



VOLUME ONE NUMBER FOUR

OCTOBER 2007

We'd like to welcome three new EMS service inspectors to our staff. They are Willie Smith, Vickie Turner and Stephen Wilson. We, the Office of EMS & Trauma, are committed to improving the EMS system and supporting our EMS community. EMS services can expect a visit from our new inspectors in the near future, so be prepared. Check your drug boxes for expired drugs, make sure that all service personnel have current licenses, and confirm that you have copies of required plans! A letter detailing all of the specific requirements of a service inspection was mailed to licensed EMS providers in mid-August. Use the information to conduct your own practice service inspection. Don't waste the opportunity to correct deficiencies before we come to your service!!!

DIRECTOR'S WORDS

It's now been a little over a year since I became Director of the Office of EMS & Trauma. In that year, we've increased our staff by six: three EMS service inspectors, two nurses to coordinate the Trauma System development, and an additional IT support person to assist in the e-PCR system implementation. Our goal is to provide increased technical and regulatory support to our EMS community. While this means more frequent inspections for EMS services, the benefits to the EMS community are numerous: more technical support for electronic patient care reporting, more one-on-one regulatory advice and support for EMS services, and readily-available expert support and training for EMS services during the trauma system implementation process.

Back in June, when we announced that pediatric equipment was on the way, we had no way to know that it would take this long! We've finally gotten everything except the inflatable car seats. As soon as they arrive, we'll be sending notification to the services about distribution dates and location. Hopefully, it won't be too much longer.

Choona Lang, RN, BSN, MHA, has joined our staff as the State Trauma Program Administrator. She'll be working to facilitate the development, effec-

tive implementation, and evaluation of the statewide trauma system as directed by the State Trauma Advisory Council. She'll be actively involved in organizing regional trauma councils and training activities, so you may soon have the opportunity to meet her.

We're in the process of planning our activities for the upcoming year (our FY starts in October). We hope to secure more federal funding to continue to build on the training that we offered last year (EMS Prepares). As you'll read in another section of the Update, the Regional EMS agencies have been named and are in the process contracting with the Department to provide services to you, the EMS providers. Take advantage of the opportunities that your regional agencies offer.

Well, the first year is over. I look forward to the future of EMS in Alabama. Please continue to share your ideas about the role that the Office of EMS & Trauma can play to improve our State's EMS system and to support our EMS community.

Dennis Blair, Director
Office of EMS & Trauma

MEETINGS & EVENTS

The Trauma Center at UAB is hosting the **11th Annual Trauma Symposium** for nurses, ancillary health care providers, and pre-hospital care providers. The conference will be held once again at the Cahaba Grand Conference Center (formerly the HealthSouth Conference Center) in Birmingham, AL on **Thursday, Oct. 11, 2007**. Go to <http://www.bremss.org/news> and current EMS events to find out more details.

Public Hearing, EMS (education) Rule Change will be held on **November 15, 2007** at 1 p.m. in Room 1586 of the RSA Tower, 201 Monroe St. Montgomery.

State Emergency Medical Control Committee (SEMCC) Meeting has been tentatively scheduled for **December 4, 2007**, at 1 p.m. at the Montgomery County Health Department, 3060 Mobile Highway, Montgomery. This meeting may be cancelled. Keep an eye on our website www.adph.org/ems for further information.

PROPOSED EMS RULE CHANGE

There seems to be some confusion regarding the proposed EMS rule change. Specifically, we're changing the rules that address (1) EMT education and (2) credentialing/con-ed requirements. The results of these proposed rule changes will be:

(1) The Office of EMS & Trauma will no longer approve EMT programs nor prohibit satellite campuses. If the rule change is approved, in the future, a Paramedic student's eligibility for the certification exam will be based on graduation from an ACHE or ADPE-approved Paramedic program that is accredited or in the process of being accredited by the CoAEMSP. The initial CoAEMSP accreditation process must be completed two years from application date. The Office of EMS & Trauma will not test nor license any student that does not meet these criteria.

(2) The Office of EMS & Trauma will stop using the term "credentialing hours" and will start using "continuing education hours." Basically, the required hours per EMT level will be less and, at the same time, allow the EMT to have more choices for renewing his/her license. The term "credentialed license" will be replaced with either "Active" or "Inactive." The Active licensed EMT may legally practice to his or her scope of practice while the Inactive is able to maintain his or her license without all of the continuing education hours, but, subsequently, cannot practice at any level.

Proposed Continuing Education Requirements Breakdown:

- **EMT Basic:**
24 hours, Protocols, plus CPR
- **Intermediate:**
36 hours, Protocols, plus CPR
- **Paramedic:**
48 hours, Protocols, plus CPR

The EMS Advisory Board has approved the proposed rule changes. If approved by the State Committee of Public Health at the October 19th meeting, the proposed rule changes will go out for public comment. A public hearing will be held in Montgomery on November 15th at 1 p.m. in Room 1586 of the RSA Tower.

STATE EMS MEDICAL DIRECTOR'S REPORT

(Statewide Trauma System Update)

The Alabama Legislature passed the Statewide Trauma System bill this past session. That this was sorely needed is an understatement; evidenced by the fact that Alabama has the 4th highest highway death rate in the nation.

For the past 11 years, the Birmingham EMS Region (BREMSS) has operated a very successful voluntary trauma system. During this time, the BREMSS trauma system has documented a 12 percent reduction in death from trauma while the rest of the state has had no change. Building on this success, the BREMSS trauma system will be the model for the statewide system.

The Alabama Trauma System will be based on a single Trauma Communications Center (TCC) that routes trauma patients to the closest appropriate trauma hospital that is ready to care for his or her injuries. By use of computers and an intranet system, the TCC has real-time, minute-by-minute monitoring of the status of each participating trauma hospital. No other state in the U.S. has a system that can compare. The goal of the system is to get the trauma patient to the right hospital the first time so that valuable time (and lives) won't be lost transferring injured patients. Currently 60 percent of trauma patients initially go to a hospital that does not have the capability to care for them. With the implementation of the new trauma system, in the rare occurrence where a patient does have to be transferred, a single phone call to the TCC can address the issue.

Region 1 (North Alabama) is in the final stages of trauma system implementation and should go "on-line" within a couple of weeks. At this time, all the Region One EMS providers are being trained in trauma protocols (see 8.5 in Patient Care Protocols) and how to use the system.

Soon, we'll be convening regional trauma planning committees for the other regions. These planning committees will be made up of representatives from hospitals, medical staffs, EMS services, and Regional staffs. Hospital participation in the trauma system is voluntary but EMS participation is, of course, mandatory.

As professionals whose primary goal is to save lives, we are all fortunate to be a part of this endeavor; it will be the most important thing that we will accomplish in our careers. Choona Lang, R.N., BSN, MHA, State Trauma Program Administrator, and I look forward to working with all of you in accomplishing this goal.

John Campbell, M.D.
State EMS Medical Director

ELECTRONIC-PCR (e-PCR) UPDATE

The Alabama electronic reporting (e-PCR) efforts are progressing nicely. The Fire House Software program, working with leadership from the Mountain Brook Fire Department, is getting very close to NEMSIS and Alabama validation. This should become a reality very soon for them and will serve as a model for the providers that use that product. Also, EMS Consultants, with the assistance of East Alabama Medical Center, is very close to compliance. Both software vendors and EMS provider services deserve a lot of credit for their leadership and determination in this process.

The Alabama e-PCR client is already available and is being piloted by a small number of providers. At the moment, the pilot is doing what it is designed to do and that's to identify errors and holes in the software configuration. We appreciate all of the providers that are partici-

pating in the e-PCR pilot.

Very soon, we hope to announce the release of the Alabama e-PCR web client version. This version of the Alabama e-PCR can be input from anywhere there's a web connection--from a home, library, hospital or a mobile unit. Our goal is to have this functional and available by or before November of 2007.

As a reminder, it is and has been the goal of the Office of EMS & Trauma to have all licensed providers compliant with either the Alabama e-PCR software or a 3rd party software product by Jan. 1, 2008. We've been telling providers this since January 2007. We will begin monitoring and reporting compliance beginning Jan. 2, 2008.

The pilot has been an open invitation process. Many participating providers have discovered that they have a lot of work to do in a short time. Other providers have chosen not to take advantage of the pilot phase. If your service

falls into this category, past experience tells us that you probably won't make the deadline date for compliance.

Your service will be getting specific information regarding the e-PCR compliance requirements within the next few weeks. If you're not sure what your service is doing to prepare for e-PCR implementation, ask and educate. Contact Chris Lochte or Craig Dowell of our Office with questions, (334) 206-5383. Don't wait until the last minute!

COMPLIANCE & INVESTIGATIONS

This past year, The Office of EMS & Trauma has issued:

- 41 EMT License Suspensions
- 9 EMT License Revocations
- 2 Provider Services- License suspended and surrendered
- 2 Provider Services- License placed on probation

REGIONAL EMS AGENCIES NAMED

As a result of a competitive RFP process, the following agencies have been named as Regional EMS Agencies:

- Region 1 (North) - Huntsville Emergency Medical Services
- Region 2 (East) - East Alabama EMS, Inc.
- Region 3 (BREMSS) - Birmingham Regional EMS System
- Region 4 (West) - University of Alabama College of Community Health Sciences
- Region 5 (Southeast) - Southeast AL EMS, Inc.
- Region 6 (Gulf) -University of South Alabama

While this is not the entire content of the RFP, each selected regional EMS agency has committed and will be paid \$383,333, through a performance-based contract, to accomplish the following:

- (1) Ensure that 98% of all licensed EMTs are in compliance with NIMS requirements by Sept. 30, 2008.
- (2) Ensure that 50% of all licensed EMTs have received CPR training by Sept. 30, 2008.
- (3) Ensure that 50% of all licensed EMTs have received protocol education by Sept. 30, 2008.
- (4) Ensure that 50% of all licensed EMTs have received required continuing education training by Jan. 31, 2008.
- (5) Ensure that the number of licensed EMT Basics (based on 2006 data supplied by the Department) is increased by 25 by Sept. 30, 2008.
- (6) Ensure that 25% of all permitted ambulances are equipped with an approved closed-system CPAP by Sept. 30, 2008. The Department does not require more than \$50,000 of available funds be committed to accomplishing this service.
- (7) Ensure that one meeting will be held quarterly with representatives from each of the medical direction hospitals and EMS provider services in the region to discuss medical direction and relevant issues.

The Regional EMS agencies are funded to provide services to you, the local EMS provider. Contact your Regional EMS agency to see how you or your EMS service can benefit from their services.

EMERGENCY MEDICAL SERVICES FOR CHILDREN PEDIATRIC PEARLS REVIEW

Age limits for pediatric and adult medical protocols must be flexible. It is recognized that the exact age of a patient is not always known.

Pediatric patients are not simply "little adults." The chart below represents pediatric ages and associated normal vital signs.

Courtesy of Ann Klasner, MD, MPH and EMS-C Grant
 aklasner@peds.uab.edu

<i>Average for Age</i>	<i>Lbs.</i>	<i>(kg)</i>	<i>Pulse</i>	<i>Blood Pressure (systolic)</i>	<i>Resp.</i>
Premature	3	(1.5)	100-180	50-60	40-60
Newborn	7.5	(3.5)	100-160	60-90	40-60
1 Year	22	(10)	110-170	70-110	20-30
3 Years	33	(15)	80-160	80-110	20-30
6 Years	44	(20)	60-130	90-115	20-30
8 Years	55	(25)	60-120	90-115	12-25
12 Years	88	(40)	60-120	95-120	12-25
15 Years	125	(55)	60-120	100-130	12-20