



Oklahoma State
Department of Health
Creating a State of Health

Upcoming Meetings :

July / Aug 2011

RTAB

- 1 Jul 26
- 2 Aug 9
- 3 Jul 7
- 4 Aug 24
- 5 Aug 11
- 6 Aug 16
- 7 Jul 5
- 8 Jul 12

CQI

- 1 Jul 26
- 6/8 Jul 12

MAC

- Jul 20

OERSDAC

- Aug 18

OTSIDAC

- Aug 3

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OSDH / Emergency Systems

DEVELOPMENT ROLL-OUT BEGINS IN JULY.....

Development

For years “development” has been discussed. It had become the “catch-phrase” for things we were planning. So it makes it exciting to announce that: “things they are a-changing!”

In the past, development was sporadic and not always consistent throughout the state. However, with the hiring of new employees and a full staff of ES Administrators, “development” is getting ready to roll out to the state. A new energy is evident and a drive to deliver is prominent.

Emergency Medical Response Agencies (EMRAs) will be one of the main areas of emphasis, but we will also provide developmental assistance to any other agencies who desire assistance. It is time to work directly with each agency requesting assistance and determine what they need to help them achieve their fullest potential. We will be meeting with any existing agencies seeking

assistance and setting up development meetings with all those who are applying for new certifications.

EMRAs have been in existence since the late 90’s. However, they are now beginning to grow and expand into bigger players. Development will help them with the growing pains that are associated with change.

Other areas that “development” will be focusing on will be:

Trauma triage, regional trauma plans, regional EMS Director training, Regional Emergency Medical Services System (REMSS) coordination within the trauma areas, assisting with regional collaboration efforts on:

- 1) medical direction
- 2) communications
- 3) organization and funding
- 4) consultations regarding :
 - i) protocol development including scope of practice—skills—resource coordination
 - ii) process development—ex: CQI, staff education.....

5) facilitate cooperation between EMS and hospitals, EMS to EMS and the list goes on continues to grow based on the needs of our stakeholders.

As you can see, we plan on being very very busy.

As we do every year, we present training during the OEMTA Medic Update Conference. This year we are rolling out: EMS Director Training, Trauma Triage Training, The Importance of EMRAs, Surviving OKEMSIS as well as the State of Oklahoma EMS. This training is scheduled for July 27-28-29 in Tulsa, Oklahoma. Please go to www.oemta.com for the schedule.

We have been listening to the requests from our stakeholders throughout the state and are happy to accommodate you in all things that we can within the scope of regulatory requirements.

If your agency could benefit from training that we can provide, if you have questions regarding development in any fashion, please contact

OERSSIRF AWARDS 2011

The Oklahoma Emergency Response Systems Stabilization and Improvement Revolving Fund (OERSSIRF) Awards for Fiscal Year 2012 (FY12) have been announced and they are as follows:

Awardees by Rank:

- 1. Johnston Co EMS \$99,800**
Paramedic Training / Monitors / Cots / Mannequins / Med Dir Trng
- 2. Atoka Co EMS \$164,000**
Ambulance / D-fib / CPAP / Med Dir Trng / EMD Trng / Mannequins
- 3. Perry FD EMS \$99,000**
Trng / Cots / AED / CPAP / Monitors / Tablets / Radio Update / Med Dir Trng / EMD Trng
- 4. OSU Fire Svc Trng \$99,926**
Training Equipment / Classes / Instructor Courses
- 5. Freedom Vol. EMS \$20,620**
Base Radio / Antenna / Trng
- 6. Mercy Regional EMS \$99,500**
3 monitors / radio upgrade / mannequin / Med Dir Trng

7. Life EMS \$98,380

Radio / Generator / Mannequin / Med Dir Trng

8. Muskogee Co EMS \$99,500

Defibrillator / power cots / Med Dir Trng / Trng Equip

9. Tillman Co EMS \$110,255

New Ambulance

10. Garber EMS \$99,500

Ambulance / Med Dir Trng / Mannequins

11. Sinor EMS—P.B. \$116,342

2 ambulances

12. Moore-Norman TC \$14,240

On-line Training Program for EMS Instructors

13. Mercy Health—Love Co EMS \$26,955

Video-conference Equip / Paramedic Books / Trng Equip

Congratulations to those entities that were awarded funds through the OERSSIRF!

This cycle we received a total of 28 proposals for consideration, and

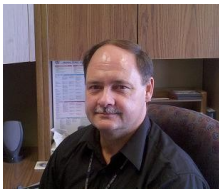
18 met the criteria for consideration. This meant that 10 did not.

The errors that kept them out of contention for review were simple mistakes that had long-reaching impact.

1. Late submission. Proposals received late are not read. They are returned. Always send in your proposals early.
2. Formatting. The RFP specifically states that all proposals *will be tabbed* to designate the different sections of the request. This allows for faster reviewing and insures each proposal is looked at in the same order.
3. Formatting. The RFP specifically states that all proposals will be submitted with *9 total copies* of the request. There are 9 reviewers during each cycle. This allows for one packet per reviewer.

Read the RFP closely. The little things can make the difference between a well written proposal and an awarded one.

WELCOME BACK:



Dr. Tim Cathey, Medical Director—Protective Health, has just returned from being deployed to the middle-east. It is great to have him back.



Thank You Dr. Katsis: (pictured with Lee Martin—receiving recognition for his year of service as the Chair of OTSIDAC. Dr Katsis served for one year and was excellent at helping to guide the Board in their duties.



Welcome to Emergency Systems: Darryl Bottoms—Administrative Assistant—Emergency Medical Systems. Darryl recently transferred into Emergency Systems. He will be working closely with Dale Adkerson in EMS Division.

The hardest part about getting on top of your paperwork.....

Is not falling off!

[\(Is your OKEMSIS Data entered?\)](#)
[\(Trauma Registrar Data Current??\)](#)

EMS News: Dale Adkerson

New Agencies:

Life-Net (ALS) Stillwater
Mercy EMS (ALS/SC) El Reno
Care One (ALS) Muldrow
Eagle Medical Transport (SC) Sparks
Reynolds Army Community Hospital (ALS) Lawton
Southeast EMS Wilburton / Stigler

New EMRAs

Lane FD
Lucien FD
Stillwater FD
Webber Falls FD
Dixon FD
Lowrey FD

EMS Agencies Closed:

Cyril EMS March 2011
Mediflight-Ground April 2011
Stillwater FD EMS May 2011

Ambulances—New or Borrowed:

Have you recently purchased a new ambulance? Are you leasing/borrowing one from a different agency? Do you have a unit in the shop?

If so, here are a few things you need to remember:

- a. There is a 5 day period in which

to get your OSDH vehicle inspection.

- b. No unit may operate on the streets without a valid inspection sticker.
- c. A borrowed/leased unit must be inspected and tagged by OSDH. (The inspection sticker follows the unit AND the agency.)

EXAMPLE: Your unit is down for the count. Your neighboring agency has a spare that they will let you use until you can raise the funds to repair/replace your own unit. The one which you are borrowing must be inspected by OSDH within 5 days of this occurring. The inspection is on the truck AND contents. Your agency must show that it is stocked according to rule.

- d. You must notify the EMS Division if you sell or trade an ambulance so that the official state inspection sticker can be removed by an Administrator.

PROTOCOLS:

Are your protocols current? When was the last time you reviewed your protocols? Have you made any changes to your protocols? If so, you

need to remember that protocols cannot go into effect until your protocols have been approved by the State.

Things we find:

Failure of Medical Director to sign off on protocol change prior to submission.

Failure of protocols to adhere to current standards. Ex: AHA

RUN REPORT STORAGE

Recently we have run into several agencies with the misconception that if they submit to OKEMSIS, they are not required to maintain their patient care reports.

Agencies are required to maintain copies of their run sheets or patient care reports for three years. The copies can be maintained either electronically or on paper. The information submitted into OKEMSIS does not qualify as maintaining a copy of the reports.

Ultimately, the Department cannot be responsible for maintaining your patient care reports. We maintain the data from the reports, but that is not a copy of the report.

MEDICAL DIRECTOR'S CORNER

Timothy Cathey, M.D.

EMS Medical Direction in Oklahoma

Each ambulance agency is required to have a designated Medical Director. Each working medic should have identifiable Medical Direction, although some Medics work for multiple agencies and so may work with more than one Medical Director. As we learned when we surveyed the Medical Directors in 2008, there is a lot of difference in Medical oversight across Oklahoma.

Over half of the Medical Directors are trained in Family Medicine and about a quarter are trained specialists in Emergency Medicine. Three out of four are the medical directors for only one EMS agency. The average time they have been in their positions is nine years, but almost half of them have been a medical director for fewer than five years.

When asked how much time a week on average they spend providing any kind of medical oversight, 2

out of 3 responded "less than two hours a week." Many provide only a signature for a new protocol or to add a new medic. 4 in 10 are compensated and almost always by way of a monthly stipend.

One of the major roles an EMS Medical Director plays is to supervise a functional quality assurance (QA) program. These programs are also referred to as Quality Improvement (QI), Process Improvement (PI), or Continuous Quality Improvement (CQI). Regardless of the label used, most physicians could benefit from clarification regarding EMS quality improvement programs. At least 25 said they worked for an agency without an organized CQI process.

Another important role is to provide education to their Medics. Some physicians take this role with great enthusiasm and routinely provide teaching and share patient care experience. Overall though, only about half provide any education and usually this is only once or twice a year.

Most physicians report they rarely

receive phone calls from their Medics. Nevertheless, many felt they communicated as often as needed.

However, these responses indicate there is a lot of room for improvement. Talking to both physicians and Medics, it is clear the problem involves neglect by both parties. Many physicians work for free and feel no obligation to provide more than a rare duty for their service. Numerous agencies, having never received effective medical supervision, seek out Medical Directors who will remain lax about the quality of care they provide.

One of our goals is to increase the quality of Medical Supervision provided by physicians across the state. Research has shown the quality of care provided by Medics is directly related to the quality of their medical directors. Our Medics are among the best trained in the nation and deserve to work for a Medical Director who is qualified, involved and will devote to them the time they deserve.

TORNADOES AFFECT US ALL

May 24, 2011 started out as a quiet day. We had all been told to expect heavy storms with potential tornadoes. Ed Kostiuk, Emergency Manager and Response Coordinator, had been blasting the State intranet on developing storms.

Most State offices sent employees home early in order to prepare for the potential threat. It was a very good move. All OSDH personnel were on alert and ready to respond. Another good move.

Immediately following the devastation wrought from the storm, everyone jumped into action to supply emergency response to those in need. Emergency Preparedness and Response Service (EPRS) activated their resources, EMResource was utilized to determine bed capacity for those in need. Local EMS and Fire rose to the occasion and provided critical assistance. Emergency Managers were activating response teams.



Over 900 tetanus shots were dispensed to Oklahomans by OSDH employees.

Everywhere you looked there was destruction followed closely by Oklahomans aiding and protecting their own.

The systems are in place and working due to the hard work of all involved.

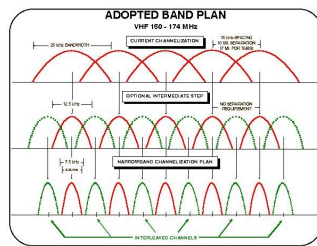
More storms will come. More wind, rain, and tornadoes will hit our State. Are you ready?

NARROWBANDING

Is your EMS/Fire/Hospital ready? Have you confirmed what you use?

Changes to land mobile radio (LMR) systems are coming. January of 2011 the FCC discontinued licensing wideband applications for radio usage.

Let's make sure everyone is on the same page. An LMR system is ANY system that uses portable, mobile, hilltop base and repeater



stations connected to dispatch console for field radio communications.

January of 2013 all **current** LMR licensees operating in the 150-174 MHz and 421-512 MHz bands MUST move to a 12.5 kHz channel for all voice and data transmission.

All Managers are encouraged to inventory their radios and confirm the status of each. This would be the time to contact your radio vendors and have them help analyze what you need or if your system is already in compliance.

2013 feels like a lot of time in which to conform, however when

you add in the time it takes to apply to the FCC to modify your licenses to reflect the conversion to narrowband, possible back orders on radios (everyone will wait until the last minute on both), the clock is ticking.

The FCC's narrowbanding **mandate** is not negotiable. It has been advised that waivers and/or extensions are not expected to be given.

Please remember that if your neighboring agency switches to narrowbanding before you there could be some interference until everyone has converted. So do not delay.

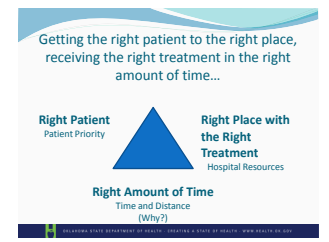
After January 1, 2013, licensees not operating at 12.5 KHz efficiency will be in violation of the Commission's rules and could be subject to FCC enforcement action, which may include admonishment, monetary fines, or loss of license.

For more information contact: www.fcc.gov/pshs/public-safety-spectrum/narrowbanding.html.



All Photos of Storm By: Larry Weatherford

TRAUMA TRIAGE DVD IS READY



In June 2011 the DVD filming was done. Production was completed. We are now waiting for the final product to be handed to us in a flash of lights and a roll of drums!

A pre-survey was sent out to the RTAB distribution list to see where we were in education on the trauma plan before the new DVD was provided for training.

After distribution of the DVD and following an appropriate time frame for training, a post-survey will be done to see what we have learned.

The single most important thing we can do for trauma patients is to ensure the right patient goes to the right place and receives the right treatment in the right amount of time.

If your agency is in need of assistance on the education aspect of the Trauma DVD, please contact Emergency Systems and we will help.

PUBLICATIONS 2010-2011 (Written in conjunction with Emergency Systems staff)

We are very pleased to announce that much of the great research our epidemiologists have conducted over the past few years has been recognized and included in the following publications:

Stewart KE, Cowan LD, Thompson DM, Sacra JC. Factors at the Scene of Injury Associated with Air Versus Ground Transport to Definitive Care in a State with a Large Rural Population. Prehospital Emergency Care 2011; 15(2): 193-202.

Stewart KE, Cowan LD, Thompson DM. Changing to AIS 2005 and Agreement of Injury Severity Scores in a Trauma Registry with Scores Based on Manual Chart Review. Injury In Press 2010.

Garwe T, Cowan LD, Neas BR, Cathey T, Danford BC, Greenawalt P. Survival Benefit of Transfer to Tertiary Trauma Centers for Major Trauma Patients Initially Presenting to Non-tertiary Trauma Centers. Academic Emergency Medicine 2010; 17(11): 1223-1232.

Garwe T, Cowan LD, Neas BR, Sacra JC, Albrecht RM. Directness of Transport of Major Trauma Patients to a

Level I Trauma Center: A Propensity-Adjusted Survival Analysis of the Impact on Short-Term Mortality. Journal of Trauma In Press 2011.

Garwe T, Cowan LD, Neas BR, Sacra JC, Albrecht RM, Rich KM. A Propensity Score Analysis of Pre-Hospital Factors and Directness of Transport of Major Trauma Patients to a Level I Trauma Center. Journal of Trauma 2011; 70(1): 120-129.

The data for all of these articles came partially from OKEMSIS data and trauma registrar entries.

Proof that what you enter makes a difference. Please research these and read at your leisure!



Emergency Systems

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We have received great comments on the Newsletter and have had several requests. We are attempting to address each area as presented. Due to space limitations, if your topic is not covered in this issue, please watch for it in future editions.

If you have a specific topic that would be of benefit to you, please notify us as soon as possible so we may research and determine the best way to approach your request. Forward requests or suggestions to:

Brandonb@health.ok.gov

The new and improved Emergency Systems is extremely proud of our growth and expansion. We look forward to supplying you with pertinent information to help us all grow into the future.

Next Quarter News

DVD Roll out

EMRA Training

RTAB Officer Elections

New Dates for 2012 RTAB/RPC/CQI

Licensure Transitions

Where do I start...

Martin Lansdale, MPH

OSDH and others use OKEMSIS to gather data for studies. It gives trends for each service as well as for the state. It is important that we stay on top of the data we enter to ensure quality information can be pulled.

TOP TEN LIST

(Things that need to change!)

1. **All runs** need to be entered into OKEMSIS—some agencies are not reporting cancelled, refused, or standby runs.
2. Ambulance Service Administrators need to be entered into OKEMSIS along with all the other staff and that Vendors should only have VENDOR permission level (vendor access only).
3. Check your run numbers at least quarterly to insure that the number of runs you actually made matches the number entered into OKEMSIS. If you have a third party vendor entering for you, double check to insure they are keeping you current.
3. There needs to be at least one staff member with ambulance Service Administrative permissions for each agency. A few services had no staff at all in OKEMSIS but someone gave access to a third party vendor. A staff member must give access to vendors, etc...
4. All staff that performs runs for your agency should be entered into OKEMSIS *even if*

they do not enter data in the system.

5. Please enter a valid e-mail or phone number (and update them) on OKEMSIS. Several agencies had wrong or disconnected numbers. We need valid contact info to announce trainings, work through problems, etcetera.
6. If staff changes, please inactivate them for your agency, **DO NOT DELETE** them. Deleting staff erases their names from all runs where they were associated.
7. If an agency has several license numbers, runs need to be entered under the originating license number. Please do not enter all your runs under one license if you have more than one license.
8. The designation of N/A is drastically over-used. Read the options closely and find the most appropriate description. **Remember: an accurate and helpful data analysis requires complete and accurate data.**
9. There were quite a few duplicate runs found in OKEMSIS for agencies that upload their data. Please check your submitted runs for duplicate data.
10. When entering runs on the website or field bridge, **DO NOT SKIP TABS!** Any variable in the OKEMSIS data dictionary is required (no matter how you enter your data). The data dictionary can be found here along with the instructions for each variable: www.health.ok.gov look in protective health—EMS—OKEMSIS—data dictionary final 04-16-09. This is a pdf file.

OKEMSIS UPDATES COMING SOON!

405-271-4027 then ask for the following:

Training / Education

Eddie Manley

CAN Request

Eddie Manley

Licensure—Agency or Medic

Bob Hitt/Eddie Manley

Certification—EMR or EMRA

Eddie Manley/Bob Hitt

HB1888

Dale Adkerson

Trauma Fund

Jana Davis / Grace Pelley

OKEMSIS

Martin Lansdale/Kenneth Stewart

Trauma Registry

Kenneth Stewart

EMResource

Bill Henrion / Grace Pelley

Complaints

Dale Adkerson, Robert Irby, Chris Dew

CQI/MAC/Referrals

Sandra Terry

Rules/Regulations

Emergency System Administrators

Development

Emergency System Administrators

OERSDAC

Dale Adkerson

OTSIDAC

Lee Martin

OERSSIRF

Dale Adkerson

Protocols

Eddie Manley/Dale Adkerson

RTAB / RPC

Region 1,3,6,8 (Western)

Theresa Hope / Russell Brand

Region 2,4,5,7 (Eastern)

Jackie Whitten / Susan Harper

Newsletter

Edited by: Susan Harper