



# Pulse Lines



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## **EMS Director's Corner**

Cool fall breezes are finally stirring the curtains of the Ivory Tower, bringing the smell of change. Some examples:

The first EMS development funding in 25 years was approved this year by the legislature and the Governor. The state is devoting up to \$2.5 million to the "Oklahoma Emergency Response Systems Stabilization and Improvement Revolving Fund" and on September 30, 2008, at 1300 hrs at Oklahoma City Community College we are holding the first of several public comment meetings to ensure that everyone with an opinion on the priorities for that fund gets a chance to offer that opinion. Not that EMTs are ever opinionated....

Nationally, too, big things are brewing. Recently Bill Brown - the executive director of the National Registry of EMTs- was in town to speak to our educators about upcoming changes in the EMT scope of practice, EMT certification levels and training program requirements.

Bill says the National Registry is following the new federal EMS Scope of Practice and rolling out new levels of licensure. The feds are no longer going to define our scope of practice by issuing a national curriculum. Instead they convened an expert panel to define the appropriate skills at each level. They're letting the educators define the curriculum, the way doctors and nurses do.

The new scope of practice means new national registry exam test questions have to be written and validated at each level. It even renames each levels, although the new names- like the new levels- are very much like the old ones. Here's how it works:

If you're a Certified First Responder, you'll now be known as an Certified Emergency Medical Responder. No test, just an updated refresher course.

If you're an EMT-Basic, you're about to become simply an EMT. There's a transition course in place of the refresher, but no test.

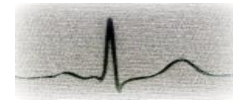
If you're an EMT-Intermediate in Oklahoma, you're what the registry currently calls an "I-85", after the 1985 curriculum you trained under. You'll also take a transition course rather than a refresher, but then you'll have to take a new computer based test to qualify as an Advanced EMT.

I know that sounds like a pain, but imagine what it's like for the four states using the ill-fated "I-99" curriculum. They have to take a huge transition course, and then test for paramedic! Besides, there's no practical skills exam for the the transition, and you get a cool new silver patch.

If you're a paramedic, you'll do a transition course only, rather than a refresher. No test. The patch stays the same, too.



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On top of all this, the new standards require that all paramedic programs be nationally accredited by 2012. This is going to be a challenge for our schools, but they're gearing up fast. Several of the larger schools have started "distance learning" programs to extend paramedic level training to more students. One program is running a internet-based "pilot" program testing whether paramedic core learning can be presented on-line effectively. Another uses internet video links to pull together students in several locations under a single, highly qualified instructor.

I have high hopes for all these new techniques. Getting high quality, cost-effective training to the people that need it has been a bigger and bigger challenge. EMS is not going to get any less technically complex- in fact, it's hard for us old guys to stay up with the changes. I just heard they've discredited MAST pants! What's this world coming to??

Progressive curriculums, state help to stabilize rural ambulances, improved training....a little change wafting in on the breeze is a really nice thing. See you on September 30 at OCCC. Bring your best ideas!



## EMS Week 2008

EMS practitioners across the United States and Canada were the focus of EMS Week, from May 18 to 24, 2008.



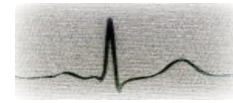
The 2008 EMS Week theme "Your Life is Our Mission." was chosen to recognize the commitment that emergency medical personnel make to the communities they serve, according to Linda Lawrence, MD, FACEP, president of the American College of Emergency Physicians (ACEP).

EMS Week in Oklahoma was no exception. EMS providers who continuously perform above and beyond were honored at the state capitol on May 21, 2008. Commissioner of Health, Dr. James Crutcher was this years key note speaker, and awards presenter.

Also during EMS Week in 2008, the EMSC sponsored the Medic of the Day. EMS personnel were chosen to represent the Emergency Medical Services in the state capitol. This is the first year EMT's were chosen to participate along with the Nurse of the Day and Doctor of the Day. This year's honorees included:



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**Katie Sullivan, Zach Bruhn, Jim Willis, Lisa Billy, Joshua Choate, Ryan Kiesel, Jennifer Forbes, Jabar Shumate, Chris Vinton Leageay Barnes, Mark McCullough, Susan Baker, Sean Burrage, Rusty Gilpin, Charlie Laster, Jimmy Treat, Earl Garrison, Dustin Rankin, Owen Laughlin, Kent Schmidt, Susan Paddack.**

welcome to pass this on to others who may be interested.

The Health Department's staff will give a brief overview of the law and of the state rulemaking process, and then we will open the floor for questions, comments and discussion.

## EMS Legislation

2008 was a monumental year for EMS legislation. On April 18, 2008 Governor Henry signed HB2693, by Rep. Paul D. Roan, D-Tishomingo and Sen. Susan Paddack, D-Ada. The bill directs the Department of Health in the event of the death of an emergency medical technician while in the line of duty to pay his/her designated beneficiary \$5,000. The bill creates the Emergency Medical Technician Death Benefit Revolving Fund. It establishes a \$10 fee for new and renewal applications for emergency medical technicians and directs revenue to the revolving fund. Gov. Henry's budget proposed \$2.26 million to fund initiatives of the Emergency Medical Service Task Force, including \$1.2 million for crisis recovery grants to crumbling and at-risk ambulanc services. The OSDH is preparing to implement the "Oklahoma Emergency Response Systems Stabilization and Improvement Fund" created in Senate Bill 1918 and are proposing to meet on September 30, 2008 at 1:00 pm in Oklahoma City. A specific location has yet to be determined. EMS providers are encouraged to participate and are

## National EMS Information System

The need for better national EMS data has led to the establishment of the National EMS information system (NEMSIS). All 50 states are participating in this effort.

Since 2002, OAC 310:641-3-160 has required all EMS agencies to submit data about all ambulance responses to the Oklahoma EMS Database. This database has been a great success, growing to nearly 2 million runs with quality and completeness improving steadily.

In order to submit data as required, Oklahoma has changed to a NEMSIS-compliant database purchased with grant funding through the Oklahoma Highway Safety Office.

Providers submit data to the website one run at a time, or in "batches". "Batch" submitters will need to work with their data vendors to ensure they have a compatible download format. Most vendors have already developed NEMSIS-compliant download formats, and will need to add only the "Oklahoma-specific" data fields to be



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fully compliant. Formats can be tested at the OKEMSIS website.

Effective January 1, 2009, Oklahoma EMS providers must collect all required data fields as shown on the 2008 Oklahoma Patient Care Report (PCR). All providers must begin submitting their data to the new database by February 28, 2009.

The 2002 database will continue to operate and accept data, but only for responses completed before January 1, 2009. Providers may report to either the old database or the new one during the interim period.

The EMS division is conducting a series of regional presentations in collaboration with local agencies. Providers obtain the data security codes necessary to submit and manage confidential patient information and learn how to use the reports from the website to improve operations. Few things are as important to the future of EMS as good data. We need to be able to show that our work makes a demonstrable difference in patient outcomes. This is an important step in the development of EMS as a profession.

## **Oklahoma EMS** **Information System-** **OKEMSIS Training**

Many Oklahoma EMS providers have already attended the Oklahoma EMS data reporting training in Tishomingo, Chickasha, Stillwater, Seminole, and

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there will be at least 2 more upcoming opportunities:

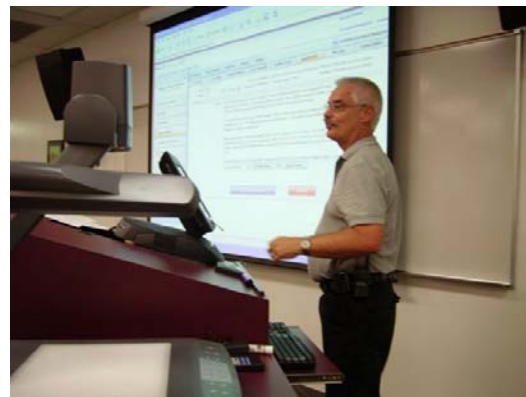
Talaquah – September 4, 2008

Ponca City – September 11, 2008

Please contact your Administrator or the EMS Division for specific details.



Data Training in Tishomingo on June 6, 2008



Johnston Co. is an OKEMSIS pilot program agency. EMS Director, Kenneth Power assists with training.



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Data training in Chickasha on June 27, 2008. Administrator, Jay Mitchell conducts a "Regional Director's Meeting" afterward.

Antlers EMS  
 Integrity EMS  
 Talequah City EMS  
 Ponca City EMS  
 Woodward County EMS  
 McCurtain County EMS  
 Southern Oklahoma Ambulance Service  
 Broken Arrow Fire/ EMS  
 Lindsey EMS  
 Johnston Co. EMS  
 Medicus  
 Cheyenne-Arapaho EMS  
 MESTA  
 Kingfisher Fire/ EMS  
 Buffalo EMS  
 Atoka EMS  
 Mercy Cleveland EMS  
 Chickasha Fire/ EMS  
 Miami Baptist Integris

\*Recipients are subject to change with or without notice.

## Regional Emergency Medical Services System

In May, the EMS Agencies who applied for the opportunity to house and maintain disaster response trailers was published. Also known as the REMSS project developed by TPRS, EMS Division, MMRS, OHHS, and others, the project is designed to ensure that Oklahoma has available EMS resources to respond to regional and statewide disasters based upon predetermined criteria such as: geographic location, ability/willingness to house and move the trailer, participation in regional planning efforts and call volume/service area.

\*The disaster trailers recipients named were:

Muskogee Co. EMS  
 EMSTAT- Norman  
 Guymon  
 Commanche Co.  
 Life EMS  
 Murray Co.  
 EMS of Leflore Co.



16 Foot trailer assigned to Life EMS

OSDH/ EMS Division



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