

THE ALABAMA OFFICE OF EMERGENCY MEDICAL SERVICES



EMS QUARTERLY NEWSLETTER

From Mobile to Huntsville and Everywhere In-Between

Volume 16, Issue 4 – October-December 2023

LIFELONG LEARNING BENEFITS EMS.

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



Over the last couple of months of 2023 (yes, I'm a procrastinator sometimes) I doubled down on completing my CME for the year in order to renew my medical license. As I completed the CME, I once again marveled at how much the practice of medicine has changed in such a short time. It made me realize that certainly one must make a conscious effort to keep up lest they get behind.

This holds true for EMSP as well. We must all make an effort to become a lifelong learner in our field. We will be mentors for other young EMSP, and we owe it to them to keep up in order to further our profession. More importantly though is that we owe it to the patients to make sure we have as much knowledge as possible in order to care for them.

I challenge all of you to begin this year by making a commitment to be a lifelong learner. I further challenge all of you to pick one topic per week and learn/review this topic. That is fifty-two topics this year. Can you imagine the impact we will have on patient care if we all commit to that? As I interact with y'all during this year don't be surprised if I ask you what topic you have studied this week. I encourage you to hold me accountable and ask me the same thing.

I really appreciate what y'all do day in and day out. I know y'all don't get the credit you deserve but I want you to know that I'm always proud of the job you do.

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Elwin Crawford, MD, NRP, FACEP

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**OFF-DUTY SHOOTING FATALITY OF FIREFIGHTER/PARAMEDIC
LIEUTENANT THOMAS FARMER, 47**

WELLINGTON, CALHOUN COUNTY

OCTOBER 25, 2023; Incident Call Out 10:40 Hours

On Wednesday, October 25, 2023, the Lincoln Fire Department received word that Lincoln Fire Department Lieutenant Thomas Farmer had been involved in an off-duty altercation near his home. According to several news sources, Lt. Farmer had just arrived home from his shift when he heard a gunshot nearby, investigated it, and discovered that a neighbor had shot and killed one of his dogs. According to Lincoln Fire’s Facebook page, “The incident resulted in some type of altercation between Lt. Farmer and the neighbor. During the altercation Lt. Farmer was shot and killed.”

According to Lincoln Fire Department Chief Joshua B. Vincent, “Farmer began his career in public safety in 1995 before becoming a Firefighter/Paramedic in 2001 with the City of Anniston. In July 2003 Farmer was hired by Lincoln Fire Department where he has served faithfully ever since.” Chief Vincent went on to add that Lt. Farmer left behind a wife and seven-year-old son. The funeral for Lt. Farmer was held on Monday, October 30, 2023, at Glencoe Hokes Bluff Funeral Home. The Lincoln Fire Department conducted a Level 2, Non-Line of Duty Firefighter’s Funeral.

Lt. Johnson’s widow, April Johnson Farmer, is a neonatal nurse practitioner at Brookwood Baptist Medical Center. Their son, Rilee, began his first day of first grade on August 9th of this year. Rilee was born on July 30, 2016, eleven weeks premature.

No words are adequate to describe our sadness at the loss of this Alabama Firefighter/Paramedic. The Alabama OEMS extends our condolences and prayers for Lt. Farmer’s family, friends, and co-workers. The tragedy of his loss to his family, his community and to the Alabama EMS family is indescribable and heart-felt.



ON-DUTY TRAFFIC FATALITY OF ASAP EMT

Mary “Katie” Pipkins, 30

MOBILE, MOBILE COUNTY

DECEMBER 30, 2023; Incident Call Out 19:00 Hours



The Alabama OEMS is saddened to learn of the death of ASAP Ambulance of Mississippi EMT Mary “Katie” Pipkins. According to news and social media sources, in the late afternoon of Saturday, December 30, 2023, EMT Pipkins and her partner had delivered a patient to a Mobile medical facility and were returning via Moffett Road to their nearby coverage area in Mississippi. Near the intersection of Moffett and Sheldon Beach Road the unit ran up on a motor vehicle accident and stopped to render aid. While caring for persons involved in that accident EMT Pipkins was struck by an impaired driver and succumbed to her injuries on the scene.

Further, the news site al.com reported on January 3rd that the driver who struck EMT Pipkins, was arrested and charged with manslaughter and driving under the influence (DUI). The driver’s vehicle not only struck EMT Pipkins, killing her, but also struck another subject on scene who required transportation to an area hospital. The article outlined that the driver has been charged with DUI on previous occasions.

According to the Department of Transportation, National Highway Traffic Safety Administration (NHTSA) each year approximately 23 fatal roadside accidents occur involving first responders and roadside workers. In addition, hundreds more suffer injuries while tending traffic incidents. As a result of this statistic, all 50 states have enacted “move over laws” requiring drivers to change lanes to safely avoid responders at roadside accidents and roadside workers. Alabama’s Move Over Law, enacted in 2009, states that: When an emergency vehicle using any visual signal is stopped or parked on or next to a roadway, drivers approaching the emergency vehicle should (1) make a lane change into an available lane not immediately adjacent to the emergency vehicle; or (2) if unable to safely make a lane change, slow down to a reasonable speed for existing weather, road, and vehicular or pedestrian traffic conditions.

The Alabama OEMS would like to take this opportunity to encourage all first responders to practice consistent situational awareness at all times, but especially during roadside care situations. If possible, a high visibility jacket or vest should be worn while on the roadside. Visual signal lighting should always be activated during a roadside situation to promote identification of a potential hazard by oncoming traffic. Perhaps the most important, due diligence should be performed to avoid unnecessarily endangering yourselves during rescue operations. Always remember the old EMS saying, “Dead rescuers don’t save lives.”

In this tragic situation we must all remember that often the public does not practice due diligence that could promote our safety. We wish to extend our heartfelt condolences to ASAP Ambulance and to the friends and family of EMT Mary “Katie” Pipkins.

NOTES FROM THE DIRECTOR:

Loss of a Co-Worker – How do we deal with it?

Jamie Gray, BS, AAS, NRP, TP-C
State EMS Director



As 2023 draws to a close I have taken the opportunity to review the three previous newsletters for this year. What immediately came to mind were the articles that described loss of life of EMS personnel. This issue contains two such articles. Previous issues contained articles describing fire personnel shot, one killed, while at work in their station, fire personnel severely injured on the scene of a housefire and the death from chronic illness of a long-standing member of Alabama EMS in both the field and training sites. As I sit and review the newsletter, and consider similar instances that were not contained in the newsletter and began to ask myself “How do we deal with the loss of our coworkers?”

As EMS providers we will never work in a vacuum. As we go through our EMS careers we will train with, work alongside and in proximity with and come to know literally hundreds if not thousands of fellow EMS personnel. As we interact with others, we naturally tend to learn from them and from our surroundings and situations. The author B.J Neblett wrote:

“We are the sum total of our experiences. Those experiences – be they positive or negative – make us the person we are, at any given point in our lives. And, like a flowing river, those same experiences, and those yet to come, continue to influence and reshape the person we are, and the person we become. None of us are the same as we were yesterday, nor will be tomorrow.”

Although not specifically describing EMS relationships, the quote profoundly defines the influences that our partners and co-workers have on our development as practitioners. We bring with us our natural tendencies and principles taught by our families, but our partners and co-workers inherently influence our professional acumen, attitudes, and skills. Those partners and co-workers also become part of our “work family” and, thus, become very valued and loved in our lives (whether we admit that to ourselves, or not).

It has long been recognized in EMS that patients and the public are mostly viewed as “others” in EMS provider perspective. We are procedurally placed in situations where we must fight for our devastatingly ill or injured patient’s lives and many times we fight a losing battle. To maintain our mental health, we tend to place those people at a distance, as “them”. Many times, we develop a world view of “us and them” where we view our patients as different than ourselves. I have personally heard seasoned EMS providers advise new providers regarding troublesome sympathy concerning patient death and suffering “If it’s not you then it’s a good day.” That necessary callousness tends to occur more and faster in very busy EMS systems and areas, and it varies by individual, but few of us can deny that it occurs, and many would argue that it is necessary.

That being said, what do we do when the loss is not of a patient, but of a partner? The approach may be different based on the condition of loss, although the devastation of the loss would be comparable. Loss of a partner or co-worker to a lengthy illness such as cancer would likely be less acutely devastating because of the probability that the person would eventually be reassigned and ultimately be removed from work responsibilities. Separation would then tend to lessen emotions over time as our only exposure to our co-worker's dilemma becomes news relayed from the family or social media. We are all familiar with the five stages of grief from our EMS training. Those stages of grief were defined by Elisabeth Kübler-Ross (the primary architect of hospice care theory) in her book *On Death and Dying* in 1969. Her model was drawn from her observations of terminally ill patients facing their own deaths. Like those patients, and a terminally ill co-worker, we would likely face each stage of grief (not necessarily linearly) until we ultimately arrived at "acceptance" if given an adequate amount of time.

In cases of acute death, the stress of loss is greatly magnified. Situations such as a shift-mate shot and killed on duty, a co-worker dying from an acute medical illness on duty, or a partner hit and killed on an MVA scene, our worlds are turned upside down in an instant. If these individuals are particularly important to us, being a primary role-model for EMS professionalism, the loss could equate that of losing a close family member. The relationships among EMS personnel, given the nature of our association, can only be felt by other similar public service professionals whose associations tend toward that of brotherhood/sisterhood. As stated by Stephen Kavalin in *EMS World* in 2010, "One of the consequences of the job is that we become masters at the fine art of feeling suppression, as opposed to feeling expression. We are the walking emotionally wounded, and the loss of a colleague, partner and friend is one of the most emotionally potent moments we can experience, not just as paramedics but as human beings."

In my opinion, that tendency to suppress our feelings is one of the biggest reasons for EMS burnout, attrition, substance abuse and stress. We unnecessarily cope alone, often alienating our blood family members, our work family members, and friends. We unnecessarily view ourselves as weak if we "catch the feels" regarding the stressful nature of our work, including the loss of a friend and mentor. Among the unfortunate outcomes of our self-imposed suffering in solitude can be health related issues that lead to an avoidable early death, increasing substance abuse and self-harm. At the very least it can take the joy we feel from providing patient care and helping people.

At the state and national levels, fire and police services are working to develop a formal peer-support system among their agencies. The Alabama Fire College, for example, offers courses in Peer Support Member Training (16 hours) which can lead to a State of Alabama Certified Peer Support Member certification. The Alabama Department of Mental Health partners with the Alabama Fire College on expansion of peer support programs to strengthen emergency responder mental wellness which includes training on the program during recruit training.

The only way to deal with the tragedy of loss of a partner/mentor is to make peer support available at the regional and agency levels. Similarly, peer support availability can positively affect the stress-related problems traditionally experienced by EMS personnel. The Alabama OEMS is currently exploring the development of EMS related peer support. Until EMS providers accept the concept of peer-support and cease to unnecessarily suffer in silence and alone, the profession will continue to suffer unnecessarily.

STROKE EDUCATION AND SYSTEM DEVELOPMENT

Tabatha Ross, BSN, RN

Acute Health Systems – Stroke System Coordinator

A stroke symposium was held by the North EMS Region (Alabama EMS Region One or A.E.R.O.) on October 19, 2023. It was followed by a stroke symposium held by the Gulf EMS System (Alabama EMS Region Six, or A.G.E.M.S.S.) on January 12, 2024. Both symposia were huge successes.

These events featured the newest developments in the field of stroke diagnosis and management and were attended by physicians, nurses, and Emergency Medical Provider Services (EMPS) staff who were introduced to the new Severity-Based Stroke Triage (SBST) routing. Registered Nurses attending the classes could also use it to prepare to take the national stroke nursing certification.

Although SBST routing is not yet statewide, once it is implemented, routing will begin by region.

Attendees were also informed of the Level IIa Mechanical Thrombectomy Capable Center, which is a new stroke hospital designation. In September, Montgomery’s Baptist Medical Center South (Southeast EMS Region) secured its Level IIa designation, while Huntsville Hospital in the North EMS Region received the same designation in October.

Currently, there are five Level IIa designated centers across the Alabama Statewide Stroke System that have the ability to perform mechanical thrombectomies. In addition to Huntsville Hospital and Baptist Medical Center South, Mobile Infirmery and Pensacola Baptist Medical Center (Gulf Region) and Brookwood Medical Center (BREMSS Region) have the Level IIa designation.

Alabama’s Stroke System also has three in-state Level I facilities, UAB Hospital (BREMSS Region) Southeast Health (SEAEMS Region) and USA Hospital (Gulf Region). Additionally, we have four out of state participating Level I facilities, Erlanger Medical Center in Chattanooga, TN, Grady Memorial Hospital in Atlanta, GA, and HCA West Florida Hospital and Sacred Heart Hospital in Pensacola, FL. Level I Stroke Centers not only have the capability of advanced procedures such as mechanical thrombectomy but have extensive stroke care areas and advanced staff available twenty-four hours a day.

OEMS appreciates the efforts of our Stroke System Coordinator and the other Acute Health Systems staff to promote the best possible advanced care possible for the citizens of Alabama.



COMPLIANCE SECTION UPDATE – 4TH QUARTER REPORT

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 4th Quarter of 2023 has been uneventful in the Compliance Section. We have no disciplinary actions to report for October, November, or December 2023.

The following counties were inspected in the 4th quarter

October

Franklin, Talladega, Chilton, Elmore, Dale, and Henry

November

Cullman, Clay, and Chambers

December

Cleburne, Randolph, and Shelby

The following services were awarded the “Culture of Excellence.”

- Sylacauga Ambulance Service
- Lanette Fire and EMS
- East Alabama Fire District
- Helena Fire Dept
- RPS Shelby County
- Echo EMS
- Daleville Police Volunteer Rescue Service

We would also like to remind our licensed services and individuals to make sure that all email addresses, physical addresses, and telephone numbers are updated and correct in the AlaCert database. This is typically accomplished during the application process for license renewal.



EMS DATA & REPORTING UPDATE

Gary L. Varner, MPH, NRP / Epidemiologist Senior
Data Management & Analysis Section
Comprehensive Documentation of Response



OFFICE OF EMS
DATA MANAGEMENT & ANALYSIS

Is it possible to ‘over document’? The answer is emphatically ‘NO’. The reason for documentation is to record your observations, your actions and (perhaps most importantly) the REASON for your actions.

For your review and reference, the 2024 (Version 3.5) Alabama OEMS Reporting Guidelines are available online. The link to the document is at the top of the “Alabama ePCR” page on the OEMS website. For your convenience I have also included the link to the document here:

<https://www.alabamapublichealth.gov/ems/assets/alabama.oems.reporting.guidelines.2024.pdf>

Basically, any electronic record is rather like an EXCEL spreadsheet. Each “element” in the ePCR is a column in the spreadsheet and the record itself is a row (one row per report). Elements are preprogrammed to record what they record. For example, the time elements record date and time. Drop down menu elements will allow a choice from a list to be chosen, such as the Unit Disposition elements. Text elements, such as the narrative, allow what is essentially an endless string of words (verbiage) to be recorded.

When completing your electronic documentation, you are telling the story of your response. Not just patient care, but the response. If two units respond to a patient, both units must report, whether-or-not they had patient care responsibility or even patient contact. If a unit responds to a scene and is “waved off” by a crew already on scene, the second unit should document the time and official who waved them off. Even if they are cancelled enroute to a scene, they should personally document when they were cancelled and who cancelled them. This protects the crew’s decision to stop the response and return to the station. Also, dispatch logs may be editable, but ePCRs are not editable without electronic tracking of the edits occurring. Thus, the decision to cancel response is irreversibly recorded for review at some future time. Such measures protect YOU from future “he said-she said” situations.

When documenting care in the field, the person providing that patient care should also not only document WHAT they did, but WHY they did it. The documentation of a medical intervention should include the (1) Who (2) What (3) Where (4) When and (5) Why of the intervention. The “Who” of the situation is not only the patient (remember the “five rights” of medication administration – “right patient”).

One small example of the important concept of the “who” of a procedure occurs in vital signs measurement. Whenever vital signs are taken, procedures are done, or medications are administered; the data should be recorded in the specified data entry drop down “box”. Some differences exist between software vendor products, but generally vital signs can be recorded independently of a procedure box recording “410188000 Taking Vital Signs Assessment (Procedure)”. You are encouraged to record the vital signs recording procedure when measuring vital signs. In most systems recording the procedure is just a couple of extra clicks. When making the decision to record the procedure think about how you are going to defend the fact that it was actually you that took a set of vital signs if it ever comes into question in a court case. Medical lawsuits very often involve the question of “who” took a set of vital signs.

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The “what, where and when” of procedure/medication documentation is straightforward as the procedure/medication, route of administration and date/time of application/administration is intuitively and effectively recorded when completing the procedure or medication drop down box. The “why” of intervention is the one factor that is not covered in a drop-down menu. Documentation is an art form. Like any art form, the effort applied to perform it directly affects the quality of the product. In a litigious society where “who took a set of vital signs” can be important in court, the reason why something was done is certainly important. It turns out “why” is of utmost importance to both protection from litigation and evidencing the need for interventions for the purpose of insurance reimbursement.

From the litigation viewpoint, defending your actions in court becomes much easier if your reasons for doing something are documented. It takes the empowerment of conjecture from the plaintiff’s attorney. If you performed an action, documented that you performed the action and advised your reasons for performing the action, it leaves very little area for questioning. For example, if a patient is found to be deceased in the field, what criteria was used to determine that the patient is actually deceased? Which of the following statements would be easier to defend in court? (1) *Patient assessed and found to be deceased. Medical control contacted and time of death assigned by Dr. Smith at 18:06 hours.* (2) *Patient assessed and found to be cold, dry and with indications of post-mortem lividity with rigor mortis of extremities and asystolic in three ECG leads. Last seen alive by sister at approximately 06:00 this morning. Medical control contacted and time of death assigned by Dr. Smith (MCP#0000) and time of death assigned to be 18:06 hours.* Just about anyone would agree that the second example is far easier to defend in court. It only added 36 words but speaks volumes to the decision-making process involved.

From the reimbursement viewpoint, defending your actions to an insurance payor is often more difficult than defending it in court. If you have ever filed an insurance claim that was not reimbursed you have some experience in the process. Insurance payors are resistant to funding procedures on itemized bills that can be viewed as unnecessary. Again, if you have ever been unnecessarily charged for something on a bill you can relate to their viewpoints. If you could choose to deny payment or approve payment for a transport bill, which of the following would you most likely pay (or be more obligated to pay)? (1) *Transported patient to XYZ hospital without lights and sirens.* (2) *Secondary to signs and symptoms listed above, transported patient to XYZ hospital for physician evaluation to rule out cardiac pathology, no lights or siren were used so that patient anxiety was minimized.* As EMS personnel we intuitively know why the patient was transported, however, anyone trying to question our decision (and that could benefit from finding our decisions questionable) can and will nitpick our actions.

In conclusion, the Alabama OEMS encourages you to remember that EMS deals with life and death and that human nature often reflects the actions of projection or deflection of blame. An old EMS saying declares “Blame is like peanut butter. We spread it thin, so nobody chokes on it.” Also, patients and families sometimes unnecessarily blame unfortunate outcomes on those persons who were called to help them. We encourage Alabama EMS personnel to develop true skill in their documentation. Not only will skilled documentation help in the insurance reimbursement efforts of Emergency Medical Provider Services, it will also help to protect those Services, and the reporting EMS personnel, from liability. It is our opinion that documentation is as important to professionalism as is skill, knowledge, appearance, and comportment.

2023 OEMS Christmas Party

On Wednesday, December 13, 2023, the Office of EMS held our annual office Christmas celebration.

This year we had food catered by Jim 'n Nicks Barbeque, who outdid themselves. All of us probably ate too much and enjoyed the festive music provided by some of our office mates.

Chris Palmer, who works in our I.T. Section, coordinated the musical celebrations by singing, playing the saxophone, and accompanied by Office Director Jamie Gray on guitar and Alice Floyd on vocals, rendered some excellent Christmas carols.

Alice also performed a solo rendition of the song "Cradle in the Shadow of a Cross." The song was performed with a beauty sufficient to bring tears to the eyes of some of the attendees.

Alabama OEMS is fortunate to have staff members with musical talent. Chris Palmer serves as the Music Minister of the Highland Avenue Baptist Church in Montgomery. Alice Floyd is very active in the Prattville Community Choir and sings at her church. Jamie Gray was a member of the marching band and symphonic bands both in high school and while attending college at Troy University and plays several instruments very well.

As 2023 draws to a close, the Alabama OEMS wishes all EMS personnel in our State the warmest of holiday memories and a wonderful coming new year of 2024.

