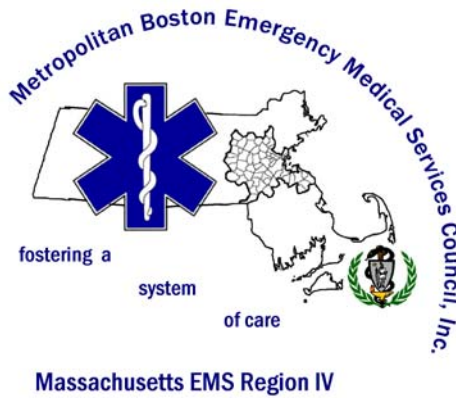


# REGION IV NEWS



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

It's that time of the year again when we're busy at the Council planning our Annual Awards Dinner. If you haven't already submitted your nomination, please consider doing so before the deadline of September 11th at 5:00 PM. Clearly, there are many EMS professionals in EMS Region IV who deserve recognition for exceptional patient care and service. There are fourteen categories of awards. An article about the Awards Dinner, written by our Board Chair, Ron Quaranto, is included in this newsletter. Please go to our website [www.mbemsc.org](http://www.mbemsc.org) and take a few minutes to complete a simple and straightforward Awards Nomination Form.

In this newsletter we're bringing you also: information on Metro Boston CMED; a column by our Medical Director, Dr. Charles Pozner, on healthcare in today's economy; a story about the development of a Region IV Personal Protective Equipment (PPE) cache through grant funds from the Lahey Clinic Community Benefit Initiative; Committee Updates.

Dr. Pozner in his column writes that the struggling economy offers the chance for "real change" in the healthcare system, with an opportunity for "regionalization" which will mean better systemization of services. There's other interesting material in the newsletter. We want you to hear more about the wonderful work of Metro Boston CMED, the Central Medical Emergency Direction system for EMS Region IV. Equally timely, there's a new program underway in the Region to prepare for the next wave of H1N1 flu and help augment the supplies of the service providers.

Please also note that recent activities at the Council include our Annual Board meeting in June where new Board members are appointed and a variety of Reports presented. The newest elected Board members are: Doug Leard, At-Large Member; Daniel Kane, At-Large Member; Richard Raymond, Prehospital ALS Manager/Director; Dr. Sophia Dyer, Physician; Dr. Mallika Marshall, Consumer; and John Petrin, Local Government Representative from the town of Ashland. The Council currently has thirty-three Board members and one Honorary Board member. They represent a broad cross-section of talented professionals in EMS Region IV. We're very grateful for the time and commitment they generously offer to the Region at quarterly Board meetings and through related Council endeavors. I encourage you to go to our website [www.mbemsc.org](http://www.mbemsc.org) and click on [MBEMSC Information](#) to read the [complete listing of our Board membership](#).

It would not be a Regional newsletter if there weren't some mention of the Service Zone Planning process throughout all the five EMS Regions. Work continues at the Council reviewing the Applications. Please remember that we're happy to assist you in the development and refinement of your Service Zone Application.

Until our next newsletter, be well and make the best of each day!

## **MBEMSC Annual Awards Ceremony**

This year marks the ninth consecutive year that the Metropolitan Boston Emergency Medical Services Council has hosted our Annual EMS Awards Ceremony. The awards ceremony was created by the Pre Hospital System Coordination Committee (one of 5 free standing committees within the Region) in 2000. The Annual EMS Awards ceremony was developed to recognize the many contributions made on a daily basis by pre-hospital and hospital personnel involved in Emergency Medical Services. These outstanding contributions benefit the citizens of the 61 Cities and Towns that the Region represents.

The categories that individuals can be nominated for are as follows:

Citizen/Bystander of the Year Award, EMS First Responder Award, BLS Provider Award, ALS Provider Award, Educator Award, EMS Leader Award, EMS Nurse Award, EMS Physician Award, Telecommunicator Award, EMS Supervisor Award, EMS Research Group of the Year, Outstanding Team Response of the Year Award, Innovation Award and the HeartSafe Community Award.

All nominations are reviewed by a group of board members that donate their time to sit on an Awards Selection Committee to select the best candidate for each of the categories listed above.

We feel it is important to take the time to recognize our caregivers for all they do. Last year being our best attended event with over 300 in attendance, we are looking forward to another successful event this year.

The Annual Awards Ceremony is held each year in October. This year the Awards Ceremony will be held on October 29<sup>th</sup> @ 6 pm at the Post 440 on California Street in Newton, Massachusetts. Nominations can be made on the Region's web page [www.mbemsc.org](http://www.mbemsc.org). The Deadline for submitting nominations is September 11th at 5:00 PM.

### ***Ron Quaranto***

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## **Regional Personal Protective Equipment (PPE) Cache.**

The ongoing outbreak of H1N1 flu has prompted the Metropolitan Boston EMS Council, Inc. (EMS Region IV) to commit resources to assist service providers in the sixty-one EMS Region IV communities in eastern Massachusetts.

The Council is purchasing Personal Protective Equipment (PPE) to help EMS Region IV providers with patient care needs associated with H1N1 flu or other catastrophic events. This initiative is made possible through funding from an Emergency Preparedness Grant of the Lahey Clinic Community Benefit Initiative. The Council has allocated \$64,000 toward the purchase of PPE. "The Metropolitan Boston EMS Council's decision to move forward with this PPE program makes great sense and supports the purpose of the Lahey Clinic grant we received," says Ron Quaranto, Council Chairman. "We're very grateful we were awarded this grant funding."

The supply of PPE will include twenty-five thousand gowns, twenty-five thousand N95 masks, one hundred fifty thousand surgical masks, five thousand goggles and twenty fit test kits. "This cache of supplies will begin to build an infrastructure to prepare for the possibility of a more severe outbreak of the H1N1 Flu and other pandemics, natural or manmade disasters or catastrophic events," said John Guidara, Executive Director.

The equipment will be used to address severe supply chain demand issues for healthcare providers unable to receive ordered supplies through their routine vendors during a pandemic or other incident. All supplies obtained from the Council will augment part of the provider service's inventory on a limited basis. This is a short-term emergency back-up cache. The goal is to establish a one-for-one exchange where the service provider will reimburse the Council for the PPE in order to continue replenishment of the cache.

According to Jeff Doran, Senior Vice President of Lahey Clinic, the Council's proactive efforts to earmark these grant funds toward PPE is clearly in keeping with the overall goals of the Lahey Clinic Community Benefit Initiative to improve the health status of surrounding communities and support emergency preparedness planning.

The Council expects the PPE to be available late October through the Council Office. The PPE will be stored at three different service provider locations within EMS Region IV.

## **From the Medical Director - Charles Pozner, MD**

### **It's the Economy, Stupid!**

I am sure that I am not telling anybody something that they don't already know, but... the economy is in the stinker. Greed, deregulation, poor oversight, bad politics (aka politicians) have all been blamed for the state we are in. I'm sure that each has a hand in how our economy looks and I'm equally certain that we will be digging out for quite some time. I hope that each of you will weather the storm with as little disruption as possible, and will come out on the other side of this dark tunnel stronger and wiser for the experience. What I am not quite certain of is how EMS will be affected by our economic situation. People will still be sick and require emergent, and scheduled, EMS transport. Budget deficits, high unemployment, and all of the other doomsday forecasts elucidated in the media will clearly strain our ability to maintain the level of service that we have come to expect. EMS 2000 might really turn into EMS 2020. MATRIS might need to take a back seat to just keeping vehicles staffed and in repair. We will need to be both vigilant and innovative in order to continue to provide high quality service.

One issue that I feel is long overdue for reconsideration is better systemization of services, better known in the parlance as "regionalization". Even with a strong economy and 100% staffing, regionalization of services makes clinical and fiscal sense. With our incredibly weak economy, I feel that there is a chance for real change. I believe that in the setting of decreasing tax revenues and local support from the state, the public will demand "out of the box" thinking of our governmental leaders, including fire chiefs, police chiefs, and EMS directors. The days of parochialism and home rule that have long buttressed our dysfunctional mosaic of EMS services will need to give way to innovative thought, collaborative action and I hope, a more systematized deployment of ever more scarce resources.

Turfism" and the thinking that "we can do a better job than anybody else" have all contributed to the hodgepodge mosaic of EMS services that are currently in place. Does each of our 61 communities need their own dispatch centers? Is it rational how our BLS and ALS resources are currently deployed? Can we pool training resources to promote better economies of scale? I believe that this is a situation where one might get addition through subtraction. How can the state of New South Wales in Australia (an entity covering an area the size of the entire southeastern United States) provide high quality dispatch of all EMS resources from a single dispatch center? This is just one of many examples where more is not necessarily better.

I am not sure how this will ultimately unfold. I am sure that our EMS system will not look the same in two years that it does now. Service cuts are forecast and I'm certain that they will be forthcoming. I implore our EMS leaders to take the lead and get out in front of this wave. Let's start talking to the communities that surround us and try to "think out of the box" in order to maintain (or maybe even improve) services. Don't you think our citizens deserve this from us?

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### **Want to Participate?**

Interested in being on a Region IV committee? Want to contribute to EMS more? If you would like more information on the committees or the region, please visit [www.mbemsc.org](http://www.mbemsc.org) or contact us at (781) 505-4367. If you are interested in being on a committee, please send a letter to: Metropolitan Boston EMS Council, 25 B Street, Suite A, Burlington, MA 01803. Please include the committee you would like to participate on as well as some background information and the reason for wanting to participate. If you have any questions, please feel free to contact us.

## **Region IV Metro-Boston CMED Center**

The Metropolitan Boston CMED Center (Central Medical Emergency Direction) overseen by Massachusetts EMS Region IV, is sub-contracted through Boston EMS and is co-located in the City of Boston at 1 Police Plaza. This CMED center serves the 61 communities that make-up Region IV and the surrounding regions. The Metropolitan Boston CMED Center coordinates medical communications for twenty-five (25) hospitals, nine (9) trauma centers and seventy (70) plus ambulance services within the Region IV area.

Similar to the other EMS regions in the Commonwealth, the Metropolitan Boston CMED is comprised of a network of radio towers and base stations placed strategically throughout the Region. These towers and base stations are linked to all of the hospitals through dedicated phone lines that are controlled by a computer-operated console in the Metropolitan Boston CMED Center. Region IV ambulances, and other local ambulances, access the CMED system utilizing radio communications to the Metropolitan Boston CMED center staff, who in turn, connect the ambulance to the receiving hospital. This crucial linkage gives the field EMS personnel access to the emergency department physician, and provides the Emergency Department with early notification about a patient's pending arrival.

“On a daily basis the CMED system helps to save lives. By having coordinated and direct communications with the local hospitals, ambulance services are able to alert the hospital to the resources that will be needed to treat a patient,” says Boston EMS Deputy Superintendent Joe O’Hare, who oversees Metro-Boston CMED. “It essentially comes down to time when treating the sick and injured.” He further notes that CMED allows EMS to decrease the time until the ultimate treatment of patients in hospitals by notifying and preparing the appropriate resources prior to arrival. Without CMED, this timesaving would not be accomplished effectively.

Besides providing entry notification, and access to on-line physician medical control, the Metropolitan Boston CMED Center also: manages regional EMS channel use so that more critical entry notes are connected to hospitals above lower acuity patients; coordinates with other Regional CMED Centers as needed; assesses the surge capacity of local hospitals, monitors bed availability, and coordinates the forward movement of patients during surge events, as needed.

Metropolitan Boston CMED also plays a major role in coordinating EMS response to Mass Casualty Incidents, the patient distribution from the scene, EMS resource allocation, and the activation and coordination of the multiple Regional Mass Casualty Support Trailer Units.

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## **Committee Updates**

### **Medical Control**

Upcoming Meetings: *September 11, 2009, November 6, 2009, January 8, 2010* - Continues to evaluate P/B waiver renewal requests. Continuing to develop the Clinical Excellence Project and beginning a discussion regarding Cardio-Cerebral Resuscitation.

### **PIER**

Upcoming Meetings: *September 25, 2009, November 20, 2009, January 15, 2010* - Recently completed a Stroke Education kit for providers to utilize for public education. Currently working on developing a point-of-entry educational powerpoint program.

### **Pre-Hospital Committee**

Upcoming Meetings: *October 21, 2009, December 16, 2009, February 10, 2010* - Working on developing regional communications protocols, regional awards dinner, and resources for CPAP education.

### **Executive Committee**

Upcoming Meetings: *October 1, 2009, December 3, 2009, January 7, 2010* - Working on initiating the goals of the strategic plan as well as funding.

### **Board of Directors**

Upcoming Meetings: *September 18, 2009, December 18, 2009, March 19, 2010*

### **Trauma Systems Committee**

Working with DPH on Trauma Registry requirements.