

OSDH / Emergency Systems

Volume 1, Issue 3, Sept /Oct 2011



Oklahoma State
Department of Health
Creating a State of Health

Upcoming Meetings :

Sept/ Nov 2011

RTAB

- 1 - 10-25-11
- 2 - 11-08-11
- 3 - 11-03-11
- 4 - 10-27-11
- 5 - 10-13-11
- 6 - 11-15-11
- 7 - 10-04-11
- 8 - 10-11-11

CQI

- 1 - 10-25-11
- 2/4/7—9-8-11
- 3 - 9-01-11
- 5 - 9-15-11
- 6/8 - 10-11-11

MAC

- 09-14-11
- 11-30-11

OERSDAC 11-17-11

OTSIDAC 11-02-11

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ASSISTANT CHIEF OF MEDICAL FACILITIES

Congratulations to Lee Martin on his selection as the new Asst. Chief of Medical Facilities.



Lee Martin, will begin his new duties on Monday, October 24th. Lee has previously served

as the Oklahoma State Department of Health's Trauma and Systems Director. He began his career in EMS as a Military Medic in 1990. Prior to coming to the health department, Lee was a shift supervisor in the emergency room and fire department settings. He has also served as an EMS Administrator and as the Trauma Systems Coordinator prior to becoming Trauma and Systems Director.

His consistent message of: "working together as a team to maximize efforts; to ensure the people of Oklahoma receive the care they deserve." will be seen clearly in his approach to this new position.

Lee has many ideas that will be beneficial to the overall working of Emergency Systems as a whole. He is very forward-thinking and

driven to ensure a professional perception is the standard. Building a cohesive team that delivers the optimum information and training to our stakeholders is a high priority.



We ask you to join us in congratulating Lee Martin, Assistant Chief of Medical Facilities.

OERSDAC AND OTSIDAC COMBINED MEETING



Front Row: (left to Right) Gina Riggs, Vanessa Brewington, James Johnson, Dr John Sacra, Michael Lappolla, Second Row: (left to Right) Dr Angela Selmon, Dr Robert Letton, Wade Patterson, Bob Swietek, Dr Roxie Albrecht, Stephen Williamson, Dr Chad Aduddell, Ellen Rockenbach, Back Row (left to right) Ron Feller, Eddie Sims, Bob Hawley, Dr Jeff Goodloe, Dr J Michael Fitzgerald, Pam Broyles

On August 3, 2011, OERSDAC (Oklahoma Emergency Response Systems Development Advisory Council) and OTSIDAC (Oklahoma Trauma Systems Improvement and Development Advisory Council) met for the first time in a combined meeting.

This meeting allowed both Councils to preview the newly completed Trauma Triage Training DVD, along with the training

modules for the Oklahoma Trauma Education Program (OTEP). Hospitals will receive copies of the Trauma Triage DVD, Inter-Facility Transfer Guide, and TReC Quick Reference Guide. EMS Agencies and approved Training Sites will receive copies of the DVD and Pre-Hospital Trauma Triage Guidelines. Each agency or facility will sign for copies of the DVD

and educational materials to ensure proper dissemination for training of health care providers at each agency.

The other item on the agenda was an overview of the statewide EMS Plan, provided by the EMS Director, Dale Adkerson. Both councils agreed to form a working group to work together on the plan.

522 District Trainings Available

The Oklahoma State Department of Health, Emergency Systems, and Oklahoma State University, Oklahoma Cooperative Extension Service, have partnered and updated two guidebooks related to emergency medical services.

To obtain the Resource Guidebook for Oklahoma 522 Districts, training sessions are being offered and the guidebooks will be provided to the 522 District Board members.

Training sessions are specifically for:

1. 522 District board members
2. EMS Directors of 522 Districts
3. Owners of EMS providers
4. County Commissioners

The training sessions last approximately three hours. Staff from both OSU and OSDH/Emergency Systems will be on-hand for questions and clarifications. Two or three 522 district boards could be trained in one session and this is encouraged to maximize the use of our scarce resources.

Both guidebooks:

1. [Resource Guidebook for Oklahoma 522 Districts](#), April 11; and
2. [A Systems Development Guide for Emergency Medical Services: a Systemic Approach to Funding and Administration](#), June 2011,

will be provided online in the near future.

To schedule a training, contact:

STAN RALSTIN, Rural Development Specialist
OSU—Ok Coop Ext Svc
580-237-7677
Stan.ralstin@okstate.edu

Region 8 RTAB— Recognition



Pictured: Renae Kirkhart and Brandon Bowen

During the most recent Region 8 RTAB meeting in Edmond, a plaque was presented to **Renae Kirkhart**, secretary at OU Medical Center, for her extended years of service to the growth and organization of the Region 8 RTAB.

Renae began contributing over 15 hours of work a month to the expansion and continued presence of Region 8. What is truly extraordinary is that she has been doing this since 1999. When we do the math, that is approximately 3000 hours of dedicated service.

Brandon Bowen, Trauma Systems Coordinator, presented Renae with a plaque and Trauma Pin from OSDH, Emergency Systems, for her contributions.



Pictured: Brandon Bowen and Cindy Basch

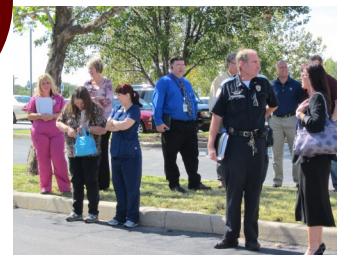
Cindy Basch, Trauma Coordinator for OU Medical Center was recently presented a Trauma Pin, as well as a CQI coin at the RTAB, in appreciation for the time she served as the Chair of the Region 8 RTAB.

The pin was presented by Brandon Bowen, Trauma Systems Coordinator.

TRAUMA DVD PRESENTATION REGION 8 WAS AN "ALARMING" SUCCESS.

During the Region 8 RTAB meeting the Trauma Triage DVD and OTEP modules were presented to all attendees.

The topic was so "HOT" that it set off the fire alarms—temporarily pausing the presentation. After a brief evacuation of the premises, all attendees were reseated and completed the training.



TRAUMA DVD TO BE DISTRIBUTED:

The Oklahoma Trauma Education Program (OTEP) will be presented at each annual RTAB meeting. These presentations will be given by Dr. John Sacra of the Oklahoma Institute of Disaster and Emergency Medicine and by OSDH Staff. The new Trauma Triage DVD will be shown and discussed. The presentation will also include distribution of the DVD and OTEP educational materials.

Each hospital and EMS agency will sign for copies of the DVD and educational materials.

In order to ensure the OTEP information is properly disseminated, we would like to ask each member-organization's educational coordinator/training officer be present to sign for the materials. We are excited about being able to present the OTEP materials to your RTAB, and your representative's attendance is greatly appreciated.

Trauma Triage Training

Oklahoma State Department of Health
Emergency Systems



Produced in collaboration with The Department of Emergency Medicine at the OU School of Community Medicine



FAQ: (answers only)

EMRAgency:

1. Individual Protocols must be signed by the Medical Director and the State for ALL Basics, Intermediates and Paramedics.
2. When you applied for EMRA status you gave a specific list of equipment you would be carrying. You are inspected on that list.
3. Finally, no—cake frosting is not an acceptable substitute for glucose.

Protocols:

Yes, the new State protocols are under construction. There is a proposed completion date of mid 2012 .

Medical Director Training:

The training is planned for 2012 with at least 3 trainings to be completed. These will be full day courses. A notification to all Medical Directors will be sent when the dates are finalized.

Development:

Yes, we will come to you in the evenings if it fits best in your schedule.

HUMOR:

FIRST LAW OF EMS:

All emergency calls will wait until you begin to eat, regardless of the time.

- **COROLLARY 1:** Fewer accidents would occur if EMS personnel would never eat.
- **COROLLARY 2:** Always order food "to go".

Rural Trauma Team Development Course



RTTDC is being presented in Oklahoma to help enhance trauma teams in the rural setting.

RTTDC emphasizes a team approach to the initial assessment, resuscitation and transfer of the trauma patient in a systemized, concise manner.

The course also includes Team Performance Scenarios, in which the teams use patient scenarios to perform a primary assessment.

Developed by the Rural Trauma Committee of the American College of Surgeons Committee on Trauma, RTTDC is based on the concept that in most situations, rural facilities can form a trauma team consisting of at least three core members. The course is offered in a single day or modular format.

The intended audience includes individuals who are involved in the care of the injured patient, including physicians, nurse practitioners, physician assistants, nurses, pre-hospital personnel, technicians and administrative support.

The American College of Surgeons designates this Live Activity for a maximum of



8.25 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The American Nurses Credentialing Center (ANCC) accepts *AMA PRA Category 1 Credits™* issued by organizations accredited by the ACCME.

Other non-physician participants will receive a certificate of course completion that they can use to claim credits from their respective credentialing entities .

This course is being taught in Oklahoma by OU Medical, as well as by St Francis of Tulsa.



Pictured are some of the OU Medical staff from the most recent course taught in Bristow.



For more information about scheduling a class for your facility please contact:

OU Medical Center, Trauma Program – 405/271-3566 or St.

Francis Hospital, Trauma Services – 918/494-1805

???????Questions:???????

1. When was the last time you reviewed/updated your Protocols?
2. When did you last train your staff on destination protocols?
3. Current AHA Guidelines—when did you review for competencies with your staff?
4. When did you last submit a suggestion for Newsletter Articles?
5. Have you requested any development training from Emergency Systems?



Emergency Systems

REMINDER:

When renewing any licensure with OSDH EMS Division—please remember to enclose all required documents. Numerous requests come in without current CPR cards. Some do not have proof or refreshers. Easiest solution? Read the directions closely!

Emergency Medical Response Agency

In some communities, the arrival of EMS could take 15 to 20 minutes. The patient doesn't have to wait that long for care if an Emergency Medical Responder is nearby.

It is possible that a goal of an EMRA could be to respond to a request for assistance within 5 minutes to initiate medical care until an ambulance arrives.

The rules and regulations aren't as extensive and the required equipment lists aren't as expensive to maintain. The main difference is: EMRAs DO NOT TRANSPORT, so the costs associated with maintaining an ambulance are diminished.

EMRAs do not have to be housed in a Fire Department. Granted, that is where you find them most often, but EMRAs can be community led, and volunteer staffed.

EMRAs are a solid system of providing immediate medical response that allows time for an EMS agency to arrive and assume care for transfer.

If you would like to know more about EMRAs call Brandon Bowen to set up a Development meeting to explore your options and determine your readiness. You could be the first step of shoring up a strained system.

BrandonB@health.ok.gov

MOORE NORMAN
TECHNOLOGY CENTER
Professional Instructor
Academy



EMS Instructor
Professional
Development
Online

Tel: 405-364-5763 ext. 7260
Available for enrollment
November 1, 2011

**OERSSIRF AWARDEE
GIVING BACK!**

Moore-Norman Technology Center has an “EMS Instructor Professional Development Online” course that was developed and paid for, in part, by the OERSSIRF award.

We are all aware of how hard it is to complete the professional development portion of our EMS Instructor license. Time, distance and funding have a lot to do with it.

EMS instructors are required to have 16 hours of professional development every two years. This new program may be the answer you need.

This is an interactive, instructor facilitated, online course that meets the OSDH-EMS requirements for renewal.

1. Module 1: Objectives and Lesson Planning
2. Module 2: Creating Meaningful Assessments and Activities
3. Module 3: Building Authentic Learning Environments
4. Module 4: Meeting the Unique Needs of Students

AFTER November 1, 2011
please contact
Ernie.Gomez@mntc.edu or call
405-364-5763 (x7260). Oklahoma
EMS Instructors can enroll **free of charge** November
2011 through May 2012.

DESTINATION PROTOCOLS

The Trauma System in Oklahoma encompasses both Hospitals and EMS.

Each Region has destination protocols for all trauma patients. Each EMS agency has written destination protocols that state where each trauma patient will be transported based on the findings in the field.

These destinations are somewhat fluid. Destinations can be modified based on the status of the hospitals within a region. If a level III hospital does not have their neurological available, then changes in destination should be considered for appropriate care for the individual.

EMResource should be updated by the hospital at least daily and whenever there is a status change., so that anyone can be aware of that status.

Non-therapeutic, diagnostic testing has become a hot topic in that it has been proven to increase the time to definitive care. Simply said, if you cannot treat it—do not test for it—

specifically on Priority 1 trauma patients. By stabilizing, then transporting to definitive care, you are doing the one thing we all need to do—place the patients’ needs first.

**AMBULANCE / ER / HELICOPTER
When Does EMTALA Apply?**

The rules governing EMTALA have been around forever. However, there seems to be one recurring question that continues to pop up.

“If an ambulance brings a patient onto hospital property to wait for a helicopter, does the hospital have any liability, per EMTALA, for the patient?”

The following two (2) circumstances **will not** trigger EMTALA. (from the State Operations Manual, Appendix V – Interpretive Guidelines – Responsibilities of Medicare Participating Hospitals in Emergency Cases)

1. The use of a hospital’s helipad by local ambulance services, or other hospitals for the transport of individuals to tertiary hospitals located throughout the state,

does not trigger an EMTALA obligation for the hospital that has the helipad on its property.

2. If as part of the EMS protocol, EMS activates helicopter evacuation of an individual with a potential Emergency Medical Condition (EMC), the hospital that has the helipad **does not** have an EMTALA obligation if they are not the recipient hospital.

EXCEPTION: In either situation, if a **request is made** by EMS personnel, the individual, or a legally responsible person acting on the individuals behalf for the examination or treatment of an EMC, then an EMTALA situation has occurred.

This includes, but is not limited to: a request for fluids, airway assistance, packaging assistance.

The best way to insure that everyone is aware of these circumstances is to insure that good quality education of all new hires for both EMS and hospitals include these EMTALA answers.

**EMS NATIONAL STANDARD
CURRICULUM.**

The change to the National Standard Curriculum is just around the corner. Here are important facts you need to know.

You should be training EMR and EMT under the NEW National Standard this fall. Text books are available now. EMR courses are taking about 60 hours and EMT is 240.

There are no lesson plans or objectives in the new STANDARD. In-



structors will have to develop their own for these courses.

The State *CareerTech* EMR exam will be adding new questions and it also will be updated to the NEW national standard curriculum.

The I/85 to AEMT is about a year off of implementation and Paramedic is close to two years.

FY! *It is not mandatory for I-85 to move to the new AEMT level.* However, National Registry will drop the I-85 down to an EMT if you fail to move up.

Please address all questions to: Eddie Manley at 405-271-4027.

JManley@health.ok.gov

NEW COURSE INFORMATION				
National Standard Curriculum (NSC)				
Level	When do updated exams begin?	Last date course on old curriculum can finish (90 days ahead of last exam)	Last NREMT exam given on old NSC	Transitions must be completed by:
FR		09/30/11	12/31/11	09/30/16
EMR	01/01/2012			
EMT-B		09/30/11	12/31/11	03/31/16
EMT	01/01/2012			
I/85		12/31/12	03/31/13	03/31/15
	I/85 transition requires a course and pass a written AEMT exam			
AEMT	06/01/2011			
EMT-P		09/30/2013	12/31/2013	03/31/2017
Paramedic	01/01/2013			

Bold denotes new level name.



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
SusanRH@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

Kiamichi Technology Center - EMS Simulator Trailer

Regional Educational Trauma Meetings

RTAB Coordinator Duties to be Shared

EMS A-Z Series - "B" - Your "Backs"

EMS A-Z Series "A"

By Jim Hoffman—Owner of *The EMS Professional*, contributor and publication partner of *FieldMedics The Magazine*. (Excerpts)

"I know you would expect the first in this series to be "Airway" or Auscultation." Instead, let's focus on raw basics.

Attitude. Your attitude on the job can make a world of difference. Having a bad one will reflect on you, your partner, the patients and families you deal with and ultimately your care.

Many may think they are great care givers despite what their attitude is. The fact is—negativity "rubs off."

It also has a way of escalating bad situations you may run across at work: Violent patients, moody staff and demanding families. With a proper outlook, these situations can be dealt with on a calmer note and be resolved or pretty much ignored, leaving you to do what you are trained for—emergency care.

Look—everyone has bad days. The key is not to make YOUR bad day everybody else's. Think about why someone called 911. Maybe it's not the life and death emergency you expected, but to the per-

son who called, it's an emergency they cannot handle.

By simply responding to a call, you can and will affect that person's life. How do you want them to remember EMS or ER Staff? As a moody and uncaring person who bounced them to or through the hospital? Wouldn't you rather be remembered as the patient and knowledgeable professional, who lent an ear or shoulder to lean on. Even if it is only for 20 minutes?

The fact is that most people will remember the negative for much longer than the positive. I would prefer a good 2—6 hours of someone recalling how nice or professional I was than them remembering me as an uninterested and uncaring "ambulance driver."

I am sure that you have heard patients complain about past care given at their homes or by hospital personnel. Why be the next one to have them complain about?

Be the one with the great attitude and you will be remembered. While we might not always get that "thank you" we hope for everyday, perhaps we can get the patient or family to think that "they should have thanked that nice person" long after we are gone."

Free Article for EMS Professionals

405-271-4027 then ask for the following:

Training / Education	Eddie Manley
CAN Request	Eddie Manley
Licensure—Agency or Medic	Daryl Bottoms / Eddie Manley
Certification—EMR or EMRA	Eddie Manley / Daryl Bottoms
HB1888	Dale Adkerson
Trauma Fund	Jana Davis / Grace Pelley
OKEMSIS	Martin Lansdale / Kenneth Stewart
Trauma Registry	Kenneth Stewart
EMResource	Bill Henrion / Grace Pelley
Complaints	Robert Irby, Chris Dew, Dale Adkerson
CQI/MAC/Referrals	Sandra Terry
Rules/Regulations	ES Administrators - Robert Irby, Chris Dew
Development	West - Russell Brand
	East - Susan Harper
	Dale Adkerson
	Lee Martin
	Dale Adkerson
	Eddie Manley, Jackie Whitten, Dale Adkerson
RTAB / RPC	
	Region 1,3,6,8 (Western)
	Region 2,4,5,7 (Eastern)
Newsletter	Theresa Hope / Russell Brand
	Jackie Whitten / Susan Harper
	Edited by: Susan Harper