

LIFELINE

Success!!!!!!!

In October of 1993, EMMCO West's EMS System Enhancement Resource Group implemented the suction testing program. Vacuum gauges were purchased for all licensed ambulances and recognized QRS services, and suction unit check sheets and instructions for checking suction units were provided. At that time, the pass rate for fixed and portable suction units combined was 81%. That meant that 19% of suction units were not meeting minimum licensure guidelines. As of today, the year to date pass rate for portable and fixed suction units at the time of licensure inspections and spot inspections is 93.75%. But wait! It gets better.

We've compiled all of your suction unit testing data that has been submitted to EMMCO West, Inc. The pass rate, as is reported is 98%. That is phenomenal!! EMMCO West, Inc. would like to personally commend all of you for your hard work in turning a pretty significant problem around. You've done a great job!

Are there lesson's learned? Without hesitation, Yes. We can make things better when we set our mind to it. "This wasn't just "another thing EMMCO West is asking us to do every month". It was a project in which we all had a stake, our office, the services, and the patients who depend on us to have a fundamental piece of equipment in good working order. Again, GREAT JOB!

Statewide ALS Protocol Rollout Opportunities

The statewide ALS protocols go into effect July 1, 2007. All paramedics, PHRNs, and prehospital physicians must attend an approved statewide ALS protocol rollout prior to July, 1, 2007. In previous correspondence, individual validation forms were provided to each ALS service and are to be completed by the ALS service medical director. Completed forms are to be mailed to EMMCO West.

There are several options for updating regional ALS personnel to the new statewide ALS protocols. The options available to update ALS practitioners include:

1. Completion of a statewide ALS protocol rollout w/BLS protocol update. A CD ROM and information was previously provided to each ALS Service and ALS Service Medical Director. ALS services conducting an ALS rollout session are to contact EMMCO West **PRIOR** to the conduction of the session. Appropriate coned can be registered to this rollout session. The ALS protocol rollout is rated for 3 hours of coned for Paramedics and 1 hour for First Responder & EMTs.
2. The statewide ALS protocol rollout w/BLS protocol update will be available through the Learning Management System (LMS). EMMCO West staff members completed the narration for the LMS rollout session. ALS personnel will be able to log onto the LMS program and complete the ALS protocol rollout session. The ALS Service Medical Director still needs to complete an ALS protocol validation form for these personnel and forward it to EMMCO West.
3. NEW Option. For ALS services who have already updated their personnel with the BLS protocol updates, including revised CPR guidelines, can utilize a special CD ROM program available through EMMCO West. A special 2 disc CD ROM can be requested from EMMCO West that contains a self – guided PowerPoint presentation of the ALS protocol rollout material. A separate coned number has been assigned to this program. The program reviews the new ALS protocols 1000 – 9000. It is rated at 1.5 hours of continuing education credits.

(cont. Pg. 10)

Karnak'ing Your EMS Data

Director's Corner

By William McClincy, EMMCO West Executive Director

A memorable character from Johnny Carson's Tonight Show is the character Karnak. Karnak had the ability to predict what was written on a postcard that was hermitically sealed within an envelope, which was placed inside a sealed mayonnaise jar. He would hold the envelope to his head and recite something like the following, "Sis – Boom – Bah". The envelope is ripped open and the card inside reads, "What sound does an exploding sheep make"!

So what does Johnny Carson's Karnak have to do with EMS data? All of us can become Karnaks! Using data from 2006, let's see how we can make EMS system predictions. We'll use two data charts included on Page 3 of this newsletter. But, don't look at the charts just yet, because you'll spoil the fun of playing EMS Data Karnak!

So here's the first EMS Data Karnak revelation taken from Chart 1, 2006 Regional Age Distribution. EMS Data Karnak says, "Formula 101". And the answer is "What are 101,065 regional transports in 2006". We didn't say these were going to be funny! The next one is, "80 to 84". The answer is, "What is the likely age category you'll transport". The next one is an age range; Karnak says, "top four". Answer is, "What is the 65 – 89 age range".

EMS Data Karnak's going to switch to Chart 2, Over Age 60 Incident Type. EMS Data Karnak says, "Illnesses, transfers, and falls oh my". The answer is, "What are the three most frequently encountered incident types in 2006". Another one, "Where's momma & papa". Answer is, "11 motorcycle mommas & papas over 60 y/o crashed their motorcycles, while another 3 crashed their ATVs".

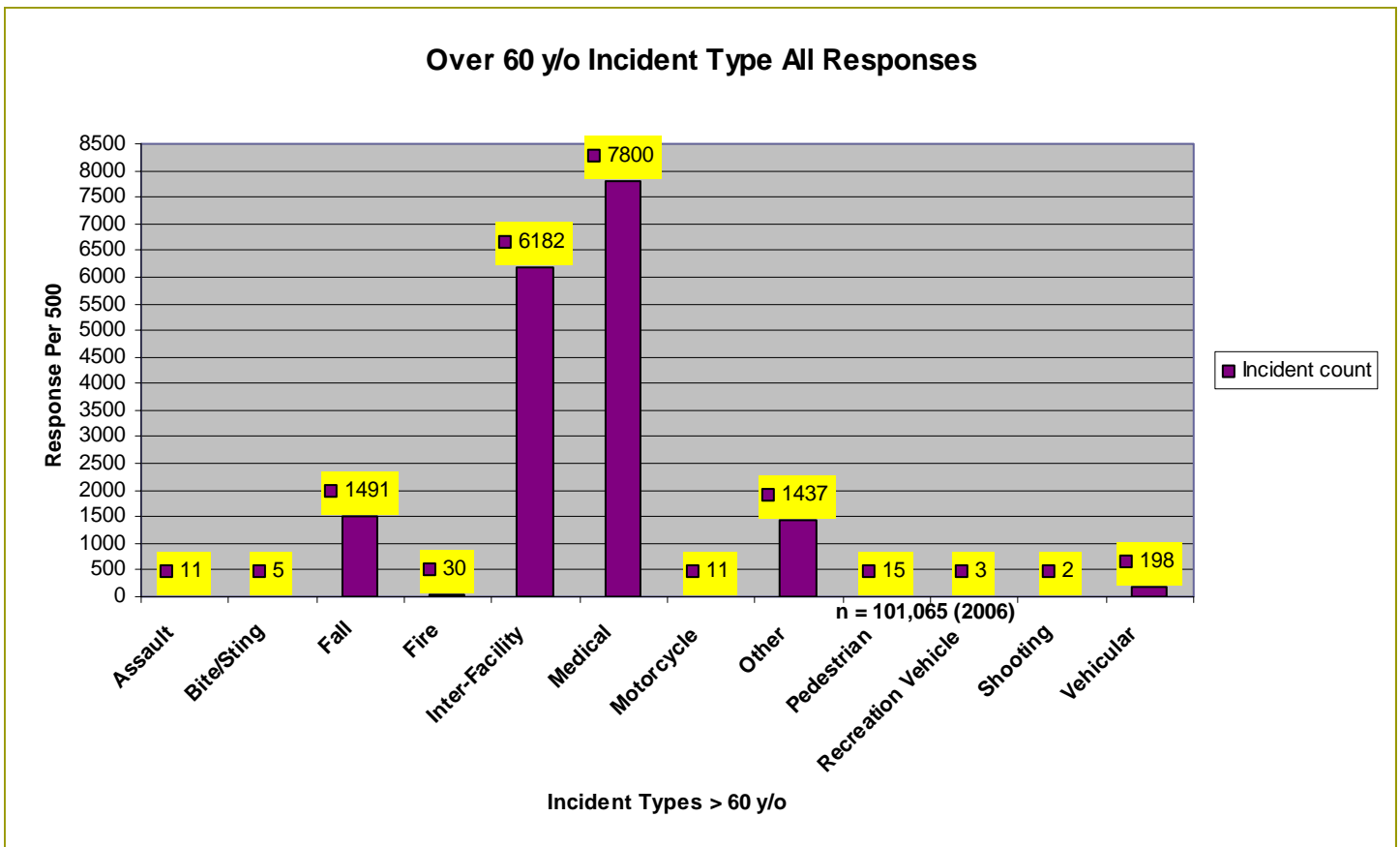
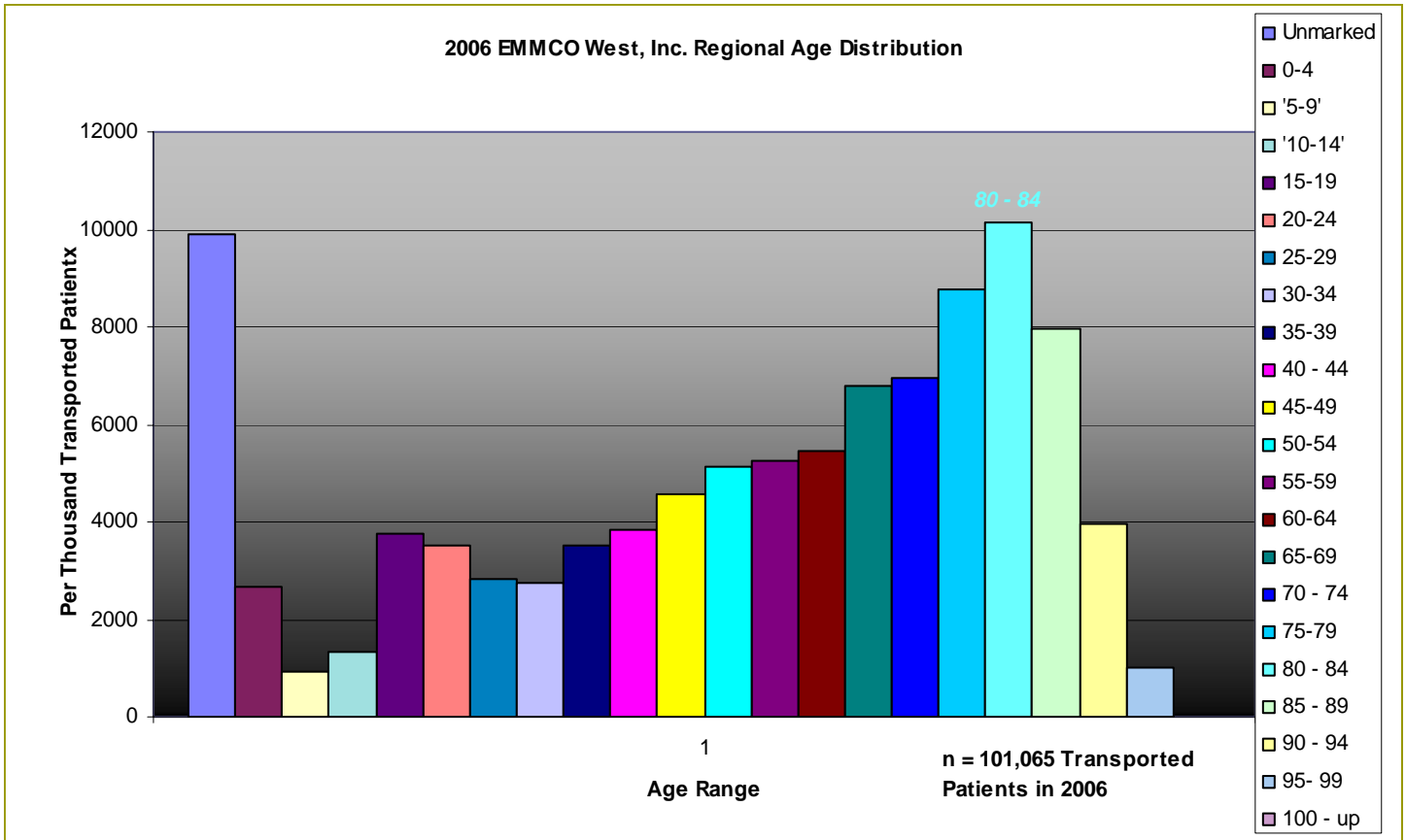
EMS Data Karnak suggests regional EMS services review their individual services' patient mix based on age and incident type. Are their similarities or does the service data contrast from the regional patient care report data. EMS Data Karnak offers the following prediction for your next EMS response. He says, based on regional 2006 patient care report data, your next call will be an emergency dispatch, for a medical-type call, and will involve a patient over the age of 65. EMS Data Karnak says he is over 40% sure of his prediction! And, if it's not this type of call, it might be a non-emergency transfer between treatment facilities.

While you're pondering these predictions, here are some additional data elements that EMS Data Karnak thought was interesting:

- Likelihood of encountering a Pediatric victim (0 – 14 y/o) is **4.9%**
- Age distribution chart illustrates a higher trend of EMS utilization for each age category up to the 80 – 84 range, when there is a significant decrease noted.
- Five patients over 100 y/o were transported in 2006, 4 females and 1 male patient. (Karnak was going to say something here, but decided not to push his luck!)

Karnak's clarification of data from Chart 1. The unmarked category appears really high, almost 10,000 unmarked patient care reports for age. An additional data report identifies the number to be around 1,200 inaccurate age coding errors. The other 8,800 are calls where there was no patient transported. Karnak's message, says let's try to reduce the number of inaccurate age miscoding for 2007.

The patient care report data "YOU" provide, not only gives Karnak material to use, but is beneficial for EMS system planning purposes. Computer software programs, included with your electronic patient care report program, have reports that can track your service's data. And then you can become your service's EMS Data Karnak!



PCR Data Reports

EMMCO West would like to thank the Department of Health Bureau of EMS Office for providing the following PCR data report for us. This report shows BLS skills performed on calls where the response mode to the scene was emergency, the patient was transported, and excludes air ambulance and QRS data. The charts are broken into two to make it easier to view. The right axis shows the number of occurrences for all calls in the Commonwealth of PA and is shown in block form in the chart. The right axis shows the occurrences for EMMCO West PCR data. You can see that the two data sets correspond fairly proportionally.

What is concerning here is that significantly higher rate of low flow oxygen compared to high flow oxygen. Although the protocols provide for lower flow oxygen, if the service has Pulse Oximetry, is this occurring or are patients getting low flow oxygen right from the start.

Take a look at these charts and statistics.

SKILLS	PA total	E WEST
Low Flow O2	239443	11779
High Flow O2	103561	7194
Long board	65425	3642
C-Collar	57685	3174
C-Spine Device	51022	2854
C-Spine Stabilization	42447	1814
Bandage	25268	911
Extrication	20193	630
Cold pack	14155	331
BVM	10946	550
Splint Extremity	10879	490
CPR	6391	296
Suction	5232	328
Nasal Airway	3632	90
Oral Airway	2735	178
Tourniquet	2337	86
Glucose	2254	141
Irrigation	1396	29
AED	1211	35
Manual Removal	927	38
Short board	814	52
Hot Pac	687	115
Traction Splint	467	24
ABD Thrusts	455	34
Pocket Mask	291	10
OB Delivery	181	5
Demand Valve	86	3
MAST Inflation	35	1
Ipecac	31	1
MAST Application	29	0
Back Blow	26	0

(Continued Page 5)

Ford Announces Discontinuation of Chassis

Ford Motor Co. has announced the discontinuation of the E-Series Diesel Vehicle chassis, which are used for most Type II & Type III ambulances. Quoting from the EMS Insider "Ford is experiencing a supply issue related to the E-series diesel offering and once the supply of the 6.0 Liter engines has been depleted, the E-series will only be offered with gasoline engine options." "At this time, Ford has enough engines to meet production needs through the first quarter of 2007."

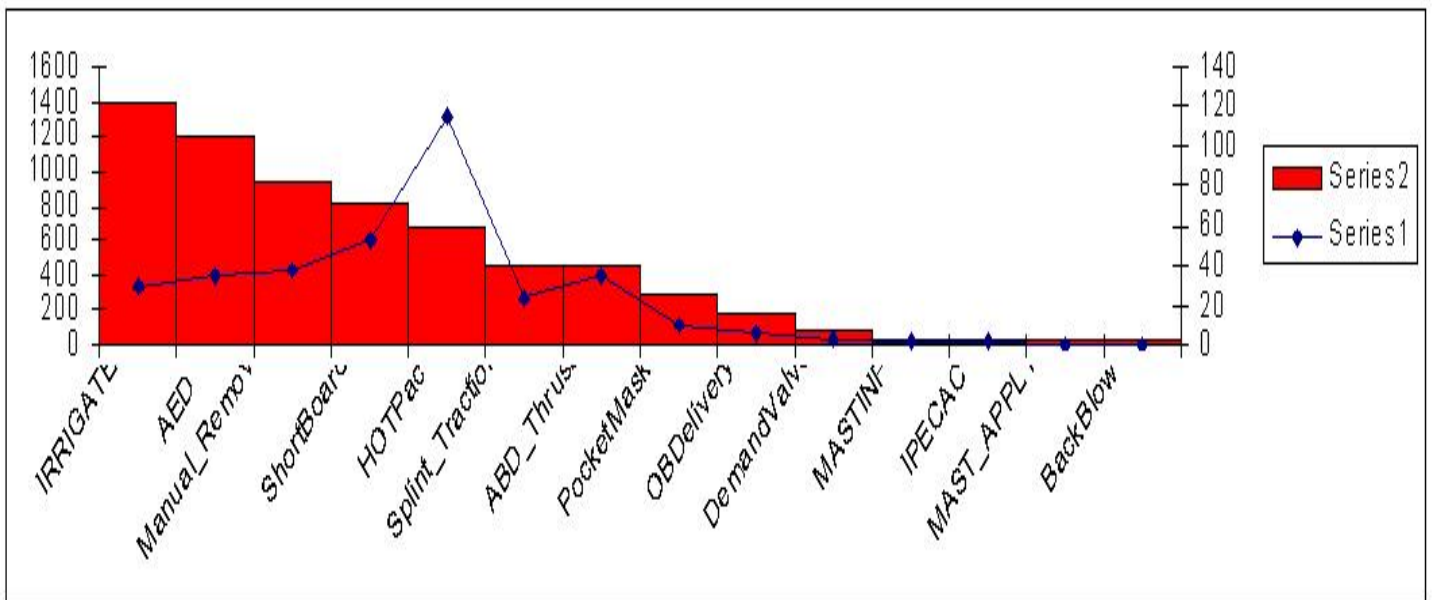
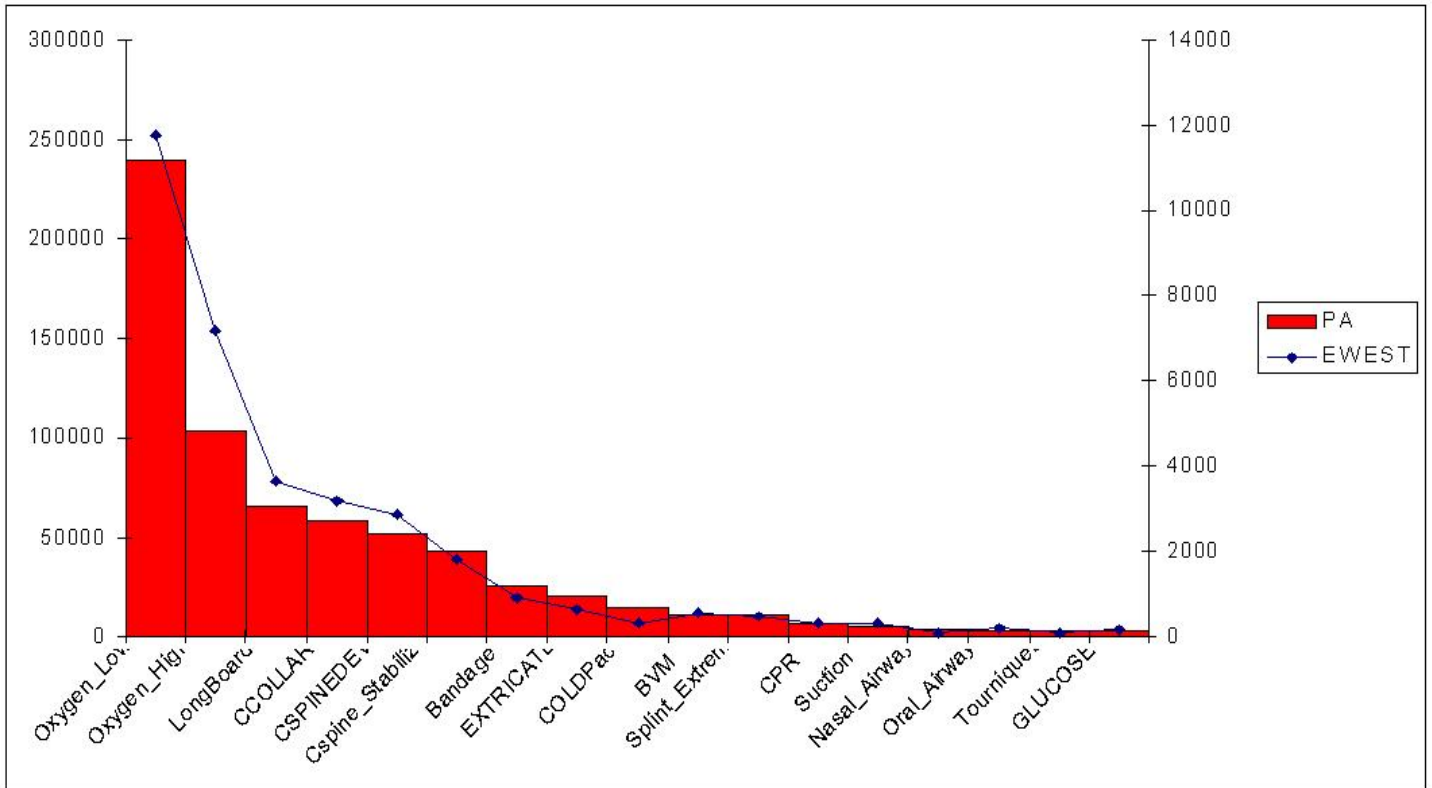
Several sources who spoke with Ford insiders report that the problem stems from, the fact that the new 6.4L engines produced by ITEC do not fit into 2007 model E-series Fords (although they do fit Ford F-series vehicles, which are used for Type I ambulances). New federal emissions standards forced Ford to switch from the 6.0L to the 6.4L engine January 1st.

Also to note is that ambulance services shouldn't worry about replacement parts or engines for their existing units-even if Ford never resumes production of the E-series. "Whenever a manufacturer builds a vehicle to sell, the federal government requires them to warranty the vehicle and have parts available for 10-15 years."

For more information on this topic contact your ambulance manufacturer.

NOTE: Please update your own personal profile in the EMSR. You may enter the EMSR through the EMMCO West website (www.emmco.org) homepage, click on the center box at the bottom titled EMS Registry System.

PCR Data Reports (continued from page 4)



Symposium Awards

EMMCO West, Regional Emergency Medical Services Council, announced the recipients of this years EMS awards at their annual Educational Symposium, Saturday March 10th. The 2007 EMS Achievement Award sponsored by Liberty Mutual Insurance Company recipient was Ms. Sandra Bross, Executive Director of Warren County Emergency Medical Services. Ms. Bross is synonymous with the Warren County EMS office accomplishing extraordinary EMS work for the Warren County area. Through her demonstration as an advocate for EMS practitioners and to her commitment to the enrichment and advancement of the EMS system, Sandra is well deserving of this award.

The same afternoon the recipient of the Volunteer EMS Practitioner of the Year Award, sponsored by First National Insurance Agency, was announced as Mr. Gerald Carless of the Fellows Club Volunteer Fire Department and Ambulance Service. Mr. Carless has been in the EMS service for 50 years volunteering in his local community of Conneautville and for the County of Crawford. Jerry has held countless positions at Fellows Club Ambulance Service and continues to advise, mentor and pay attention to the details of the volunteer service.

“Our sincere Congratulations to our award recipients; EMMCO West, the entire regional EMS personnel and communities are proud of you” said Mr. Bill McClincy, Executive Director of EMMCO West. “And thank you to all practitioners, services, presenters, and vendors for making the EMMCO West Educational Symposium 2007 such a success.” he continued.



From Left to Right: Mr. Joe Schmitter Director PA Bureau of EMS, Mr. Bill McClincy Executive Director of EMMCO West, Mr. Jerry Carless Volunteer EMS Practitioner of the Year Award winner, and Ms. Sandra Bross 2007 EMS Achievement Award winner.

And
The 2nd Annual EMS Pinewood Derby
Was Exciting!



30th Annual EMS Conference

August 14th-18th, 2007 (refer to: www.pehsc.org)
At the Lancaster Host Resort and Conference Center, Lancaster, PA

Make A-Wish Says Thank you

Thank you to all that contributed to the baskets at Symposium 2007. EMMCO West Regional Emergency Medical Service Councils' Educational Symposium contributed \$1600.00 to Make-A-Wish from proceeds raised through a Chinese Auction. The 17 themed baskets that ranged from a Totally Chocolate Basket, to a Fix-it Basket, and even to an Easter Basket were at the EMMCO West educational conference and auctioned off to raise money for Make-A-Wish. Many EMS practitioners, speakers, and vendors made the themed baskets.

“We had quite a variety of baskets this year. The EMS practitioners, speakers and vendors enjoyed looking through the different baskets, hoping to be picked to receive their favorite,” said Ms. Melissa Thompson, Continuing Education/WMD Specialist with EMMCO West. She went on to say “one movie basket had the old Emergency DVD in it; another basket was all Picnic items.” EMMCO West is proud to say that the EMS folks were very pleased to help Make-A-Wish and we are looking forward to next years' Symposium, so we may create a basket for Dog Lovers or Cat Lovers and many others to raise money for the Make-A-Wish Foundation. Serving the same counties in Northwestern PA, the Make-A-Wish Foundation and EMMCO West is a great match.

As we go to press with this newsletter, EMMCO West has learned of who will receive the “Wish.” The child whose wish the EMS practitioners will help to fund is a 12-year old boy named Brady from Tionesta, who has non-Hodgkin's lymphoma. When it came to choosing a wish, Brady had a difficult time because in part of him wanting to travel and part of him wanted to shop. And then he had a brilliant idea – he could combine both needs with a shopping trip to the Mall of America in Minnesota! In May, Brady and his family (Mom, Dad, and Sister) will travel to Minnesota, where they will stay at the Water Park of America for four days. When he's not shopping, Brady will enjoy the water slides and lazy rivers of the water park.



The Make-A-Wish Foundation® of Greater Pennsylvania and Southern West Virginia is a non-profit organization, which grants wishes to children with life-threatening medical conditions to enrich the human experience with hope, strength and joy. It was founded in 1983 and serves 57 counties in western, central and northeastern Pennsylvania and 23 counties in southern West Virginia with headquarters in Pittsburgh and regional offices in Erie, Altoona, Punxsutawney, Pottsville, Wilkes-Barre and York, Pa., and Charleston, W.Va. In fiscal year 2006, the Foundation fulfilled 706 wishes with the help of nearly 800 volunteers. 81.3% of all donations fund wish granting activity. Currently, the Foundation is the most active chapter in the country and has fulfilled more than 7,000 wishes. The Erie Regional Office opened in March 1990. It oversees wish fulfillment and fund raising activities in Clarion, Crawford, Erie, Forest, Mercer, Venango and Warren Counties. In fiscal year 2006, the Regional Office fulfilled 72 wishes.

For more information on how to refer children or to volunteer, please call the Make-A-Wish Foundation at 1-800-676-WISH or visit its Web site at www.wishgreaterpa.org.

EMMCO West Symposium 2008.....Hold the Date

March 6th through March 9th, 2008

EMS WEEK

Elected Officials Breakfast



Friday, May 25th, 2007

Who: All Practitioners, Providers and
Elected Officials

Where: Cross Creek Resort
Titusville, PA

Time: 8:30 AM

Cost: \$10.00 per person

Golfing
Available (with
Cart, per per-
son):
18 Holes \$35.
9 Holes \$17.50



**Discussion on
"Where EMS is in
Regards to Safety"**

Registration Form

Name: _____ Title: _____

Address: _____ City: _____ Zip: _____

Organization: _____ Phone: _____

Send checks payable to EMMCO West, Inc. with your registration form to:
EMMCO West Inc., 16271 Conneaut Lake Rd., Suite 101
Meadville, PA 16335

By May 18th, 2007



Red Lights and Reimbursement by J.R. Henry, EMT-P

Let me clear up a popular misconception which I often hear being discussed among EMS personnel across the country. The question is: *Can an ambulance service receive more money when it responds to a call or transports a patient using red lights and sirens?* The answer is **NO!**

According to current Medicare guidelines, the use of red lights and sirens is ***not a factor*** which is used to determining whether a transport can be billed as an emergency response.

Medicare defines an “*emergency response*” as “*a BLS or ALS1 level of service that has been provided in immediate response to a 911 call or the equivalent. An immediate response is one in which the ambulance provider/supplier begins as quickly as possible to take the steps necessary to respond to the call.*”

So, what determines whether we can bill the transport as an emergency or not? Here are the key factors to consider:

- 1) Was the nature of the call - “*emergent*” - requiring immediate BLS or ALS interventions?
- 2) Did the ambulance service immediately dispatch its first available unit to respond?
- 3) How quickly did the ambulance service begin its response? (“*turn a wheel*”)

You will note that the “*emergency definition* does not take into account actual response time to the scene or the use of red lights or siren by the ambulance.

So what time frame constitutes an “*immediate response*”? Well, Medicare will not provide us with an exact time frame – in minutes. An ambulance service should take all steps necessary to respond immediately to emergency calls, including the use of mutual aid resources. In the event that no units are available, most industry experts agree that if you call enroute in 15 minutes or less – you will meet the test of “*immediate response*”. That is not to say that anyone endorses a 15 minute delay in response time to emergency calls. This is a guideline which can be used when response time is delayed due to lack of system resources.

Documentation of the actual dispatch information and response priority assigned to each call is also a key factor in determining how a transport may be billed. Yes, that’s right; you must collect, document and analyze the patient’s reported condition at the time of dispatch in order to appropriately determine whether the call is emergent or not.

Each ambulance service should attempt to obtain a copy of summarized dispatch information for each response. Furthermore, operational personnel should be required document, on each patient care record (PCR), a description of the nature of the call at the time of dispatch and the assigned response priority.

Depending on the preference and policies of each local dispatch center, you may find various types of response priorities in use today. They include response priorities such as “*Alpha, Bravo, Charlie, Delta, Echo*” or; “*Class I, II, II*”, or: “*E1, E2, E3*”. Regardless of the type of response priority codes used, each code should be recorded on every PCR in order to help determine if the call can classified as an “*emergency response*” or not.

Another related area of confusion arises when considering the check boxes contained on each PCR which requires the writer to indicate whether or not “red lights / siren” were used during the response and transport modes of the transport. Depending on which electronic PCR program you use, this mandatory field may ask you to indicate your mode of response as “*emergency*” or non-emergency“.

The confusion arises out of the fact that this data fields are not designed or programmed based on Medicare’s definition of an “*immediate response*”. As a matter of fact, these fields are required state (PA) data elements and are used to analyze an ambulance services use of red lights and sirens during response and transport.

(cont. pg. 10)

Statewide ALS Protocol Rollout Opportunities (cont. from Pg. 1)

The ALS service medical director is to:

- Validate that the ALS practitioner has completed a BLS protocol rollout
- Completed a CPR update
- Watched the CD ROM PowerPoint ALS protocol rollout presentations
- Successfully completes an evaluation of ALS protocol comprehension as determined by the ALS Service Medical Director

A separate form for verification will be mailed along with the 2 disc CD ROM and guidelines for the administration of the continuing education credits. ALS services wishing to use this option should email bill@emmco.org or call 814-337-5380 x108.

If you have questions or need additional information, please contact any EMMCO West staff member for assistance.

Red Lights and Reimbursement (cont. from pg. 9)

This is where the confusion begins! For example, let's assume that a transport is billed as an emergency ("immediate response" but the PCR indicates that the ambulance responded to the call in a "non-emergency" fashion ("no red lights and siren"). During that same transport, the crew indicates on the PCR that it transported the patient to the receiving facility using a "non-emergency" mode.

This type of potential contradictory documentation can create questions as to whether the transport can be billed as an emergency ("immediate response") or not. ***To avoid confusion and potential claim rejection, some billing companies have actually recommended that ambulance personnel inappropriately check the "emergency" mode of response - even when they did not use their red lights and siren.*** This type of "false documentation" is a significant compliance risk which may result in severe penalties for ambulance services and is strongly discouraged.

Resolution of these types of billing and coding questions can be solved by providing ongoing documentation training to operational personnel, making sure that they obtain clear and concise documentation of the response priority and patient's reported condition at the time of dispatch. Furthermore, it is imperative that billing personnel and third party payers understand the clear and precise differences between documentation of an "immediate response versus the state mandated "response mode" listed on the PCR.

Disclaimer:

The material contained in this article should not be construed as legal advice or direction. Readers are encouraged to consult with legal counsel on any matter which is governed by statute or regulation

Lifeline AED and ReviveR AED Recall

In Guilford CN a company has started to recall 42,000 semi automatic external defibrillators because of faulty self-test system. Defibtech LLC of Guilford, CN said the recall involves its Lifeline AED and ReviveR AED defibrillators with software versions 2.002 and earlier.

The U.S. Food and Drug Administration said the self-test software might allow a self-test to clear a previously detected low battery condition. If that situation occurs, the device might be unable to deliver a defibrillation shock, which could result in a patient's death. The company has provided a maintenance procedure that can be used to verify a device's functionality until a software upgrade is developed, allowing the device to remain in service. A copy of that procedure is being mailed to customers and can also be found at [Defib Tech](#).

Defibtech said the recalled units have been distributed to approximately 42,000 end users including: schools, fire emergency service organizations, businesses, health clubs, and hospitality companies world wide.

Training Institute / Educational Initiative

Quality EMS Education is an initiative of EMMCO West Region EMS council. The Pa DOH Bureau of EMS has mandated the development of a project that will deliver standard, consistent, quality EMS education, particularly with enfaces being on the certification process.

EMMCO West will look at the instructor delivery both within the lecture and practical setting, curriculum in respect to both the lecture and practical content, and success rate of the EMT or Paramedic at the certification examination.

“Delivering quality education programs in the EMMCO West region is a true concern,” notes Jane Hamza, EMS Education Specialist with EMMCO West. “We, as a region, need to have valued EMS people coming out of our programs. EMMCO West is going to focus on the quality and delivery of our certification programs through such ideas as consistency within the same kind of program, quality, and qualifications of instructors.”

Instructors will have an opportunity to refer to an instructor corner within newsletters, or coming to the EMMCO West website an information area for instructors (instructors presently have instructor recertification information on the website), and lastly you can contact Jane Hamza at EMMCO West 814-337-5380 x107 or email jane@emmco.org. It is not unusual that EMMCO West receives calls or emails from instructors, or those who think they are instructors, that their certification is about to lapse or did lapse and wonder what to do. In the meantime Jane suggests that as responsible instructors you review your instructor certification expiration date, maintain you 60 hours of instructing within the 3 year period, and complete your instructor update on the LMS.

This is an exciting educational initiative the DOH Bureau of EMS has offered to the regions and it will benefit the students, all services and our patients.

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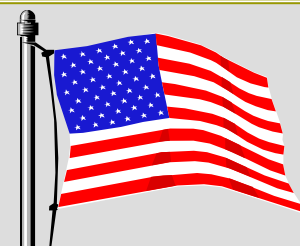
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**DEPARTMENT OF
HEALTH**

*Edward G. Rendell, Governor
Calvin B. Johnson, M.D., M.P.H., Secretary of Health*

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EMMCO WEST, REGIONAL EMS COUNCIL

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EMMCO West Wishes to Thank Our EMS Practitioners



Emergency Medical Services Week

May 20th—26th, 2007