there was some communication
17:16	things that need to be shored up around
17:17	when and how and for what purposes we
17:19	needed to call mutual aid but let me
17:21	stop you just for a moment for those
17:23	maybe mutual aid what are we talking
17:26	about when you refer to mutual aid just
17:28	so listeners who maybe aren't totally
17:30	familiar they know what you're referring

17:31	to mutual aid what we have defined now
17:35	really not defined now but mutual aid is
17:37	anytime you need to utilize a resource
17:40	outside of what you have in your in your
17:43	community for whether it's ambulance
17:45	service or firefighting or whatever the
17:46	case may be
17:47	so there's mutual aid for
17:49	of major fire you might reach out to
17:52	your surroundings needs to have trucks
17:53	come in to help sure what about that
17:55	fire we yes we have seen that and so
17:57	that would also be the case for
17:59	ambulance if our system is overloaded
18:01	because of a plane at up clankers heaven
18:04	forbid okay but that's when you might
18:07	bring in those resources we were
18:09	bringing them in for when we were at
18:12	system overload which means our
18:14	ambulances were all being asked to do
18:17	more than we've you know beyond what you
18:20	would consider the norm for that
18:21	particular time period of day or night
18:23	and so we just needed to understand why
18:26	were we doing that why were we calling
18:28	mutual aid especially when it was for
18:30	perhaps a non-emergency situation and so
18:34	they really did some work to say we are
18:37	only going to call mutual aid when it's
18:39	for a life-threatening emergency if it's
18:41	needed and after certain conditions are
18:43	met where we have fully communicated
18:45	with everyone on the team to make sure
18:47	that we need to do that so we went from
18:50	in the fall and around maybe September
18:53	October I want to say to maybe having
18:56	about a dozen mutual aid calls in about
18:58	a six month time frame so we've only had
19:00	two in the last six month time frame and
19:03	so I think we've made some vast
19:05	improvements it leaves those resources
19:07	in those communities we're not taking an
19:09	ambulance out of those small communities
19:11	leaving them there for their youth and
19:13	making sure that we are maximizing all
19:16	the resources in our community yeah I
19:18	think the one part of that whole story

19:20	that is being missed is the moving
19:22	target a little bit about a year ago it
19:24	was asked by City Council and media why
19:28	are we calling mutual aid all the time
19:29	so we looked at it the process and said
19:32	how can we how can we better our process
19:33	and we came up with a better process it
19:36	works very well and now the issue
19:38	becomes why aren't you calling mutual
19:41	aid why aren't you why don't you have a
19:42	mutual aid agreement with this service
19:44	so that's right you know the moving
19:46	target that with with only a certain
19:48	amount of information people are making
19:51	snap judgments and I think if you stand
19:54	back and look at the whole system you
19:56	know it works very well and and mutual
19:59	aid agreements we keep hearing about
20:01	mutual aid agreements they're not
20:03	acquired in South Dakota so are we have
20:06	a contract that we have with paramedics
20:08	Plus that the city has with paramedics
20:10	plus says that they have to have at
20:11	least one they have to that's it there's
20:14	no requirement beyond that for ambulance
20:16	services to help each other out to have
20:18	a contract in place and let's not forget
20:20	this was brought up before Metro 9-1-1
20:22	communications does not dispatch based
20:24	on mutual aid agreements they based on
20:26	who's closest so they're not wondering
20:28	if there's mutual aid agreement when
20:30	they push a button for this service or
20:32	that service whether they have an
20:33	agreement or not that's a business
20:35	contract between two entities when it
20:37	comes down to the 911 one call they
20:38	don't make decisions based on that
20:40	it is 27 minutes past 8:00 jill franken
20:44	of the city health department and gary
20:46	myers who is the chair of the REMS
20:47	aboard have been my guess that whole
20:50	half-hour just zipped right by anything
20:52	else you want to add that we haven't
20:54	touched on you know I just thank you for
20:56	the opportunity and again I want to
20:57	encourage everyone if there is a

20:59	question reach out to the City Health
21:01	Department and and my door is open I'm
21:03	citizen volunteer but I'm more than
21:05	willing to answer questions and the remm
21:07	sub door is always open during our
21:09	meetings so if you have questions or
21:10	concerns please ask and please know that
21:13	you should have confidence in your EMS
21:15	system and if you have an emergency call
21:17	9-1-1 well listen thanks again to you
21:19	both i really appreciate you taking time
21:21	to come down here it is
21:22	8:27 we're going to get to the Fox
21:24	Business Report just ahead State Senator
21:27	Reynold Meza buzz going to join us ahead
21:29	talk about a variety different issues
21:32	with them they're looking at there's
21:35	already a number of addition
21:45	you