OSDH / Emergency Systems

Volume 1, Issue 4 Dec 2011

Oklahoma State Department of Health
Creating a State of Health

Upcoming Meetings :

Jan / March 2012

RTAB

- 1 - 01/24/2012
- 2 - 02/14/2012
- 3 - 02/02/2012
- 4 - 02/23/2012
- 5 - 02/09/2012
- 6 - 02/21/2012
- 7 - 01/03/2012
- 8 - 01/10/2012

CQI

- 1 - 01/24/2012
- 2/4/7 - 03/08/2012
- 3 - 03/01/2012
- 5 - 03/15/2012
- 6/8 - 01/10/2012

MAC 01/18/2012

OERSDAC 02/16/2012

OTSIDAC 02/01/2012

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Marshall County EMRA
(Emergency Medical Response Agency)

FIRST COUNTY WIDE EMRA IN THE STATE!

(Who will be next?)

Effective December 19, 2011, the first Oklahoma County-Wide EMRA was certified in Marshall, County. This is an amazing coordination of the Fire Departments within the county coming together to offer a certified, trained, medical response prior to ambulance arrival.

Fire Departments - Enos/ Cardinal Cove, Buncombe Creek, Lebanon VFD, Huani Creek, Willis/Powell, Kingston FD, Tri-City VFD, Caney/Soldier Creek are all partnering with Marshall County EMS.

This new Emergency Medical Response Agency will ensure that prompt, quality assistance will be readily available for all citizens and travelers of Marshall County, Oklahoma.

The ability to respond prior to an ambulance arrival is crucial in rural areas that have many miles between a possible call and the ambulance base location. By using a coordinated system of EMRs, working under an EMRA certification, quality first aid—and in some instances—advanced care can be rendered while waiting for the arrival of a fully-staffed licensed ambulance.

EMRAs play a crucial role in our trauma system by providing care and stabilization of patients prior to the arrival of a transport agency.

Benefits of "being" an EMRA include: sponsoring agency—shared training, Medical Director, protocols and individual protocols, insurance, Quality Assurance, access to OERSSIRF grant (Oklahoma Emergency Response Systems Stabilization and Improvement Revolving Fund), to name a few.

Special thanks to the crew-members of each fire department and Marshall Co EMS. Your efforts were greatly appreciated.

Congratulations!

If your agency / fire department would be interested in becoming an EMRA, as an individual agency or a group, please contact Emergency Systems at 405-271-4027. We would be proud to help you take this step.

OTEP (Oklahoma Trauma and Education Program)

******* SAVE THE DATE *******

Training on the OTEP Education modules and Trauma DVD is scheduled for January.

Two final classes are being offered to EMS Agencies and Hospitals for the OTEP training. If you were not available during your 4th Quarter regional RTAB, and failed to receive your materials and training, it is not too late.

We are also extending an invitation to all training institutions in Oklahoma. The DVD will be available for you, however; the final written curriculum is under revision and will be disseminated to you as soon as available.

The OSDH Emergency Systems development staff will be hosting two separate trainings in January to accommodate you.

The dates are as follows:

January 5, 2012 (Thursday)
January 13, 2012 (Friday)

Classes will be held at the Oklahoma State Department of Health in OKC. The classes are scheduled from 9am to 12pm and will be held in Room 1102.

In order to accommodate all participants, we will need to have an accurate head count of those who plan on attending and which specific date you will attend. Space is limited.

The publication is issued by the Oklahoma State Department of Health, as authorized by Terry Cline, PhD, Commissioner of Health and Secretary of Health and Human Services. Copies have not been printed but are available on the Oklahoma State Department of Health website at www.health.ok.gov
Newsletters will be found at - Protective Health - Trauma Division - Newsletters

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IN THE NEWS:

The National Native American EMS Association had their 2011 Annual Conference in Las Vegas. Awards were presented to two Oklahoma individuals.

Mitch Bright of Cherokee Nation EMS won the award for Director of the Year 2011.

Angie Marino of Chickasaw Nation won the award for Instructor of the year 2011.

Congratulations to you both for being recognized for excellence in your field!

EMS News: Dale Adkerson - OSDH State EMS Director

New EMRAs:
Marshall Co EMRA

EMS:

1. The ***Annual Provider Survey*** for all Ambulance Services will be in the mail by the end of December. Please be sure to get this completed promptly and returned by January 31, 2012. The information you provide is entered into several databases and is used in many areas.
2. ***License and renewal fees***. Lately there seems to be a trend of inaccurate funds being turned in with requests for licenses. Here is a quick snapshot of the accurate fees.

Level	New	Renewal
EMR	$ 10.00	$ 5.00
EMT-B	$ 85.00	$ 22.50
EMT-I	$ 160.00	$ 27.50
EMT-P	$ 210.00	$ 32.50

When you apply for a renewal or new license, please make sure that you are using the correct form. We have received numerous requests for EMT-Basic licenses turned in on the EMR (Emergency Medical Responder) forms.

3. **Documentation** is everything when we attempt to extract data. Here are a couple of examples of what should NOT be listed. Clarify please!.
   a. *Patient was alert and unresponsive.*
   b. *The skin was moist and dry.*
   c. *Patient wrecked car which then bounced across road into ditch then caught on fire. (what about patient?)*
   d. *90 yo male, 0 lbs, Primary Impression—Other. Huh?*
   e. *Patient Priority (blank)*
   f. *Patient moved to ambulance, position in transport, moved from ambulance—all "not applicable."*
   g. *Medication administered—Dextrose 50% - response—(blank) did it help?*
   h. *Auto-populating the narrative does not produce quality results if you do not double check your entries. Watch what you write/ mark.*

It takes everyone pulling together to insure that the appropriate information is listed and entered into OKEMSIS.

Bad data cause skewed reports. The old adage of "garbage in = garbage out" is accurate.

Studies pull data from OKEMSIS. Please help everyone by entering clean, accurate information.

4. ***Mandatory Equipment:*** Fire Extinguishers. There shall be two. One mounted in the cab and one mounted in the patient compartment, readily accessible.

EDUCATION BRIEF

By: Eddie Manley

What is happening with the rollouts for the changes in EMS education?

Please see the State Web Site at <ems.health.ok.gov> , Select EMS and go to "Education" on the left side of the page.

Select "Emergency Medical Technician" and "Emergency Medical Responder", download the "2011 Oklahoma EMR and EMT Guidelines", "National Education Standard" and "EMR or EMT Instructor Guidelines" for whichever you want to teach.

This new National Education Standard has been approved by the State, and is now currently in effect for all EMR and EMT courses. The National Registry written exams will reflect the new National Education Standard as of January 1, 2012. The EMR CareerTech exam will also reflect the new Education Standard after January 1, 2012.

SECOND, the new National Registry Practical exam and skill sheets are now on the Web Site and should be used for all EMR and EMT courses ending after October 1, 2011, as the required National Registry Practical. See the right side of the "Education" page for both the EMR and EMT National Registry Practical. You will find new documents that need to be maintained in your training files (i.e. p101 "Examination Staff Roster"; p. 111 "Candidate's Statement".

The EMR and EMT "Psychomotor Examination Report Form" looks about the same, and also needs to be maintained in your training files. Remember to send OSDH-EMS the "Practical site summary" for each exam, along with the final course roster, to be sent to us. Maintain other records, including the 'skill sheets', for three (3) years.

There are several places on the forms where it states to obtain the "State EMS Official's" signature – you, **as a licensed instructor, are delegated by State Rule to be the "approved agent" for this purpose.**

Please watch future newsletters and/or emails which will provide updates to the changing landscape of EMS education .

Eddie Manley, Education/ Training Coordinator, will be providing information for the first quarter Regional Trauma Advisory Board (RTAB) meetings regarding education updates. This will be a great opportunity to learn of the new changes as well as your responsibilities.

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Acronym	Meaning
AIS	Abbreviated Injury Score
CQI	Continuous Quality Improvement
EMResource	Real Time Internet Resource Reporting
EOC	Emergency Operations Center
EPRS	Emergency Preparedness Response System
FEMA	Federal Emergency Management Agency
GCS	Glascow Coma Scale
HAVBED	Hospital Bed Availability Survey
HPP	Hospital Package Plan
ICS	Incident Command System
ISS	Injury Severity Score
MCI	Mass Casualty Incident
MERC	Medical Emergency Response Center
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
NDMS	National Disaster Management System
NIMS	National Incident Management System
OERSDAC	Oklahoma Emergency Response System Development Advisory Council
OERSSIRF	Oklahoma Emergency Response Systems Stabilization and Improvement Revolving Fund
OKEMSIS	Oklahoma Emergency Medical Service Information System
OTSIDAC	Oklahoma Trauma System Improvement Development Advisory Council
REMSS	Regional Emergency Medical Services System
RFP	Request for Proposal
RMPG	Regional Medical Planning Group
RMRS	Regional Medical Response System
RPC	Regional Planning Committee
RTAB	Regional Trauma Advisory Board
TReC	Trauma Referral Center
TRISS	Trauma Revised Injury Severity Score
HAHH	Have a Happy Holiday!

Kiamichi Training Simulator

(Excerpt from Edmondsun.com)
(November 27, 2011)

OKLA. CITY — To meet the needs for emergency preparedness and health provider training throughout Oklahoma, the Oklahoma Department of Career and Technology Education in partnership with Kiamichi Technology Center has created the Disaster Recovery and Emergency Training Simulator Unit. The unit will be operational by Jan. 1.

This unit is used for training emergency medical personnel and other health-care providers as well as onsite triage during Oklahoma manmade and natural disasters. The unit also provides mobile satellite communications that allow simultaneous distance training at multiple sites/campuses.

This custom trailer is equipped with six high fidelity, adult and pediatric human simulators and capacity for 15 students. Satellite communications is available for distance education and cameras are strategically placed for recording students' performance, said J.R. Polzien, program specialist, Health Careers Education. "Clinical simulation validates both basic and complex skills through a variety of scenarios by replicating common and uncommon patient management. Students participate in zero risk settings to practice critical thinking skills, build confidence and competence while promoting safety for both the provider and patient," said Polzien.

The unit also features lifesaving equipment including a heart monitor, c-collars, backboards and live oxygen administration to assist communities in preparing for and responding to disasters. This mobile unit also can double as a triage unit.

Continuing education for all levels of health-care and emergency care providers, including EMS, paid and volunteer fire departments, hospitals and related industries, also can be offered through this unit. "We can provide specialized continuing education and refresher programs for EMS and fire department, especially rural volunteer departments and responders will not have to leave their communities for training," Polzien said.

For additional information, please contact Gina Riggs [griggs@ktc.edu

Words Of Wisdom:

When in doubt…… ask the patient.

(#1 thing missed in patient assessment)

2011 CQI Review

During 2011 we had a busy year in Continuous Quality Improvement (CQI.) There were several areas that showed we needed improvement.

Let's not look at these as problems, rather as opportunities for improvement.

Here is a list of the most common issues brought up:

1. Airway Management,
2. Delayed transfer of critically injured trauma patients from Level 3 and 4 facilities to definitive care,
3. Under utilization of Air on Priority 1 patients,
4. Under-triage of patients,
5. Not following your regional trauma plan and/or the T-3 algorithm,
6. Inaccurate information in EMResource™ causing delays due to unknown capability and capacity,
7. Performance of non-therapeutic diagnostic testing.

Are these the only items found, no. However, they are the most common.

As part of your training for 2012 we hope that you will consider the items listed in this article.

With everyone working together we *can* attain our common goal: getting the ***Right Patient*** to the ***Right Place*** receiving the ***Right Treatment*** in the ***Right amount of time.***

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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

1. Emergency Operative Services Survey/ Inspections—Are You Ready?
2. Development Training Coming to You
3. EMRA (Emergency Medical Response Agencies) Who's Next?

EMS A-Z Series "B" - Your Backs

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

" Yes you read it right "backs". As in back to basics, back ups and your lumbar.

I wanted to cover several short topics in this installment of the series. So I picked familiar yet often overlooked areas of your day to day habits.

1- Back to basics - We often forget the basics of patient care, especially when you have been doing this job for any length of time. Anyone can just put someone on a stretcher and take them to the hospital. But as a true EMS professional, you must remember that basic patient care is the key to your overall treatment and patient outcome.

Taking proper vital signs. Blood pressure - systolic and diastolic is important. I see too many "experienced" EMS professionals palpating a blood pressure on an elderly patient just out of shear laziness. Palpating a systolic pressure only is good for trauma or in an effort to get a baseline on a critical patient. Even then, a complete set of vitals is needed to determine your patient care and whether your treatment is working or not.

The same goes for a pulse and respiratory rate. Obtaining a good pulse rate and noting its quality is a very important aspect of patient care. Listening to lung sounds and noting the rate and quality of your patients' respiratory rate is also a key element in your patient care decision making.

The point I am trying to make is to step back and take a proper set of vitals before, during and after your treatment. A simple thing like a blood pressure may direct you towards what is truly ailing your patient, rather than an EKG or IV access.

2- Back ups - Yes calling for assistance for the critical, overweight or otherwise problematic patient is an easy request to make. But when your back up arrives, treat them as that. A back up. They did not come to do all the dirty work. Explain to them the situation, why they are needed and what you need them to help you with. Don't just point to the patient or your equipment and grunt a command. Remember, they are EMS professionals just like you and may even have more experience and a better way of handling the situation.

Listen to their input and make a joint decision. As long as patient care isn't delayed, a few moments of putting your heads together may just be what the doctor ordered for you, your back up and your patient.

Keep these simple basics in the front of your mind on each call. You will help your patient and keep yourself safe for another not so basic day."

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	Emergency System Administrators
Development	Brandon Bowen
OERSDAC	Dale Adkerson
OTSIDAC	Lee Martin
OERSSIRF	Dale Adkerson
Protocols	Eddie Manley/Jackie Whitten/ Dale Adkerson
RTAB / RPC	
Region 1,3 - Russell Brand	Region 2,7 - Jackie Whitten
Region 4,5 - Susan Harper	Region 6,8 - Theresa Hope
Newsletter	Edited by: Susan Harper