

**Interior Region EMS Council, Inc.**  
**Strategic Plan**  
January 2018-December 2023

## **Section I: Background and Assumptions**

**Mission Statement:** *The Interior Region EMS Council strives to reduce the human and economic costs of accidents and illnesses through continual improvement of emergency care and education. To support and advance the field of out-of-hospital Medicine in rural, frontier and tribal settings, through education, innovation, research and medical direction.*

**Primary Over-Reaching Goal:** *Each community within the Interior will have an EMS system that is self-sustaining, self-reliant and the players are engaged.*

### **Goal Areas:**

- A. Community Outreach**
- B. Advocacy/Partnership**
- C. Human Resources & Education**
- D. Evaluation & Quality Improvement**
- E. Data Collection**
- F. Resources**
  - a. Facilities**
  - b. Equipment**
  - c. Transportation**
- G. Communications**

### **IREMSC Resources and Evaluation Plan:**

- Focusing on the injured and ill in our region, our primary resources are trained, equipped and organized responders supported by regional office's human and financial resources such as:
  - Regional staff and contractors
  - Our Board of Directors
  - Regional office financial and physical resources
  - Sub-regional coordinators
  - Mini-grant funding
- An efficient and effective measurement tool for progress is the number of communities that are able to provide viable EMS services. Tools to help measure the sustainability of our communities EMS systems are
  - 1) their ability to qualify for our region's mini-grants or
  - 2) the ability to receive state certification as a BLS or ALS ambulance service, depending on their community needs as described below.
  - 3) Sufficient personnel to provide EMS response as needed
  - 4) Minimum required equipment for First Responders (based on the State Recommended List) to provide adequate EMS Response

***Note:*** *Mini-grant funding is not a requirement of the state funding we receive, is not guaranteed and may be reduced or eliminated in the future. In using this as a measurement for progress, we intend that our current mini-grant qualification criteria, or similar, will continue to be a reasonable measurement of the viability of a functional EMS service. Our current mini-grant qualifications are attached for reference.*

## **Section II: Community Response Requirements and Classification System**

For the purposes of planning, our region contains 58 distinct communities or service areas, 8 within the Fairbanks North Star Borough (FNSB) including cities, and 50 in rural areas.

We have established two general classifications that include a variety of communities within each, but they share the following common basic factors:

- Whether they need and can sustain a state-certified ambulance service ("Certified Ambulance Communities")
- Whether they need and can sustain some sort of EMS service other than that ("First Responder Service Communities")

Classification factors include:

- Size
- Distance from higher care – in terms of time, distance, geography
- Community resources

The two general classifications are intended to be descriptive and to develop consistent relevant, achievable goals and objectives for communities. *They are not intended to be limiting in any way and communities are encouraged to determine the level of EMS that they feel is appropriate and sustainable.*

The Federal Rural Health Information organization and the State Department of Rural and Community Health Systems (of which EMS is a part of) has begun using "Frontier" to define areas that are sparsely populated rural areas, isolated from population centers and services. This describes most of the rural communities in the interior. To bring this document into alignment with these agencies, "Frontier" will replace rural, where appropriate.

**"First Responder Service Communities" (47 total): *Communities whose needs do not require state certified ambulance capability. There may be a need for patient transport or sheltering capabilities, but not to the level of state BLS or ALS ambulance certification.***

### **1. Small Frontier Off-Highway Communities (30)**

Definition: Frontier off-highway communities that might have a Community Health Aide or Practitioner (CHA/P) and have, or should have, an organized support system of people trained in CPR, first aid, or first responder/ETT.

Transportation need: They need the ability to safely protect and transport patients to the local clinic or for transfer to an air ambulance, but not necessarily vehicular transport. Transportation is by air to higher care.

Communities in this category:

- |                             |                          |                     |
|-----------------------------|--------------------------|---------------------|
| 1. Alatna                   | 11. Evansville / Bettles | 21. Nikolai         |
| 2. Allakaket                | 12. Healy Lake           | 22. Nulato          |
| 3. Arctic Village           | 13. Hughes               | 23. Rampart         |
| 4. Beaver                   | 14. Huslia               | 24. Ruby            |
| 5. Birch Creek              | 15. Kaltag               | 25. Stevens Village |
| 6. Central*                 | 16. Koyukuk              | 26. Takotna         |
| 7. Chalkyitsik              | 17. Lake Minchumina      | 27. Telida          |
| 8. Circle*                  | 18. Livengood*           | 28. Tetlin          |
| 9. Coldfoot*                | 19. Manley Hot Springs*  | 29. Venetie         |
| 10. Eagle City and Village* | 20. Minto*               | 30. Wiseman*        |

*\* These communities are connected by road to Fairbanks, but transport to hospital by ground ambulance is usually too rough or too long.*

**2. Small Rural or Frontier Highway Communities (11)**

Definition: Rural or Frontier highway communities outside of the Fairbanks North Star Borough that might have a Community Health Aide or Practitioner (CHA/P) or mid-level provider (MLP) and have, or should have, an organized support system of people trained in CPR, first aid, or first responder/ETT.

Transportation need: Vehicular transport of patients for transfer to an air or ground ambulance but not to the final facility.

Communities in this category:

- |                   |                                |                |
|-------------------|--------------------------------|----------------|
| 1. Alcan Border   | 5. Dot Lake                    | 9. Slana       |
| 2. Anderson       | 6. McKinley Park               | 10. Tanacross  |
| 3. <u>Chicken</u> | 7. Mentasta Lake               | 11. Whitestone |
| 4. Dry Creek      | 8. Northway Village / Junction |                |

**3. Mid-sized Rural/Frontier Off-Highway "Hub" Communities (4):**

Definition: Rural/Frontier off-highway communities that might have a mid-level provider (MLP) and have, or should have, an organized support system of people trained in CPR, first aid, or first responder/ETT.

Transportation need: Transportation is by air to higher care and they need vehicular transport to and from the airport, but not certified ambulance capability.

Communities in this category:

- |              |            |
|--------------|------------|
| 1. Ft. Yukon | 3. McGrath |
| 2. Galena    | 4. Tanana  |

#### 4. Fairbanks North Star Borough First Responder / Non-Transporting Areas (2)

Definition: Emergency services providers in the Fairbanks North Star Borough who need the capability of providing organized and trained first response until an ambulance arrives. They need a mix of paid and volunteer providers.

Transportation need: These areas are included in certified ambulance service areas and therefore do not need transport capability.

Communities in this category:

1. North Star VFD
2. Ester VFD

**"Certified Ambulance Communities" (11 total): *Communities whose needs indicate they should maintain state certification as a BLS or ALS ambulance Service***

#### 1. Larger Rural Highway Communities (5)

Definition: Rural highway communities outside of the Fairbanks North Star Borough that might have a Community Health Aide or Practitioner (CHA/P) or mid-level provider (MLP) and have, or should have, a well-organized, reliable support system of people trained to the EMT level with support by others trained as first responder/ETTs or CPR and first aid.

Transportation need: Vehicular transport of patients to higher care facility via highway or to the nearest airport, probably through a certified ambulance service.

Communities in this category:

1. Cantwell
2. Delta Junction / Big Delta
3. Healy
4. Nenana
5. Tok

#### 2. Fairbanks North Star Borough Non-Area wide Ambulance Services (5)

Definition: Areas within the Fairbanks North Star Borough (FNSB) designated by the Fairbanks North Star Borough as transporting services, the level determined by the Borough. They need a well-organized, reliable support system of people trained to the EMT level with support by others trained as first responder/ETTs or CPR and first aid.

Transportation need: Vehicular transport of patients to a care facility via highway or to the nearest airport, probably through a certified ALS or BLS ambulance service.

Services in this category:

1. Chena Goldstream Fire & Rescue
2. City of North Pole Ambulance
3. Salcha Fire & Rescue
4. Steese Volunteer Fire Dept
5. University Fire Dept

### 3. Urban communities (1)

Definition: Large incorporated urban population areas which need a full time paid EMS system consisting of EMTs and paramedics, the level of response needed is determined by the City.

Transportation need: Certified full time professional ALS ambulance.

Communities in this category:

City of Fairbanks

## **Section II: Goal Areas and Objectives**

Terms Used in Goals and Objectives:

As described above, our region has 58 distinct communities or EMS service areas. There are 50 rural/ frontier communities (outside of the Fairbanks North Star Borough) and 8 distinct service providers within the Fairbanks North Star Borough, including the cities. The following terms will be used in the goals and objectives:

- Rural First Responder Services or Community: The 45 rural/frontier communities listed above which probably do not require a state-certified ambulance service.
- Rural Certified Ambulance Services or Community: The 5 rural/frontier communities listed above which probably should have state-certified ambulance service (either BLS or ALS).
- FNSB/City First Responder Services: The 2 services within the Fairbanks North Star Borough (FNSB) EMS system described above which are designated by the FNSB as non-ambulance services.
- FNSB/City Certified Ambulance Services: The 6 state certified ambulance services within the Fairbanks North Star Borough.

## A. Community Outreach

***Goal: To educate and promote awareness of EMS issues and to establish a sustainable, functional, and self-reliant Emergency Medical Systems through fostering partnerships within the community.***

### Community Outreach Objectives

A-1 Five year objectives (end of 2023): ; IREMSC staff will:

- a. Maintain an inventory of key contacts:
  - All communities in the region.
  - Organizations within the region.
  - Organizations in other parts of the state.
  - Statewide policy makers - legislative, organizational and governmental.
- b. Contact all communities in the region by phone or in person, semi-annually.
- c. At minimum, annually visit 2 off highway hub communities and 2 smaller communities nearby to each. The purpose of these visits will be to provide general information and technical assistance on EMS training and response and to gather information that might be needed to accomplish this plan. Provide a report to the Board of Directors annually with results of the site visit, plans to assist were requested, and updates as assistance is provided.
- d. Annually visit all highway-accessible communities. The purpose of these visits will be to provide general information and technical assistance on EMS training and response and to gather information that might be needed to accomplish this plan. Provide a report to the Board of Directors annually with results of the site visits, plans to assist were requested, and updates as assistance is provided.
- e. Directly contact legislative, governmental and other policy makers.
- f. Directly contact other EMS organizations in the state.
- g. Develop a region wide forum for regular discussion and coordination.
  - Representative civilian ground and air EMS services
  - Representative military, state and federal ground and air EMS services
  - Dispatch centers
  - Others as identifiedProvide a Report to the Board of Directors annually with the composition of the forum and the results of the discussion held by participants.
- h. Develop informational materials:
  - Brochures
  - Website

## Squad Development and Maintenance Objectives

### Background Information:

- Squad policies and protocols may vary from the most basic to the most advanced, but need to be organized in a way to be known to all responders and support personnel. technology.
- 18 (40% ) of the 45 rural first responder communities currently have adequate policies and protocols to provide viable EMS services as measured by their ability to qualify for mini-grants.
- The 2 FNSB first responder services currently have adequate policies and protocols to provide viable EMS services as measured either by their ability obtain state certification as an ALS or BLS EMS provider agency or to qualify for mini-grants - although they do not receive mini-grants because of current mini-grant policy.

All 11 rural and FNSB/City communities identified as those that should have certified services are currently certified.

### A-2 Objectives:

- a. Ensure rural/Frontier first responder services will have policies and protocols adequate to provide viable EMS services as measured by their ability to qualify for mini-grants.
- b. FNSB first responder services will continue to have policies and protocols adequate to provide viable EMS services as measured either by their ability obtain state certification as an ALS or BLS EMS provider agency or to qualify for mini-grants (if they were eligible).
- c. Certified rural and FNSB/city ambulance services and any others identified at that time, will have certification in place which includes adequate policies and protocols as described in state regulations.
- d. Provide a report to the Board of Directors Bi-Annually regarding the progress of objectives a-c.

A- 3: Objective: Educate regional and community emergency care providers and governing bodies of the EMS resources and opportunities available through IREMS via attending meetings and events that include these representatives of the communities and region.



## **B. Advocacy/Partnership**

**Goal: *Be a unified voice to promote a sustainable EMS through Local, State and National networking***

**Objective:** Interaction with the local, state and federal government to ensure that they have a working knowledge of EMS in the interior and understand the role IREMSC plays as an advocate to local EMS.

B.1. Participate in local meetings such as the following and report to the Board of Directors regarding the outcome of participation.

- a. local LEPC
- b. FNSB EMS Advisory Committee
- c. Interior Fire Chief's Association
- d. Regional Directors and Coordinators Meetings
- e. State EMS Office and Directors Meeting
- f. Other meeting as applicable.

## **C. Human Resources & Education for a sustainable EMS System:**

**Goal: *To identify and coordinate resources necessary for establishment and operations of accountable and sustainable EMS, to include oversight and response systems.***

### **Objectives:**

**C.1.** Within the first year: Develop a guide for establishing an effective and sustainable EMS.

**C.2.** Within the first year: Develop an evaluation mechanism for on-site review of the local EMS system and a plan for improving that system

**C.3.** Within the first year: Develop a community review process for determining what current EMS resources are available and what the ongoing needs are of each regional community.

## D. Evaluation and Quality Improvement:

**Goal: *To develop and implement a comprehensive evaluation program to assess and to improve a community EMS system.***

### D.1. Objective:

Develop a partnership with local health care providers to establish a mechanism to identify EMS weaknesses and assist in developing a process for improving the EMS system.

## E. Data Collection

**Goal: *To Promote Research and Data Collection Relevant to EMS***

E.1. Facilitate regional ambulance services & first responder and any others identified at that time, to provide data through the annual regional survey report or the Aurora Data System.

E.2. Work with the Rural and Community Health Systems under the DHSS to develop a means to share data from regional Tribal Health Organizations.

## F. Resources:

**Goal: *To provide appropriate and sustainable equipment for EMS providers and systems in the region and to serve as a regional center for distribution of surplus equipment.***

**Goal: *To identify the resource needs of the community and assist in identifying opportunities to meet those needs.***

### 1. Facilities

#### F-1 objectives (end of 2023):

- a. IREMSC will conduct an analysis of EMS facilities in each community that have a viable EMS system.

### 2. Equipment

#### F-2 objectives

- a. IREMSC will conduct an analysis of equipment that is currently on hand for each minigrant recipient as part of the minigrant process.
- b. IREMSC will develop regional "Recommend Equipment Lists" for the various types of services that are not certified ambulance services.

Note: Required equipment lists for certified services are already in place as part of the state certification process.

### **3. Patient Transport Equipment:**

*Patient transport equipment is defined as a method of safely and securely protecting and transporting a patient that is appropriate to the community's needs and infrastructure.*

#### F-3 objectives

- a. IREMSC will conduct an analysis of patient transport equipment that is currently on hand for each mini-grant recipient as part of the minigrant process.
- b. IREMSC will develop regional guidelines for the type of patient transport equipment that is appropriate for the various types of services that are not certified ambulance services.

## **G. Communications**

**Goal: To promote adequate EMS communications systems throughout the region for EMS providers and the public.**

#### Background Information:

- Communications systems may include any form of communication from the most basic (i.e. word of mouth), to the most advanced telecommunications technology.

#### Objectives:

G.1. Evaluate the rural/frontier first responder services to ensure they have an organized communications system adequate to provide viable EMS services.

This includes:

- The ability for the public to call for EMS when needed.
- The ability to contact EMS providers to respond when needed.
- The ability to contact higher level of care when needed
- The ability to contact other EMS and non-EMS agencies when needed.

G.2. Evaluate the current certified rural / frontier and FNSB/city ambulance services and any others identified at that time, to ensure they will have certification in place which includes adequate communications as described in state regulations **and also including:**

- The ability for the public to call for EMS when needed.
- The ability to contact EMS providers to respond when needed.
- The ability to communicate with their EMS providers during a response
- The ability to contact and communicate with higher level of care when needed.

- The ability to contact and communicate with other EMS and non-EMS agencies when needed.

IREMSC MINI-GRANT POLICY  
(Revised October, 2016)

A: INTRODUCTION

Mini-grants are intended to assist those emergency medical services that use volunteers in the provision of emergency medical care in their service area and are not a for-profit entity or part of a publicly funded municipal or borough EMS system.

B. DEFINITIONS

1. VOLUNTEER: One who supervises or provides patient care without compensation for the service. For the purposes of this definition, compensation consists of salaries, wages, run stipends or any other form of compensation directly linked to the service provided. A volunteer may receive reimbursement for out-of-pocket expenses incurred as a result of voluntary service.
2. VOLUNTEER EMS ORGANIZATION: An EMS Provider organization which routinely and customarily utilizes volunteers in the direct provision of EMS.
3. AMBULANCE SERVICE: An EMS Provider organization with an ambulance or transport vehicle and is a state certified ambulance service as defined by Alaska regulations and statutes and reports patient care contacts into the State AURORA system.
4. FIRST RESPONDER SERVICE: A service that that is not state certified and meets the following criteria.
  - a) Is organized as part of a fire department, emergency medical service or local government with four or more responding members.
  - b) Designates one person as the person responsible for the daily management of the service.
  - c) Has written Policies regarding how the responders will be called out; written policies regarding training; written policies on the maintenance and custody of equipment/supplies; and, written Policies regarding chain of command within the service.
  - d) Has a person who is currently trained at least to the Emergency Trauma Technician (ETT) level available at all times.
  - e) Has written policy for the timely evacuation and/or transport of all patients.
  - f) Has a designated response area.
  - g) Respond to all medical emergencies within their response area.
  - h) Records all medical information for each patient for which care was provided on a State-approved report form. Maintain a copy of each patient report on file consistent with current statutes regarding medical record keeping.

5. BOROUGH OR MUNICIPAL SERVICE: A service that is located in a municipality or borough that:
  - a) has EMS powers **and**
  - b) supports EMS with public funds designated for EMS.

#### C. ELIGIBILITY

1. To be eligible for a mini-grant the service must be a volunteer ambulance or first responder service as defined in this policy.
2. The service cannot be for-profit company.
3. The service cannot be a borough or municipal service as defined in this policy.
4. If applying as an State Certified Ambulance Service - must meet the requirements as set forth in Alaska certification regulations and statutes and be formally organized as defined in Section B.3) of this document.
5. If applying as a First Responder Service, must comply with Section B. 4. of this document;
6. The service, including First Responders, must agree to complete the Annual EMS Survey and submit it to IREMSC as requested;
7. The service must agree to provide other documentation as requested to Interior Region EMS Council;
8. The service must agree not to discriminate for any reason, including religious preference, race, color, creed, gender, national origin, or financial status, in the provision of emergency medical services.
9. The service must apply according to the schedule established each fiscal year.

#### D. DISTRIBUTION

1. Each fiscal year the IREMSC Board of Directors or Executive Committee will determine the line-item total funding level for mini-grants during budget development.
2. The line-item funding for mini-grants will be divided up between remaining qualifying agencies with two reserve amounts equal to one share each set aside for up to (2) mini grants to be distributed at the Executive Director's discretion (an example is funding for a new service or a service with exceptional short term financial needs).
3. Each organization is eligible to receive one mini-grant per fiscal year.