

Emergency Systems Newsletter

Volume 2, Issue 1 March 2012



Oklahoma State
Department of Health
Creating a State of Health

Upcoming Meetings :

April / June 2012

RTAB

- 1 - 04/24/2012
- 2 - 05/08/2012
- 3 - 06/07/2012
- 4 - 05/24/2012
- 5 - 06/21/2012
- 6 - 05/15/2012
- 7 - 04/03/2012
- 8 - 04/10/2012

CQI

- 1 - 04/24/2012
- 2/4/7 - 06/14/2012
- 3 - 06/07/2012
- 5 - 06/21/2012
- 6/8 - 04/10/2012

MAC 05/16/2012

OERSDAC 05/17/2012

OTSIDAC 05/09/2012
(Date change)

FYI:

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**NATIONAL HOSPITAL
WEEK**
May 6-12, 2012



NATIONAL EMS WEEK
May 20-26, 2012



**NATIONAL NURSES
WEEK**
May 6-12, 2012



SPECIAL THANKS

We at Emergency Systems want to express our thanks to everyone working in Emergency Medicine.

Lack of sleep, too much overtime, double shifts, leaving in the middle of family functions, school programs missed, holidays celebrated on shift and not at home, this is just another normal day in a medical profession. BUT - holding some ones hand on their worst day ever, rocking a hurt child to sleep when you are the only one there, smiling through the night to encourage family members, watching a healed or healing patient going home to family - priceless.

When you can go home at night (or day) and know that you have touched the lives of those for whom you cared, your own heart smiles.

You are the cornerstone and capstone of our systems. We offer you our thanks for a job done well, and for time volunteered above and beyond the normal scheduled day. Thank you for giving your energy and knowledge to ensure that the best quality emergency medical care is rendered to the people of your community and state.

We appreciate all you do, and we thank you.

OERSSIRF

Oklahoma Emergency Response Systems Stabilization and Improvement Revolving Fund.

The OERSSIRF award program **will be opening in May 2012** for proposals from eligible entities.

We encourage all interested parties to go to the webpage to review the requirements and parameters of this program. Please read the program closely to ensure that you meet ALL requirements.

This award program was built specifically to make monies available for stabilization and improvement of rural EMS. By using a "grant" format you each have an equal opportunity to apply for funds to aid you in many areas.

Previous proposals included: training / cots / automated ex-

ternal defibrillators / monitors / tablets / radios / medical director training / mannequins / generators / video-conference equip / course fees for new medics, ambulances and numerous other items. You are only limited by your imagination and regulatory guidance.

Some errors can keep your request out of contention for review and they are as follows:

1. **Late submission.** Proposals received **late are not read.** Always send in your proposals early.
2. **Formatting.** The Request for Proposal (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 nine reviewers during each cycle. This allows for one packet per reviewer.

Read the RFP closely. The little things can make the difference as to the final outcome on your request.

If you have general questions regarding this program, please contact us at OSDH Emergency Systems Office. *****Please understand that on the day the OERSSIRF for 2012 is published, all calls must go to Susan Wiest in procurement. Those in the Emergency Systems office will not be able to comment once the RFP is announced.**

http://www.ok.gov/health/Protective_Health/Emergency_Medical_Services/OERSSIRF_-_OK_Emergency_Response_Systems_Stabilization_and_Improvement_Revolving_Fund_/index.html

IN THE NEWS:

In today's world our connection to our family and work is dominated by electronics. It has become commonplace to stay checked in at all times. However, this is one creative solution to reconnect to the table.



Photo: It's called the Dallas Stack. When out with friends, whoever grabs their blackberry (BB) or e-device first buys dinner for everyone. In a recent lecture it was noted that 32 people out of 39 were texting while the guest speaker was showing a power point presentation.

Some instructors take photos of students texting and send the pictures to the students' supervisors. The students are then asked not to return to the course.

Other instructors have refused to allow students to take final exams if they text throughout the class. What is your rule?

EDUCATION BRIEF

By: **Eddie Manley**

Do You Renew Your Instructor License in 2012?

Please use this form on our Web Site for your 2012 renewal:

<http://www.ok.gov/health/documents/NEWInstructorRenewalApp.pdf>

Remember that your Oklahoma EMS Instructor approval expires at the same time as your EMS license – 06/30/2012. Please send these forms in *before* that date to remain approved in our Office. The word "INSTRUCTOR" which prints on

EMS News: Dale Adkerson - OSDH State EMS Director

New EMRAs:

Green Country VFD EMRA

EMS:

Country Corner FD/EMS

Closed EMS:

Green Country EMS

Numerous applications and packets have been sent out for new EMRAs (Emergency Medical Response Agency). We are expecting an increase in numbers soon.

QUESTION POSED RECENTLY:

"May an Emergency Room/Hospital/Health Care Facility utilize EMTs in their day-to-day operations?"

The answer is "yes." It is allowed by rule for EMTs to be used in a Health Care facility. All EMTs are required to work under a medical director and a detailed job description must be on file for the medics used.

your license card DOES NOT mean that you have current EMS Instructor approval with OSDH, so don't depend on that. Any questions, please feel free to call or email Eddie Man-

ley at: JEManley@Health.ok.gov.

*****MEDICATIONS***
Back Order Again?**

Across the country, paramedics and emergency room workers are reaching into their little black bags and drug cupboards and finding them nearly bare. Shortages of critical drugs are occurring so often that some changes need to occur for your services.

Most of those drugs are older, sterile injectables which

The parameters of their scope of practice can be found in the statutes.

The rules that make this possible are as follows: 310:641-5-50. Requirement and utilization

- (a) Emergency medical personnel, licensed, certified, or otherwise authorized by this act, may perform procedures authorized while a duty to act is in effect, only under medical control of an identifiable medical director.
- (b) Emergency medical personnel *may be utilized by hospitals, health care facilities, ambulance services, and emergency medical response agencies. Health care facilities may include, but not limited to, nursing homes, doctor offices or clinics, organized industrial or private health facility services, athletic training facilities, or any other organized group who may*

legally render patient care.
(1) While performing at a hospital and/or a health care facility, emergency medical personnel shall be limited to authorized procedures of a specific written "job description" approved by a physician, and/or medical staff, of that facility.

63-1-2504. Utilization of emergency medical personnel in hospital or health care facilities - EMT students - Nurses.

Any hospital or health care facility operating within the state may utilize EMTs (Basic), EMT-Intermediate, AEMTs (Advanced) /Advanced Cardiac or EMT/Paramedic personnel for the delivery of emergency medical patient care within the hospital or health care facility.

If you have any questions, please fee free to call us at 405-271-4027.

are now manufactured as generic brands. While drug shortages date back decades, it wasn't until the last two years that the situation reached epic proportions, spurred by production shutdowns caused by product contamination, material shortages, regulatory issues and other manufacturing problems, says Valerie Jensen, a pharmacist and expert on drug shortages with the United States Food and Drug Administration.

Here in Oklahoma we are feeling the pains of back ordered drugs on a daily basis. Some have been on back order for a year and more.

Here is what you need to do to keep your protocols in line when you have to make changes due to a back order:

1. A letter from your Medical Director needs to be sent to OSDH Emergency Systems stating what change is taking place.
 2. Attach a copy of your updated protocol.
 3. Include your updated formulary addition.
 4. Ensure training for QA to document the change.
 5. If you are changing medications, add the new item in your protocols to allow for a "line choice." (This will allow you to use your second choice if the first is unavailable.)
- Remember, that BEFORE you change your practice in the field you MUST have an approved protocol at the State with a letter from your Medical Director to address the change.

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HOSPITAL UPDATES



**Country Corner Fire/EMS & EMRA
Rescue and Rehab Unit**

Now that is what we call a **TRUCK!**

“All change,
even very large and
powerful change,
begins when a few
people start talking
with one another
about something
they care about.”

- Margaret J.
Wheatley



**Dustin Wolfe, Fire Chief
Green Country VFD
EMRA**

TRAUMA REGISTRARS:

Effective 03/26/2012 you will be working with **Martin Lansdale** on all questions and for the setting up of new registrars.

No classes are scheduled at this time. Notifications will be sent when classes are ready.

NAME CHANGES:

There have been a lot of name changes of Hospitals throughout Oklahoma. We will be listing those in this section in future. Please remember, until a name change goes through as an amendment to the Hospital license we cannot update or modify anything. This includes EMRe-

source, OKEMSIS, RTAB bylaws or any publications.

1. LTAC of Edmond = **AMG Specialty Hospital**
2. SouthCrest Hospital = **Hillcrest Hospital South**
3. Claremore Regional = **Hillcrest Hospital Claremore**
4. Henryetta Medical Center = **Hillcrest Hospital Henryetta**
5. Cushing Regional Hospital = **Hillcrest Hospital Cushing**

EMRESOURCE UPDATES:

*Did You Know.....*You can access EMResource via your Smart-Phone?

You can update your Hospital status while mobile! EMS crews can look up the status of their regional resources while sitting in the truck.

This tool should be made known to all staff and crew who access EMResource. No excuses in not knowing your available Resources.



(Android Phone as example)

EMS UPDATES

Country Corner Fire / EMS & Country Corner EMRA

BRAND NEW DOUBLE AGENCY

Country Corner carries **TWO** licenses. Yes, that is an accurate statement. They came on-line as both EMS and EMRA.

Country Corner carries an EMS license for emergency response and transport. HOWEVER, they also carry an EMRA license for response by their firemen for medical calls while their transport units are already in service on a separate call.

This is a great idea. In areas

where the next closest transport unit may be an extended distance away, the Country Corner EMRA fills a unique niche in that they can arrive and give that all too important initial care while awaiting a transport unit.

This is a win-win for both the service and the community.

Country Corner EMS is a Basic EMS agency with personnel operating under individual protocols including Critical Care.

Welcome aboard!



(Jim Massey, Country Corner Fire Chief and son—Ryder.)



Green Country Volunteer FD EMRA

Times Are Changing in Green Country

Agencies are making tough decisions everyday to make sure that they are providing the quality care that is expected in every community.

Green Country EMS Board of Directors had to make the hard decision that they could no longer maintain an EMS license, they had since 1998, due to several factors. They determined that their agency would have to close effective 2/20/12.

However, they made another decision to bring the service up

as an Emergency Medical Response Agency (EMRA) to ensure that their community had initial emergency medical care while awaiting a transport agency.

This was a hard decision.

There were lots of changes that had to take place; a transport agency, crew to train and many others items.

They made it happen.

Green Country VFD EMRA is now up and running. This new crew of dedicated personnel is making a difference in their community.

The new EMRA started on 03/13/2012 and has 10 licensed/

certified emergency services personnel. They currently have five new EMR students who are just short of testing.

Good luck to this new EMR Agency.



(Russell Brand, OSDH—Dustin Wolfe, Green Country EMRA)

**GUINNESS WORLD RECORD—
ATOKA, OK—01-21-2012**

More than 300 fire trucks rolled down the streets of Atoka, Oklahoma for an annual parade.



From KXII-TV:

"You know how firefighters are, they wanted to go for a world record which we found out to be 160, 159 fire trucks in Switzerland and we try to bring it to Oklahoma," he (Chief Allen) said.

"It's brought unity. Giving an example, for lunch, we brought 700 firefighters together for a lunch on Saturday night," he said.

Chief Allen said after tonight's turn-out, he is hoping to break their own record for next year's fire truck parade.

OKEMSIS : If you have a 3rd Party entering your OKEMSIS data, you are still responsible to ensure your staff is entered correctly.

Each crewmember and their credentials must be entered into the system.

We are in the process of auditing all agencies for accuracy.

APRIL 21, 2012—OKEMSIS will be rolling out the new V5.1. Several changes will be seen immediately as the first page is completely revamped.

Please go into OKEMSIS and open the V5 Release Notes as you should be aware of all new enhancements and changes.

**OKEMSIS TRNG REG ONE (1)
04-26-12 11am—4pm RSVP
Required.**

2012 Trauma Symposium

Trauma: Head to Toe

April 20, 2012
0800—1630

OU Medical Center

(Samis Education Center, this is adjacent to the Children's Atrium; 1200 Children's Avenue on the OUMC campus.)

Traumatic Brain Injury

Pre-hospital/ED Sessions

- * Geriatric Trauma Triage
- * Prehospital Quick Reference
- * Pre-H / Pedi Airway
- * Aircraft Utilization

Inpatient Care

- * New Airway Management
- * Update/Hemodynamic Monitoring
- * Deep Vein Thrombosis
- * Donors—Mgmt and Pronouncement

Trauma Patient/Abdominal Inj

Hypothermia/Shock in Acute Damage Control—Ortho Care Chest—Blunt/Penetrating Pediatric Trauma—

Controversies

Iraqi Freedom—My Trauma

Experience

Registration 0730—0800 For

OTEP DVD WINS AWARD

February 18, 2012, the OKC ADDY Club recognized several media/advertising/marketing campaigns created the past year for the OSDH by **VI Marketing and Branding**. As background, the ADDY® Awards is the advertising industry's largest and most representative competition, attracting over 50,000 entries every year in local ADDY® competitions. The mission of the ADDY® competition is to recognize and reward creative excellence in the art of advertising.

Conducted annually by the American Advertising Federation (AAF), the local ADDY® Awards is

further information please contact:

laura.gamino@hcahealthcare.com

I-85 to AEMT

As National education standards change, and the 2011 Oklahoma Education RollOut is communicated, confusion seems to fill the air. OSDH Emergency Systems has been very busy disseminating the information throughout the state. The most affected level is the I/85. Let's take a look at some of the most **FAQ's**:

1. "What happens to my I/85 license if I do nothing at all?"

As of April 1, 2015, the NREMT will not recognize the I/85. Without the transition course, you will be recognized as an EMT by the NREMT. You will remain an I/85 in the State of Oklahoma until you choose not to re-certify.

2. "Who can instruct our AEMT transition course?"

For the first two (2) years, only a Paramedic can instruct the AEMT course. Oklahoma state requires two (2) years of direct field experience which meets or exceeds the level of training being taught.

3. "Do I have to take a written

exam and do the NREMT practical again?"

YES, you will need to finish the transition course and practical skills contained within the transition course and take a new national registry written exam at a cost of \$70.00.

4. "Where can I find the curriculum?"

Go to www.ems.gov. In the RED BAR, click on "Education" and a drop down menu will appear. Click on "Education Standards and NSC." You will find instructional guidelines for EMT, EMT, AEMT and Paramedic.

5. "When do the AEMT transition courses begin and where can I find one?"

Transitions will begin AFTER April 1, 2012. Courses will be available on our website: http://www.ok.gov/health/Protective_Health/Emergency_Medical_Services/Education_/index.html

This is the first national standard curriculum revision for EMT-Intermediate since 1999. We understand you may have questions about this transition and we want to assist you during this period. If you have any questions, please call us at: 405-271-4027

the first of a three-tier, national competition. At the second tier, local winners compete against other winners in one of 14 District competitions. District winners are then forwarded to the third tier, the national ADDY® Awards competition. Entry in the local ADDY® competition is the first step toward winning a national ADDY®.

VI Marketing and Branding garnered 34 local ADDY awards, with 9 of the 34 created specifically for the OSDH.

The 5320 campaign was awarded a gold in its category, several TUPS (Tobacco Use Prevention Service) projects re-

ceived gold and silver awards, the TV public service spots created for WIC/Breastfeeding and Preparing for a Lifetime got silver awards, and the Trauma Triage Training DVD received a bronze.

While these awards went to the ad agency, not us as the client, it is nice to see that our collaboration merited local attention in the industry .





Emergency Systems

OSDH

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www.health.ok.gov

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

Regional Trainings - EMS Director Training
Trauma Training to Hospitals
Trauma Training to EMS

CQI Case Studies at RTABS

EMResource™ Updates

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

(Excerpts)

"Speaking about documentation, leads us to the next topic - "Capitals"

It is important to document appropriately when filling out your ambulance call report, we all know it is a legal document and a permanent record of your patient care. So, by CAPITALIZING when needed, it makes it easier for other healthcare providers to understand your assessment and treatment. It also assists YOU should the report be called into question at a later date.

As a suggestion, capitalize things like mnemonics like AVPU, DNR etc and named symptoms or diseases such as Kussmaul's respiration or Wenckebach. Don't forget EKG findings QT, P-R or QRS. Using proper capitalization not only helps your docu-

mentation it also makes it easier to scan the report for "key" items.

I think you are getting the idea. While for the most part using lowercase will not hurt your patient, it may cause confusion down the line.

Lastly - Do you know what a "capitulum" is? ... and no they did not use it in medieval times . 😊

*

Capitulum - is the lateral aspect of the humerus. It articulates with the head of the radius.

Use that next time in your call report and dazzle your quality assurance officer.

Remember, performing the basics and documenting appropriately will always help you perform better patient care and prevent you from missing important clinical signs not seen on an EKG or while administering medications."

"I don't want to achieve immortality through my work ... I want to achieve immortality through not dying."

— Woody Allen

405-271-4027 then ask for the following:

Training / Education
CAN Request
Licensure—Agency or Medic
Certification—EMR or EMRA
HB1888
Trauma Fund
OKEMSIS
Trauma Registry
EMResource™
Complaints
CQI/MAC/Referrals
Rules/Regulations
Development
OERSDAC
OTSIDAC
OERSSIRF
Protocols
RTAB / RPC

Eddie Manley / Chris Dew
Eddie Manley / Chris Dew
Daryl Bottoms / Eddie Manley
Eddie Manley / Daryl Bottoms
Dale Adkerson
Jana Davis / Grace Pelley
Martin Lansdale
Martin Lansdale
Bill Henrion / Grace Pelley
Robert Irby, Chris Dew, Dale Adkerson
Sandra Terry
EMS Administrators
Brandon Bowen
Dale Adkerson
Lee Martin
Dale Adkerson
Eddie Manley / Robert Irby

Region 1,3,6,7 - Russell Brand

Region 2,4,5,8 - Susan Harper

Newsletter

Edited by: Susan Harper