

REGION IV NEWS



Volume 1; Issue 2

EMS Week 2007

From the Desk of the Executive Director - John Guidara, MS, MBA

During this National EMS Week, let me start by saying Thank You to all the dedicated EMS providers who give true meaning to the theme “Extraordinary People, Extraordinary Service.” This theme captures the essence of the EMS profession. Whether you are out in the field or behind-the-scenes, each one of you is performing a critically important patient care service that should never go unnoticed. We congratulate and salute all of you for always being there and doing remarkable life-saving work every day. We also want to commend the Office of Emergency Medical Services (OEMS) for planning the Second Annual EMS Week Awards Ceremony to be held on Wednesday, May 23, 2007 at 5:00pm in Westborough, Massachusetts at the Doubletree Hotel. The Ceremony will honor those who have exhibited outstanding commitment within the EMS community. The event also offers an opportunity for those who work in emergency medical services to gather and celebrate the past year of service. Awards will be presented to Emergency Medical Technicians who have been certified for 35 years in the Commonwealth and to the Heart Safe Heroes identified by the American Heart Association. These Heart Safe Heroes are from emergency services and civilian populations, and have exhibited efforts in utilizing techniques taught in CPR and/or AED classes to help save lives. Congratulations to all of you!

We are proud to bring you this second edition of **Region IV News**. The many comments and the feedback you provided on our first edition a few months ago have been most appreciated. Without sounding too biased, I am pleased to report that the overall response was quite favorable. You appreciated the initiative the Region took to develop the newsletter and keep you better informed on various topics. You also enjoyed the variety of material we offered you: news, clinical information, humor, seasonal tips and a forum each issue for someone to come forward and write an article for our **Express Yourself** column.

In this issue I think you will enjoy Let’s Talk Dispatch in **From the Medical Director**. Dr. Pozner places the spotlight on Emergency Medical Dispatch (EMD) and what he considers the “critical need to address EMS dispatch standards.” Whether you agree with him or not, Dr. Pozner offers a very clear perspective on what he considers an “often neglected element of EMS.”

Our **Express Yourself** column, which Michael Kass wrote, continues the subject of professionalism, which Derrick Congdon discussed in our last issue. Michael takes his own unique approach to this topic and speaks about “identity crisis” in the field and how EMS is often misunderstood as a true profession. His article is lively and well done—and his observations and examples lead to a conclusion you’ll fully respect.

Now I want to turn the attention to an important process occurring in all the five EMS Regions—Service Zone Planning (SZP). Region IV has received forty Applications and looks forward to working with the remainder of our communities on their plans. Three of our communities have already received approval from OEMS: Dover, Wayland and Maynard. If you are currently completing your Application and need assistance, please do not hesitate to call our Office. We believe the SZP process is an excellent community-wide planning exercise that allows all the key decision-makers in the community to come together to define and improve community resources. Although admittedly the process takes time and effort, the end result is a well-organized, documented profile of your EMS status and capabilities, which ultimately can serve as a practical regional and state planning tool.

Before concluding, I would be remiss if I did not encourage you go to the Awards section of our website now and complete the easy Nomination form. Our Annual Awards Banquet will be held in Newton on October 25th. Nominating your colleagues is the perfect way to honor and acknowledge their talent and professionalism.

Until next issue, be well...and make the best of each day!



EMS Week 2007: Celebrating and Honoring All EMS Professionals

This year marks the 34th Emergency Medical Services (EMS) Week which will be celebrated throughout the nation between May 20th and May 26th 2007. This celebration brings together local communities and EMS personnel to promote safety and honor the dedication of the people who provide the day-to-day lifesaving services in the field and on the front line.

The theme, developed by ACEP, “Extraordinary People, Extraordinary Service” exemplifies the excellent services provided every day, under many circumstances by the three quarters of a million EMS providers who serve their communities across the country. EMS week marks a special time to acknowledge and thank all of the emergency service personnel who provide lifesaving care 24 hours a day, seven days a week.

The Metropolitan Boston EMS Council (Region IV) would like to take this opportunity to recognize the exceptional services all of the Region IV emergency service personnel provide year-round to all the residents in the local area.

We celebrate and honor you, The Extraordinary People who provide the Extraordinary Service. Thank you.

Tips of the Season

- Communities in need of technical assistance in developing or completing their Service Zone Plans can contact the Region IV EMS office at (781) 505-4367. If you are looking for information regarding Service Zone Planning you can go to www.mbemsc.org for more information and updates.
 - Planning a drill or exercise? Unsure where to begin? The best advice is to start small. When planning a drill only try to test one or two objectives at a time with a small number of players. As you become more proficient at running small drills, expand it slowly to include more players that make the response more diverse. When you expand the drill, keep the objectives simple, a few for each organization. You do not need to involve all of the agencies that might respond to an incident right from the start. Begin small and expand the drill more as you become more comfortable. As you build upon each previous drill you will be able to better integrate with the other responders.
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A Patch From C-MED

All providers should remember that when hailing Metro Boston C-MED they need to **identify the city/town that they are communicating from, in addition to their unit ID.**

An example of a patch would be:

“Metro Boston C-MED, Metro Boston C-MED, this is Bedford A-2 in Burlington on Med-4”.

Medical channels are not assigned to providers based solely on call volume and priority; they are assigned based on geographic proximity to the radio towers. By providing your location when requesting a C-MED patch, you are allowing the operators to better serve you.

Should you have any questions regarding this policy, please contact the Region IV EMS office at (781) 505-4367.

From the Medical Director - Charles Pozner, MD

Let's Talk Dispatch

In my last commentary I discussed the recent changes to the BLS and ACLS guidelines, and how they might refocus our attention on the importance of getting back to the basics in EMS. I would like to continue this theme with some thoughts on the critical need to address EMS dispatch standards. When one considers an EMS system, it is common to focus attention on patient assessment and care once responders are at the patient's side. In fact, having sat on countless local, regional, state, and national EMS committees, much of our discussion has been focused here. I think it is high time we started to address dispatch as a critical and often neglected element of EMS.

In order to provide the most comprehensive care, EMS systems must consider a response as beginning when the dispatch phone rings. Some might rightfully claim that illness and injury prevention are even earlier considerations for EMS, but that is a discussion for another day. By employing clinically validated, protocol-based dispatch procedures, supported by a continuous quality improvement program, a system will be better prepared to provide the timeliest care to patients, through the use of pre-arrival instructions, as well as meet the primary objectives of any dispatch system, "getting the right people and the right equipment to the right place at the right time."

As we continue to address EMS system design, and specifically ALS staffing, it is essential that we bring dispatch into this discussion. In single-tiered systems, it is often necessary to dispatch ALS responders on all calls. Many systems are asking for or are employing P/B staffing waivers to staff their backup ambulance. Some of these systems are requesting to employ the regional alternative staffing waiver to maximize ALS availability. How might improved dispatch help here?

With reliable, validated dispatch protocols, many of these systems could safely dispatch EMT-Ds on those responses requiring a basic level response (a significant majority of responses), leaving paramedics available to respond to subsequent calls. If all EMS systems employed this level of dispatch, and there was thoughtful and collaborative mutual aid, we would likely need fewer ALS providers to respond to those cases that truly need them. And recent data indicates that fewer ALS providers in a system leads to better clinical outcomes. Currently, many of those systems that profess to provide emergency medical dispatch (EMD) are usually referring to the provision of pre-arrival instructions only.

If we can predictably identify responses that don't need "lights and sirens" response, we have an opportunity to contribute to the public health by decreasing motor vehicle collisions caused by ambulances and myriad other emergency vehicles careening through the streets to care for a stable extremity fracture. The employment of reliable dispatch in an EMS system that provides excellent patient care at both the BLS and ALS level is a comprehensive formula for reducing both morbidity and mortality.

Seventh Annual Region IV EMS Awards

The Metropolitan Boston Emergency Medical Services Council (Region IV) recognizes the many contributions made on a daily basis by pre-hospital and hospital personnel involved in Emergency Medical Services. In recognition of these accomplishments, MBEMSC would like to acknowledge those individuals who have made a positive contribution to the field of EMS within Region IV. To recognize these people MBEMSC is planning to hold the awards ceremony/banquet Thursday, October 25, 2007 to honor our peers and their contribution to our EMS system. The entire Region IV EMS community is eligible, not only to receive an award, but also to nominate a fellow professional.

Remember: Awards nominations can be submitted year round for the annual awards dinner. Forms are available on the Region IV website at www.mbemsc.org/provider

And Now for a Brief Intermission....



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The National EMS Museum - Linking the Past, Present and Future



The history of EMS has been held in reverence by EMS pioneers, providers, and citizens of this nation from its beginning. There have been Herculean efforts by several groups over the past 30+ years to preserve and protect the artifacts, tools, documents and stories of the initial development and continued growth of EMS. It is time to unite these grassroots efforts and build a home where we can preserve the past, present and future history of this profession for all.

The mission of the museum is "To preserve the history of EMS in the belief that remembrance promotes understanding, respect, and enlightened progress." The National EMS Museum is dedicated to memorializing and commemorating the history of EMS and the individuals and organizations that provide emergency care to the sick and injured.

For years, we in EMS have discussed our proud history and the need for a way to preserve it. We dreamed of a cohesive way to share it with future generations of EMS providers, as well as the public we serve. We now have a chance to fulfill that dream and preserve the unique History of EMS, past, present and future. EMS providers and friends of EMS from all over the country are joining effort at the grass roots level in an effort to bring together all of the necessary forces into one collaborative effort.

The Museum project should be a national collaborative effort and not linked to any one organization. Thus, we urge you and all EMS related groups and organizations to join in this effort and help make this happen!

The first step in establishing the National EMS Museum has begun. Beginning April 20, 2007 the Virtual Museum went active for everyone to enjoy and explore. Go and explore our history at www.nemsmf.org. Please help to support the preservation of our history, past, present, and future.

Express Yourself.... (an individual article)

Congratulations to Professional Ambulance on their Accreditation

Michael Kass, JD, MS, EMT, Deputy Hospital Preparedness Coordinator, MDPH

Last month, Derrick Congdon wrote an article asking “Are We Professionals?” I am submitting this article as a follow up to Derrick’s thoughtful comments. I believe Derrick is absolutely correct in his concluding comment that “We as a group need to define the profession clearly with one definition and one voice if we are ever going to be seen by all people as professionals.” EMS as a whole continues to suffer from an identity crisis. One reason it continues to be difficult for us to find our “voice” is because of the fact we work in such diverse settings. Many of us work for fire departments. Many of us work for private companies. Some of us work for municipal third services, some of us work for police departments, some of us work for hospitals and many of us serve as volunteers and call providers. We are still not fully accepted as public safety professionals nor are we broadly accepted as medical professionals. We are still often referred to as “ambulance drivers” and “attendants”. Have you ever heard the phrase “police car driver” or “hose attendant”? As Derrick pointed out, there are lots of reasons for this including the fact that unlike medical professionals, we are certified, not licensed. Unlike police and firefighters, we are not sworn or academy trained.

If EMS as a whole is suffering an identity crisis – private sector EMS particularly suffers from such identity issues. Despite the fact private sector EMT’s and Paramedics respond to 9-1-1 calls, risk their safety, work side by side with our brother and sister firefighters, police officers, doctors and nurses on a daily basis throughout the Commonwealth, private sector EMS is still greatly misunderstood and in many cases undervalued. Salaries, benefits, and career development opportunities in private sector EMS are often not comparable to public sector departments and hospital based medical careers. Derrick mentions choosing a “starting point in the move to lift ourselves to professional status . . .” I believe that Professional Ambulance Service in Cambridge, living up to its name, has taken such a “starting point” by becoming the first ambulance service in Massachusetts to become Accredited by the Commission of Accreditation of Ambulance Services (CAAS).

CAAS is sponsored by the American Ambulance Association, the American College of Emergency Physicians, the National Association of EMS Physicians, the National Association of State EMS Officials, the National Association of EMT’s, and the International Association of Fire Chiefs with liaison representation from the National Highway Transportation Safety Administration. I believe that CAAS can serve as a unifying “voice” for the EMS industry. After all – regardless of whether EMS is provided by private sector, fire department, third service or hospital – all EMS agencies operate ambulances and provide care and transportation to the sick and injured. CAAS accreditation illustrates a level of excellence that all EMS agencies should strive for.

I would like to congratulate and thank Professional Ambulance for taking the step to be the first service in Massachusetts to become accredited and I would like to encourage others to follow suit. I believe voluntary accreditation to nationally recognized standards of excellence is one way to help our industry achieve the professional status we are seeking. All EMS agencies whether private, fire, hospital or third service should strive to become accredited and then we can all speak with the same “voice” to the public by letting them know that we are all serious about providing the best services possible to our patients and our communities. We are serious about holding ourselves to the highest standards of the profession – and yes – we are a profession.

Committee Updates

Medical Control

The MCC will begin looking at the BLS side of pre-hospital care as well as work with OEMS on Medical Control and Protocol concerns. Upcoming Meetings: 7/13/07 and 9/7/07

PIER

The PIER Committee is finalizing a pamphlet about MBEMSC and is looking to develop several powerpoint programs for providers to use for public education purposes. 5/18/07, 7/20/07 and 9/21/07

Pre-Hospital Committee

The PHSCC is looking to plan a one day prehospital symposium as well as developing patient restraint protocols. Upcoming Meetings: 6/20/07 and 8/15/07

Executive Committee

Currently working on the implementation of the Strategic Plan. Upcoming Meetings: 6/7/07, 7/12/07 and 9/6/07

Board of Directors

Annual Board Meeting, Election of Officers and Karen O'Neil Guest Speaker Series. 6/22/07

Trauma Systems Committee

Has been recently re-activated under Dr. Michael Murphy and is working with DPH on Trauma Registry requirements.

Line of Duty Death

We would like to extend and share our most heartfelt and deepest condolences to the family, friends, and colleagues of Michael J. Latta, EMT, Patriot Ambulance 33. Michael will be greatly missed by all members of our EMS Community.



From the Editor

I hope you have enjoyed our EMS Week edition of the Region IV News. It is our hope to continue to bring you several newsletters a year updating you on the happenings in EMS around the Region and the State. If you have any comments or suggestions for topics, please let us know.

It is our hope to be able to allow you, the reader, to be able to submit a brief “**Express Yourself**” article for the newsletter. If you are interested in providing some form of brief article the submission guidelines are as follows:

- 1) Articles cannot be longer than 1 page, Times New Roman, 12 point font
- 2) Articles must have a title
- 3) Author, credentials and employer must be included
- 4) Articles must be thought provoking and encourage thought into the state of the global EMS system (articles must not attack, deface, or accuse other agencies, entities or providers).

These articles are designed to raise the individual providers consciousness of the complexities of our profession and the EMS system and by doing so inspiring many more providers to get involved in defining and refining their profession for the future.

All submissions for “**Express Yourself**” or any questions or “suggestions should be emailed to dcongdon@mbemsc.org.

Until next time, be safe.

Derrick Congdon