Please join us in welcoming Dr. Jeremy T. Cushman as he joins the Office of Prehospital Care. Dr. Cushman completed medical school, residency, and his EMS fellowship at the University of Maryland. While there he served as Associate Medical Director for Howard County (Maryland) Department of Fire and Rescue Services and an Instructor for the Maryland State Police Aviation Command, which included responsibility for their RSI program, and was involved in mass gathering preparedness with the Baltimore Orioles. He has written many journal articles and book chapters on EMS topics. Previous to becoming a physician, Dr. Cushman was an EMS provider for several years, first at North Seneca Volunteer Ambulance and then Finger Lakes Ambulance.

Dr. Cushman will be heavily involved with EMS Training and Operations, including spending significant time on the road, teaching many courses, working with the RSI Program, representing OPC at various meetings, and much more.

By Manish N Shah, MD, FACEP

Dr. Jeremy T. Cushman Joins OPC

EMS Training

The OPC has offered a large amount of CME classes this quarter and many EMS providers have attended and learned a great deal of useful knowledge. These lectures included Ophthalmic Emergencies by Dr. Matthew Osborne, three Geriatric lectures by Mindi Meath, documentation lectures by Sharon Chiumento, Child Abuse by Dr. Carrie Colombo, Prehospital Care of the Sexual Assault Victim by Forensic Nurse Practitioner Dee Krebs, RSI CME Update by Dr. Eric Davis, Biohazards by Dr. Abraham Butz, and seven Poison lectures topics, Analgesic Overdose, Chemical Weapons, and Toxic Alcohol lectures by Dr. John Benetiz. These classes had approximately 325 attendees.

A BTLS lecture was offered through Greece Volunteer Ambulance, PALS lectures were offered through the University of Rochester, and Renal Patients by Bob Breese offered by Pittsford Volunteer Ambulance.

The Office of Prehospital Care is in the process of developing additional lectures to be presented in the future such as a Drug Box 101 lecture for ALS providers which will be presented by EM Pharmacist Dan Hays and a Child Abuse and Reporting Lecture that will be offered in late Autumn. In addition to the course lectures, there will also be additional physician lectures in the coming future. The Core Content lectures that will be offered will be:

- Protocol Update
- Anaphylaxis/Allergic Reaction
- MCI Triage & Management
- Legal Aspects & Patient Care
- Diabetic Emergencies

If you have an idea or suggestion for lectures, please contact the OPC at opc@urmc.rochester.edu

The process to request your CME & QA report for your pilot recertification is as follows:

1. Send an e-mail to opc@urmc.rochester.edu, include in your e-mail your name, EMT number, and when your card expires. (Your expiration date is requested to verify you receive all the CME credit you took during that time span.)

2. Your information will be e-mailed back to you within two weeks.

Please monitor our website www.mlrems.org for additional lectures and important information.

By Amy Ettaro, EMT

INSIDE THIS ISSUE:

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Transport of Intoxicated Patients to Red Hospitals

There have been ongoing concerns expressed by both hospitals and EMS about decision-making in transporting intoxicated patients to hospitals that are on diversion status (Code Red). One dilemma that not uncommon involves an intoxicated patient who is requesting to go to a hospital that is on diversion. The EMS provider must decide whether the patient has the right to make this decision that has potential impact on the care of other patients in the red ED. In other words, do they have capacity to make this decision? The presence of alcohol in a patient’s system does not automatically mean that they lose their right of decision making (capacity). In order to make this decision more straightforward, REMAC added a section in the Routine Standing Orders protocol (2.0) last year in order to help clarify this issue. The capacity criteria in this protocol are as follows:

Determine if patient has capacity to make decisions. This determination should be based on the following:
- Ability to clearly demonstrate awareness of person, place, period of time and problem
- Ability to clearly demonstrate “decisional capacity” by expressing understanding of the situation, being able to explain their decision to consent or refuse, and describing the risks and benefits of a decision or action.

If the patient cannot demonstrate awareness and decisional capacity, then EMS providers should perform care under the concept of implied consent. In cases where the intoxicated patient meets all these criteria, then they have the right to choose their hospital. Note that a patient who has suicidal or homicidal ideations (or is otherwise a danger to themselves or others) would also not have capacity if under mental health arrest (MHA). These patients should be given limited choice (ie, to go to a facility where they have had psychiatric services in the past), unless the facility is psych red.

Given this, though, we must recognize that the EMS provider is in a very powerful position to influence the patient’s destination decision. Last year, very stringent criteria were implemented by all area emergency departments which make it very difficult to go Code Red unless certain criteria are met. These criteria involve several factors including the availability of hospital beds, ICU beds, and the number of borders in the ED (these are patients that have been admitted to the hospital but do not have a bed, so they must stay in the ED for extended periods). Hospital diversion is intended for the sake of the patients and not to protect ED staff from a busy day.

Continued on page 3

So you think you are safe in your rig???

[Editorial Note: At the last SEMAC meeting in Albany, Dr. Nadine Levick gave a very convincing and concerning presentation on vehicle safety in EMS. She has provided the following excerpt for us to print. Her message is important: we need to pay more attention to the safety of our providers, starting with always wearing seatbelts in the front and back of the rig. –Terry Fairbanks]

Saving lives is the goal of EMS – yet somehow it is this very industry has been left out of the mainstream safety world. Sure we all are diligent about gloves and providing the best and state of the art medical and emergency care treatments – but this is a system that has a large transportation element. And it is this transportation component that has some serious risks – for the public, the provider and the patient.

The numbers are of concern – in excess of 5,000 ambulance crashes per year, one medic killed per month, and a fatality as the result of an ambulance crash about every week, the injuries are in the thousands each year. More than two thirds of the fatalities involved the general public unrelated to the emergency transport! And there are now many medics who have been charged and convicted with vehicular manslaughter as a result largely of intersection crashes.

Yet despite these data few services have policies to protect their medics from these now well described risks. Our vehicles are exempt from the Federal Motor Vehicle Safety Standards (FMVSS) once we are seated more than 60 cm behind the driver, and even though we know that cautious driving practice is key to safe transport – it appears to be common to see ambulances run red lights, medics to be unrestrained and equipment to be unsecured.

What this means to you is that there are a few things that you can do right away to improve the safety of your EMS Transport:
- Ensure that all equipment is firmly secured
- Always wear your seat belts, even in the back of the rig. Restrain all passengers in seat belts and secure the patient on the gurney with over the shoulder chest and thigh belts

So arrive alive! For more EMS Safety information, check out www.objectivesafety.net

By Nadine Levick, MD
Maimonides Medical Center, Brooklyn, NY
objectivesafety.net
(Reprinted with permission)
PCR Distribution Centers

If your Department/Agency need PCRs there are a two ways to get them.

- Contact OPC and come and pick them up at 273-3961.
- Contact the distribution agency in your area.

Those agencies are:

- East Side - Penfield Vol. Emerg. Ambulance · 1585 Jackson Road · 872-6060
- West Side – Greece Vol. Ambulance · 867 Long Pond Road · 227-2073
- Henrietta Vol. Ambulance · 280 Calkins Road · 334-4190
- Irondequoit Vol. Ambulance · 2330 Norton Street · 544-5112

If these sites run low they will need to contact the Office of Prehospital Care to replenish their supplies.

Website & New E-mail Address

The www.mlrems.org is up and running. A large amount of information has been placed on the website including the 2005-2006 Monroe-Livingston Regional Protocols (under “Forms & Downloads”) as well as any training that will be offered through the OPC. More information will be added in the future. The monthly mailing will be posted in the near future. Please take a look at the website and forward any and all comments along with suggestions for the site to the general OPC e-mail address opc@urmc.rochester.edu. Work will continue on the website.

PCRNet Documentation Suggestion Box

A few challenges have been found by the data clerks and QA reviewers who process and review the PCRs being sent in. Please review the information below and feel free to contact the OPC with any questions or concerns.

1. Fill in mechanism of injury box(es) if pertinent
2. Put items in correct columns/boxes
3. Fill in crew certification information
4. Fill-in “By Crew Number” box
5. Please do not make up your own codes
6. Do not stamp over data boxes
7. Do not repeat vital signs unless redone
8. Please make sure that the PCR is sent to the OPC

REMEMBER!!!
YOUR documentation is the key to unlocking much of the event for the hospital staff.