

# BUCKS COUNTY EMERGENCY HEALTH SERVICES ADVISORY COUNCIL

## NEWSLETTER—WINTER 2008



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### **EXECUTIVE DIRECTOR REPORT**

**Jeryl L. DeGideo – Bucks County EHS Director**

During 2007 Bucks County EHS hosted 10 EMT classes, three in the spring, three in the fall, one summer day class and three Vo-tech school classes. I thank the Bensalem Rescue Squad, Pennel-Middletown EMS, Newtown Ambulance, Trumbauersville Fire Company, Bucks County Public Safety Training Center, Middle Bucks Vo-Tech, Bucks County Technical High School and Upper Bucks County Vocational Technical School for hosting the EMT classes. I also would like to thank our lead instructors, assistant instructors, evaluators and victims for all of your assistance during the EMT classes, mid-term and final practicals. Without all of your assistance we would not be able to continue the educational portion of EMS.

I also would like to thank Levittown-Fairless Hills Rescue Squad, Tri-Hampton Rescue Squad, Point Pleasant-Plumsteadville EMS and St. Luke's Emergency & Transport Service for being our standby crews during the second annual Bucks County Pandemic Flu Drill Oct. 27. Without these standby crews, the Bucks County Dept. of Health would be unable to obtain the ratings from Pennsylvania Department of Health needed to declare a successful drill. In addition, I would like to thank Warminster Volunteer Ambulance, Bensalem Rescue Squad, Bucks County Rescue Squad, Central Bucks Ambulance, St Luke's Emergency & Transport Service and Grandview Hospital ALS Unit for hosting the Pennsylvania ALS Protocol Rollout sessions.

I also offer a special thank you to Dr. Gerald Wydro, our Regional Medical Director. Dr. Wydro has been a part of the PA State ALS Protocol committee, along with chairing the Medical Advisory Committee. Dr.

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Wydro currently is a volunteer Medical Director who meets regularly with our office and also participates at the state level, traveling to Harrisburg and State College attending State MAC and PA Directors meetings. Currently Dr. Wydro is working with Larry Loose and Steve Reichman from the Bucks County Emergency Communications Dept. to update the Emergency Medical Dispatch cards.

In case you were not aware, Bucks County has 10 teams ready to respond anywhere in the United States after being requested through the PA DOH Bureau of EMS. Here are our Bucks County STRIKE Teams: St. Luke's Emergency & Transport Service, Point Pleasant-Plumsteadville EMS, Central Bucks Ambulance (two Teams), Warminster Volunteer Ambulance, Tri-Hampton Rescue Squad, Bensalem Rescue Squad (two Teams), Bucks County Rescue Squad and Levittown-Fairless Hills Rescue Squad. We thank you, your providers and your Executive Boards for taking on this responsibility.

Once again I would like to applaud the continued support of our Bucks County Commissioners and their commitment to Bucks County Emergency Health Services

As you can see it takes EVERYONE to be successful and I thank everyone in the Bucks County Emergency Medical Services. Without YOU, where would our system be? If you want to get more involved please contact your squad or our office. We would love to have you.

In closing I would like to take the time to thank my staff. We have finally become the TEAM I was looking for. To say that you all go above and beyond is the understatement of the year. I wanted to thank you publicly for a JOB WELL DONE!!!!

## **MEDICAL DIRECTOR'S CORNER**

**Gerald Wydro, MD - Regional Medical Director**

### **Pre-hospital 12 lead: Flash in the Pan or Standard of Care**

Recent advances in pre-hospital monitor / defibrillator technology with 12 lead EKG modules has increased the availability of this modality to within reach of almost all EMS services. As the technology has advanced, many questions have come up. Which patients should receive a pre-hospital 12 lead? Who should interpret the EKG? Should hospitals not capable of percutaneous cardiac intervention (PCI) be bypassed for those that have such services? These questions must be answered by EMS systems to determine how this burgeoning technology will be best integrated into their protocols and treatment plans.

#### ***Who should receive a pre-hospital 12 lead?***

The availability of a test does not mean that all patients should receive it. Clinical situation and patient need should drive the decision. In the case of the pre-hospital 12 lead, the decision for who should receive the test is essentially; any patient with signs and or symptoms consistent with an acute coronary syndrome. As any seasoned practitioner knows, the presentation for cardiac patients can be varied with some "classic" and others quite atypical. No protocol can completely guide the decision for which patients require a 12 lead. *Paramedics must maintain a high index of suspicion for ACS presentations and obtain the 12 lead accordingly.* The time to obtain a high quality pre-hospital 12 lead should take only one-two minutes which is negligible on the overall on-scene time for EMS calls.

#### ***Who should interpret the 12 lead?***

The ability to obtain the 12 lead is only the first step in a pre-hospital 12 lead program. Appropriate interpretation of the tracing with assessment of the potential for acute injury (ST segment elevation myocardial infarction – STEMI) is critical for any value to the patient. Basic competency in 12 lead EKG interpretation should only require minimal didactic training integrated with practice sessions to review different types of abnormal EKG's. Advanced training is generally not as important as continued

review of basic STEMI morphology. In systems in which the paramedic is not trained to interpret, the EKG should be transmitted to the receiving facility prior to arrival to allow for ED physician interpretation prior to patient arrival. ***Early notification and activation of the cardiac catheterization lab is the goal of any pre-hospital 12 lead program.***

#### ***Should non-PCI hospitals be bypassed if a STEMI is identified?***

This final question is the most difficult to answer. The standard of care for patients with STEMI is emergency angioplasty (PCI). Systemic thrombolysis is considered high risk and not recommended if PCI can be performed in a clinically appropriate timeline. EMS should transport to a hospital capable of performing PCI if the patient is stable for such transport and EMS knows that the cardiac catheterization laboratory, interventional cardiologist, and other staff are available to perform the intervention. The goal is to get the patient from door of the hospital to balloon inflated for angioplasty within 90 minutes of patient arrival. The "door to balloon" time is a critical marker of the effectiveness of a hospital's interventional program. Currently there are no requirements for a cardiac center to be credentialed. Hospitals may choose self accreditation or follow best practice guidelines. There is no central clearing house for QA/PI data and other quality markers of an interventional program in Pennsylvania. This is in stark contrast to trauma centers which undergo accreditation and credentialing via the Pennsylvania Trauma System Foundation. The PTSF accredits all trauma centers in the Commonwealth to assure the quality of trauma care. Because there is no consistency of accreditation for cardiac centers, there can be no bypass protocol in the Commonwealth for STEMI. There is no means to assure high quality care and timely intervention.

***For the foreseeable future all decisions that require bypassing one facility (not PCI capable) for another (PCI capable) in patients with a STEMI must be discussed with the command physician at the closest receiving facility.***

In making the decision to perform a pre-hospital 12 lead: determine that a STEMI is present, and then talk with the command physician to determine the most

appropriate destination and this can all be accomplished in less than five (5) minutes. The value added of early recognition and notification for a STEMI is early activation of the catheterization laboratory and a reduced “door to balloon” time. For this reason EMS must work with hospital Emergency Departments, Interventional cardiologists, and catheterization laboratory staff to ensure that everyone is on the same page and that facilities are providing consistent high quality care.

## **LICENSURE AND DATA REPORT** **Jason Diefenderfer – EHS Field Representative**

For those services using EMSPro: You may or may not be aware we are migrating to a new version in early 2008. This new version is by the same vendor. The name is changing from EMSPro to Tablet PCR. The version is very user-friendly. There were several improvements to make data entry flow smoother and no more locked calls. User and service management input historically have been almost non-existent. The application we have may take more time than other programs to complete a PCR. This is because it is not an out-of-box program and is customized to the data the PA DOH and the services using the application want to capture. If you are not aware PA adopted the NEMSIS standards for patient care reporting. There is now an extensive list of data elements that must be collected on all PCR's. If you are interested in seeing this list it can be viewed at <http://www.nemsis.org>. All PA services must be silver Level NEMSIS in 2008 and Gold Level in 2009.

In the next couple of weeks the EHS office will be sending out more information as the new system is configured to be operational. At that time we will set up a couple of meetings for user input and recommendation of changes, additions and deletions to the application. This is your chance to have a say before the application is ready to go live. The EHS office will be setting up sessions to go over the application for your own benefit and/or to be trainers at your service.

A perfect example of an area where change may be needed is Primary Diagnosis. This year to date the Primary Diagnosis of “Other” has been picked 25.05% for all PCR's completed. From a statistical and QA point of view this is unacceptable. Questions to ask yourself: What calls are you using this for?

What other Primary Diagnosis do you think need to be added?

Ever wonder when a PCR needs to be completed?

I know; I hear all kinds of answers for when a PCR needs to be completed. The service you work or volunteer for may require you to complete PCR's for more than the following reasons. BUT, they must be completed for the following:

## **PA CODE Title 28 Emergency Medical Service §1001.41**

*“An ambulance service shall file the report for any call to which it responds that results in patient care, assessment or refusal of the patient to be assessed.”*

If you are having a mental argument in your head about whether to do a chart or not - **JUST DO IT!**

## **“OI GUY”** **Larry Loose – QA Coordinator**

### **Are We Meeting the EMS Expectation?**

It seems like a very easy question to answer in our own minds. I frequently ask providers this question and most respond “Of course I do.” I then ask the really tough question. What are the expectations of EMS? The first response I get is a blank stare, then a slight smile, then I get either of the two following responses “You know” (I do know, but do you?) or my favorite response “It depends” (depends on what?). I think in order to do a good job people should know what is expected of them and continue to reinforce the expectations and, most importantly, try to exceed them.

We have very few expectations within our system, but below is a short list of common expectations from service management teams:

1. When dispatched for a call we must acknowledge the call within three minutes.
2. Arrive on scene (eventually). There is no target response time (the time from dispatch to on scene).
3. Provide appropriate care consistent with protocols (compliance needs to be measured).
4. Transport to the hospital (be sure to get patient demographics).

## 5. Complete a patient care report.

What are our residents' and municipal leaders' expectations of EMS? Have we ever asked the question? I believe both groups would include these five expectations, but more detailed. They both may want a benchmark response time such as 10 minutes for 90 percent of the calls (even the cable company gives a four hour window). The municipality may want to know your service's performance measurements such as specific protocol compliance rates or cardiac arrest survival. Patients may also want to know their rights as far as destination choice (that's correct, they do have a choice).

I believe in the future EMS will be held to increased accountability. Medicare is currently planning to reimburse hospitals based on performance. I'm sure this is the future of insurance reimbursements and it's just a matter of time until this comes to EMS. Currently there are three house bills pending (HB1131, 1132, 1133) requiring municipalities to recognize and support EMS. Will some municipalities look at public utility model EMS? Now is the time to start building relationships and exceeding their EMS expectations.

### **BUCKS COUNTY SQUAD CHIEFS' ASSOCIATION**

**Evan N. Resnikoff, M.S. NREMT-P - President**

The Bucks County Squad Chiefs' Association has been active at the state and federal levels by lobbying for legislation to help fund our service. Our lawmakers in Harrisburg sent their message of support loud and clear last month when they unanimously approved three bills in support of EMS. House bills 1131, 1133, and 1134 amend the Second Class Township code, and the Borough Code to include mandatory provisions that these municipalities provide support to EMS organizations. The bills call for administrative and financial support, as well as a requirement that EMS be provided to the residents. These bills are now on to the State Senate for approval.

Secondly, this year the Chiefs' Association has been instrumental in bringing public awareness to the sudden reduction in ambulance reimbursements by AETNA insurance. This summer, several

representatives of the Chiefs' Association along with the Montgomery County Ambulance Administrators Association met with our lawmakers to pressure AETNA into reconsidering their actions. In New Jersey, AETNA was fined \$9 million for doing the same thing. Currently, AETNA is working with the Chiefs' Association and the Ambulance Association of Pennsylvania to negotiate the ambulance reimbursement rate. The cuts by AETNA will amount to a yearly loss of \$40,000-\$83,000 per year to some Bucks County Ambulance services.

Thanks to the support of the Bucks County Commissioners, municipal officials, and state lawmakers, we have handled major legislative issues and are going in to 2008 with strong support behind the Emergency Medical Services in Bucks County.

### **TRAINING REPORT**

**Michele Rymdeika, BC EHS Training Coordinator**

#### **Provider Statistics for Bucks County**

115 currently certified First Responders  
1,200 currently certified Emergency Medical Technicians  
250 paramedics registered in Bucks  
213 paramedics with Medical Command Status with a service in Bucks County  
33 Pre-hospital Registered Nurses  
2 Pre-hospital Medical Physicians

#### **CPR Cards**

BLS Providers need to submit a copy of their current CPR card approximately 90 days before they expire. If all your con-ed is posted, but there is no record of current CPR, your certification will not recertify. ALS providers need to submit a copy of their current CPR card once a year.

#### **Learning Management System (LMS)**

Please remember that LMS con-ed credits take approximately 3 weeks to transfer from LMS to your con-ed report. There is no limit as to the number of con-ed credits you can get from LMS for your con-ed.

#### **Con-Ed Reports**

You can check your own con-ed report via the State's website. If you go to: [www.health.state.pa.us/emso](http://www.health.state.pa.us/emso). If you have never been on here before, you will have

to register first. Once you are into the system, there are several options for you. If you click on continuing education/certification course applications, you can search for con-ed classes. If you click on Emergency Medical Services Registry (EMSRs), you can view your con-ed credits and profile. If you click on Learning Management System, it will take you directly to the LMS website. The LMS website is different from the State's website. If you have not registered for LMS, you need to do that directly through the State. The link for LMS registration is [www.health.state.pa.us/lms](http://www.health.state.pa.us/lms).

### **Email mailing list group**

To join our email list group to receive emails about training and other Bucks County EMS information, go to our website at [www.bcehs.com](http://www.bcehs.com) and click on "join the mailing list" envelope on our homepage.

## **COMMUNICATIONS UPDATE**

**Michael Dydak - Fire and EMS Coordinator**  
**Department of Emergency Communications**

### **EMERGENCY ID - Purpose**

This order establishes the procedures governing the use of automatic "EMERGENCY ID" alarm capability designed into the mobile and portable radios of the Bucks County UHF Radio System.

### **Policy**

The intent of providing "EMERGENCY ID" in Bucks County is to make available to EMS personnel a means by which they may send an alarm to the dispatcher indicating they have an emergency. The transmission of the "EMERGENCY ID" alarm will not occur unless the following elements exist:

- A life threatening situation exists, **and**
- The sender needs help, **and**
- The sender cannot verbally ask for that assistance.

### **Procedure**

#### **Dispatcher Responsibilities:**

1. The zone dispatcher responsible for the unit whose ID is activated will be responsible for verifying the alarm.
2. When the unit initiating the alarm is not currently assigned to an incident the verifying dispatcher will perform the following:
  - Transmit to the unit these exact words: "Bucks County to <unit>, verify your

10-78." The unit's verbal identifier will be substituted in place of <unit>.

- If the unit does not answer, wait 10 seconds and call again.
  - Assume the "EMERGENCY ID" to be valid if the unit fails to answer
3. When an "EMERGENCY ID" is received from an EMS Provider who is currently assigned to an incident, the dispatcher will clear the air and automatically broadcast a 10-78 stating it was received via emergency ID, the unit ID, location, incident type and enter ASTEMS complaint into the CAD. The dispatcher will then attempt to verify the "EMERGENCY ID."

#### **Initiating Unit Responsibilities:**

1. If the "EMERGENCY ID" was accidental the unit will advise the dispatcher it was an accidental trip. The dispatcher will then broadcast this status as follows: "Bucks County to all units, accidental trip from <unit>."
2. If the "EMERGENCY ID" was intentional the unit should expect the verification message. This confirms receipt. The method to handle a deliberate trip when called is:
  - If your location is known, do not answer the dispatcher, or if possible, transmit: "<unit> 10-78"
  - If your location is not known you must transmit, when possible, the following: "<unit> 10-78 <exact location>"
  - The dispatcher will initiate the actions specified in the "Response to an Intentional Trip" section below.

#### **Response to an Intentional Trip**

1. If an alarm is or appears valid, the dispatcher handling the alarm will assign an ASTEMS complaint in the CAD.

#### **Testing/Training**

Periodic activation for training, equipment checks, etc., is permitted only when it will not interfere with existing radio traffic and condition and will be kept to a minimum. These checks must be requested and approved by the dispatcher responsible for the unit

and the Squad Coordinator or Dispatcher III prior to activation of the "EMERGENCY ID".

### **BCEHS ADVISORY COUNCIL UPDATE**

**Scott Bahner, President**

**Charles Pressler, Vice-President**

**Ann Marie Reid, Secretary**

#### **Back in Session!**

The Bucks County Emergency Health Services Advisory Council had its first meeting in March of 2007. The council is a voluntary organization established solely as an advisory board whose purpose is to provide recommendations related to the coordination of emergency medical service within, or otherwise affecting Bucks County as set forth in Title 28. Council membership is through appointment by the Bucks County Commissioners and consists of volunteers from organizations or branches of service within the county. Members also elected an executive board to lead the Council.

Council members wasted no time digging their heels into the issues affecting EMS. A mission statement was developed and members voted to increase the frequency of the meetings from quarterly to bi-monthly to accomplish this mission.

***Mission Statement:*** "We, the Bucks County Emergency Health Services Advisory Council, comprised of diverse health and emergency entities, shall provide recommendations related to the coordination of emergency medical services affecting Bucks County.

*This Council shall meet as mandated to collect, analyze and debate ideas to advise elected officials, organizations and businesses in order to deliver emergency care in a compassionate and professional manner while representing the dignity and diversity of the population as a whole."*

Council has discussed such issues as retention and recruitment of providers in the county, decreased funding for EMS, service provision and nursing home transport needs, the increasing bariatric needs of the community, and the standardization of equipment as well as equipment purchasing power opportunities within the county.

Council members are currently working on the development of quality improvement initiatives that would allow consumers to find out more information about the quality of individual EMS organizations. Committees have been appointed by President Scott Bahner to make recommendations to Council on education, legislative and other issues affecting Bucks County EMS. If interested in joining a committee please contact Ann Marie Reid at [areid@fhcs.org](mailto:areid@fhcs.org) or 215-949-5521.

To date the Council has supported the Medical Advisory Committee in its development of a more formal training program for medical command physicians in Bucks County as well as Bucks County's EMS Squads Chiefs' Association in the development of paramedic provider training and equipment funding. We have also offered our professional consultative services to county agencies and municipalities making decisions that affect emergency medical services within their communities.

Most importantly has been the re-development of this quarterly newsletter. Communicating to all of you and hearing your feedback is vital to accomplishing our mission and making our EMS community stronger!

We invite and encourage you to attend our next meeting January 31, 2008, 9 a.m. at Bucks County Rescue Squad. 143 King Street, Bristol PA. Council Meetings are open to all providers, residents and visitors.

### **BUCKS COUNTY ADMINISTRATION**

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