

THE ALABAMA OFFICE OF EMERGENCY MEDICAL SERVICES



EMS QUARTERLY NEWSLETTER

From Mobile to Huntsville and Everywhere In-Between



Volume 18, Issue 1 – January - March 2025

The “Job” of EMS.

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

I worked an extra shift in the ED recently to help cover an unforeseen opening in the schedule. I wasn't the only one who worked extra to help cover a couple of open shifts and just like EMS we just do what we must do to keep the train on the track. My daughter didn't really want me to work an extra shift and made a comment to the effect “It's just a job, Dad. What has the job done for you?”. If she only knew!!



The “job” of EMS and emergency medicine has afforded me the opportunity to provide for my family and it has given me the opportunity to live out my dream of taking care of the sickest of the sick. The “job” has also given me the opportunity to meet lots of people and to be able to participate in lots of EMS activities including the privilege of serving as the State EMS Medical Director.

The “job” has also given me the opportunity to build on the legacy of some giants in Alabama EMS. I had the opportunity to work at the state level with Drs. John Campbell, Dr. Clem Cotter, Dr. Rodney Snead and a host of other physicians and EMS personnel including Regional directors. The “job” allowed me to learn from these folks who truly wanted Alabama EMS to be the best in the nation.

More importantly than all of this though is that the “job” continued to let my passion for EMS and emergency medicine grow. See, EMS and emergency medicine is a true calling and those who live it and breathe it don't consider it a career. It's a true passion!!

Now, don't get me wrong. I don't think EMS and emergency medicine should ever be put in front of your family. Your family misses out on an awful lot due to our profession. Make time for your family.

I will close with one ask. The next time someone tells you “It's just a job” take the time to tell them what we do and share the excitement and passion that drives you every day in your EMS calling. Who knows, you might plant the seed that leads that person to developing a passion for EMS that we have been so richly blessed to have.

I appreciate what y'all do every day!!

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NOTES FROM THE DIRECTOR:

Alabama EMS Culture of Excellence

Jamie Gray, BS, AAS, NRP, TP-C

State EMS Director

During the tenure of Dr. John E. Campbell as Alabama's State EMS Medical Director, he defined what came to be called the "Culture of Excellence" which most providers in Alabama are familiar with. State EMS Rules require Emergency Medical Provider Services (EMPSs) to undergo and pass periodic inspections to remain licensed with the Alabama Office of EMS. Those services who Office of EMS Compliance Specialists found to be exemplary typically were validated with the original Culture of Excellence designation. As Dr. Campbell passed away on August 29, 2018 (aged 75) the Culture of Excellence process has fallen dormant in recent years.



The purpose of the Culture of Excellence was to recognize those services who went above and beyond what was necessary to simply pass inspections and obey the rules as is expected to retain and renew their EMPS license. Services who were awarded the Culture of Excellence designation were considered to exemplify the traditional and philosophical attributes of ethical professionalism. Such services are to be cherished by their constituents as trustworthy mainstay resources of the community and which are a credit to the confidence and support of their communities.

Dr. Campbell was, himself, exemplary of a culture of excellence in Alabama EMS. His landmark development of the Basic Trauma Life Support (BTLS) series of courses, first appearing in 1982, was key to integrating comprehensive trauma care into an EMS System coming out of its infancy stage. The structured process of BTLS meshed well with the American Heart Association processes of Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) which became the skeletal structure of the National Department of Transportation (DOT) EMS Curriculum. From humble beginnings in Opelika, Alabama forty-three years ago, the brainchild of a very brilliant but humble Alabama physician has grown into International Trauma Life Support (ITLS) and is the standard of prehospital care throughout the entire world.

Not only did Dr. Campbell positively affect and promote National EMS and International Prehospital EMS trauma care, but he also promoted the development of the Alabama EMS System. Under his tutelage, and in conjunction with present Alabama State EMS Medical Director William E. Crawford, Alabama's EMS process went from the classic "Mother, may I?" system of calling for orders, to the current almost entirely comprehensive protocol system for EMS medical interventions in the prehospital environment. Development of the Alabama drug and equipment lists in addition to protocol development now brings Alabama to a level rivaling any state in the union regarding prehospital care and transportation. This is no accident as Dr. Crawford not only worked alongside Dr. Campbell for years as Assistant State EMS Medical Director but has his roots in EMS as having been an Alabama paramedic who was trained in, and utilized, Dr. Campbell's principles defined in Basic Trauma Life Support. I would also like to mention that Dr. Campbell and Dr. Crawford share equivalent levels of brilliance, humility, and love for EMS. Dr. Crawford still holds his paramedic license to this day.

Awarding of the Culture of Excellence began to fade away because OEMS staff members found the process to be too subjective. No measurable mechanism existed to determine exactly what constituted the Culture of Excellence designation, other than the relative number of dings on the inspection sheet and perhaps the pass rates for NEMSIS submission. Designation did not depend upon historic activity and did not involve the entire spectrum of efforts and activities which promote the best possible examples of services provision. So, the

question stands; How do we measure the quality of effort made by EMPSS for excellent service provision to the communities that they serve and to the State of Alabama as a whole?

The overall quality of service provided by an EMPSS may be measured by the following dynamics:

1. Adherence to EMS Rules and guidelines regarding quality, maintenance and equipping of Emergency Vehicles.
2. Adherence to EMS Rules and guidelines regarding utilization and management of pharmaceutical materials.
3. Adherence to EMS Rules and guidelines regarding utilization and management of regulated equipment.
4. Adherence to EMS Rules and guidelines regarding NEMSIS submission and reporting.
5. Adherence to EMS Rules and guidelines regarding self-management of personnel and vehicle rosters on Web Management accounts.
6. Adherence to EMS Rules and guidelines regarding personnel activity, response dynamics, and public perception.
7. Participation in public awareness and education activities.

We are considering that the Alabama Office of EMS reinstate the process as the “Dr. John E. Campbell Memorial Culture of Excellence” designation and that all the above criteria be reviewed to award and maintain the designation. In doing so we would define a grading system and that a record be meticulously maintained so that historic trends can be studied for each service. The reinstatement of this process would possibly accomplish several opportunities for benchmark analysis and feedback to each individual service.

Instatement of the Dr. John E. Campbell Culture of Excellence would serve to honor and remember the humble man who was, perhaps, the finest mentor and friend of Alabama EMS at large, and of each individual who carries a license in the great state of Alabama.

NOTE: Dr. John Emory Campbell was born on July 25, 1943, in Tallahassee, Florida and moved with his family later to Clay County, Alabama. Dr. Campbell first graduated from Auburn University in their Pharmacy Program and then attended and graduated from University of Alabama at Birmingham Medical School. He practiced Emergency Medicine becoming a Fellow of the American College of Emergency Physicians in 1989. He practiced in Emergency Departments across the state of Alabama, and in Longview, Texas, for over 35 years. His contributions to medicine in general, and EMS, are extensive and well known. He served as EMS Medical Director for Alabama from 2006 to 2011. In that span of time, he accomplished defining the Online Medical Director's Course for Emergency Physicians who would communicate with EMS personnel in the field, and in developing and instituting the system of protocols that brought Alabama to the level of EMS provided by other states. He passed away after an extended illness on August 29, 2018, at 75 years of age. There are currently 1,539 physicians who are actively certified as Online Medical Control Physicians in the State of Alabama having certified in the physician course initiated by Dr. Campbell. The database finds that a total of 2,878 physicians have certified in that course.



LICENSURE SECTION

Vickie Turner, BS, NRP
Licensure Coordinator



Licensure Renewal and Information FAQs

As we are just ending the Individual License Renewal Cycle, we recognize that some issues occur frequently, and some changes have occurred that Licensees are not aware of. The following bullet list contains items we wish to accomplish with this article.

- **Educate Individuals on Document Attachment:**
 - Ensure individuals are aware that they can attach documents to their online application. This includes items like CCP/CCT certificates or cards and legal documents for name changes.
- **Renewal Process for CCP Level:**
 - When renewing at the CCP level, applicants must select the CCP level during the application process, so it is clear what they are requesting.
- **Reclassification Options:**
 - Individuals now have the option to reclassify to all endorsements and other classes.
- **Correct Selection:**
 - Ensure the correct option is selected based on what they intend to do, not just "other."
- **First-Time CCP Endorsements:**
 - Individuals applying for CCP endorsements for the first time must include documentation verifying they have held a paramedic license for at least three years, which can be attached to the application.
- **Update Contact Information:**
 - Update any changes to contact information, mailing address, or email address. Email is the primary method of contact.
- **Expired Renewals and Initial Applications:**
 - Expired renewals or initial applications cannot be processed online. These must be mailed or submitted in person.
- **Late Fee for Expired Licenses:**
 - A late fee of \$50.00 applies to all expired licenses.
- **Application Requirements:**
 - Ensure you use the current application form available on the website for accurate fees and the correct address.
 - Submit only the two-page application with the Prattville address at the top.
- **National Registry Requirement:**
 - To obtain or regain an Alabama license, you must have a current National Registry unless you were grandfathered in.
- **Con-Ed Certificates for Grandfathered Individuals:**
 - All non-National Registry individuals (grandfathered) must send all Continuing Education (Con-Ed) certificates to Chris Hutto for approval. This is mandatory and not an audit.
 - Contact: chris.hutto@adph.state.al.us

EDUCATION AND PROVIDER SERVICES UPDATE

Christopher Hutto, MBA, NRP

Education and Provider Services Coordinator



Education:

If you are in need of continuing education hours, contact your local EMS education program or your regional office. If you have any questions, please feel free to call one of our regional offices, or the OEMS. 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 have any questions, please feel free to call your regional office, or the OEMS.

Provider Services:

Service license renewal season is here and MUST be renewed before 6/30/2025, or the license will be considered expired. You may renew via paper application or online. The online application will close at midnight, July 1.

We have been working very hard to make renewing your service license easier, especially when you do it online. Here's what you need to know about the online process:

1. Just like in years past, you will need your license number and your offline med control physician's number. If you don't know these, please contact our office.
2. The application is mostly prefilled now. If the information there is correct, you move on. If it needs to be updated, you can fix it.
3. Please be prepared to show proof of general liability insurance of at least \$1M (this does not mean insurance on vehicles).
4. 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.
5. You **cannot** reclassify using the online application. If you wish to reclassify, you can renew online at your current level and then contact our office about reclassifying.
6. Services who are currently Critical Care must complete a Critical Care application after you complete the online application and send it in to us. We will allow a 30-day grace period from the time the online application is received to get that document to us. A link to the CC application is provided on the online application.
7. Upon successful completion of the online application, a pdf version of the license will be emailed to whoever is listed as the contact for the service. You are responsible for printing the license and posting it where it can be seen by the general public within the physical location of the service. A license will not be mailed to those applying online unless specifically requested.

Our hope is that the online service license application is easier and more user friendly this year. For those who use the online renewal application, tell us if you loved it or if you hated it. Your honest feedback is welcome. Insightful suggestions can assist us with improving the process each year.

COMPLIANCE NOTES - FOCUS ON LICENSED SERVICES

Trey Rogers, NRP
Compliance Specialist

CHOCTAW COUNTY AMBULANCE SERVICE

On March 3, 2025, I inspected Choctaw County Ambulance Service in Butler, Alabama. It was a great inspection because they were really on top of it all. Their equipment was the latest and most up to date. They passed their inspection with flying colors. I was very impressed overall with the employees and the service. The staff appeared to be very experienced, knowledgeable, and motivated. Also, they had a sense of being all about the community and its citizens.

Choctaw County Ambulance Service started in 1994 with the passing of a one cent sales tax to provide funding for the EMS board to put on a full-time ambulance service. Initially they had two trucks between two stations which consisted of one paramedic truck with the other being an Intermediate unit. In approximately 2006 they went to three stations with three units providing 24-hour coverage and a fourth unit providing sixteen-hour coverage on the weekends – all at the paramedic level. Currently they now have a total of seven ambulances covering 921 square miles and with a population of just over 12,000 people, they are the only service providing ALS response and transport in Choctaw County.

What stands out about their service is the level of care they are able to provide in a very, very rural area. According to Geraldine Curtis, their manager, they strongly believe the keys to their success are leadership, unity, and education. The Compliance Section wishes to recognize the quality and expertise that Choctaw County Ambulance Service provides for the residents of Choctaw County and the citizens of Alabama and thank them for their efforts.



NOTE: Alabama currently licenses 342 Emergency Medical Provider Services (EMPS). Of those, 244 (71 percent) are transport services and 98 (29 percent) are non-transport services. Of the 342 EMPS, 62 (18 percent) are licensed as ALS Critical Care services. Of the 62 ALS-CC services, 18 (29 percent) are air transport services and 44 (71 percent) are ground services. There are currently 2,102 active EMS vehicles of all descriptions operating in Alabama. The Compliance Section of the Alabama Office of EMS is responsible for inspecting all vehicles prior to initiating the licensure of the EMPS or prior to a new vehicle entering service, and then periodically thereafter. In addition, all equipment and medications are inspected periodically. All complaints and issues are investigated by the Compliance Section. The Compliance Section currently is staffed with three Compliance Specialists: Rhonda Caples, Joel Garrett, and Trey Rogers. Steven Stringer oversees this Section as the Compliance Coordinator. The Compliance Section of the Alabama Office of EMS represents a total of 110 years of EMS experience and service in Alabama, with the average tenure of license being approximately 27 years.

STROKE EDUCATION AND SYSTEM DEVELOPMENT

Tabatha Ross, BSN, RN

Acute Health Systems – Stroke System Coordinator

The ADPH OEMS would like to welcome three new hospitals into the Alabama Stroke System. These hospitals are located in two of our most rural Regions, Regions Two and Four. John Paul Jones Hospital (Camden, AL), Bibb Medical (Centreville, AL) and Tanner Medical Center East – Alabama (Wedowee, AL) have all met the requirements for level III stroke designation in the Alabama Stroke System. Level III stroke hospitals have the ability to diagnose stroke and, in some cases, administer thrombolytic therapy prior to transfer in accordance with the rules set forth in the Alabama Stroke System.

Emergency Medical Services Personnel (EMSP) play a crucial role in stroke care by recognizing stroke signs and symptoms and initiating timely treatment. This includes entering suspected stroke patients into the Alabama Stroke System and completing the Stroke Thrombolytic checklist, which includes the EMSA tool. Providing this checklist with the patient equips hospital staff with essential data for ongoing care, potentially reducing stroke-related long-term disability and mortality.

Following discussions with hospital staff, Regional EMS offices noted a decline in checklist submissions from incoming stroke patients. To address this issue, the Office of Emergency Medical Services (OEMS) is introducing a Stroke Alert Checklist Sticker pilot program. This sticker, like the Thrombolytic Checklist form, will be completed by EMSP and placed on the patient for hospital staff to retrieve in place of the current paper thrombolytic checklist in use. In 2022 a study was conducted in Florida utilizing a “stroke alert sticker”. It concluded that door to needle times reduced by 20 minutes and that more patients received thrombolytic treatment when prehospital EMS notification using the “stroke alert sticker” was used compared to when not. This reduction by 20 minutes aided in decreasing mortality and long-term disabilities associated with stroke which is the goal of this pilot.

In March 2025 we implemented a stroke alert thrombolytic checklist sticker pilot. This pilot will be utilized to help assess the effectiveness and functionality of the required thrombolytic checklist form that should be completed and given to the receiving facility on all patients entered in the Alabama Stroke System. The thrombolytic checklist provides important information about the patient’s current health status, assessment findings and emergency contact information.

The pilot program will be tested with select EMS providers and hospitals, including Tuscaloosa Fire, DCH Regional Medical Center, Dothan Fire and Southeast Health beginning 03/01/2025 until 12/31/2025.

Tabatha Ross is a member of the Acute Health Systems component of the Alabama Office of EMS. She is responsible for all aspects Stroke System development, implementation and system quality assurance and improvement. She may be contacted by email at:

tabatha.ross@adph.state.al.us



STROKE ALERT CHECKLIST

Patient Name: _____ DOB: _____ ATCC#: _____

Date: _____ Time: _____ : _____ AM/PM Destination: _____

Contact Name/Number: _____ 1- (____) _____

EMSA Findings

Horizontal Gaze _____ Facial Droop _____ Arm Weakness _____ R / L

Leg Weakness _____ R / L Slurred Speech _____ Repetition _____

EMSA Score _____ LKW Date: _____ Time: _____ : _____ AM/PM

Hx of Stroke Y / N Anticoagulants Y / N Glucose _____ Pregnant Y / N

DRAFT

STROKE ALERT CHECKLIST

Patient Name: _____ DOB: _____ ATCC#: _____

Date: _____ Time: _____ : _____ AM/PM Destination: _____

Contact Name/Number: _____ 1- (____) _____

EMSA Findings

Horizontal Gaze _____ Facial Droop _____ Arm Weakness _____ R / L

Leg Weakness _____ R / L Slurred Speech _____ Repetition _____

EMSA Score _____ LKW Date: _____ Time: _____ : _____ AM/PM

Hx of Stroke Y / N Anticoagulants Y / N Glucose _____ Pregnant Y / N

TOPICS ON TRAUMA & CARES

Sara Matthews, RN
Acute Health Systems - Trauma Registrar, CARES Coordinator
March Traumatic Brain Injury (TBI) Awareness Month



This year Governor Ivey declared March Traumatic Brain Injury (TBI) Awareness Month. On March 13th Alabama TBI leaders gathered at the Capitol to raise awareness that TBI can affect anyone at any age, and that there are services throughout the state to help. Many times, patients are unaware of, or have difficulty understanding, available services, and this can lead to inadequate rehabilitation, disability management, work force re-entry assistance, and a plethora of other challenges.

The Office of EMS plays a vital role in reaching Alabamians with TBI by managing the Alabama Trauma Registry/Head and Spinal Cord Injury Registry (ATR/AHSCIR), which is mandated by Alabama Act 98-611. The registry supports the collection, storage, and analysis of trauma-related data in Alabama, which is collected from all hospitals throughout the state.

Through an agreement with the Alabama Department of Rehabilitation Services (ADRS), trauma patient information from the registry is provided to ADRS as required so that TBI survivors can be notified of available resources by an ADRS TBI Care Coordinator. These coordinators are Master's Level Rehabilitation Counselors trained in providing specialized services that can be tailored to meet individual needs. Services include educational assistance, pre-vocational resources, employment assistance, extended support provision and more (<https://www.rehab.alabama.gov/services/vr/tbi>). More information about services can be found by calling the TBI Helpline at **1-888-879-4706** or visiting <https://www.alabamatbi.org/>.

If you have any questions about the trauma registry, contact Sara.Matthews@adph.state.al.us or 334-290-6241. Annual AHSCIR Reports can be found at <https://www.alabamapublichealth.gov/atr/reports.html>.



Alabama EMS History Project

Voices From Our Past

"History never repeats itself, but it often rhymes."

Possibly Mark Twain

EMS looks so forward to its potentials that it rarely looks rearward at its past. Alabama EMS is no exception. To do so is a travesty to those upon whose shoulders we stand as we promote our newest endeavors to save lives and ease suffering. In a series of articles each issue we hope to recognize those who were the first on scene to our history.

Larry Ryland

Retired EMS Program Director, Lurleen B Wallace College, Andalusia, Alabama



No EMS function in the 1980's and 1990's was complete without Larry Ryland. Larry was the EMS Program Director at Lurleen B. Wallace College from the program's inception until his retirement in 2000 and he played a large role in the early development of EMS within the Andalusia area and surrounding rural areas of the state. Larry reports that his mother, the head of planning at Vanity Fair Corporation in Monroeville, instilled a great deal of ambition in him as a child which served to motivate him in all his pursuits. Larry played football at Repton High School, winning a State 1A Championship, and during his high school years assisted his father in the Monroe County Rescue Squad in the early 1960's providing services at drownings, auto and plane crashes. After high school he attended and graduated from Patrick Henry Junior College in Monroeville in 1967. In 1969 he graduated Auburn University with a bachelor's degree in business administration and thereafter taught high school math for a year before working in the private sector. He returned to Auburn when the corporation he worked for closed and earned a master's degree in 1972 and later an education specialist degree in 1974. With that degree he was hired at Lurleen B. Wallace Junior College as a business administration instructor the same year.

Alabama experienced several severe weather situations in 1974, including Hurricane Carmen and a "super outbreak" of tornados up to F5 strength which ravaged the central part of the state. Out of a sense of duty to his community Larry joined the Andalusia Rescue Squad which began his career in EMS, which was in development in Alabama at that time. He attended EMT, Intermediate and Paramedic programs on his own to volunteer with Andalusia Rescue and after he completed Paramedic training his college president wanted to start an EMS program at Lurleen B. Wallace. Without an office, classroom, any equipment or a budget, Larry applied to the state for approval to begin a basic EMT program and was approved on his signature alone. Student reaction to the EMT program was very positive and area constituents began to become more available to provide service to the rescue squads and ambulance services surrounding Andalusia. As a natural progression to the availability of EMT training, a high demand began for Intermediate EMT training and Larry then applied for and received approval for that program as well. As Larry began to anticipate development of Paramedic training classes, he realized that more instructors would be needed to teach classes on site. He asked the State EMS to offer an onsite 40-hour EMS Instructor class and his request was met with some doubt. Due to the rural nature of Andalusia, it was not believed enough students would be interested in an EMS Instructor class for a class to make. Due to the EMS culture that developed around the program's production of field personnel, within two weeks enrollment had to be terminated due to too many students enrolling in the class which maxed at 30 students.

The initiation of the Paramedic program at Lurleen B. Wallace began shortly thereafter. Although time consuming, the approval from the Alabama Commission on Higher Education (ACHE) was forthcoming more rapidly than normal. The Department of Post Secondary's Dr. Bert Slafter contacted Larry to tell him that no other

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college had ever submitted a similar application approaching 200 pages, and Larry's application had consisted of 700 pages. The ACHE met the next month, and the program was approved in the historic time of three months while most program take much longer and up to two years. The program subsequently got approval from National Registry of EMTs and achieved 100% pass rate for Paramedics in 1997, which was personally recognized by the Chancellor of Alabama Postsecondary Education.

Larry's influence in EMS remains longstanding. He was integral in the institution of required hepatitis B vaccinations for health-related and postsecondary health programs in Alabama. Lurleen B. Wallace Community College's EMS program continues successfully to this day. He was the first appointed chairman of both Covington and Conecuh E-911 boards and wrote the E-911 Standard Operating Procedures and manuals for both counties. In addition, he secured the 100-foot free standing radio tower that was installed in Andalusia for only \$4,000, an immense savings for the county government. He also secured the materials for the E-911 building in Conecuh County through a donation from USA Concrete (Paul Bryant, Jr.) and funds had already been saved to pay for the contractor that erected the building. The building is now valued at half a million dollars and is rated to withstand 200 mile per hour winds.

While no longer involved in EMS, Larry continues to strive for positive changes in his area of the state. He has served since 2015 on the Regional Transportation Board for Conecuh County. In that role he requested and secured nine million dollars to construct a four lane on Highway 84 from Interstate 65 to the Evergreen Regional Airport. Larry also worked for eight years for a former mayor of Evergreen, an endeavor that brought in new money for the City of Evergreen. He identified and helped to implement a charge to communication companies for placement of their utility lines on the city's light poles. This surcharge brings in \$100,000 a year to the City of Evergreen.

The Alabama Office of EMS wishes to thank Larry Ryland for all the positive changes he has accomplished for our profession and for his service to his communities and to the Citizens of Alabama at large. We would also like to encourage all EMS providers to be cognizant of the struggles and endeavors of those persons responsible for the groundwork of the EMS System we currently work in.

The Alacert System currently has entries for 59,286 individuals. Of that number 26,083 (44%) have been licensed at the EMR or EMT levels. Of the whole, 4,675 (8%) have been licensed at AEMT or Intermediate levels and 11,452 (19%) have been licensed as Paramedic. These numbers reflect the highest level attained by any licensee.

Information on EMS Training Sites and Institutions in Alabama can be found at:

<https://www.alabamapublichealth.gov/ems/emsp-programs.html>

EMS DATA & REPORTING UPDATE

Gary L. Varner, MPH, NRP / Epidemiologist Senior

Kezia M. Laster, MPH / Epidemiologist

Data Management & Analysis Section

What is “Lag-Time” and How Does It Affect EMS?



OFFICE OF EMS
DATA MANAGEMENT & ANALYSIS

“Lag-Time” is the time between the moment an EMS unit goes back into service after a call (Gets 10-8) and the moment that the electronic Patient Care Report (e-PCR) is successfully submitted into the Alabama EMS NEMSIS Data Repository. By State EMS Rules the writer of the report (typically the individual performing, or responsible for performing, patient care) has up to twenty-four hours after returning to service to complete and submit the e-PCR. Then the Emergency Medical Provider Service (EMPS) that employs the crew has up to seventy-two hours to **ensure** that the report is successfully submitted to the EMS Repository. So, the e-PCR must be submitted within seventy-two hours (three days) of completion of the call. The EMPS is responsible for making sure the report is written within the first twenty-four hours and should enforce that time period as a condition of employment; a rule of employment enforcement. The patient care provider (EMT in charge) is responsible for actually writing the report and submitting it as prescribed by the employer. The patient care provider is responsible to the Office of EMS and the Medical Director of the EMPS for appropriately documenting patient care and interventions.

As we have often said, nobody in the medical profession really enjoys documentation. From highly technical specialty surgeons to the lowliest technicians, the process of documentation is oft considered as tedious “busy work” and is the reason why physicians often dictate their notes during their practice is that writing is time consuming. Even now some EMS agencies use documentation by dictation and as Artificial Intelligence (AI) becomes more available and affordable, that process will likely become more common. At every level of patient care, however, documentation provides the same functions; (1) A record of pathology, treatment and response to treatment important to both the EMPS and receiving hospital (2) A data source for population study (3) A platform for evidence to support charge assignment and billing claims and (4) A permanent record used to provide protection from liability and litigation. Most EMS providers understand the importance of systematically reporting patient care, but we imagine that only a few realize the importance of promptly reporting within the Lag-Time requirements.

In Alabama, EMS data and e-PCRs are routinely sourced by many agencies and Bureaus with the Alabama Department of Public Health. We have reported in previous newsletters that our data is heavily sourced outside the Alabama Office of EMS, but within our Office complaints are often lodged by the public within only a few hours of the incident. Our Compliance Section routinely pulls e-PCRs for investigative purposes. Although we do not consider sanctions against the EMPS for lag-time violation until after the allotted seventy-two hours (which allows for supervisory review of the e-PCR prior to submission) it is more efficient for investigations if the e-PCR is submitted as quickly as possible. Perhaps the most pertinent for the crews themselves is that an extended Lag-Time (the time of submission is stamped on the e-PCR printout by NEMSIS requirement) can be identified during litigation by a plaintiff’s attorney and used to cast doubt on the validity of the documentation. When a record is submitted to the EMS Repository it is a golden standard that the information has not been altered to hide any mistakes by the EMPS crew. We often compare that to “recording the deed of your house.”

Although our Section has routinely provided NEMSIS Submission feedback for years, we have never given any feedback on Lag-Times. Any EMPS can monitor their own Lag-Times by use of the RESCUE Dashboard, one of the three free tools available through the Alabama OEMS to monitor dynamics within the service’s e-PCRs. In addition, Alabama OEMS can arrange free access to any licensed EMPS with BioSpatial for analysis of that service’s response dynamics. The RESCUE Submission Page, RESCUE Dashboard and BioSpatial are approximately 90% of the tools that we use to monitor EMS Response dynamics within the state (viewing everyone’s data). In all

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provided tools to individual EMPS, the viewable data will ONLY be that of the EMPS it is issued to. That keeps all response data proprietary to the individual EMPS. Our Section's plan for 2025 is to provide feedback to the individual EMPS on Lag-Times as well as to provide the Compliance Section with the same feedback. This is in response to the numerous inquiries we receive from our licensed EMPS regarding individuals in their employ who are show to complete and submit e-PCRs. Compliance will now be able to get a complete overview of any individual's Lag-Time patterns for any given period. It will also allow Compliance to see infractions of the same individual among several EMPS's for employees who volunteer or are employed in several places.

We conducted a study of Lag-Time for calendar year 2024 through April 9, 2025. During that time period we received 1,332,715 e-PCRs. We found that 928,412 (70%) were successfully submitted the first time within 24 hours of returning to service. We found 3,354 (< 1%) were actually submitted prior to the unit's return to service, thus having no lag time. We found 134,647 (10%) submitted between 24-72 hours, which means that 80% of the e-PCRs had valid times recorded and were within standards. Conversely, we found 33,867 (3%) to have invalidly recorded times. Finally, we found 232,435 (17%) to have been submitted greater than 72 hours, and thus in violation of the Lag-Time standards. While reviewing the general conditions of Lag-Time violators, we found many occurred during the first three or four days of January. These were often associated with a Lag-Time of approximately one year. This seems to occur because the reporter's system allowed times to be recorded by hand, instead of system-fed, and the recorder forgot and indicated the year of the incident to be 2023 (in 2024) and 2024 (in 2025). Where this is understandable, it would be problematic if identified during a litigation process.

In Summary:

Definition of Lag-Time:

"Lag-Time" refers to the interval between when an EMS unit goes back into service after a call and when the electronic Patient Care Report (e-PCR) is successfully submitted to the Alabama EMS NEMSIS Data Repository. Here's the breakdown of the process:

- **Initial Submission:** The report writer, typically the individual responsible for patient care, has 24 hours after returning to service to complete and submit the e-PCR.
- **Final Submission:** The Emergency Medical Provider Service (EMPS) has up to 72 hours to ensure the report is submitted to the EMS Repository.

Responsibility and Enforcement:

The EMPS must enforce a 24-hour submission rule as a condition of employment, ensuring timely documentation. The EMT in charge is directly responsible for writing and submitting the report according to employer guidelines, and for maintaining accurate documentation for the Office of EMS and the Medical Director.

Importance of Documentation:

Documentation in medical practice is often seen as tedious but serves crucial functions:

1. **Record Keeping:** Provides a record of pathology, treatment, and response, vital for both EMS and hospitals.
2. **Data Source:** Contributes to population studies.
3. **Financial and Legal:** Supports billing claims and provides legal protection.
4. **Integrity and Timeliness:** Prompt reporting within Lag-Time ensures compliance and minimizes litigation risks. Extended Lag-Times can undermine documentation credibility.

Regulatory and Compliance Considerations:

- Alabama EMS data is used for various public health purposes, and complaints often arise soon after incidents.
- The Compliance Section uses e-PCRs for investigations, and quicker submissions aid efficiency.
- Sanctions for late submissions are considered only after the 72-hour window, yet prompt submission remains crucial for legal integrity.

Monitoring Lag-Time:

While the Alabama OEMS provides feedback on NEMSIS submissions, Lag-Times haven't been directly monitored. However, EMPS can track their own Lag-Times using the RESCUE Dashboard, a free tool available through Alabama OEMS, and can access additional resources like BioSpatial for analysis.

FOCUS ON TRAINING

Alabama OEMS Staff

Alabama Community College System – Innovation Center
Ambulance Operator Course

🔔 Now Available: Skills for Success – Ambulance Operator Training 🔔

The Alabama Community College System's Innovation Center has launched a new **Ambulance Operator course** through its **Skills for Success** training initiative. This free, hands-on course was designed in direct response to industry needs and is now available to communities across Alabama.

Each region has a **Workforce Coordinator** ready to assist with course planning and coordination. The training is ideal for upskilling current employees or building a pipeline of qualified drivers, particularly for **volunteer fire departments**, **rescue squads**, and all **EMR service providers** looking to expand their services with trained ambulance drivers.

For more information, go to **TrainForAlabama.com** or reach out to Kailah Dozier at **Kailah.Dozier@accs.edu** or 850-541-2800.

OVERVIEW

This comprehensive course is designed to prepare participants for a rewarding career as an ambulance operator (AO). AOs serve a critical function as part of an emergency medical services (EMS) team. Whether you're new to this role or seeking to enhance your expertise, this training will equip you with foundational principles necessary for success in this critical role.

Interested in offering this course in your region or hiring from it?

👉 Complete the [Employer Interest Form](https://innovation.accs.edu/employersurvey/) to get started.

<https://innovation.accs.edu/employersurvey/>

Regional Informational Flyers Follow...



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



Ambulance Operator

Gain the knowledge and skills necessary to work as an ambulance operator.

Scan Here to Start Your New Career



Skills You Will Learn

- CPR
- Patient Assessment
- Airway Management
- Medical and Trauma Emergencies

Brought to you by the



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CENTER



**Skills for
Success**

**In Partnership with the Alabama
Department of Public Health**

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TrainForAlabama.com

LaTrenda Nicholson

Central Region Workforce Coordinator

Latrenda.Nicholson@accs.edu • (334) 293-4614





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Darlisha Davis

South Region Workforce Coordinator

Darlisha.Davis@accs.edu • (251) 301-8063



Ambulance Operator

Gain the knowledge and skills necessary to work as an ambulance operator.

Scan Here to Start Your New Career



Skills You Will Learn

- CPR
- Patient Assessment
- Airway Management
- Medical and Trauma Emergencies

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Success**

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Fodina Henderson

North Region Workforce Coordinator

Fodina.Henderson@accs.edu • (256) 957-0065



Training Our State for the better



The ACCS Innovation Center, a division of the Alabama Community College System, collaborates with community colleges, businesses, and industry partners to develop Skills for Success courses—no cost, short-term certification, industry-recognized non-credit training programs. These courses equip workers with in-demand skills through a hybrid model that combines online theory with hands-on lab training.

Available Courses

Any community college can offer these courses.

- CDL A
- CDL A Theory Only
- CDL B
- CDL B Theory Only
- CDL B Passenger School Bus
- CDL B Passenger School Bus Theory Only
- CDL B + Passenger Theory Only
- CDL B + Passenger
- Passenger + School Bus
- Passenger Endorsement
- Passenger Theory Only
- School Bus Endorsement
- School Bus Theory Only
- CDL Behind the Wheel Only
- Hazmat Endorsement
- Excavator Operator
- Skid Steer Operator
- Bulldozer Operator
- Asphalt Roller Operator
- Fiber Optics Tech and Installer
- Fiber Optics Tech and Installer - Spanish
- Manufactured Home Installer Helper
- Food & Beverage
- Food & Beverage - Spanish
- Hotel Operations
- Retail Meat Cutter
- Mental Health Worker
- Carpentry Helper
- Electrical Helper
- Land Survey Technician
- Community Health Worker
- Customer Service
- Ambulance Operator/EVOC

Take the Next Step!

Are you interested in taking a Skills for Success course? Are you an employer looking to offer training to your workforce? Or are you a partner wanting to promote these valuable programs?

Submit your interest today and let's work together to build a stronger workforce!

TrainForAlabama.com



Courses In-Development

These courses are still in a phase of development, whether that be the development of a task force, filming, or pilot phase.

- Flooring Installation Technician
- Barista
- Veterinary Assistant
- Motor Grader Operator
- Forklift Operator
- Concrete Mixer Truck Driver
- Plumbing Assistant
- Nursery Landscape Worker
- Machine Operator
- Nursing Support Technician (NST)
- Biotechnician
- Water Treatment Operator Grade 2
- Propane Technician
- Asphalt Lab Technician
- Paver Operator
- Operator Tech Automotive
- Drone Operator
- Screed Operator
- Roof Framing
- Mastering the Customer Experience
- Onsite Wastewater Treatment Operator



**View Our
Available
Trainings**

