Implementation Strategy Planning Report

Nelson County Health System

Facilitated by
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Karin Becker, PhD candidate
Center for Rural Health
The University of North Dakota School of Medicine and Health Sciences

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Health Resources and Services Administration, Federal Office of Rural Health Policy, North Dakota Medicare Rural Hospital Flexibility Grant Program
Introduction

Nelson County Health System (NCHS), which includes a Critical Access Hospital (CAH), held a strategic planning workshop in McVille, ND on November 7, 2013. Two representatives from the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences facilitated the meeting. Seven community members, including NCHS board members and hospital administrative personnel, attended the workshop.

The strategic planning workshop was a continuation of the overall Community Health Needs Assessment (CHNA) process, which is a requirement of the Affordable Care Act (ACA). The law mandates that all non-profit hospitals conduct a CHNA at least every three years, examine input from community representatives, publicly disseminate the results, prioritize community health needs, and develop a written implementation strategy (a health improvement plan) to help meet the needs identified in the CHNA. With assistance from the Center for Rural Health, NCHS conducted the needs assessment and prioritization portion of the process in 2012.

The workshop’s objective was to initiate a formalized strategic planning process resulting in a written implementation strategy to help address the identified significant community health needs. Workshop facilitators used a logic model as a framework for the strategic planning, which allowed participants to evaluate, analyze, and organize ideas to address the enumerated significant needs. Logic models are widely practiced in social science research to state future goals, outline responsibilities and actions needed to achieve the goals, and demonstrate a program’s progress.

To begin the strategic planning workshop, the facilitators from the Center for Rural Health shared findings from the 2012 CHNA report with the workshop participants. Data analyzed during the CHNA process included primary data (a community health survey, key informant interviews, and a community focus group) and secondary data (analysis of County Health Rankings and other data sources).

Through the earlier community health needs prioritization process, the CHNA in the McVille area identified four significant needs:

- Rates of adult obesity
- Adequate number of volunteers for medical and fire emergencies
- Emphasizing wellness and prevention
- Access to mental health providers
Survey results, specific community member comments, and secondary statistics about these significant needs were presented to the group to contextualize the needs. The corresponding PowerPoint presentation is attached as Appendix A.

The workshop focused on generating ideas and strategies to address the identified significant needs through a variety of approaches. Because of the overlap and relatedness of the needs concerning adult obesity and emphasizing wellness and prevention, these needs were collapsed into one theme to address. As many initiatives already are underway to address this subject, the group spent time discussing and inventorying current programs and efforts to fight obesity and promote wellness. These efforts, noted below, will be continued, and, ideally, enhanced in coming years.

To initiate the brainstorming process using the logic model, participants were presented with the next need – the need for adequate numbers of volunteers for medical and fire emergencies – as the beginning point on a continuum. The end point was the outcome, or a vision of what the future would look like if that need was addressed. Participants were given sticky notes and asked to write down desired outcomes, that is, goals or changes they would like to see related to this need. One facilitator organized the sticky notes into thematic categories and read them to the group as the other facilitator typed them into a laptop, and a table showing the logic model continuum with the thematic needs was projected onto a screen so all could see. The outcomes were reviewed collectively so participants could discuss them.

Working backwards from the stated outcomes or goals, participants then were asked as a group to brainstorm activities that could help achieve the outcomes. Once a list of activities was produced and discussed, resources were identified to accomplish the activities, including people, organizations, existing infrastructure and programs, and potential financial resources. Finally, to complete the logic model, a list of outputs, or evidence that the activity was accomplished, was discussed but not produced as the activity needs to be enacted first. The output column in the table will be completed later. The brainstorming table, in draft form, is included in this report for informational purposes as Appendix B.

Through collaborative brainstorming, participants identified clear and measurable action steps that can be taken to address the need regarding emergency volunteers. A further step of delineating who will responsible for what activity and assigning a timeline to the tasks will help convey ownership. The other identified significant need, access to mental health providers, will be addressed by the hospital in subsequent years as part of an evolving implementation strategy that will be carried out until the hospital’s next CHNA in 2015. In other words, while this report does not detail the activities to address the mental health provider need, the hospital
acknowledges that the perceived need was identified in the CHNA and will address it (by describing how it will help to meet the need or by identifying the need as one it does not intend to meet along with a brief explanation of why not) in subsequent years leading to the 2015 assessment.
Priority Need: Rates of adult obesity/Emphasizing wellness and prevention

Outcome Goals and Anticipated Impact (Most Already Have Been Achieved)

- Increase facilities and equipment available for exercise, fitness, and wellness activities
- Increase opportunities for fitness and wellness though group activities and sports
- Increase awareness of opportunities related to fitness and wellness

Specific Actions and Activities (Most Already Have Been Implemented)

- Community auditorium available for indoor walking
- Grant community access to school fitness center that includes weight and cardio equipment (accessible 24/7; $50 annual fee)
- Organize adult co-ed volleyball, pickleball, and basketball leagues
- Promote availability of fitness opportunities though NCHS website, cable television, post office signage, and via schools and churches

Resources to Commit

- Senior level administration
- City facilities
- School facilities
- Financial resources for promotional efforts

Accountable Parties

- Senior level administration
Partnerships/Collaboration

- School
- City
- Sports leagues

Evaluation Criteria

- Number of members of community fitness facility
- Number of participants in sports leagues
Priority Need: Adequate number of volunteers for medical and fire emergencies

Outcome Goals and Anticipated Impact

- Increase in EMS-trained volunteers
- Raise community awareness of opportunities for emergency-related volunteering
- Increase opportunities for training for EMS, first aid, and CPR
- Explore viability of first responder network

Specific Actions and Activities

- Review and enhance cooperative efforts of existing trainer(s) to encourage wider participation in trainings
- Research trainer requirements
- Research potential funding sources to assist with training
- Work with high school to encourage students to volunteer for emergency services
- Organize event to recruit ambulance drivers
- Explore alternate models of emergency care, such as community paramedicine

Resources to Commit

- Senior level administration
- Financial resources for recruiting event
- NCHS website to promote training opportunities
- NCHS facilities for training sessions

Accountable Parties

- Senior level administration
Partnerships/Collaboration

- High school
- Emergency trainers

Evaluation Criteria

- Periodic review of number of EMS and first responder volunteers
The intervening time until the next CHNA is conducted provides the timeline for implementing these activities. Since NCHS’ most recent assessment was conducted in 2012, the next assessment will need to be completed no later than 2015. In the meantime, the activities set forth in the implementation strategy will be undertaken, and if appropriate additional activities related to the mental health provider need will be identified and implemented.

**Summary and Next Steps**

The strategic planning session was the starting point to begin the CHNA implementation strategy as required under the ACA. Participants met for more than two hours and engaged in thoughtful discussions related to the goals and future of NCHS. Specific outcomes, activities, resources, and potential collaborators were generated from the previously prioritized needs as identified in the CHNA. The strategic planning process being used by NCHS is a tool to foster collaboration and increase the reach of NCHS’ services. By identifying common values and focusing on efforts and activities to build a healthier community, NCHS has the opportunity to establish stronger relationships to benefit the communities served.
Appendix A
Power Point Presentation

Nelson County Health System
Implementation Strategy Workshop

Ken Hall, JD
Karin Becker, PhD candidate

Agenda

1. Overview of new IRS regulations

2. Review of methodology and findings of Community Health Needs Assessment (CHNA)
   – Significant needs

3. Implementation Strategy Planning
   – Brainstorming session to address significant needs

Goal: Identify specific steps required to meet significant community health needs and be in compliance with ACA.
Timeline

- ACA 2010
- CHNA 2012
- Strategic Planning Nov. 2013
- Implement Programs 2013-15
- Next CHNA 2015

Affordable Care Act

Mandates Community Health Needs Assessment (CHNA) be conducted every 3 years by all non-profit hospitals

Enforced by: IRS
Penalties:
- $50,000 excise tax per year of non-compliance.
- Puts tax exempt status in jeopardy.

Need: (1) CHNA Report
(2) Implementation Strategy
Affordable Care Act – 2013 Regulation

IRS REG-106499 (April 5, 2013):

• IRS relaxes stance on penalties: No penalty if failures to meet requirements were minor, inadvertent, and due to reasonable cause.

• Errors/omissions not willful or egregious will be excused if corrected and disclosed.

Affordable Care Act – 2013 Regulation

• Must identify “significant” needs, prioritize significant needs, and identify measures and resources to address those needs.

  • Determine whether need is significant “based on all the facts and circumstances present in community.”
Affordable Care Act – 2013 Regulation

• Examples of prioritization criteria include:
  • Burden, scope, severity, or urgency of the health need
  • Estimated feasibility and effectiveness of possible interventions
  • Health disparities associated with need
  • Importance the community places on addressing the need
  • But: Hospital “may use any criteria it deems appropriate.”

Affordable Care Act – 2013 Regulation

• Must make CHNA report widely available to public.
  • Conspicuously post report on hospital’s website (or link to other website with report).
  • Report must remain on the website until two subsequent reports have been posted.
  • Must make a paper copy available for public inspection at hospital without charge.
  • May post draft of report without starting 3-year cycle.
Affordable Care Act – 2013 Regulation
Implementation Strategy – Basics

For each significant health need, must:

1. **Describe how hospital plans to address need**
   a) Describe actions and anticipated impact.
   b) Identify programs and resources to commit.
   c) Describe collaboration with other facilities/organizations.

2. **Or: Identify need as one hospital does not intend to address and explain why.**
   • Brief explanation is sufficient.

Hospital must adopt implementation strategy in same taxable year CHNA is conducted.

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Review of Assessment Findings

• Goal was to present snapshot of community health

• Mixed methods research design:

  • Primary data—
    • 1-on-1 interviews
    • Focus group
    • Survey

  • Secondary data
    • Compilation of county, state, and national health indicators and outcomes for Eddy, Griggs, Nelson, and Steele counties
NCHS Service Area Strengths

• Engaged community:
  • Approx. 150 people participated in assessment.

• Community Assets
  • People are friendly and helpful
  • Sense of community
  • Quality schools
  • Quality health care
  • Safety and little or no crime
  • Relatively small scale of the community
  • Community events and festivals

NCHS Service Area Strengths

• Expressions of appreciation for hospital and caregivers:
  • The hospital has done a wonderful job. We are really happy with it here. We realize that it’s difficult to keep it open financially and to recruit.
  • There’s not a perception that quality of care is better at larger hospitals. Rather, people see local care as being higher quality. It’s specialty care that drives people elsewhere.
  • We’re fortunate to have what we have here. People are satisfied with what we have and are most concerned about losing it.
  • I think people get better care here at NCHS than they do in the bigger hospitals. It is more personalized. Staff take more of an interest in patients as people.
  • I have spent a lot of time in the hospital in McVille during the past year. I cannot say enough about how wonderful I was cared for during my hospital stays. You start to feel like a member of the family.
  • NCHS is a remarkable provider relative to the served population and provides quality care.
  • I feel safe at NCHS. I’m not a number; I’m a person.
<table>
<thead>
<tr>
<th>IDENTIFIED NEED</th>
<th>VOTE</th>
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<tbody>
<tr>
<td>1. Secondary data reveals community concerned about elevated rates of diabetes</td>
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<td>2. Secondary data reveals elevated rates of adult smoking</td>
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<td>3. Secondary data reveals increased rates of stress, obesity</td>
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<td>4. Secondary data reveals elevated rates of physical inactivity</td>
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<td>5. Secondary data reveals elevated rates of excessive drinking</td>
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<td>6. Secondary data reveals elevated levels of exclusive transmitted infections</td>
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<td>7. Secondary data reveals elevated rates of uninsured adults</td>
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<td>8. Secondary data reveals limited access to mental health providers</td>
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<td>9. Secondary data reveals limited access to dental services</td>
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<td>10. Secondary data reveals increased levels of preventable hospital stays</td>
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<td>11. Secondary data reveals limited access to healthy foods</td>
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<td>12. Secondary data reveals limited access to recreational facilities</td>
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<tr>
<td>13. Secondary data reveals increased rates of screening tests for diabetes</td>
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<tr>
<td>14. Community concerned about higher cost of health care for consumers</td>
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<td>15. Community concerned about having emergency services available 24/7</td>
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<td>16. Community concerned about heart disease</td>
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<td>17. Community concerned about cancer</td>
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<td>18. Community concerned about distance/transportation to health care facility</td>
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<tr>
<td>19. Community concerned about not enough volunteers for emergencies</td>
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<tr>
<td>20. Community believes social service and mental health needs may not be met</td>
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<td>21. Community believes there is an increased need for visiting specialists</td>
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<tr>
<td>22. Community believes there should be more emphasis on prevention/control</td>
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<tr>
<td>23. Community believes there may be inadequate availability of health care staff</td>
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Prioritization Criteria

Rank health concerns based on:

✓ Importance
✓ Impact
✓ Severity
✓ Reach

Not:
≠ Feasibility

Assessment Findings

Tier 1/Significant Needs

1. Rates of adult obesity (5 votes)
2. Adequate number of volunteers for medical and fire emergencies (5 votes)
3. Emphasizing wellness and prevention (4 votes)
4. Access to mental health providers (3 votes)
Rates of adult obesity

<table>
<thead>
<tr>
<th>Health Behaviors</th>
<th>Eddy County</th>
<th>Griggs County</th>
<th>Nelson County</th>
<th>Steele County</th>
<th>National Benchmark</th>
<th>North Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Obesity</td>
<td>27%</td>
<td>26%</td>
<td>30%</td>
<td>33%</td>
<td>25%</td>
<td>30%</td>
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Obesity
(ranked 12th by community members)

Figure 27: Concerns of Community Members
Obesity
(ranked 11th by health care professionals)

Figure 28: Concerns of Health Care Professionals

Not enough volunteers for emergencies
(ranked 5th by community members)

Figure 27: Concerns of Community Members
Not enough volunteers for emergencies
(ranked 4th by health care professionals)

Figure 28: Concerns of Health Care Professionals

- Emergency services available 24/7
- Diabetes
- Distance/transportation to health care facility
- Not enough volunteers for emergencies
- Heart disease
- Focus on wellness and prevention of disease
- Adequate number of providers/specialists
- Not enough health care staff in general
- Higher cost of health care for consumers
- Cancer
- Obesity
- Mental health
- School nursing/health
- Suicide prevention
- Accident/injury prevention
- Addiction/substance abuse
- Family planning/reproductive health

Not enough volunteers for emergencies
Survey Comments

- We are running out of workers for quick responses in small rural locations.
- We are running out of volunteers due to burnout and aging.
- Emergency services is the most important I believe because the quicker someone can get to you for help the better the outcome might be.
Not enough volunteers for emergencies

Findings of Focus Group and Key Informant Interviews

The questions posed in the survey also were explored during a focus group session with the Community Group as well as during key informant interviews with community leaders and public health professionals. Several themes emerged from these sessions. Many of the same issues that were prevalent in the survey results emerged during the key informant interviews as well (and were further explored during the discussions), but additional issues also appeared. Generally, overarching issues that developed during the interviews can be grouped into six categories (listed in no particular order):

1. **Decreasing numbers of emergency volunteers**
2. Mental health needs not being met
3. Desire for more visiting specialists
4. Cost and lack of insurance hindering access to care
5. Need for greater emphasis on prevention/wellness
6. Having adequate availability of health care staff

Not enough volunteers for emergencies

- The most immediate concern here is finding volunteers for emergency services.
- Ambulance and 911 services are available, but getting volunteers is a big problem. This is one of our biggest issues right now and it's becoming more severe of a problem than it was in the past. Young people are not as willing to volunteer, and there aren't as many young people.
- The lack of enough people to staff the ambulance is getting worse. We can cover evening hours, but it's difficult to cover daytime hours as more people are in the workforce. It used to be that we had more stay-at-home spouses, so they were able to volunteer, but now more people work. Also, we're covering larger service areas as neighboring communities cut back services.
- The volunteer staff is getting burned out. There are more families with two working parents and people just don't have the time to volunteer as they had in the past.
- The most prevalent problem is probably not enough volunteers for EMS. Part of the problem is there are fewer young people around -- and the younger generation is not finding that need to be active in volunteering. I think they just don't grasp the need for it at that age.
- The average age of volunteers for EMS right now is high. We need more young people to get involved.
Figure 27: Concerns of Community Members

Figure 28: Concerns of Health Care Professionals
Emphasizing wellness and prevention

Findings of Focus Group and Key Informant Interviews

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1. Decreasing numbers of emergency volunteers
2. Mental health needs not being met
3. Desire for more visiting specialists
4. Cost and lack of insurance hindering access to care
5. Need for greater emphasis on prevention/wellness
6. Having adequate availability of health care staff

Emphasizing wellness and prevention

- Chronic diseases—like obesity, diabetes, cancer, heart disease plus tobacco use—are all interrelated and also tie in with wellness. We need to do more than just treat acute episodes of all these; we need comprehensive wellness and prevention programs.
- With the chronic conditions, once obesity goes up, everything else goes up too, like diabetes. It also affects heart disease and mental health.
- Wellness and prevention are not taking place because of cost.
- We do have periodic wellness fairs with screening—cholesterol checks, blood pressure checks, blood drives, mammogram clinics, and prostate clinics.
- One idea is to have blood pressure clinics in some of the smaller towns. This would help get residents better acquainted with NCHS.
- In Lakota there is a fitness center. The ambulance service bought it and lets volunteers use it for free. Exercise is 100% self-discipline. You don’t need all the equipment; you can walk, run, and so forth.
- I think we do a good job with prevention and wellness around here. There are screening programs, including in the schools. They also do mammograms and have lots of x-ray options for screening.
Access to mental health providers
(ranked 6th by community members)

Figure 27: Concerns of Community Members

Access to mental health providers
(ranked 12th by health care professionals)

Figure 28: Concerns of Health Care Professionals
Access to mental health providers

Findings of Focus Group and Key Informant Interviews

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1. Decreasing numbers of emergency volunteers
2. Mental health needs not being met
3. Desire for more visiting specialists
4. Cost and lack of insurance hindering access to care
5. Need for greater emphasis on prevention/wellness
6. Having adequate availability of health care staff

Access to mental health providers

- There are not enough mental health services, especially for people who are not yet in crisis but might be heading in that direction without intervention.
- I’m not really sure what is done here with mental health. We don’t have any facilities for people with Alzheimer’s. Aneta has an Alzheimer’s unit in the nursing home.
- There is a problem in the community with addiction and substance abuse. The sheriff recently shut down the biggest “drug store” in the county. But I’m not aware of what’s being done to deal with those who have these issues.
- I think suicide is a growing concern, as it is in many communities. It’s especially an important issue among youth. I don’t know exactly what is being done, but I think there are some things being done in school.
- People may not be aware of mental health services. A lot is offered by the schools to both parents and kids. For example, school counselors will find resources or help get people in touch with others for help. Another problem with getting mental health care is that people might not want to admit they need help.
- I think mental health issues are affecting a lot of families.
Strategic Planning

Beginning

Need

1. Financial viability of hospital

End

Outcome

Future vision or goal—what change would you like to see?

Logic Model

➢ Useful for stating future goals.
➢ Encourages “thinking backwards.”
➢ Identifies measurable steps taken.
➢ Outlines responsibilities and actions needed.
➢ Demonstrates program’s progress.
➢ Efficient and transparent model to chart improvement and intended change.
Logic Model

<table>
<thead>
<tr>
<th>Need</th>
<th>Resources</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>In order to accomplish our set of activities we will need the following:</td>
<td>In order to address our need we will accomplish the following activities:</td>
<td>Once accomplished we expect the following evidence of delivery:</td>
<td>We expect that if accomplished these activities will lead to the following changes in 1-3 years:</td>
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Sample Logic Model

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<tr>
<th>Need</th>
<th>Resources</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcome</th>
</tr>
</thead>
</table>
| Elevated rate of physical inactivity | • Donated fitness space  
• Instructor’s salary  
• Promotion materials | • Launch fitness program  
• Secure space for classes  
• Recruit fitness instructor  
• Design fitness flyer | • # of participants in class  
• # of flyers distributed  
• # of calls/month seeking info about it | • Change in attitude about fitness  
• Change in physical behavior  
• Increased flexibility  
• Decreased blood pressure |
### Activities
(needed to accomplish outcome)

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<th>Need</th>
<th>Resources</th>
<th>Activities</th>
<th>Outputs</th>
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<tbody>
<tr>
<td>Rates of adult obesity/Wellness and prevention</td>
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### Activities
(needed to accomplish outcome)

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<tbody>
<tr>
<td>Adequate number of volunteers for emergency services</td>
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## Activities

*(needed to accomplish outcome)*

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<th>Resources</th>
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<tbody>
<tr>
<td>Access to mental health services</td>
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## Next Steps

- Select activities to implement.
- Form committees to meet again.
- Follow up:
  - Keep Center for Rural health updated on progress.
  - Identify potential resources and grants.
Contact us for more information!

501 North Columbia Road, Stop 9037
Grand Forks, North Dakota 58202-9037

701.777.3848 • ruralhealth.und.edu

Ken Hall      Kenneth.hall@med.und.edu
Karin Becker  Karin.becker@email.und.edu
## Appendix B
### Brainstorming Document

<table>
<thead>
<tr>
<th>Need</th>
<th>Resources</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcome</th>
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</thead>
</table>
| Adequate number of volunteers for emergency services | Health Education Network at Mayville State. | 1. Understand contractual obligations with current trainer.  
2. Research trainer requirements and if State has resources to do training.  
3. Collaborate with other counties’ hospitals with same need.  
Start training HS students to be ECTs—expose them to health careers.  
Share testimonials of paramedic, EMT services.  
Have ambulance squad share need—organize ambulance driver drive.  
Legislative action to study funding for rural EMTs, paid as a job.  
Explore paramedicine model | | **Training:**  
Increase in EMS, 1st Aid, CPR, certified training  
Increase in EMS trained volunteers.  
Consistent pool of local squad  
**Legislation:**  
Increase support for EMS staff and salaries.  
**Collaboration:**  
Create sense of team; decrease overwhelming, burnout.  
Create first responder network.  
**Awareness:**  
Increase knowledge of EMS duties. |