

THE ALABAMA OFFICE OF EMERGENCY MEDICAL SERVICES



EMS QUARTERLY NEWSLETTER

From Mobile to Huntsville and Everywhere In-Between

Volume 17, Issue 4 – October - December 2024

EMS Prehospital Blood Administration.

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

I wanted to take the opportunity to give some insight into prehospital blood administration.

I will start off by saying that as a practicing emergency medicine physician as well as a practicing EMS physician, I am really excited about the prehospital use of blood. I will make a prediction that history will prove that the prehospital use of blood will be one of the more monumental advances in EMS.



I will say that the data certainly shows that mortality is reduced significantly in those traumatized patients who receive blood. The American College of Surgeons has endorsed the utilization of prehospital blood programs which should get the attention of EMS providers. The prehospital use of blood has also been endorsed by many of the more well-respected EMS physicians throughout the country.

As always, most of the more important advances in EMS don't come cheap either financially or in the amount of time it takes to get the new process off the ground. The prehospital use of blood is certainly a program that takes a lot of hard work to bring to fruition. As many of you have heard me say many times is that EMS is built on relationships. Relationships with hospitals, physicians, law enforcement, politicians, other EMS providers and the list goes on. Getting a blood program up and running is extremely dependent on relationships with hospitals, blood banks, etc.

If you are interested in exploring a blood program don't feel like you have to go it alone. There are several services in the state that are now carrying blood who will be more than happy to share information. Let our office know if we can facilitate meetings, phone calls, etc.

I appreciate what y'all do day in and day out. Reach out to me if I can assist you.

EC
Elwin Crawford, MD, FACEP

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NOTES FROM THE DIRECTOR:
Let's Have Empathy for Our Patients
Jamie Gray, BS, AAS, NRP, TP-C
State EMS Director



Anyone who has served in EMS, or in medicine in general, knows that sometimes it is difficult to deal with problem patients. Inside we all know that patient care is our purpose for existing but the process of caring for patients can be demanding and trying. Human beings can be demanding and seemingly entitled and often do not understand the inherent nuances of illness, injury, and medical treatment. Although we are taught and conditioned to expect that, the reality is that performing patient care can be very taxing upon even the most experienced practitioners of EMS. So, how do we avoid suffering as providers in a profession that we love? We can if we open our eyes and our minds.

At birth we land upon this earth with the potential to affect our environment, our civilization, our society, and our lives positively or negatively. This generally occurs through our efforts to balance service to ourselves and service to our fellow humans. By our very existence we affect the existence of others. Every action we take sends out waves of influences (positive and negative) throughout the spheres of our existence like a pebble thrown in a pond sends our ripples on the water's surface for vast distances. The waves of influences that we send out are met by the waves of influences that we receive from others. In EMS the trick to happiness and longevity is to predominately send out positive waves and to theoretically develop a "thick skin" to deflect the negativity that we tend to receive from others.

I have often heard it said, "It's easy to be nice to nice people." Indeed, it is. When we are met with positivity we respond with positivity. In general, if we send out positivity to others, they reciprocate with positivity towards us. That is not always true, but it is the general rule. People in EMS tend to be drawn to the profession by the need to practice altruism. Altruism is defined as the unselfish regard for, or devotion to, the welfare of others. It is beyond the scope of this article to describe "why" people are altruistic. I can only tell you that research by the National Registry of EMTs has long established the motivation of persons to join EMS due to the need to be altruistic. Off the top of my head, I can estimate that everybody has a slightly different reason.

Similarly, everyone in EMS who "burns out" has slightly different reasons for doing so. Overwork, underappreciation, moderate payrates, family stress regarding workload, the list goes on. An all too frequent reason is "patient system abuse." So called "frequent flyers" or patients who have excessive expectations of outcome or service and who seem to have no common sense in their use of an already overtaxed system. Somewhere in the spectrum lay patients with legitimate medical concerns who underestimate our expertise, disregard our advice, and complain or even threaten us as we make every attempt to do the best job we can do.

I would advocate that the best way to maintain the balance within our personal professional approach is simply to maintain a philosophy of empathy toward those persons for who we are called upon to provide our specialized knowledge, skill, and advice. Empathy is the ability to understand and share the feelings of others. In other words, to mentally walk in another person's shoes.

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Experiencing the tragedies and joys of EMS should easily teach us to appreciate our good fortunes as we have them, but often we do not do so as we could. Below I offer points of advice for serving your patients as well as promoting your own motivations.

- Always realize that tragedies befall everyone. Anything that has occurred in the life of your patient could occur in your own life. An old saying “There but for the grace of God do I” means that you recognize your good fortune and, therefore, should assist someone else less fortunate. Even though misfortunes sometimes befall our patients due to their own actions (or lack of action) we are fortunate to have knowledge and ability that helps us to avoid the same thing in our lives.
- Always realize that everyone shares the same worth as an individual. No one is more valuable or less valuable to our society or civilization. We enter our lives in different circumstances. We possess different levels of intelligence and ability. We demonstrate different tendencies and talents. But we are equivalent in value as a person. We do not have to “like” or “appreciate” everyone else, but we do have to respect everyone else, and should treat them respectfully.
- Always realize that the energies of your actions and attitudes inherently affect those within your surroundings. Those energies can cause tremendous good or tremendous harm to others, permanently and irreparably. You can either initiate another human’s journey on a positive pathway, or a negative pathway, simply by what you say and how you say it. In EMS this is often demonstrated by more experienced providers negatively influencing newer providers or students by discouraging their joyful pursuit of the profession. That mechanism is where the saying “EMS eats its young” is derived. Never let your disenchantment prevent the positive growth of another provider.
- Above all else, always realize that the decision to be happy, or to be aggravated, with your career is entirely up to you. I would suggest you concentrate upon the good in your career and your life in general. You may have been called to do a difficult job, but at least you have a job and will always be in demand as a licensed practitioner of EMS. Your ego may tell you that you are not paid adequately for all that you do and that you are being taken advantage of. Contemplate deeply and let your heart and mind test that hypothesis as you logically consider all the aspects involved in your situation. Resist the temptation to habitually place your career and work demands in a negative light. That habit can find its way into the worldview of the rest of your life and result in lifelong mental and emotional suffering that could have been avoided. Any situation you face in life should either be accepted or dispassionately changed. Frustration, worry, and anger only negatively affects your ability to perform patient care, your personal and interpersonal life, and your overall health.

Your patients (our patients) deserve the best efforts that you can muster when you are called upon to care for them and transport them to their destinations. They deserve your empathy. The ability and tendency to be empathetic to your patients will result in more satisfaction in your career and in more positivity in your approach to your patients. Remember that YOU have the power to face your calling and career with a positive energy and to get the best and most out of each day and patient care situation. As we face 2025 and all the changes that will occur during the coming year, let’s make inclusion of positivity in our practices our highest priority. Thank you for all that you do for EMS and for the citizens of Alabama.

LICENSURE SECTION

Vickie Turner, BS, NRP
Licensure Coordinator



Licensure Renewal and Information FAQs

We would like to share a list of common questions that may help when you're renewing your license in the upcoming license cycle and may keep your application from being returned or delayed.

- ALL NON-NATIONAL REGISTRY INDIVIDUALS (Grandfathered) MUST SEND IN ALL OF YOUR CON-ED CERTIFICATES TO CHRIS HUTTO TO APPROVE. THIS IS NOT AN AUDIT IT IS MANDATORY. chris.hutto@adph.state.al.us
- Alabama does not do traditional reciprocity. We are a National Registry (NR) state meaning you must obtain NR in order to gain licensure in Alabama.
- To receive or renew your license you must have a current National Registry status.
- Mail the application to the address at the top of the new application that has the Prattville address. The Office of EMS is located at 208 Legends Court in Prattville, Alabama.
- Please be sure to sign your name in the signature section of your application.
- There will be no walk-ins accepted starting 1/1/2025 through 5/1/2025.
- If your renewal, reprint, or reclassification application is completed **online** - it will arrive at the office faster than mailing the application into the office - and the turnaround time will be faster.
- If you send in a payment, you can make the payment check, money order or cashier's check out to ADPH.
- WE DO NOT TAKE PAYMENT OVER THE PHONE - therefore mail in your application with your payment (unless you apply online with a credit card) because if you email your application, it cannot be processed until we receive your payment.
- Your EMS ID is located on the National Registry website, under your name and title on your page, and is in the form XXXX-XXXX-XXXX.
- If your license has expired, you will have to pay a \$50.00 late fee and your application would be marked "renewal expired". Also, the application fee has changed from \$12.00 to \$40.00 for renewals
- If you need to change your name or any of your information, we have documents listed on our website for the changes and there will be a fee. If it is a name change, mark it on the first page of the application and send in legal documents to support the name change.
- All returns have 24 days to get the information we have requested back into the office by email or mail because after 24 days your application will be returned along with a refund. You would have to start the whole process over again.
- All applicants seeking CCP paramedic endorsement must send in their IBSC certificates along with their application to be processed. To license with paramedic endorsements (Critical Care, etc.) you must have been a licensed paramedic for at least 3 years.
- If you send someone to physically pick up your license, please send a letter with your signature into the office with them.

COMPLIANCE SECTION UPDATE – USE OF CBD GUMMIES (2nd Verse)

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



In the third quarter Newsletter (Volume 16-Issue 3) of 2023, we gave some information regarding the use of CBD Gummies by Licensed EMS Personnel in Alabama. The use of CBD (cannabidiol) materials is acceptable if blood levels of THC (tetrahydrocannabinol) remains under the legal limit of 0.3%.

CBD oil, derived from the cannabis plant, has gained significant popularity in recent years for its potential therapeutic benefits without the psychoactive effects associated with traditional intake of THC. Modern uses of CBD oil encompass a wide range of applications, including pain relief, anxiety reduction, and alleviation of symptoms related to conditions like epilepsy and insomnia. It is increasingly incorporated into wellness products, from tinctures and capsules to topicals and edibles, appealing to a diverse audience seeking natural alternatives to traditional medications.

EMS personnel, especially those with extensive service time, have taken advantage of its legality to treat the physical aches and pains caused by job-related musculoskeletal issues. A problem arises when an EMS Provider finds themselves randomly or procedurally tested for impairment and they are found to have a positive THC level. There is no test that can differentiate the source of CBD as being from a legal source or an illegal source. Higher than legal levels of THC in urine must be presumed as probably arising from illegal use of cannabis and will be viewed as such in liability litigation resulting from incidents for which the EMS Provider was tested in the first place. Although 0.3% THC levels are legal in Alabama, ANY level of THC that is documented will be difficult to defend in court.

Because of the potential of liability and impairment, the Alabama Office of EMS requires that any EMS Provider who tests positive for THC/Marijuana must have the results of the level test provided within 72 hours of the positive finding. If the level is not provided or is found to exceed the legal limit of 0.3% the EMS Provider's license will be suspended pending an evaluation and treatment in an approved facility.

SUMMARY

- Industry standards include and will continue to include required procedural employee testing for impairment chemicals (alcohol, narcotics, THC, etc.).
- No test is available that can distinguish between legal sources versus illegal sources of THC.
- Licensees that are found to have THC levels that trigger a positive reading are required to provide the results of the level test within 72 hours of the positive test.
 - Failure to do so will result in EMS license sanctions.
- Licensees that are found to have THC levels greater than the legal limit will have their EMS licenses suspended pending an evaluation and treatment in an approved facility.
- We encourage you to review last year's article in Volume 16-Issue 3 of the Office of EMS Newsletter for more information regarding CBD substance use in Alabama EMS.

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EDUCATION AND PROVIDER SERVICES UPDATE

Christopher Hutto, MBA, NRP

Education and Provider Services Coordinator



Education:

Individual license renewal season is here! If you are in need of continuing education hours, contact your local EMS education program or your regional office. Remember that all con-ed MUST have a regional approval number, a state approval number, or must be CAPCE approved. CAPCE courses can be obtained online, or at CAPCE accredited institutions. If you take a con-ed course online, look for the logo below. If you have any questions, please feel free to call one of our regional offices,



Provider Services:

Services licenses will up for renewal beginning 4/1/25 until 6/30/25. All service licenses MUST be renewed during that time period, or the license will be considered expired. You may renew via paper application or online. The online application will open the first day of April and will close the last day of June. Please be prepared to show proof of general liability insurance of at least \$1M (this does not mean insurance on vehicles). For those services in Region 1 (AERO) and Region 6 (Gulf), you will also have to upload copies of your Infectious Disease Intervention Plans (the bio hazard plan is included in this plan) and drug plans. Guidelines for these plans can be found on our website on the Service License page.

Regarding EMS services in Alabama, please keep these things in mind.

1. There is no state license for BLS Non-transport services.
2. Services applying for a Critical Care level license must complete a Critical Care application as well as the general service application. Critical Care applications may be found on our website and should be attached to the online renewal service application.
3. If you apply for a license at any level, you must have at least three personnel on your roster that are at that level. (e.g., You apply for ALS1. Your service must have at least three Alabama licensed paramedics on the service roster.)

We are working with the programmers for the online application to simplify the process. Our hope is that service license renewals will get easier and more user friendly each year. In order to assist us in making this happen, there will be two questions you will be asked to answer at the end of the application. There is no right or wrong answer. We simply want to get a pulse on how you guys handle service plans.

The first question is: Does your service have an SOP/SOG in place? If you check yes to that one, the second one is: Are your required service plans part of the SOP/SOG? This could be as simple as popping them in the back as appendixes or actually inserting the plans as part of the body of the document.

Your honest feedback would be greatly appreciated as it will assist us with recommendations for more simplified rules and easier versions of the application.

TOPICS ON TRAUMA & CARES

Sara Matthews, RN
Acute Health Systems - Trauma Registrar, CARES Coordinator
First Acute Health Systems Conference a Success



The Office of EMS hosted its first Acute Health Systems (AHS) Conference on December 9, 2024, at the Clanton Conference and Performing Arts Center. The goal of the conference was to provide specific and pertinent information about AHS, including its history, structure, and current operations. Attendees included EMS Personnel, Training Officers, Flight Nurses, ED Nurses/Directors, Trauma Managers, and Stroke Coordinators.

Dr. Elwin Crawford began the day with an overview of Acute Health Systems in Alabama. Throughout the day, a variety of related topics were covered including blood transfusion, stroke, STEMI, vehicle crash dynamics, as well as adult and pediatric trauma care. Dr. Crawford and Michael Minor concluded the day with information about emergency medical services and hospital role expectations.

Survey feedback was very positive and will be used to plan future conferences and develop training opportunities.

The conference was supported by a partnership with Jefferson State Community College and sponsored by Go Rescue and Philips, Alabama Council of EMS, Inc., Southeast Alabama EMS, Zoll, Air Methods, and Children's of Alabama. The Office of EMS would like to thank the speakers, attendees, EMS Regional Offices, and supporters who made this conference a great success!

FUN EMS TRAUMA FACTS FOR 4TH QUARTER (OCT-DEC) 2024

- Approximately 24,972 reports (10% of all reports) for the 4th quarter of 2024 listed the patient as having possibly suffered an injury resulting in an EMS response.
- Approximately 1,450 reports listed the presence of head injury as a primary symptom.
- The top ten causes of injury reported and listed from most to least are; car accidents, trip-slip-stumble falls, falls out of bed, falls out of chair, MVC non-car accidents, stairs-steps falls, motorcycle accidents, ladder falls, knife-sword-razor injuries and mechanical crush-jammed-pinch injuries.
- Of reports where a Triage Classification was recorded for Multiple Casualty Incidents (MCI) approximately 61% were listed as "Green-Minimal (Minor)", 17% were listed as "Red-Immediate", 19% were listed as "Yellow-Delayed", 0.2% were listed as "Gray-Expectant" and 2% were listed as "Black-Deceased".

EMS DATA & REPORTING UPDATE

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



OFFICE OF EMS
DATA MANAGEMENT & ANALYSIS

The Importance of the Narrative in Electronic Patient Care Reports

In the realm of emergency medical services (EMS) and healthcare, documentation has always been a critical component of patient care. Among the various elements of an Electronic Patient Care Report (ePCR), the narrative section stands out as an essential tool for conveying the complexities of patient interactions, medical decisions, and treatment processes. This article explores the importance of the narrative in ePCRs and how it can impact patient outcomes, legal documentation, and overall healthcare quality.

The narrative provides a comprehensive account of the patient's condition, the circumstances surrounding the emergency, and the care provided. Unlike structured fields in ePCRs that may only capture discrete data points like vital signs and medications, the narrative allows healthcare providers to share the full context of a patient's situation. This holistic view is crucial for understanding not just the "what" but the "why" behind clinical decisions, ultimately leading to more informed patient care.

Effective communication among healthcare providers is vital for continuity of care, especially when patients are transferred between services or departments. The narrative serves as a bridge, ensuring that all relevant details about the patient's condition, treatment history, and unique needs are communicated clearly. A detailed narrative can help subsequent care providers quickly understand the patient's background, reducing the chances of miscommunication and overlooked information.

In the event of litigation, the narrative in an ePCR can serve as a critical piece of evidence. Detailed and accurate narratives provide a clear record of the assessment and treatment provided, demonstrating that the care delivered was appropriate and followed established protocols. A well-crafted narrative can protect healthcare providers by showcasing their clinical reasoning and adherence to best practices, which is essential in defending against claims of negligence or malpractice.

The narrative section of ePCRs is invaluable for quality improvement efforts within healthcare organizations. By analyzing narrative data, healthcare leaders can identify trends, common challenges, and areas for improvement in patient care. This qualitative information complements quantitative data, enabling organizations to develop targeted strategies that enhance the overall quality of care provided to patients.

Additionally, a frequently overlooked aspect of the narrative is the explanation of the rationale behind interventions and services for third-party insurance reviews seeking payment. Ambulance services and EMS departments that depend on insurance revenue often face repeated claim filings or denials due to unclear justification for the care provided. Timely services to patients necessitate prompt reimbursement of insurance claims to maintain a healthy cash flow for the EMS service.

The narratives within ePCRs serve as a rich source of learning for healthcare professionals. They offer real-world examples of patient encounters, clinical decision-making, and problem-solving in emergency situations. By reviewing and discussing these narratives, current and future healthcare providers can gain insights into best practices, improve their clinical skills, and develop a deeper understanding of patient interactions.

The narrative in Electronic Patient Care Reports plays a crucial role in the documentation of patient care. It captures the complete patient story, facilitates communication among providers, offers legal protection, supports quality improvement initiatives, and enhances education and training. As the healthcare landscape continues to evolve with advancements in technology, it is essential for EMS and healthcare professionals to recognize the value of the narrative section in ePCRs.

By prioritizing thorough and thoughtful documentation in the narrative, healthcare providers can improve patient outcomes, enhance communication, and contribute to a culture of continuous quality improvement within their organizations. In essence, the narrative is not just a formality; it is a vital component of effective patient care and professional accountability.

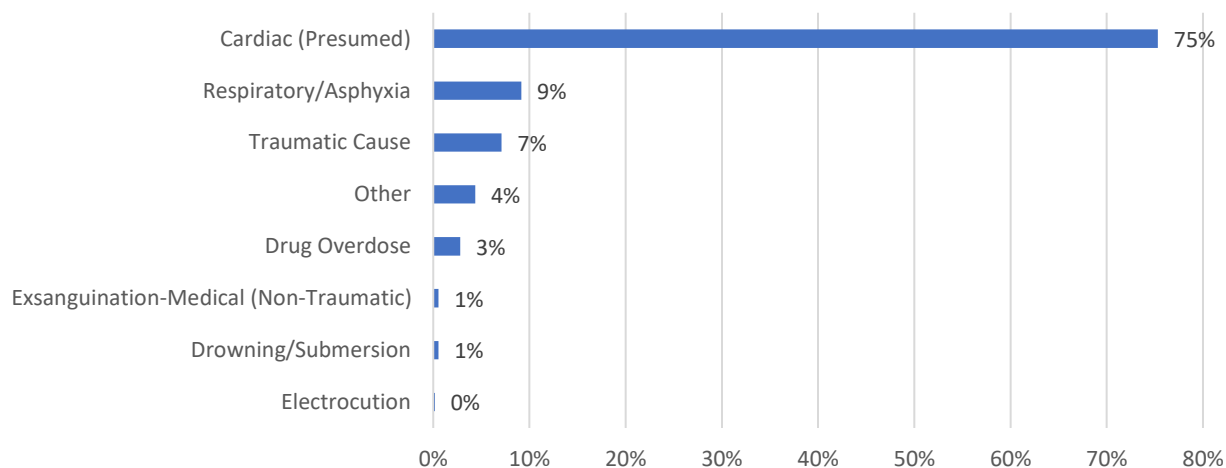
GENERAL STATISTICS YOU MAY BE INTERESTED IN

October 1 – December 31, 2024 *TOTAL REPORTS THIS QUARTER = 243,777*

NOTE: Percentages are rounded and approximate.

- AED’s were reported to have been applied prior to EMS arrival on 534 ePCRs with 398 (75%) being reported as applied without defibrillation and 136 (25%) being reported as having been utilized.
- Airbags deployed were reported a total of 3,618 times; with 2,936 (81%) being reported as front airbags, 599 (17%) and 83 (2%) being reported as other type (knee, air belt, etc.).
- Of the 2,015 cardiac arrests reported; 1,042 (51%) were reported as not witnessed, 496 (25%) were reported as witnessed by family members, 126 (6%) were reported as being witnessed by bystanders and 351 (17%) were reported as witnessed by a healthcare provider.
- Etiology of reported cardiac arrests are shown below:

Reported Cardiac Arrest Etiology



NOTE: Three cardiac arrests from electrocutation were reported but percentage is less than one percent.

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NEMSIS SCHEMATRON RULES CHANGES & 2024 OVERALL NEMSIS VENDOR PERFORMANCE

In the 4th Quarter of 2024, the Alabama Office of EMS restructured the Schematron violation configuration to reduce loss of data through report failures. All changes are listed on the NEMSIS website change log. The decision to reduce error-level violations was the result of the NEMSIS Version 3.5 transition and vendor issues related to it. Going forward vendor performance will be evaluated by a combination of Schematron warnings and then errors. Vendors will be requested to participate in online meetings with our staff as the evaluations progress through each calendar year and so feedback may be given, and questions answered. Frequency of meetings will be based upon performance. Our Office has two priorities; maximizing the quality of EMS dataflow and maximizing the quality of vendor services provided to Alabama-licensed Emergency Medical Provider Services (your clients). We hope to accomplish this through cooperative transparency.

2024 NEMSIS Vendor Performance in Alabama

VENDOR	SUCCESSFUL REPORTS	FAILED REPORTS	TOTAL ATTEMPTED	PASS RATE
AngelTrack LLC	38,593	12	38,605	99.97%
Center for Advanced Public Safety	29,779	11	29,790	99.96%
CloudPCR	54	11	65	83.08%
Elevos	5,710	3	5,713	99.95%
Emergency Networking	756	518	1,274	59.34%
Emergency Reporting	4,709	36	4,745	99.24%
EMS Consultants, LTD	25,328	67	25,395	99.74%
Epr Systems USA Inc	7,045	324	7,369	95.60%
ESO	157,512	85,903	243,415	64.71%
First Due Size Up	26,826	11	26,837	99.96%
Forte Holdings	13,377	1,840	15,217	87.91%
ImageTrend, Inc.	172,290	1,481	173,771	99.15%
OCI Software	2,788	0	2,788	100.00%
Sansio	153,712	25	153,737	99.98%
Traumasoft LLC	132,516	2,782	135,298	97.94%
ZOLL	208,656	288	208,944	99.86%
STATEWIDE TOTALS/AVERAGE	979,651	93,312	1,072,963	91.30%

NOTE: Vendors submitting at a pass rate of 89.99% or less are considered non-compliant.