

THE ALABAMA OFFICE OF EMERGENCY MEDICAL SERVICES



EMS QUARTERLY NEWSLETTER

From Mobile to Huntsville and Everywhere In-Between

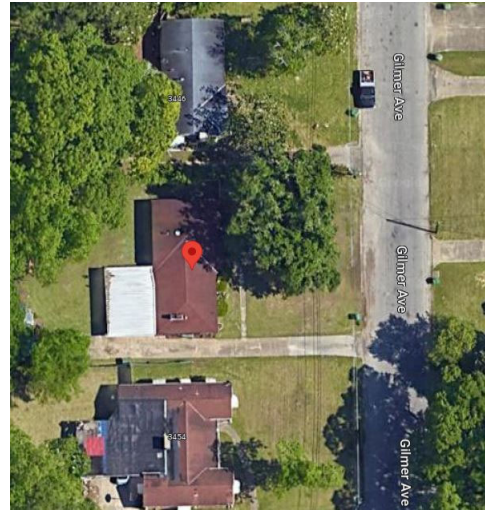


Volume 16, Issue 2 – April-June 2023

GILMER AVENUE HOUSEFIRE INCIDENT
MONTGOMERY, MONTGOMERY COUNTY
May 14, 2023; Incident Call Out 9:58 PM

Late in the evening of Sunday, May 14, 2023, units of the Montgomery Fire/Rescue were dispatched to a housefire in the 3400 block of Gilmer Avenue. The fire within the ranch style brick home claimed the life of two people, an older bedridden man and a 6-year-old child. In addition to those tragic fatalities, five Montgomery firefighters were significantly injured in the blaze.

According to reports, Firefighters David Watson (EMT, 40) James Christian, Jr (EMT, 22) and Adarius Wesley (EMT, 25) were transported to the area's Level II trauma center, Baptist Medical Center South, and were treated for burns and later released. Firefighter DeAndre Hartman (EMT, 34) and Captain Donald Crenshaw (Paramedic, 45) were reported to have been initially transported to Baptist Medical Center South for stabilization and then transferred to the burn treatment center at the University of Alabama at Birmingham (UAB) hospital. At the time of this writing, Firefighter Hartman reportedly remains at UAB for extended care and treatment. Captain Crenshaw was allowed to return to Montgomery on May 31, 2023, where his Montgomery Fire/Rescue family greeted his medical flight's arrival at Montgomery Aviation Center adjacent to the Montgomery Regional Airport.



Crews from five Montgomery Fire/Rescue EMS units and five ambulances from Haynes and CARE ambulance services worked together to treat the tragically injured individuals within this incident. Montgomery Fire/Rescue EMS units and Haynes and CARE ambulance services have worked together for decades in the tiered response system that has served the City of Montgomery since the early mid-1970's.

The Alabama Office of EMS would like to commend the expertise and professionalism of the Montgomery Fire/Rescue firefighters and EMS personnel involved in this incident. As the duty of firefighting involves inherent risk, and is profoundly unforgiving, we would like to extol the constant training and preparation system of Montgomery Fire/Rescue which limited damage and degree of injury from its fullest potential.

Visit Our Webpage: www.alabamapublichealth.gov/ems Visit Our Facebook Page: www.facebook.com/AlabamaEMS

IN MEMORIAM

David F. Garmon, MA Ed, NRP
November 30, 1954 – May 19, 2023

The Alabama Office of EMS is saddened to report the death of David F. Garmon, Director of the Gulf EMS Region and long-time senior faculty member of the University of South Alabama Department of EMS Education. We had the privilege of featuring an article on David in our previous newsletter and got his permission to publish it. David had been progressively ill over the past few months and passed away because of an end-stage pathology.



David's memorial service was held on June 1, 2023, at Mobile's Cottage Hill Baptist Church. Very many in the state's EMS community were in attendance. He was eulogized by his friends and colleagues and honored by the EMS Education Department and Gulf Region by the ceremonial presentation of his Region badge to his wife, Teresa. Thereafter Amazing Grace was played on a bagpipe.

To anyone who personally knew David, it was always clear that he was a very dedicated and driven individual. He began EMS running out of a funeral home and ended it working within an academic environment that educates EMS students to the baccalaureate level and a Regional Office that is dedicated to both education and oversight of that area's EMS community. For the vast majority of his career, David educated medical personnel at the highest level and represented EMS to medical professionals, nursing personnel and EMS providers in the best possible light, that of efficient and effective expertise.

As a person, David was a fun-loving, easy going individual who was always willing to lend a hand to anyone who needed it. His family was the most important thing in his life and David was also the most important thing in their lives. He provided excellent guidance and tutelage to his daughter as well as the three daughters he gained when he married Teresa. He provided strength to their family, and they provided him with the opportunity to be loved, cared for, and revered. With his three stepdaughters he also gained the love and companionship of their family dog, a basset hound with bluetick coloring named "Bo". David never failed to voice the exploits of his daughters in their endeavors to his colleagues with the pride due a "daughter dad." He equally reported the exploits of Bo and the adventures of ownership of an under-energetic canine. Teresa commented that when David arrived home from work, he would always feed Bo and that was their time together. She stated that when she or the girls tried to feed him, he would knock them down, disappointed at David's absence. Bo "went over the rainbow bridge," as they say, some years ago. Theresa was told by a friend that he "could see David, characteristically wearing a tie, walking in the meadows of heaven, with old Bo walking (or waddling) beside him.

Alabama EMS benefited greatly from David's influence and contribution. EMS will continue on, but it will not be quite as much fun without David. He will live on in our memories and in the knowledge and influence he had on so very many of us.

Visit Our Webpage: www.alabamapublichealth.gov/ems Visit Our Facebook Page: www.facebook.com/AlabamaEMS

**NOTES FROM THE DIRECTOR:
"EMS Week 2023 – National and State Celebration"**

Jamie Gray, BS, AAS, NRP
State EMS Director

May 21-27, 2023 marked the 49th year of the celebration in the United States. The tradition began when President Gerald Ford authorized national EMS Week to celebrate EMS practitioners and the important work they do in our nation's communities. Two of the primary promoters of national EMS week are the National Association of Emergency Medical Technicians (NAEMT) and the American College of Emergency Physicians (ACEP). Together they assist the national EMS community in recognizing and celebrating the services provided by our profession across the nation.



Our state has a tradition of celebrating our Emergency Medical Provider Services and Emergency Medical Services Providers each year and 2023 was no exception. On May 4, 2023, Governor Ivey signed 2023's Proclamation of EMS Week for Alabama's EMS providers. The Proclamation is an earnest display of recognition and appreciation for our state's EMS family by our state government.

This year's Proclamation read:

- *WHEREAS, emergency medical services (EMS) are a vital public service; and*
- *WHEREAS, the members of EMS teams are ready to provide lifesaving care to those in need 24 hours a day and seven days a week; and*
- *WHEREAS, emergency medical services have grown to fill a gap by providing important out-of-hospital care, including preventative medicine, follow-up care and access to telemedicine; and*
- *WHEREAS, the EMS system in Alabama consists of first responders, licensed EMS personnel, emergency medical dispatchers, EMS educators, EMS agency administrators, emergency physicians, trained members of the public and other out-of-hospital medical providers; and*
- *WHEREAS, the members of EMS teams, whether career or volunteer, engage in thousands of hours of specialized training and continuing education to enhance their lifesaving skills;*
- *NOW, THEREFORE, I, Kay Ivey, Governor of Alabama, do hereby proclaim May 21 through May 27, 2023, as EMS WEEK in the state of Alabama.*

Now, as a Paramedic, and as the Director of the Alabama Office of EMS, I would like to make the observation that EMS is a tough, rewarding but often thankless, sometimes dangerous, and always challenging way to make a living and/or serve the public at large. Most EMS personnel, when asked, "Why do you do this job/perform this role?" will answer "I have no idea." Logically, we can infer that altruism (benevolence, unselfish concern for the welfare of others) plays no small part in the motivation of our profession. I would argue that EMS is a platform of "effective altruism." Effective altruism is a philosophy that advocates "using evidence and reason to determine how to benefit others as much as possible and taking action on that basis" as

cited by William MacAskill in “Effective altruism: introduction” (Essays in Philosophy, January 2017). The concept of effective altruism goes beyond the concept of giving alms to the poor and encompasses a rationalist approach with futurological considerations (the systematic, interdisciplinary, and holistic study of social and technological advancement).

EMS is directly linked to the development of technology and concepts of care that facilitates the ability of our practitioners to perform their prehospital functions efficiently and effectively. Patient outcomes are statistically improved by our interventions, as we do so at the direction and oversight of emergency physicians; even though our interventions have become more autonomous in the past couple of decades. The initiation of “community paramedicine” is but one evidence that we have won the trust of the medical community and we have done so through hard work and education.

As national EMS in general, and Alabama EMS in particular, traverses the twenty-first century we will continue to develop the breadth of our skill sets and knowledge, and thus the number of our diagnostic and interventional techniques. But, as we continue to age as a profession, what we do and where we do it will continue to remain equally difficult, dangerous, and challenging. I believe our motivation to excel and thrive will continue to be what is always has been. We make a difference that not very many people can make, in the lives of our fellow citizens at the times when they need help and would otherwise not have it.

I, and the staff of the Alabama Office of EMS, look forward to many more yearly EMS weeks and to honoring our providers and constituents in the state of Alabama who make it possible.



IF YOU DIDN'T DOCUMENT IT, YOU DIDN'T DO IT.

William Elwin Crawford, MD, NRP, FACEP
EMS Medical Director, State of Alabama

The proverb “If you didn’t document it, you didn’t do it” has been a part of EMS and modern medicine in general since the beginning. We are all told that in the very beginning of our training. We all understand the logic that recording our actions during patient care can be used to verify the steps we took to treat our patient. An investigation could use a combination of the patient care documentation, the unit and drug box check sheet and any other applicable documentation such as log sheets, duty rosters and CAD records. The lack of any one of those documents could be devastating during litigation.



Not only do electronic patient care reports (e-PCR’s) support our patient care efforts individually, but they also support our interventions as a profession. One example is that the **Annual EMS Report** is compiled and submitted each June. It is compiled by the OEMS Data Management and Analysis Section, submitted for review by the OEMS Director, OEMS Medical Director, ADPH Chief of Staff and State Health Officer and ultimately submitted for approval by the State Committee of Public Health. Thereafter the record is released for distribution to news media, the Alabama legislature, any interested requesting entity, and most importantly the citizens of the State of Alabama (our constituents). Once published it becomes available online in PDF format on the OEMS website and, thus, is available to the world wide web.

This year during my review of the report I noted that the total count for rapid sequence induction (RSI) assisted intubation in the entire state for 2022 was listed as “5”. I found that total to be counterintuitive as I can remember seeing far more patients transported in by EMS helicopters to the hospital where I work and just on the days and times that I am on duty. I telephoned the OEMS and spoke with Gary Varner, the Senior Epidemiologist and State EMS Data Manager regarding the disparity. He stated that he concurred with my assessment that the actual count is much higher, explaining that the action had to be properly recorded as a procedure (as code number 241689008 “rapid sequence induction”) for the incidence to be properly accounted for. He explained that the EMS Repository receives, on average, one record every fifteen seconds. A query cannot be made for the use of certain paralytics because they are often administered in transit to facilitate ventilator tolerance after intubation. It does not matter if the Critical Care Paramedic includes it in the narrative (which they should) if the action was not added to the record by use of a “procedure dropdown box.”

Any procedure, from burn care and use of a pelvic sling to orotracheal intubation and cardiac pacing, must be recorded in a procedure box to be available for aggregate counting. Recording anything solely via the narrative will make it available for individual case review but recording it in a procedure box makes it possible to determine where, when and by who each type of skill is accomplished. It is completely possible that the State Medical Control Committee (SMCC) can elect to remove approval for any procedure which is not adequately utilized. That is evaluated by the aggregate counts analysis within the **Annual EMS Report**.

My advice is to record each procedure performed on a patient as described above and to summarize the procedures applied with the reasons why you elected to provide each procedure in the narrative. Inclusion of rationale not only makes an improved defense during litigation but use of a procedure box requires you to record the exact date and time, whether the application of the procedure was successful or unsuccessful, and whether or not the patient improved after application of the procedure. Example: PROCEDURE BOX: Date & Time, Orotracheal Intubation, Procedure – Successful, Number of Attempts – 1, Patient Response – Improved. NARRATIVE: “Patient intubated with 7.5 ETT secondary to hypoventilation and poor oxygen levels...”

**MONTGOMERY FIRE / RESCUE
DOCUMENTATION DRILL**
MONTGOMERY, MONTGOMERY COUNTY
July 5 through July 28, 2023

The Division of Training of the Montgomery Fire / Rescue Department has designated July for Fire and EMS Incident Reporting Drill. The process integrates engine, truck and rescue companies into morning and afternoon sessions at the MFR Training Center at 1001 N. Court Street.

The didactic portion of training is divided into (1) Why do we report? And (2) How do we report? The “why” component reviewed the legal and ethical implications of both fire operation and emergency medical operation reporting; the impact of documentation upon decision making processes, resource allocation and planning; and internal and external communications and collaboration processes. The “how” component reviewed the practical processes of creating both fire and EMS reports, the organization-specific aspects of reporting software utilization, and described process guidelines designed for optimum documentation.



The practical portion of training involves situational scenarios with both fireground and medical components. Training versions of service-specific software was then utilized for student participation and demonstration of skills. Instructor review of student work occurred, and feedback was provided.

One of the more impactful aspects of the training was the presentation of a training video which showed a very realistic motor vehicle accident scene progression. Care was correctly provided by an engine company while waiting on EMS transport services. In the after-call phase the recording of patient care was shown to be diligent but including one slight, seemingly insignificant shortcut in the description of care. A courtroom scene then progressed, described as “two years later” where the persons involved in the accidents were litigants in a civil case for injury liability. The attorney for the defendant utilized every weakness in the patient care report to maximize the possibility of plaintiff injury by improper care by the first response engine, which is a common ploy. The general topic of the video was “if you don’t document it, you didn’t do it.”

The Office of EMS would like to commend Montgomery Fire/ Rescue, Assistant Chief R.H. Bozeman (Director of Training) and Captain David Monplaisir (Standards & Compliance) for their proactive stance regarding fire and EMS documentation training, and the excellent classes made available to their personnel. EMS documentation is often considered an unpleasant task by licensed providers but is a necessary skill which contributes to operational integrity of the service and litigation protection of the individual.

IN CASE YOU DIDN'T KNOW...

The Alabama EMS Repository received approximately 925,231 ePCR's in 2022 and anticipates approximately 938,000 in 2023. This total is a substantial underestimate of the number of responses occurring in Alabama due to report failure (software issues) and failure to report (procedural error). Of reports upon which cardiac arrest is documented to have occurred, approximately 88% are reported to have occurred prior to EMS arrival. The remaining 12% are documented to have occurred after EMS arrival. Less than 1% of calls document a cardiac arrest occurring (0.96%).

EMS DATA & REPORTING UPDATE

Gary L. Varner, MPH, NRP / Epidemiologist Senior
Data Management & Analysis Section



OFFICE OF EMS
DATA MANAGEMENT & ANALYSIS

The Reason For RESCUE EXCHANGE (What Is It and Why Does It Exist?)

The purposes of the NEMSIS (National Emergency Medical Services Information System) are threefold; (1) To provide a comprehensive, validated permanent record of a crew's response and the patient care performed during the response. (2) To provide complete documentation of care for medical review by physicians at the receiving facility, for the purpose of billing (if the agency bills) and for the protection of the agency and crew against litigation. (3) To provide data at the agency, state, and federal levels for purposes of research, quality assurance and quality improvement.

The rules requiring electronic patient care reporting are contained in the EMS rules. The EMS rules are part of the Alabama Department of Public Health Administrative Code, specifically chapter 420-2-1. The patient care reporting rules are found at 420-1-1-.21 and in the current rule book available at the OEMS website, is on page 38. To summarize the reporting rules; (1) Each Emergency Medical Services Provider (individual) is responsible for submitting an electronic patient care report (e-PCR) within 24 hours of caring for a patient. (2) Each Emergency Medical Provider Service (service or department) is responsible for providing the means for employees to provide the reports and is responsible for making sure an accurate and complete e-PCR is finished and submitted into the State EMS Repository. (3) Further, the Emergency Medical Provider Service is responsible for providing a copy of the e-PCR to the receiving hospital facility.

Each Emergency Medical Provider Service (EMPS) has their own approach to delivery of e-PCR copies to facilities. Some e-PCR reporting software vendors provide faxing or email delivery functions. Some services fax copies to their hospitals. In 2018 the Office of EMS developed a web-based service for hospitals so that e-PCR copies could be directly accessed from the State EMS Repository. The platform used to do that is called "RESCUE EXCHANGE". The initiation of RESCUE EXCHANGE relieves the transport services of some of the burden of delivering e-PCR copies. Hospitals must choose to participate in RESCUE EXCHANGE, and approximately 15-25% of them do so (about 55 facilities, both in and out of state).

The role of the crew and the service in assuring access of RESCUE EXCHANGE by their receiving facilities is to make sure the appropriate facility gets checked as the receiving facility and (for the services) the appropriate Facility ID Code is available for all hospitals that the service delivers to. Every facility certified by the Alabama Department of Public Health has a Facility ID Code because we use their certificate numbers off an electronic list. We also assign numbers to facilities that are frequent receivers of Alabama patients. An Alabama hospital will have a code that begins with "H" and then has four digits. An out of state hospital (Florida, for example) will have a code "HFL" and three digits. For example, University of Alabama at Birmingham Hospital (UAB) has the code "H3717". At the same time, UAB Highlands Hospital also shares that code because they are under the same certificate number (which is unique). Sacred Heart Hospital in Pensacola has the code "HFL002". There are currently 1,472 facilities on the list. Services should program only the facilities they transport to on their drop-down menus. Inclusion of destination nursing homes and dialysis centers is beneficial if you wish to track your deliveries there for Quality Insurance & Quality Improvement purposes. Only hospitals participate in RESCUE EXCHANGE.

Visit Our Webpage: www.alabamapublichealth.gov/ems Visit Our Facebook Page: www.facebook.com/AlabamaEMS

COMPLIANCE SECTION UPDATE

Steven Stringer, BS, AAS, NRP, FP-C
Compliance Coordinator



Compliance Specialist Rhonda Caples, NRP, FP-C, and I would, again, like to thank everyone who is licensed in the State of Alabama for the extraordinary job they do caring for ill and injured patients in our state.

The second quarter of 2023 has not been an extremely busy one for the Compliance Section. There have been a few incidents which occurred that call for us to mention a few announcements.

CBD (cannabidiol) is finding its way into more and more treatments and medications for ailments that may affect EMS personnel. Cannabidiol oil is, of course, derived from cannabis and is considered a natural remedy. The primary psychoactive component of the plant *Cannabis sativa* is tetrahydrocannabinol (THC) which is the compound responsible for the sensation of “getting high” that’s often associated with cannabis. THC is the compound tested for in urine chemistry assessments such as when students are required to test prior to hospital rotations in EMS training or after motor vehicle accidents at work (ambulance accidents). CBD is not psychoactive but has been found to have benefits such as pain relief, antianxiety, and so on. The drawback is that CBD may cause drowsiness and sedation and may even affect liver function and adversely interact with certain prescription medications. As the use of CBD is so new, it is also not completely clear how it can affect the outcome of post-accident urine tests. The influences of the compound upon practical skills ability also have not been clearly established, and so may increase provider liability in malpractice litigation. Ask yourself if you would trust a surgeon to operate upon your loved one if it was shown that he or she partook in a few CBD gummies prior to the surgery. The influences of CBD have not been completely established in legal precedent for any sort of medical care process. For these reasons we take this opportunity to caution EMS providers who may use CBD products. Just because CBD is legal, we would also remind you that alcohol is also legal, but not prior to providing EMS patient care.

We would also like to remind you that the State EMS Rules require Emergency Medical Provider Services to inform the Alabama Office of EMS of any EMS vehicle accidents that occur, when an ambulance is responding to an emergency, if a patient was on board or if crew members were injured. Under 420-2-1-.11 of the EMS Rules, the statement (10) Licensed emergency medical providers services shall ensure: (i) The provision of immediate verbal notification to the OEMS and a written report within 5 working days of any accident involving an ambulance that was responding to an emergency, that injured any crew members, or that had a patient on board. A copy of the accident police report must be provided to the OEMS as soon as it becomes available.

The Ambulance Accident Form is available on the Office of EMS Website, under Forms (on menu on left of page) under the heading “Compliance”. You can link to it directly at <https://www.alabamapublichealth.gov/ems/assets/complaint.form031521.pdf>

This quarter we were fortunate to have only had one suspension of an individual license.
420-2-1-.30 Impairment Suspension

If you have any questions or comments regarding Compliance, you may call me directly at 334-290-6236 or email me at steven.stringer@adph.state.al.us.