OSDH / EMERGENCY SYSTEMS NEWSLETTER

Volume 3, Issue 2

October 2013

Upcoming Meetings

4th Quarter 2013

RTAB

1 10/22/2013
2 11/04/2013
3 10/03/2013
4 10/24/2013
5 11/14/2013
6 11/19/2013
7 10/01/2013
8 10/08/2013

CQI

1 10/22/2013
2/4/7 12/12/2013
3 12/05/2013
5 11/14/2013
6/8 Cancelled

MAC, OTSIDAC and OERSDAC will be dissolved on November 1, 2013

The OTSIDAC and OERSDAC are being replaced by a seven Member Board.

Professionalism in EMS

When asked to write an article on Professionalism in the EMS industry, I began looking back at my 30 plus years in EMS and how it has evolved over the years. Has our desire for comfort and familiarity with those we work with on a daily basis caused EMS to become too lax and unprofessional to the outside observer? Let's step back and examine three areas of professionalism and see how we measure up: appearance, our interactions with others, and our overall attitude.

In the 1980s, EMS services, Fire Departments and Police Departments had strict uniform policies. Everyone wore a pressed, button-up shirt with short sleeves during the Spring and Summer and long sleeves during the Fall and Winter. By the late 1990s, EMS and Fire had introduced collared polo shirts for the Spring and Summer months. And more recently, many services are allowing t-shirts to be worn. Although they certainly are cooler and easier to launder, is your appearance as "professional" when dressed more casually? In addition, it seems that wrinkled and stained shirts and pants are becoming "acceptable". Can or does this affect our professional appearance in the eye of the public?

Have you seen a physician, nurse or Health Care CEO consistently wearing wrinkled or stained clothes? Odds are you have not. Most of these people go the extra mile and keep another change of clothes around in case they need to change. What you would think if you arrived at the hospital for a procedure and the physician greeted you in wrinkled, stained clothing or a faded and stretched out t-shirt and dirty shoes? Would you want to go ahead with the procedure? Would you question whether the care they're providing you is as sloppy as their dress? Would you begin to question their "professionalism"?

It's very important that our patients see us as the professionals we are. Let's make sure our appearance projects that professionalism and doesn't deter from it.

We also need to think about how we talk around patients and fellow medical professionals. We need to always introduce ourselves and our partner. We should address the patient by their name, not "honey", "sugar" or other terms of endearment. When you give report to a physician or nurse, call them by his or her name and refer to the patients by using their first and last name. Because we work with the same people on a regular basis, we sometimes get in the habit of saying "hey doc or nurse". That does not show respect to that person or their profession. If we want to be treated as professionals, we need to treat those we work with as professionals also.

Lastly, let's talk about our attitude. EMS is really all about performing a service to the public. We respond to calls for help and serve those in need. Some of these calls are critical patients who need emergent care. However, all too often, the calls we receive are non-emergent in our eyes. How we respond to these calls and how we treat these patients is still a critical part of our job.

In addition, how many times have you been at the end of your shift and received a call? How was your attitude about the call or toward the patient? Did you greet the patient with a smile and concern about their complaint or did you enter the call with a scowl and grumbling at the patient and your fellow EMS providers? Which of these attitudes give the patient a comfort that they're being taken care of by a professional? Remember that we're here to serve that "shift change patient" just as we are the critical patient we treated earlier in the day. Arriving at the scene, listening to the patient's complaint and treating to the best of our ability will insure the patient and their family sees you as a professional.

We are professionals and the EMS industry is a professional industry. Let's all strive to look, act and be a professional every day and in every situation. Let's respect others and we will be respected in turn.

David Graham EMS Administrator

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OSDH NAMES NEW ASSISTANT SERVICE DIRECTOR

MEDICAL FACILITIES

PROTECTIVE HEALTH SERVICES

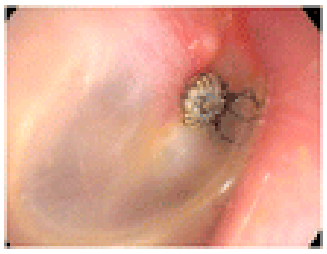
Effective July 29, 2013, Brandon Bowen, MSM, stepped into his new role as Assistant Services Director for Medical Facilities.

Brandon's career covers many areas that have been instrumental in molding him into the leader he has become. Brandon holds an MS, in Organizational Leadership, he is an EMT/Military Medic, he has served as the Trauma Systems Coordinator, and as the Trauma and Systems Director with OSDH.

Please join us as we congratulate him on his new position.

EMS Trivia

Hmmmmmm??



What is this????

Answer: Tick in the Ear Drum

This is a new segment in the newsletter. Name this photo and explain, please. Send in your educated guesses to:

davidg@health.ok.gov

and we will publish the correct one . We will follow up with a new photo each quarter. We would love to have photos from you that will get the mind thinking. We are looking forward to your submissions.

EMS Trivia

1. What is the anatomical term for the imaginary line that runs through the center of the armpit?

2. When using the rule of nines to calculate burn surface area for a burn patient, what percentage is given to one arm?

Answers :

1. **Midaxillary line**

2. **Nine Percent**

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Paramedic that made the extra effort to make a difference for a patient in distress

We would like to recognize Paramedic Jody Clifton for going beyond the normal response to aid a patient that had been stung by a wasp and having an anaphylactic reaction. Jody's ambulance was dispatched to an emergency call at the local elementary school when their ambulance was stopped by a train. Jody climbed out of his ambulance and grabbed his medical pack and proceeded to climb over the train. On the other side, he met a second person that asked what he was doing and he stated he was going to the school for a medical call. That person drove Jody to the school where he found the patient unresponsive. He administered epinephrine and Benadryl to the patient reversing the anaphylactic reaction the patient was in. Thank you Jody for going that extra mile for your patient on this occasion. This is one of those acts of professionalism we all are trying to drive our profession towards. Jody was recognized by the school staff for his act.

If you would like to recognize someone in your organization or region send the information to DavidG@health.ok.gov.

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Creating a State of Health

Emergency Systems

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We would like to receive comments on the Newsletter. We would like to use this platform to address your questions. We are attempting to address each area as presented by our stakeholders.

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
DavidG@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.

From the Trauma Systems Coordinator

Greetings,

I hope this newsletter finds you all well. I rather enjoy this time of the year, when the temperature begins to drop and the leaves begin to fall. I would like to take a moment and discuss a few things that concern your organization and the Regional Trauma Advisory Board. First off, I want everyone to know that we will be taking your picture at the 4th quarter Regional Trauma Advisory Board this year. This picture in combination with the information from the authorized representative form will be used to create a Regional Trauma Advisory Board pictorial directory. This directory will be complete and distributed at the 1st quarter 2014 Regional Trauma Advisory Boards.

Over the past year, the number one correction to minutes has to do with Regional Trauma Advisory Board attendance. Here is how we come up with and verify the attendance for each Regional Trauma Advisory Board:

1. The sign-in roster is inspected.
2. The audio recording is reviewed.

These are the only two ways that we are able to verify attendance. Therefore, at future Regional Trauma Advisory Boards if you are not present for the audio roll call, you must sign in for your agency to be represented.

As I was completing my Emergency Systems Report, I noticed that this quarter we conducted the Oklahoma Trauma Education Program twice. If you would like us to visit your agency and provide training or if you would like to know what types of training we can provide, please contact our office.

Sean Oats, BT, NRP

Development

The EMS Administrators are here to work with you in where you might need assistance. We have a development request form that will allow you to pick the areas that you would like further information or training. Once you submit your form an EMS Administrator will create a customized development plan.

Questions? Below are the topics followed by the names of those who can assist you.
405-271-4027 then ask for the follow

Training / Education / CAN Requests	Robert Irby
Licensure—Agency or Medic	Daryl Bottoms /Casey Brockelman/Robert Irby
Communications	Chris Dew
Certification—EMR or EMRA	Daryl Bottoms
HB1888	Dale Adkerson
Trauma Fund	Jana Davis / Grace Pelley
OKEMSIS / Trauma Registry	Martin Lansdale / Kenneth Stewart Ph.D.
EMResource™	Bill Henrion / Grace Pelley
Complaints	Chris Dew / Dale Adkerson
CQI/MAC/Referrals	Vacant / Jennifer Shaw
Rules/Regulations	EMS Administrators
Development	Sean Oats
OERSDAC	Dale Adkerson
OTSIDAC	Brandon Bowen
OERSSIRF	Dale Adkerson
Protocols	Robert Irby
RTAB / RPC	James Wilkins Regions 2, 4, 6 and 8 David Graham Regions 1, 3, 5 and 7
Newsletter	Edited by: David Graham

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