

Director's Update

The last couple of years have been quite a learning experience for us all to say the least. I cannot begin to express my appreciation for the “boots on the ground” workforce and I have come to understand and appreciate very quickly that you, the EMS community, are a very passionate, diverse, and intelligent group of individuals that I am proud to work alongside every day. I hope that you will understand and appreciate the fact that my goal is to provide and maintain an EMS system that is reliable and efficient for the citizens of Alabama. I know that we can accomplish this if we are working together for this common goal. One of the top initiatives of the Office of EMS is to explore potential resources available for equipment, training, and the overall betterment of the EMS community. We are utilizing funds from federal and state sources such as the EMSC grant, the Rural Equipment grant, and the FR-CARA grant (AOA Project), just to name a few, to assist providers where we can. I know that this does not do much for our staffing shortages but we are working to try and find solutions for that as well. The AOA project has

provided over 20,000 doses of naloxone throughout the state and the EMSC project has assisted in providing pediatric transport devices. The Rural Equipment grant is aiding services in the purchase of new trucks and equipment along with many other things. We also have a totally redesigned protocol book that will be going into effect on April 29, 2022 that includes more drugs and interventions for every level that have ever been offered in the state of Alabama. These are just some of the ways that we are trying to improve the EMS industry in Alabama. Alabama's EMS System is consistently evolving and by working together, we have the opportunity to see real, positive changes in our system. It's only because of so many of you who are providing the needed leadership and initiative in your services that we can be an example to the rest of the EMS community in this country. Again, thank you for all that you do everyday to make EMS in Alabama the best that it can be.

*Jamie Gray, BS, AAS, NRP
State EMS Director*

Licensure Updates

Provider Services Licensure Update

Renewals

We look forward to working with you during the upcoming renewal cycle. The renewal cycle is April 1-June 30, 2022. Please begin to get all necessary documents in order to make this process as smooth for everyone. Our Provider Service application has been updated. To ensure that you have the latest copy, please go to our website (alabamapublichealth.gov/ems/licensure.html). This year, we will only require renewing services in the North and Gulf regions to submit copies of their plans (Controlled Substance Plan, Drug/Fluid Plan, and Biohazard Waste Management Plan). All other services do not have to submit plans with

their renewal applications unless changes have been made. Any new service must still submit plans with their initial application.

Insurance

Please keep in mind that all licensed services must maintain at least \$1,000,000.00 in liability insurance. We must have proof of insurance in your file. Please make sure your records are updated with us, if you change insurance companies or if your insurance expires before the renewal cycle.

Web Management

In order to match patient care reports with services, it is very important to keep your service

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rosters up to date. Please go to the OEMS web management site periodically to update personnel rosters and vehicle information.

Chris Hutto, MBA, NRP-Provider Licensure Coordinator

Kembley Thomas, AS-Provider Licensure Assistant

Individual Licensure Update

We would like to inform everyone of some updates and new information since our last newsletter concerning licenses. All the forms needed can be found on the individual license information page.

All Intermediates and any pre-existing non-registered individuals will need to continue to send in their education certificates each time they renew their license. This may be done by email or fax.

There is now a new email address on the license page that you may utilize in order to send documents to the licensure division for an individual license.

Any individual that would like to apply for an endorsement on their license, such as the critical care endorsement or tactical endorsement, and has not been licensed here in Alabama, will need official written documentation from their currently licensed state to show they have been a licensed paramedic for at least three years. We will need the license issue date and expiration date. If this includes multiple states, then multiple documentation may be provided.

If or when your contact information changes, you will need to update your information with our office. We have a specific form online for you to fill out and send into the office in order for this to be processed. It is titled the Information Update Form which may be used for contact information changes only such as a change of address, phone numbers, and emails.

If you need to change your name, please include documentation to show proof of a name change. For example, a marriage license, driver license, or divorce certificate. You will also need to fill out the

first page of the application and check the box that shows "name change."

If you are attempting to gain your initial license in Alabama from another state, you will need to have completed the Alabama Protocols course, which can be done online and/or through any of our six regions and send in your certificate along with your application.

All **initial** applications which need to also contain the critical care or tactical endorsement will need to fill out the two separate applications; one specifically for the critical care or tactical endorsement and one for the initial license itself. If you are renewing your critical care, you will just need to send in a copy of your IBSC/BCEN certificate.

All signatures on all the applications must be your legal signature and not a typed or digital signature. This is something we are working to be able to accept but are not to that point just yet.

Anyone who has an initial or expired application cannot process their application online at this time. Only a **current** Alabama license can be renewed online. Expired renewals are also something we are working to be able to accept online but are not to that point just yet.

Any individual that has checked yes on the application concerning the question of a

special diagnosis or condition must also submit an Essential Job Function Analysis form which is available on the website under "Forms."

For anyone that has a lapsed National Registry and is currently seeking to gain their registry back, we have provided some information pertaining to this on the individual license information page under Lapsed National Registry Certification Information. Ultimately, this is a National Registry question and we would always suggest contacting them for the most up to date information.

Vickie Turner, BS, NRP-Individual Licensure Coordinator

Stephanie A. Smith, Individual Licensure Assistant

What is your Electronic Patient Care Report (e-PCR) For?

Most EMS people do not realize all the things that their e-PCRs are used for. Protection from litigation. Evidence to back up insurance claims. And being a data source for dozens of other uses. Modern PCRs are electronic so that measurement of actions and responses in patient care are possible. The fact is that most field providers view creating and submitting e-PCRs as extremely unpleasant.

The hate of electronic charting does not limit itself to only EMS. Physicians, nursing personnel and literally all other healthcare professions find charting to be tedious and agonizing, but necessary. In a few healthcare situations charting can occur simultaneously with patient care (prospective charting) but in the vast majority of emergency healthcare charting must be done after the fact (retrospective charting). In the best-case scenario retrospective charting takes place as soon after the patient care occurred as possible. In the fast-paced busy days of EMS, reports may pile up and require time that would otherwise be the crew's down time or sleep time. In worst-case scenarios the reports extend after the end of the shift and into off-time. As with all skills, rapid and accurate e-PCR writing comes with practice and experience.

Electronic charting in Alabama EMS has been around since the early 2000's. Every US state and most territories are compelled to participate in the National EMS Information System (NEMSIS). NEMSIS defines the components (called elements) of the e-PCR. Each state defines its accepted procedures, protocols, medications and may add custom elements as needed. Alabama, for example, is adding eleven custom elements for the EMSA (Emergency Medical Stroke Assessment) evaluation which is integrated into the Alabama Stroke System. Alabama e-PCRs (Version 3.4) contain 272 elements including the new EMSA elements.

e-PCR elements tend to be "drop down menu" populated with the obvious exception of the

narrative component (eNarrative.01). Drop down menu choices allow the reporter to quickly enter data from a list of choices, rather than having to write information out. The goal is to make reporting as quick and as accurate as possible. The written narrative, which is configured as a text box, remains necessary because not every aspect can be covered by drop down menus. The narrative should contain a general review of the call with added nuances that are recognized by the reporter as important. The quality and quantity of those nuances are beyond the scope of this article, but a good example would be to completely describe the position and condition of a person found to be deceased in the field. Another good example would be to completely describe the behavior of a patient upon scene arrival who happened to experience cardiac arrest later in the call. Readers experienced in EMS will readily recognize the situations requiring such extra documentation.

The functions of Alabama e-PCRs mirror those in other states. They provide a permanent record of a call. An e-PCR is not the story of a patient. An e-PCR is the story of a unit response and the ultimate disposition of that response considering duty to act. For example, a unit is dispatched to a call and then cancelled enroute. An e-PCR should be submitted with that cancellation to record the times to protect the responding crew from liability. The narrative may read "Cancelled enroute" but it may also read "Cancelled enroute at (location) by (dispatcher) because (reason)". The more situational data that is recorded the more protective empowerment exists. Readers experienced in EMS will readily recognize the advantages of such documentation. The extra effort takes only a few extra keystrokes invested for peace of mind.

e-PCRs are sometimes requested for litigation purposes and criminal investigations. The reports are timestamped when received, which is an

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extreme advantage over handwritten reports. The Alabama e-PCR repository also keeps a timestamped record of all revisions that occur to any report. If a report were subpoenaed for legal review the submission time and/or revision time would be instrumental to prove that the record was not edited unethically and/or illegally in preparation for the review. Any reporter can edit a report or add to a report (addendum) but electronically submitted reports will be sent with all versions received since first submission. This is also sometimes useful for submission to insurance reviews.

Agencies routinely requesting data from e-PCRs in Alabama include the Alabama Law Enforcement Agency (ALEA) for the Fatality Analysis Reporting System (FARS) which verifies data for fatal motor vehicle crashes; and the Alabama Department of Forensic Sciences, who request e-PCRs as a part of their death investigations. Many law enforcement agencies and district attorney's offices, including the Alabama Attorney General, request and/or subpoena records for investigations. Non-law enforcement agencies routinely requesting e-PCRs include, but are not limited to, the Legacy of Hope at the University of Alabama at Birmingham who use the reports for decedents who donate organs, and various clinical study participants such as the Department of Surgery at the University of Alabama at Birmingham.

Public Health agencies in the state using e-PCR data include the Alabama Department of Public

Health and the Mobile and Jefferson Counties' Departments of Public Health. Mobile and Jefferson Counties are supplied with BioSpatial Data Dashboard access by the Alabama Office of EMS, as are several bureaus and offices within the ADPH. ADPH programs requesting e-PCR copies include the Alabama Violent Death Reporting System (AVDRS) the State Unintentional Drug Overdose Reporting System (SUDORS) the Alabama Maternal Mortality Review (MMR) Program and the Bureau of Family Health Services.

The Data Management & Analysis Section of the Alabama Office of EMS has also worked closely with our state's law enforcement agencies to identify "hot spot" areas of narcotics overdoses to help guide targeted law enforcement activity to aid detection of illegal drug activity. One example was a study requested by Dr. John McMahon of Mobile that measured EMS administration of naloxone (for narcotic overdose) versus ketamine (treatment for excited delirium associated with cocaine, methamphetamine, PCP and LSD toxicity). Patterns were analyzed that suggested routes of transport for the illicit drugs used in overdoses requiring EMS treatment and transport.

In conclusion, the Alabama e-PCR serves many useful functions for our citizens in addition to validation of the actions taken by crews in the field. The time and effort needed to accurately record unit responses is well worth the overall benefits that the data provides.

Gary Varner, MPH, NRP-Senior Epidemiologist



9-8-8

9-8-8 offers a once-in-a-lifetime opportunity to decouple policing from a mental health crisis.

9-8-8 is a safety net for people experiencing a mental health emergency. Once 9-8-8 goes live, if you or someone you know is having suicidal thoughts, experiencing delusions, or displaying severe symptoms of mental illness, you should call 9-8-8 instead of 911.

9-8-8 is not only about answering calls—it’s also about making appropriate and accessible referrals, creating a system that connects people to a continuum of care at critical moments.

The nation’s upcoming transition to a three-digit crisis line (9-8-8) in July 2022 provides Alabama with the unique opportunity to fully integrate and intentionally align the state’s crisis system design and service delivery—linking individuals directly to critical services with someone to call, someone to respond, and somewhere to go. All three core components of crisis services must be in place for Alabama to successfully stand up 9-8-8.

- Someone to call: 9-8-8
- Someone to respond: Mobile Crisis Services
- Somewhere to go: Crisis Centers including temporary and extended observation (AltaPointe Behavioral Health Crisis Center, WellStone Emergency Services, and Montgomery Area Mental Health Authority Crisis Center)

9-8-8 will be an essential element of the Alabama Crisis System of Crisis Care, linking an individual in a crisis to the resources in their community, in an efficient, accessible way. Fully implemented, 9-8-8 will help to reduce avoidable emergency department or hospital admissions for people in crisis and avoid traumatic, often deadly, engagements with the criminal justice system.

This chart from the National Alliance on Mental Illness demonstrates problems that exist and how 9-8-8 offers solutions that coordinate with crisis care programs and services.

PROBLEM	SOLUTION
A 10-digit number focused only on suicide prevention, which can be difficult to remember while experiencing a crisis	An easy-to-remember 3-digit number for mental health, substance use and suicidal crises, operational nationwide by July 2022
Patchwork system that makes it difficult for crisis counselors to coordinate care for callers, dispatch help in a crisis, or follow-up afterwards	Create 24/7 crisis call center hubs with the ability to respond effectively to callers, dispatch mobile crisis teams, connect to crisis stabilization programs, and follow-up after the call
Law enforcement is typically the first response to people experiencing a psychiatric crisis, often with tragic results	Promote behavioral health mobile crisis teams that include police as co-responders only as needed in high-risk situations — reducing law enforcement involvement in mental health crises
Insufficient funding for crisis centers to meet the CURRENT level of calls, let alone increased demand from consolidating mental health, substance use and suicidal crises in one number	Implement monthly fees on phone bills to fund 988 call center operations and associated crisis response services
People experiencing crises often don’t get connected to intensive services until too late, if at all	Establish crisis stabilization programs in a home-like environment that provides short-term (under 24 hours) acute services and warm hand-offs to follow-up care

For information on the 9-8-8 Comprehensive Behavioral Health Crisis Communication System Commission, please go to the page on the Alabama Department of Mental Health website.

Provider Service Inspections

These inspections were completed January-March 2022

Adamsville Fire and Rescue
Air-Evac-Colbert County
Air-Evac-Cullman County
Ariton Rescue Squad
Athens Limestone EMS
Baldwin EMS
Brantley Fire & Rescue
Caddo-Midway Fire and Rescue
Cedar Grove Fire Department
Clanton Fire Department
Clay County Rescue Squad
Cleburne County EMS
Collins Chapel Fire Department
Corner Volunteer Fire and Rescue
Cullman EMS
Cullman Fire Rescue
Daleville Police Volunteer Rescue Service
Daphne Fire Department
DW McMillan EMS
Echo EMS
Enterprise Rescue
Excelsior Ambulance
Fairview Fire Department
Fort Rucker EMS
Fultondale Fire and Rescue
Gardendale Fire and Rescue
Goodwater Fire Department
Greene County EMS
Gregs Ambulance Service
Gulf Shores Fire Rescue
Haynes Ambulance-Lowndes County
Haynes Ambulance-Montgomery County
Haynes Ambulance-Troy
Haynes Care of Montgomery
Haynes Lifeflight-Troy
Highland Home Volunteer Fire and

Rescue Department, Inc.
Hueytown Fire and Rescue
Jemison Fire and Rescue
Keller EMS-Colbert County
Kellyton Volunteer Fire & Rescue
Kimberly Fire and Rescue
Lifeguard Ambulance Service - Baldwin County
Lifeguard Ambulance Service - Escambia County
Lifeline EMS
Luverne Rescue Squad, Inc.
MedEvac-Baldwin County
Med-Trans Corporation-Baldwin County
Med-Trans Corporation-Escambia County
Montgomery Fire Department
Mount Olive Fire and Rescue
North Chilton Fire Department
Orange Beach Fire Rescue
Ozark EMS
Ozark Fire Department
Pintlala Volunteer Fire Department
Pleasant Grove Fire and Rescue
Progressive Health, LLC
Quinton Fire and Rescue
RPS-Chilton County
RPS-Jefferson County
Shoals Ambulance-Lauderdale
County
Sylvan Springs Fire and Rescue
Thorsby Fire Department
Troy Fire Department
Vinemont Providence Fire
Department
Warrior Fire Department
West Chilton Fire Department
West Jefferson Fire Rescue
West Point Fire and Rescue

Compliance Issues

We have multiple issues with EMSP not completing electronic PCRs. It is the sole responsibility of the individual providing patient care to submit a complete electronic PCR. Even if a service informs the EMSP a paper copy is acceptable, the EMSP will be in violation if an electronic copy is not submitted within 24 hours.

420-2-1-.21 Patient Care Reporting.

The EMSP providing patient care is responsible for the completion and submission of an electronic Patient Care Report (e-PCR) to the emergency medical provider service.

Each emergency medical provider service shall ensure that an accurate and complete e-PCR is completed and submitted to the OEMS within

the required time frames, and use software approved by the OEMS' Director.

Each provider service shall provide a copy of the patient care report to the receiving facility upon delivery of the patient or as soon as reasonably possible. In no instance should the delivery of the report exceed 24 hours.

It is the service providers responsibility to submit a complete electronic PCR, with in 72 hours, to the state data base. Once 24 hours has past for an incomplete electronic PCR and 72 hours has passed with out submission, both the individual and service provider is not in compliance with state rules.

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

Culture of Excellence

Air Care-Escambia

Air Evac, Inc.-Colbert

Cullman EMS

Cullman Fire Rescue

DW McMillan EMS

Enterprise Rescue, Inc.

Hueytown Fire Department

Gardendale Fire Department

Ozark EMS

Ozark Fire Department



Acute Health Systems



Stroke

Stroke system routing is back to the normal but during the height of COVID-19 due to the inability to transfer patients, routing was altered. OEMS would like to thank everyone for their efforts and cooperation throughout that time. Now that things are getting back to normal (or a new normal), we are planning changes for the stroke system!

With the implementation of the EMS Patient Care Protocols 10th Edition, on April 29, 2022, EMSP will begin using the Emergency Medical Stroke Assessment (EMSA) stroke scale. The Alabama Trauma Communication Center (ATCC) will ask EMSP for the EMSA information each time a patient is entered into the stroke system. After using FAST for so many years to screen for stroke, initial reports to ATCC may seem awkward, but should improve with time. The ATCC Communicators are familiar with the scale and can assist EMSP with reminders, if needed.

Each EMS Regional Office participated in an EMSA Kick-Off in 2021. Hopefully, all EMSP reading this have been trained, or are scheduled to be trained, on the new stroke scale before April 29, 2022. If you have questions about the training, contact your training officer or your Regional EMS Office.

New Stroke System Rules went into effect on 3/17/2022. The rules create a new level of stroke center, Level IIa, Thrombectomy-Capable Stroke Center (TSC). The Office of EMS will begin the certification process for stroke centers which apply for Level IIa designation soon. Stroke patients

will continue to be routed to the nearest available stroke center (regardless of stroke center level), to be evaluated for stroke and the possibility of receiving tPA, (tissue plasminogen activator), which has a very short window of opportunity in which it can be administered. Once TSCs are in the stroke system, regional stroke plans will be developed based on entry criteria and transport times, which mirrors trauma system entry.

From January 1, 2021 to December 31, 2021, there were 9,213 patients entered into the stroke system. Of the 9,213 patients there were 2,928 diagnosed with stroke. More stroke system information can be found at alabamapublichealth.gov/strokesystem.

Trauma

The updated Trauma System Brochure Entries which contain 2021 data can be found at: alabamapublichealth.gov/aths/assets/EMS.TraumaBrochure7.0222na.pdf.

Cares

The Cardiac Arrest Registry to Enhance Survival (CARES) helps measure performance and identify how to improve cardiac arrest survival rates in communities. OEMS has been working with EMS Providers and hospitals to complete CARES data for the 2021 CARES Annual Report, which should be out soon. EMS Providers interested in learning more about CARES, including reports that can be generated, how the data is used, etc. can learn more at mycares.net and by contacting Alice Floyd at alice.floyd@adph.state.al.us.

Alabama e-PCR Submission Requirements

Some e-PCR Points of Clarification:

1. It is a requirement to complete a patient care report on every response. This office is already monitoring submission rates and comparative data suggests that many agencies are not reporting all runs as required. Please submit all required runs to avoid noncompliance.
2. Each record must be submitted electronically within 72 hours or less. The goal is to eventually narrow that down to within 24 hours. The 24 hour reporting allows Public Health to monitor surveillance trends as required by the Federal emergency preparedness guidelines.
3. Our IT staff is always available to assist you with your e-PCR needs. If you need assistance, you may call Chris or Lori at 334-290-3088. You may get a voice recording depending on the call volume. They will eventually get back to you. If you do not hear from them within a reasonable time, you may wish to email them (emsis@adph.state.al.us).
4. Collecting and importing data is paramount only to reporting reliable data. Reliable data is accurate and contains no errors. When one looks for shortcuts and/or skips data entry in areas that has been discovered to have no validation rules, it dilutes the integrity of the data, not to mention falsifies a legal document. Please make sure you enter data accurately.
5. Alabama became a NEMSIS version 3.4 compliant state beginning January 1, 2018.

GENERAL INFORMATION

Do You Have Questions for OEMS Staff?

This is another reminder to those of you calling our office 334-290-3088:

Complaints, Investigations, and Inspections-Call Steven Stringer or email emscompliance@adph.state.al.us

Individual Licensure-Call Stephanie Smith or Vickie Turner or email emsindividuallicense@adph.state.al.us

Provider Licensure-Call Kembley Thomas or Chris Hutto or email emsproviderlicense@adph.state.al.us

Individual Training or Testing-Call Kimmi Spratlin or email emseducation@adph.state.al.us

EMS for Children, Website, and Social Media-Call Katherine Dixon Hert

EMS Data/NEMSIS-Call Gary Varner

Acute Health Systems - Call Alice Floyd

Requests for Information from Regional Offices

The Office of EMS would like to request that you comply with any request for information from your regional office. Some Directors are still having issues receiving information and data as requested by the State office. We would greatly appreciate your cooperation and compliance.

Reporting Requirements

A licensed EMSP shall perform his or her job duties and responsibilities in a manner that reflects the highest ethical and professional standards of conduct. Actions that are in violation of the standard of conduct will be considered misconduct and are subject to immediate disciplinary action, up to and including license revocation.

Please be reminded that, according to Rule 420-2-1-.28 (6h), All licensed provider services shall provide notification and written documentation within three working days to the OEMS regarding any protocol or rule violation, which includes but not limited to, items listed in 420-2-1-.29 (2).

Also, be reminded that, according to Rule 420-2-1-.30 (6), All licensed provider services shall provide notification and written documentation about any individual who meets the definition of an impaired EMSP.