



Emergency Medical Services and Trauma

the Office of EMS and Trauma

CULTURE OF EXCELLENCE & COMPLIANCE UPDATE MAY 1 – JUNE 31, 2010

The EMS Newsletter has gotten too long and needs to be more of an informational resource so we are going to provide a separate update of Excellence and Compliance. This publication will be available on a bimonthly basis and the newsletter will be available on a quarterly basis.

Director's Words

I am pleased to report that Fire House has been approved to begin testing in Alabama again and I am confident that the problems have been addressed. In 2009, there were 341,652 runs put into the system. As of April 28, 2010 there have been 78,477 runs placed into the system. While we are glad to be receiving data, these numbers show that not all runs and where a patient was treated are not being reported. We are also seeing poor documentation. This is a legal document and all activities on your part as an EMS crew should be reported.

The pilot program for the National Registry is set for the license cycle of 2012. We are discussing whether the state should implement this on a voluntary basis during the next licensing cycle. Anyone wanting to get their registry back must have the following:

1. Active Alabama state license.
2. Continuing Education requirement of the National Registry.
3. Application.

Bill Brown will be in Alabama on June 8, 2010. I plan to finalize everything for the EMS community after our meeting. I have received many calls about the amnesty project and I want everyone to know it is becoming a reality.

Our profession, much like others is living in changing times. Only time will tell if the effects will be positive or negative. The health care reform bill has passed, Medicare and Medicaid are proposing cuts, and the national economy is questionable at best. The true test of character is how we respond to all these changes and to do nothing more than what we did last year is moving backwards. The world will move on without us. To worry about the future is wasted energy and time. We must get up every day and do the best we can and try to make the best decisions possible. We cannot control the actions of others but we can control our own actions and what we do to make the world a better place.

The Culture of Excellence designation is given to those services demonstrating a commitment to excellence in the field of EMS and striving to achieve a professional level of service and performance. This begins at the top. A professional attitude will rub off on those you come in contact with. It will also ease the minds of the patients and their families who you treat on a daily basis.

During the course of the annual inspection, the following services had no equipment or medication violations, staff and administrative personnel acted, dressed, and conducted themselves professionally, hospital PCR's were delivered, and e-PCR's were submitted in a timely manner.

These services exemplify the Office of EMS and Trauma's goal to have Alabama EMS viewed by the National community as a model system.

These services are designated as such to be an example to others.

- Care Ambulance Pike County
- Care Ambulance Russell County
- GEMS Ambulance
- Still Waters Volunteer Fire Department & Rescue
- Thyssenkrupp Steel USA
- Valley EMS

NAME	COMPLAINT	RULE/PROTOCOL	ACTION TAKEN
Albert Campbell, Jr. EMT-Paramedic/Driver	Patient Abandonment	420-2-1-.16	Suspension
Heath Bruner EMT-Paramedic/Driver	Performing ALS Procedures without Proper Authority	420-2-1-.14 420-2-1-.24	Suspension
Keith Holiness EMT-Basic/Driver	Falsification of Records	420-2-1-.25	Suspension
Frederick Plump EMT-Basic/Driver	Falsification of Records	420-2-1-.25	Suspension
Craig Johnson EMT-Basic/Driver	Falsification of Records	420-2-1-.25	Suspension
James Jordan EMT-Paramedic/Driver	Exceeding Scope of License	420-2-1-.25	Suspension
Raegan Darracott EMT-Basic/Driver	Exceeding Scope of License	420-2-1-.25	Suspension

All complaints filed with the Office of EMS and Trauma, are investigated. However, if no rule or protocol violation is found, the complaint will not be listed in the report.

NAME	RULE/PROTOCOL	ACTION TAKEN
Goodwater Ambulance Service	420-2-1-.10	No Units Grounded
Deficiencies	Emergency Lights, Trauma Dressing, Tri-Angular Bandages, Infant & Pediatric Non-Rebreather Mask, CO ₂ Monitoring Equipment, Pediatric Laryngoscope Blades, On-Board Suction Unit, Patient Restraints, Nasopharyngeal Airways, Oral Glucose	
Expired Medications	Lidocaine	
Kellyton Volunteer Fire	420-2-1-.10	No Units Grounded
Deficiencies	Activated Charcoal	
Opelika Fire Rescue Service	420-2-1-.10	No Units Grounded
Deficiencies	Micro/Macro IV Drip Sets, Non-Rebreather Mask, Infant Tracheotomy Mask, Nasal Cannulae (adult)	
New Site Volunteer Fire Department and Ambulance Service	420-2-1-.10	No Units Grounded
Deficiencies	Tracheotomy Mask (adult), Portable Suction Unit, Emergency Light Out, Activated Charcoal	
Tallapoosa EMS	420-2-1-.10	No Units Grounded
Deficiencies	Traction Splint, Tracheotomy Mask, Bed Pan, Patient Rain Cover, IO Needles, Activated Charcoal, Oral Glucose Paste	
Expired Medication	Vasopressin	
Goodyear Gadsden EMTs	420-2-1-.10	No Units Grounded
Deficiencies	Traction Splint, Tri-Angular Bandages, Face Mask, Nasopharyngeal Airways, Non-Rebreather Mask, Tracheotomy Mask, IV Drip Sets, Butterfly Needles, IO Needles, CO ₂ Monitoring Equipment	
Expired Medications	Epinephrine 1:1000	
Cahaba Valley Fire & Rescue	420-2-1-.10	No Units Grounded
Deficiencies	Nasal Cannulae (Pediatric), Emergency Light Out	
Expired Medications	Vasopressin	
Mountain Brook Fire Department	420-2-1-.10	No Units Grounded
Deficiencies	BVM	
Expired Medications	Nitroglycerin	

Attalla Fire Department	420-2-1-.10	No Units Grounded
Deficiencies	ABD Pads, Face Mask, Tracheotomy Mask, Tri-Angular Bandages, Goggles, IV Drip Sets, Non-Rebreather Mask, Nasal Cannulae, CO ₂ Monitoring Equipment, Splints, Traction Splint, Portable O ₂ , BVM, Butterfly Needles, Syringes, B/P Cuff, IV Pressure Infuser	
Expired Medications	Sodium Bicarbonate	
Gallant Volunteer Fire Department	420-2-1-.10	No Units Grounded
Deficiencies	Nasopharyngeal Airways, IV Drip Sets, Syringes	
Southside Fire Department	420-2-1-.10	No Units Grounded
Deficiencies	Tri-Angular Bandages, Flashlight, Nasopharyngeal Airways, BVM, Tracheotomy Mask, Non-Rebreather Mask, Nasal Cannulae, IV Drip Sets, Needles Tourniquet, Activated Charcoal	
Expired Medications	Lasix	
Rainbow City Fire Department	420-2-1-.10	No Units Grounded
Deficiencies	Bio-Hazard Bags, Tracheotomy Mask, Trauma Dressing, Non-Rebreather Mask, ABD pads, Vaseline Gauze, Tri-Angular Bandages, Goggles	
Ball Play #2 Volunteer Fire Department	420-2-1-.10	No Units Grounded
Expired Medications	Dopamine	
Lafayette EMS	420-2-1-.10	No Units Grounded
Deficiencies	Goggles, Portable Suction Unit, IV Pressure Infuser	
Clay County Rescue Squad	420-2-1-.10	No Units Grounded
Deficiencies	Tracheotomy Mask, Flashlight	
Expired Medications	Lidocaine	
Vines Ambulance Service	420-2-1-.10	No Units Grounded
Deficiencies	Goggles, Tracheotomy Mask, IV Drip Sets, Syringes, CO ₂ Monitoring Equipment, BVM, Non-Rebreather Mask, Nasopharyngeal Airways	
Emergency Medical Transport	420-2-1-.10	Unit Grounded x 1
Deficiencies	IV Drip Sets, Patient Rain Cover, B/P Cuff, Stethoscope, Goggles, A/C Issues	
Gadsden Etowah EMS	420-2-1-.10	Units Grounded x 3
Deficiencies	Portable Oxygen, Portable Suction Unit, Non-Rebreather Mask, Butterfly Needles, IO Needles, Bio-Hazard Bags, CIDs, Tri-Angular Bandages, On-Board Oxygen, Nasopharyngeal Airways, IV Drip Sets, Tourniquets, A/C Issues, Mechanical Issues	
ASAP EMS	420-2-1-.10	Units Grounded x 3
Deficiencies	No Smoking Sign, Reflectors/Flares, IO (adult), On-Board Oxygen Bottle Empty, Tires, A/C Issues, Sanitation Issues (poor), Ambulance Exterior Appearance Very Poor, Cracked Windshield, Load Lights, Emergency Lights, Turn Signal, Ambulance Flooring (deteriorated)	
Expired Medications	Activated Charcoal, Oral Glucose Paste, Aspirin	

Phase 2 of the Alabama e-PCR program continues. Office of EMS and Trauma personnel continue to monitor e-PCR submissions on a weekly basis. The OEMS&T staff would like to extend a big “Thank You!!” to the services who are meeting e-PCR compliance requirements.

For those services who are not submitting records or failing to do so in a timely manner, it is time to step up to the plate and become a team player. It has been emphasized over and over for the past two years the importance of submitting timely and accurate data. If these trends continue and services fail to meet OEMS&T requirements, action on the service license could take place.

The following reminders regarding e-PCR have been published numerous times and are worth repeating:

- It is a requirement to complete a patient care report on every emergency medical response when a patient was seen and evaluated.
- The only time you do not have to complete an e-PCR is on false calls, standbys, and non-emergency transfers when you do nothing more than monitor vital signs. However, if you do anything considered a patient intervention beyond monitoring vital signs, then legal documentation in the form of an e-PCR must be completed. Accurate documentation may take some extra time, but it will protect you if the need arises.
- Each record must be submitted electronically within 168 hours or less. This is seven full days to submit data. Again, the OEMS&T is closely monitoring e-PCR submissions and will take action towards services who continue to be non-compliant.
- The goal is to narrow the reporting window down to 24 hours. Such real time reporting allows Public Health to monitor surveillance trends as required by the Federal emergency preparedness guidelines.

If your agency is having any technical difficulties or issues with e-PCR, our IT staff is ready to assist you in your time of need. Call (334)206-5383 and ask for Chris or Craig. If you get their voice recording, leave them a message and they will get back to you as soon as they can. They can also be reached by email at emsis@adph.state.al.us. These two guys are great to work with and are ready to help you out.

ATCCNUMBER/TRAUMAREGISTRYIDNUMBERUPDATE

EMS agencies who respond to emergencies in which trauma patients, per our trauma protocol, are deemed to be Alabama Trauma System patients, **must** call the Alabama Trauma Communications Center (ATCC) in order to obtain ATCC identification numbers for these patients.

Any time you use the ATCC to route trauma patients under our trauma protocol, you must enter the TCC number you are given by the ATCC into the e-PCR. You will need to enter this under the TCC# in the Patient Tab. Third-party software vendors will most likely be using the title "Trauma Registry ID #" and you will use that to enter the TCC# if you are using software other than the free OEMS&T Alabama e-PCR. Please note that neither the PCR Number nor the Incident Number should be entered into these fields.

In the Office of EMS and Trauma, references to TCC# and ATCC# are used interchangeably. Because the usage of the ATCC# for Alabama Trauma System patients is so crucial to the functioning and the monitoring of this system, OEMS&T has begun monitoring the usage of this number by EMS agencies. In the upcoming months, the Office of EMS and Trauma's staff will begin contacting EMS agencies to ensure that they are aware of the procedure for obtaining and entering the ATCC#/ Trauma Registry ID# for those trauma patients who will need to be entered into the Alabama Trauma System. At the time of contact, technical assistance will be provided to those EMS agencies needing help.

If you should need technical assistance before OEMS&T staff has had an opportunity to contact your agency, you may contact our IT staff, Chris or Craig, at 334-206-5383 or via email at emsis@adph.state.al.us.