



EMS UPDATE

News from the Office of EMS and Trauma

Volume Ten

DIRECTOR'S WORDS

2009 will present everyone with many challenges, obstacles and even opportunities. Everyone, top-to-bottom, is facing a tough new fiscal year. Our goal is to continue to offer effective, quality services on a reduced budget.

The Chinese calendar depicts 2009 as the year of the OX. The OX is portrayed as a sign of prosperity through fortitude and hard work. This powerful sign is a born leader, being quite dependable and possessing an innate ability to achieve great things. As one might guess, such people are dependable, calm, and modest. Like their animal namesake, the Ox is unswervingly patient, tireless in their work, and capable of enduring any amount of hardship without complaint. For our own purposes, I think it would serve all of us well if we adopt the Ox's character to get us through 2009.

Below are some activities and reminders for the 2009:

- Currently, we are in the midst of license renewal. Please make sure you renew your license before the deadline on March 31, 2009.
- We are anxiously awaiting the Notice of Grant Award for our second three-year Emergency Medical Services for Children (EMSC) grant from Health Resources and Services Administration (HRSA). We'll let you know the outcome soon.
- A huge effort will be made this year to get the entire Statewide Trauma System up and running. Right now, AERO and BREMSS are the only fully functional regions operating the Trauma Communication System.
- We'd like to thank all licensed EMS provider services for becoming

compliant with phase 1 of our data reporting and submission requirements. As of January 12, all licensed services (308) are reporting. Phase 2 of the Alabama ePCR program has just begun. (See the ePCR update later in this Update.)

- Remember to check our website (www.adph.org/ems) for information, updates, and upcoming meetings and events. Please contact Katherine Hert (katherinehert@adph.state.al.us) if you have information that needs to be added to our website.

Happy 2009! We look forward to making this a positive and prosperous year. Together, we can create the best Statewide EMS system in the U.S.A.

**Dennis Blair, Director
Office of EMS & Trauma**

JANUARY 2009 TRAUMA SYSTEM UPDATE

The final quarter of 2008 was very busy and productive for the development and implementation phase of the Statewide Alabama Trauma System. During this period, with the assistance of the Alabama Hospital Association and The Medical Association of Alabama, we established Regional Trauma Advisory Councils (RTAC) for each EMS/Trauma region and held RTAC meetings in five of the six regions. During each of these meetings, the RTAC agreed upon a Regional Trauma Plan which was reviewed and approved by the State Trauma Advisory Council (STAC) and the State Committee of Public Health (SCPH). In addition, the state Trauma Rules workgroup submitted several Trauma Rules for review and approval to

the STAC and SCPH during the month of December. All Trauma Rules submitted at that time were approved and are currently available for public comment period. Please see www.adph.org/ats for detailed information related to the Trauma Rules updates. We are currently in the process of coordinating regional trauma system Train-the-Trainer classes with the EMS/Trauma Regional Directors. In addition, we submitted Alabama Trauma System interest questionnaires to all of Alabama's hospitals determining the potential number of on-site hospital surveys so we can begin the required coordination for this process. We encourage each of you to visit www.adph.org/ats for further information and updates on the trauma system. ❄️

DO YOU HAVE QUESTIONS FOR OEMST STAFF?

This is another reminder to those of you calling our Office (334-206-5383):

Complaints, Investigations -
Call Mark Jackson

Service Inspections or
Service Licenses - Call
Hugh Hollon or Kem
Thomas

Individual Training, Testing
or Individual Licenses - Call
Gary Mackey or Stephanie
Smith

Pandemic Influenza Awareness for Emergency Operators and Dispatchers courses to be held in Clanton on April 9, Atmore on April 16, and Cullman on April 23. Each course is limited to 75 attendees and is first come, first served. There is no cost to you. Please check the website for registration information.

COMPLIANCE & INVESTIGATIONS | September, 2008 - December, 2008

Name	Complaint	Rule/Protocol	Action Taken
EMT-Basic	Impairment	420-2-1-.21	Pending Court Action
EMT-Paramedic	Impairment	420-2-1-.21	License Suspension
EMT-Basic	Exceeding scope of license	420-2-1-.25	No action taken
Sylacauga Ambulance Service	EMT-Paramedic working without license	420-2-1-.03	Turned over to 3 rd Party Payer
Jesse Testerman EMT-Paramedic	Category B and Medical Control Issue	Protocol 5.14 & 3.3	Remedial Education
EMT-Paramedic	Patient Care Issues	No EMS Violation	No Action Taken
Richard Taylor EMT-Paramedic	Falsification of Records	420-2-1-.25	License suspension
EMT-Basic	Impairment	420-2-1-.21	Rehab Evaluation
EMt-Paramedic	Impairment	420-2-1-.21	Rehab Evaluation
EMT-Paramedic	Impairment	420-2-1-.21	Rehab Facility and Therapy
Clio Rescue Squad	24/7 Response	420-2-1-.03	Educational Issues
EMT-Basic	Impairment	420-2-1-.21	Rehab Evaluation
EMT-Paramedic	Impairment	420-2-1-.21	Rehab Facility and Therapy
Ambulance Driver	Impairment	420-2-1-.21	Rehab Evaluation
EMT-Basic	Impairment	420-2-1-.21	Rehab Evaluation
EMT-Intermediate	Impairment	420-2-1-.21	License Surrendered

Note: Names are not listed for Impairment Complaints in order to follow HIPAA Regulations .

ALABAMA e-PCR UPDATE

January 2009

As of January 1, 2009 Phase 1 (full reporting compliance) is complete. Phase 1 represented the initial implementation phase. As of this report, The OEMS&T is happy to announce that there have been over 250,000 e-PCRs transmitted to our e-PCR server since January of 2008. Historically, Alabama produces 600,000 PCRs annually. The current figure can be attributed to 2008 being the implementation year and approximately half the licensed

providers did not begin submitting until December.

Some e-PCR Points of Clarification: (Some of these have already been reported in previous newsletters, but always are worth repeating)

1.) It is a requirement to complete a patient care report on every emergency medical response that a patient was seen and evaluated. This office is already monitoring submission rates and comparative data suggests that many agencies

are not reporting all runs as required. Phase 2 will address this issue with each agency in 2009. Please submit all required runs to avoid noncompliance.

2.) The only time you do not have to complete an e-PCR is on false calls, standbys and non-emergency transfers where you do nothing more than monitor vital signs. However, if you do anything considered a patient intervention

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beyond monitoring vital signs, then legal documentation in the form of an e-PCR must be completed. Accurate documentation may be a pain, but it will protect you if the need arises.

- 3.) Each record must be submitted electronically within 168 hours or less. The goal is to eventually narrow that down to within 24 hours once people become more comfortable with their chosen software. The 24 hour reporting allows Public Health to monitor surveillance trends as required by the Federal emergency preparedness guidelines.
- 4.) Our IT staff is always available to assist you with your e-PCR needs. The problem we have is that we have only 2 staff members and 308 licensed agencies wanting immediate satisfaction. If you need assistance, you may call Chris or Craig at 334-206- 5383. You may get a voice recording depending on the call volume. They will eventually get back to you. If you do not hear from the within a reasonable time, you may wish to email them at emsis@adph.state.al.us. These guys are really good at what they do, you just have to be patient.
- 5.) The patient's Social Security number is a required field. Most EMS personnel feel uncomfortable reporting this number, but you need not worry. The OEMS&T is protected from HIPAA violations and as agents for the OEMS&T,

your agency and yourself are protected from HIPAA violations as long as you report the information according to our outlined requirements. The SS# is a very important research tool and connecting various health care records is almost impossible without this identifier. The OEMS&T will be tracking this field closely to monitor for compliance and false reporting. The negative reporting values (not applicable, not found, etc) should only be used as fact. Never use all the same numbers to trick the field, like all 9's or any other fictitious number. You should choose not applicable, not found, etc...

Current Alabama e-PCR Stats/Trends

Collecting and importing data is paramount only to reporting reliable data. Reliable data is accurate and contains no errors. When one looks for shortcuts and/or skips data entry in areas that has been discovered to have no validation rules, it dilutes the integrity of the data, not to mention falsifies a legal document. Please make sure you enter data accurately, the OEMS&T will be reviewing data entry in our next phase of compliance.

The OEMS&T employs an epidemiologist as well as a research analyst to attend to a variety of issues affecting EMS that are exposed by data submissions. Phase 2 of the e-PCR plan is data integrity assurance. In order for the OEMS&T to use the

data to make changes in protocols, policies, rules, and the practice of emergency medical services, we must have reliable data. Reliable data means accurate data. We are already seeing information in areas that are false or inappropriate. The software itself can only contain so many validations before it becomes impossible to use at the field level. Please be aware the immediate issues we will be addressing for reporting compliance are the 168 hour reporting and consistency. The majority of the agencies are reporting within the 168 hour time frame however, it is evident that a lot of agencies are not reporting consistently (all required responses). There are even some agencies that have made it through phase 1 by simply reporting 1 or 2 incidents and have stopped for no apparent reason. We will be systematically contacting all agencies that fall into these two categories to address compliance. If your agency runs into a problem regarding reporting, do not simply stop. Call our IT guys and see how they can get you back on track. It's not appropriate or acceptable to use hardware or software issues as an excuse to stop reporting. We will help anyway possible.

Below are some elementary facts about the current reported (2008) data. The State QA/QI committee will be analyzing much more complex questions and we hope to report those to you in the next newsletter. ❄

NEWSLETTER REMINDER

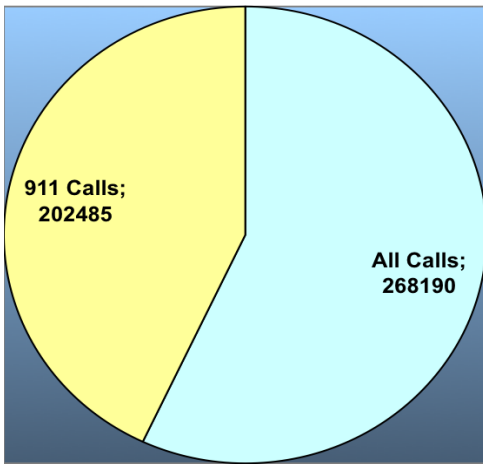
The newsletter is free to anyone as long as they have internet access to our web page www.adph.org/ems. The newsletters can be found under the News from the Office of EMS and Trauma link on the front page or to all Alabama licensed EMS personnel that have a valid email address. Our licensure database is used to store your last submitted valid email address, but cannot accommodate unlicensed people. They will have to visit our web site to view or download the newsletter.

If you are not getting our newsletter via email it is either because it was sent to us in an illegible or incorrect format or

you changed it and did not update it through our office. You can email any changes via emsinquiry@adph.state.al.us or call office staff at 334-206-5383.

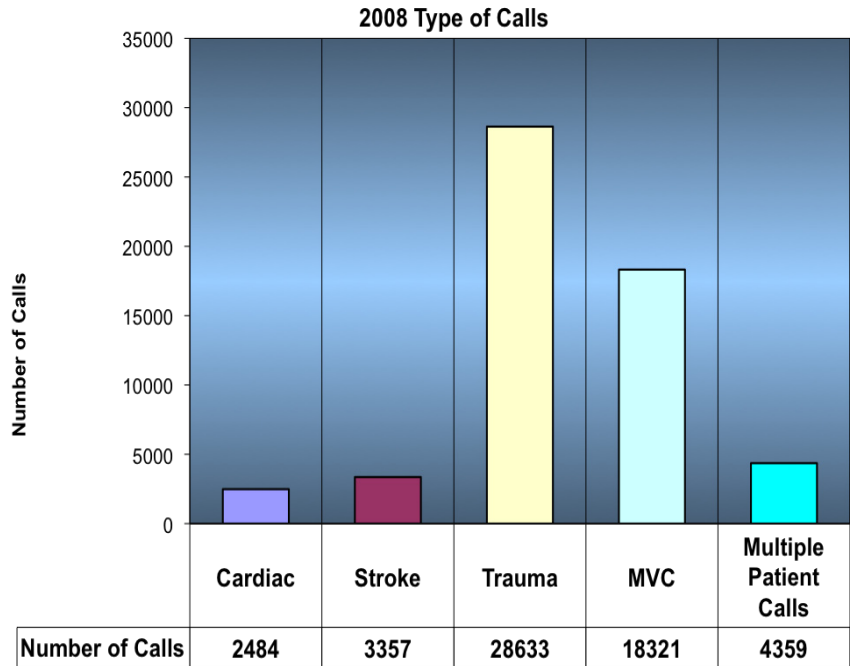
Also, you may have a spam blocker set up on your email. Our office has no way to manually or automatically address this issue. Multitudes of emails are "kicked back" to our office email system with message asking us to complete a number of tasks to be allowed to send you an email. As long as you have this set up on your pc, you will not be able to receive our newsletter.

Total calls that are 911 responses:



Inaccurate SS# Reporting : Of the 268,290 responses documented, 1,682 were misrepresented as either all 9's (999-99-9999) or all 0's (000-00-0000).
 • 120 (names withheld) of the State licensed 308 agencies have used these invalid responses as of this report.

Type of Calls in 2008: (Not representative of all calls)



INDIVIDUAL LICENSURE UPDATES AND REQUIREMENTS

EMT License "On-Line Renewal" is available on our website, www.adph.org/ems.

- ① Click on Licensure and the Online Renewal link is at the top of the page.
- ② Basic EMT's are required to show proof of having reviewed the Basic Protocols for license renewal and your certificate needs to specify "Basic" protocols.
- ③ All Levels of EMT's must provide proof of Protocol education "Module One" during your last license cycle
(Just because you watched Dr. Campbell's video does not satisfy your Full Protocol requirement with skills) A Certificate must accompany each application
- ④ A "typed" CPR card must accompany every application except "Inactive"
- ⑤ To be an "Active" Paramedic or Intermediate, you must be a member of a licensed EMS Service

PROVIDER SERVICE NEWS

Happy New Year to everyone across the state from the OEMST Provider Services staff. As 2009 begins, our inspectors will be back in the field performing service and vehicle inspections. Also, as a reminder to licensed services, providers located in Region 1 (North), Region 3 (BREMSS), and Region 4 (West) all have a June 30 license expiration date. In March, each of you will receive notices from our office in regards to license renewal. Hopefully, the option of on-line renewals will be available by this licensure cycle. Stay tuned for more information about the on-line renewal option.

Below, please find the number of Provider Services licensed in Alabama:

- 308 Active Services
- 190 ALS Transports
- 107 ALS Non-Transports
- 11 BLS Transports
- 164 Licensed Services in Regions 1, 3, and 4
- 144 Licensed Services in Regions 2, 5, and 6

We look forward to serving the Alabama EMS family in 2009, so remember, if you have any questions or concerns, please do not hesitate to give us a call. ❄️

Children with Special Health Care Needs (CSHCN)

CASE

You receive a call to respond to a 9 year old male who is not breathing well. When you arrive you are greeted by the child's mother who states he is a CSHCH on a ventilator and has not been breathing well for 1 hour. He has a CSF shunt secondary to encephalitis. The family's attempt to trouble shoot the equipment has failed. What are your thoughts?

Teaching points:

There are many potential causes of respiratory distress in children. Some of these include:

- Foreign Body Airway Obstruction
- Croup/Epiglottitis
- Toxic Inhalation
- Reactive Airway Disease (RAD) i.e. asthma, etc.
- Pneumonia/Bronchitis
- Trauma
- Drug Overdose
- Poisoning
- Congenital Anomalies

In the CSHCN, parents are the best source of baseline status information. It is important to know the baseline in order to decide on the course of treatment. Overall these children are difficult to assess for many reasons including:

- Stranger anxiety/sensory overload
- Contractured limbs
- Numerous devices (technology dependant)
- Baseline vital signs are generally outside of normal range
- Visual, hearing and speech impairments
- Compensatory mechanism fail quickly

When assessing CSHCN, it often becomes useful to remember a "pneumonic". One such "pneumonic" is DOPE. Each letter stands for something to remember:

- D Displacement (Has the tracheotomy tube become displaced?)
- O Obstruction (Is there a mucus plug?)
- P Pnuemothorax/pnuemonitis (Do you hear equal breath sounds bilaterally?)
- E Equipment Failure (Has the battery failed?)

CONCLUSION

After assessing the situation, you hear wheezing on your lung examination. You suction the patient, begin a breathing treatment with albuterol and the patient soon begins to breath easier. You proceed to transport the child to the Emergency Department without further issues.

Ann E. Klasner, MD, MPH

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EMS-C Grant Update:

We are closing on the final year of our 3 year grant cycle (2005-2008). This was my first grant cycle with the State of Alabama, and the first grant cycle to set guidelines (Performance Measures) that all States were charged with meeting, when utilizing their grant funding. It has been a learning process for me as well as from a national level. Highlights of some of our accomplishments from this grant cycle:

- Surveyed EMS agencies on multiple pediatric issues, including pediatric specific protocols, on and off-line medical control, and pediatric equipment.
- Distribution of pediatric equipment based on identified needs including: pediatric backboards, car seats and length based resource tapes.
- Development and hosting the first annual EMS-C Conference, held in Montgomery, AL this past October 2008.
- Forming and utilizing a vigorous EMS-C Advisory Committee.
- Supporting efforts to ensure that pediatrics is represented in the new State-Wide Trauma Plan.

We have just completed our application for the next 3 year grant cycle (2009-2011), and again will be focusing on the National Performance Measures. Some of the items we plan to focus on with this coming grant cycle include:

- Maintaining a full-time EMS-C grant manager (in the past it has only been a part-time position).
- Focus on health disparity issues, especially language barriers, beginning with distribution of visual translation cards.
- Expansion of our already successful EMS-C Conference during its second year.
- More pediatric educational opportunities with multiple Pediatric ITLS courses offered in various locations across the State. ❄

