EMS TRAUMA NEWS

News affecting you

EMTs Paramedics
EMS Providers / EMS Medical Directors
First Responders
Regional Advisory Councils (RAC)
Trauma Hospitals
GETAC
Grants / Funding
Stroke Hospitals
public, government & community leaders
Designation Programs
NREMT
NAEMSO
etc...

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Wilderness Rescue

In September, personnel from Fort Davis Volunteer Fire Department, Jeff Davis County Ambulance/ EMS, the Jeff Davis County Sheriff's Department, the US Border Patrol, the McDonald Observatory, and the Texas Department of Public Safety performed one of the longest and most difficult wilderness rescues in the history of the region. On Sunday, September 22nd, local 911 emergency dispatch received a call about a 19 year old hiker who had fallen and broken her ankle in the remote Hell Canyon area north of Fort Davis. Trapped on the floor of 100ft the canyon, the hiker was unable to move.

Soon after receiving the call, an initial team of first responders sprang into action by hiking into the canyon to assess the situation. Vickie Fowler EMT-I (director, Jeff Davis County Ambulance/ EMS), Mike Ward EMT-LP/FF (assistant director, Jeff Davis County Ambulance), Patricia Grado EMT and Jeff

View down into Hell Canyon

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Davis County Sheriff Rick McIvor, were among the first on the scene. As Mike Ward recounts in his narrative below, the rescue was challenging for a variety of reasons including geography, weather, and transportation logistics:

We [rescuers]*were flown in by helicopter one by one, then had to hike down about a 1/4 of a mile to the canyon lip and then had to climb down to get access to her* [fallen hiker]. *We then had to use ropes and haul systems to get her out. After hauling her up out of the canyon, we still had to pack her out to the landing zone for the helicopter. Unfortunately we missed the helicopter's daylight limit by 5 minutes. So we were stuck on the side of the mountain for the night.*

None of us ever dreamed we would be out overnight. We set up what little of a camp we could and then the rains came, and came and came. We had 15 responders on the mountain with no food, no water, cold and wet. The temperature was in the 40's during the night. We spent most of the night

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like rotisserie chickens turning about the fire in several inches of mud. So welcome to Camp Hell!

As dawn broke we could see the thick fog that had settled in around us. Forecast was for the fog to break around 1:30pm. Seven more responders hiked in bring us food and water! Wow! That burrito never tasted so good

Finally at 1:30pm the fog started to lift. We decided that one of my crew would fly out with the patient first, then myself and my other medic would fly out on the next flight. First flight went off without a hitch. Then the fog moved back in and grounded the helicopters.

The rest of us on the mountain started to hike out the 1.8 miles to the vehicles over some really nasty terrain. Luckily about a mile into the hike we found a fairly flat spot with clear skies so we could bring in the helicopters.

The hiker was turned over to Pecos EMS where they transported her to the Pecos airport and airlifted to Medical Center Hospital in Odessa where she was treated for her injuries.

A special thank you to all the first responders involved in the Hell Canyon wilderness rescue. Your service and sacrifice are appreciated.

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Electronic EMS Inspection Reports

The Texas Department of State Health Services (DSHS) EMS Compliance is transitioning to Electronic EMS Inspection Reports. DSHS received a federal grant to move several programs to electronic inspections; EMS was part of this project. DSHS IT staff and EMS staff have worked hard over the last year and a half to make this project a success. This was a big challenge when it came to EMS vehicle inspections in a state that does not have a mandatory state EMS Protocol, Equipment, and Medication list. EMS agencies have many commonalities and the EMS staff spent several months reviewing protocols and lists in order to create a master equipment and medication list for this project. The Electronic EMS Inspection Report is not just for vehicle inspections however, the vehicle inspection platform will launch first. It will soon be followed by EMS surveys, site visits and course monitoring in an electronic report format. In August EMS Compliance field staff began training on computer tablets and the new inspection program. In September 2014 EMS Compliance launched the Electronic EMS Inspection Report (referred to as mobile inspections).

You might be asking yourself what does this mean for my agency now that the inspection reports are electronic? The first big change with the vehicle inspection is that a report will not be left on site immediately following the inspection. The inspector will review the preliminary findings with the crew onsite but the actual inspection report will be sent to the administrator of record for the agency. In most cases the report will be sent by email. Each administrator can expect to receive a report that includes a cover letter that explains an inspection occurred and how to follow-up with DSHS if necessary. The actual inspection report will have the DSHS findings regarding that inspection, survey, site visit, or course monitoring.

EMS Compliance field staff that perform inspections are excited about this transition however, converting from a paper process to an electronic process takes some adjustments and practice to become proficient. EMS Compliance management staff is looking forward to handling less paper and increasing the efficiency of record processing. Looking toward the future, the Department may be able to identify inspection trends and common areas of non-compliance with particular requirements.

If you have a question or comment about this process or any other EMS compliance issue feel free to contact one of the EMS Compliance managers. You can find their contact information at the following link: www.dshs.state.tx.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=4161.

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2014 EMS Awards, Texas EMS Conference

EMS Administrator Award
Kenny Schnell, LP

EMS Air Medical Service Award
Memorial Hermann Life Flight

EMS Educator Award
Rebecca Brazeal, LP

EMS Person Award
Lora Baumgartner, LP

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EMS First Responder Award
Round Rock Fire Department

Telecommunicator Award
Val Verde Regional Medical Center
EMS Dispatchers

Private/Public Provider Award
Bulverde Spring Branch Fire & EMS

EMS Medical Director Award
Jeff Jarvis, MD, MS, EMT-P

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EMS Public Information/Injury Prevention Award
Friendswood VFD EMS Division

Texas Preparedness Leadership Award
Emily Kidd, MD and Chuck Skinner

Designated Trauma Facility Award
Valley Regional Medical Center

Volunteer Provider Award
Farwell EMS

GETACs Journey of Excellence Award
James H. “Red” Duke, Jr., MD

For 40 years, Dr. James H. “Red” Duke has been the face and voice of The University of Texas Health Science Center at Houston
https://www.youtube.com/watch?v=tTZCz3-UWow

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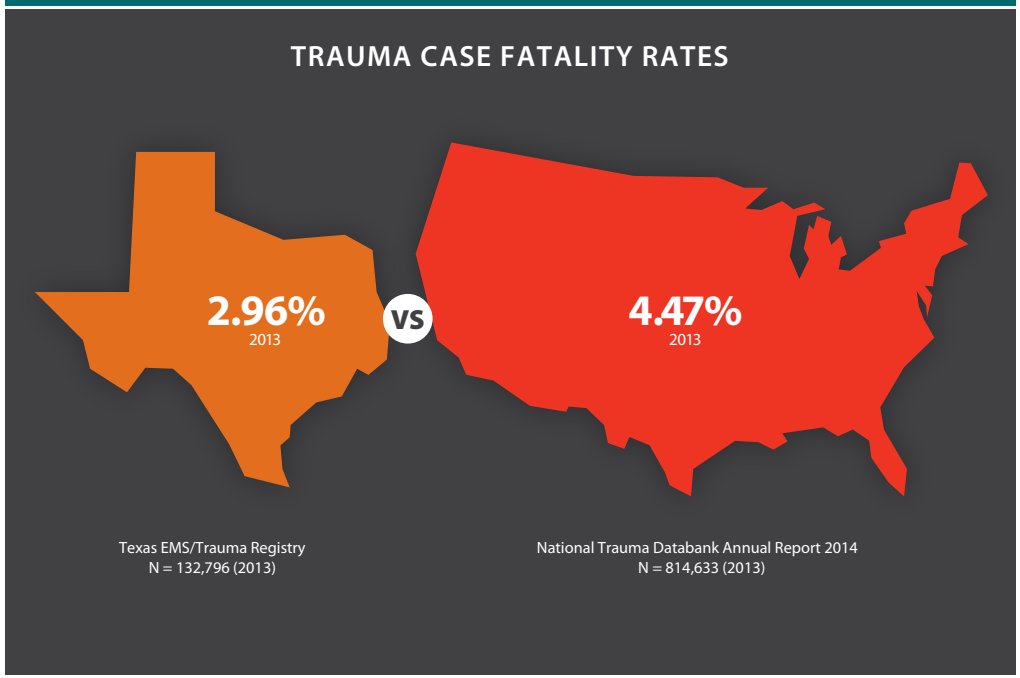
MEASURING TRAUMA SYSTEM EFFECTIVENESS



One indicator of trauma system effectiveness is the *case fatality rate*. In epidemiology, the trauma case fatality rate is the overall proportion of deaths within a particular population of trauma incidences. The Texas trauma case fatality rate for 2013 was 2.96%, more than a point and a half lower than the national rate of 4.47%. In addition, the national trauma case fatality rate saw an increase from 4.15% in 2012 to 4.47% in 2013. The Texas rate rose during this period as well, but at a slightly slower rate, from 2.90% to 2.96%. It also represents a slower rate of increase when compared to the .12% increase in Texas between 2011-2102.

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It's all about the P-A-T-I-E-N-T!

So why do I have to leave a report when I drop off a patient?

The American College of Emergency Physicians (ACEP), Emergency Nurses Association (ENA), National Association of EMS Physicians (NAEMSP), National Association of Emergency Medical Technicians (NAEMT), and National Association of State EMS Officials (NASEMSO) believe that clearly defined processes for the face-to-face communication of key information from emergency medical services (EMS) providers to health care providers in an emergency department (ED) are critical to **improving patient safety**, reducing legal risk, and integrating EMS with the health care system. It is critical that patient information is exchanged verbally during the transfer of care, but verbal information alone may lead to inaccurate and incomplete documentation of information and inadequate availability of information to subsequent treating providers (in both the ED and inpatient units) who are not present at the time of verbal communication.

In addition to a verbal report from EMS providers, the minimum key information required for patient care must be provided in written or electronic form at the time of transfer of patient care. This provides physicians and other health care providers who deliver subsequent care for the patient to receive this information more accurately and avoid potential errors inherent with second-hand information. The minimum key information reported at the time of hand-off must include information that is required for optimal care of the patient.

Texas Administrative Code *157.11 (9) assuring that patient care reports are provided to emergency facilities receiving the patients:*

(A) the report shall be accurate, complete and clearly written or computer generated;

(B) the report shall document, at a minimum, the patient's name, condition upon arrival at the scene; the pre-hospital care provided; the patient's status during transport, including signs, symptoms, and responses during the transport; the call initiation time; dispatch time; scene arrival time; scene departure time; hospital arrival time; and, the identification of the EMS staff;

(C) whenever operationally feasible, the report shall be provided to the receiving facility at the time the patient is delivered; and/or

(D) if in a response-pending status, an abbreviated written report shall be provided at the time the patient is delivered and a full written or computer generated report shall be delivered to the facility within one business day of the delivery of the patient.

All members of the health care team, including EMS providers, nurses, and physicians, must communicate with mutual respect for each other and respect the verbal and written communication from EMS as an important part of the patient's history. During the transfer of patient care, the receiving health care providers should have an opportunity to ask questions to clarify information that is exchanged. By following this simple process, together we can ensure a safe transfer of the patients from EMS to hospital staff.

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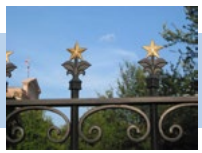

REPORT TO LEGISLATURE

On December 1 of each even-numbered year, the department shall electronically submit a report to the lieutenant governor, the speaker of the house of representatives, and the standing committees of the house and senate with jurisdiction over the department on the effect of the changes made within the State EMS system. The following questions must be answered in this report;

(1) the total number of applications for emergency medical services provider licenses submitted to the department and the number of applications for which licenses were issued or licenses were denied by the department;

(2) the number of emergency medical services provider licenses that were suspended or revoked by the department for violations of those sections and a description of the types of violations that led to the license suspension or revocation;

(3) the number of occurrences and types of fraud committed by licensed emergency medical services providers related to those sections;

(4) the number of complaints made against licensed emergency medical services providers for violations of those sections and a description of the types of complaints; and

(5) the status of any coordination efforts of the department and the Texas Medical Board related to those sections.

Review the full report provided.

Joseph W. Schmider

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Top 10 Disciplinary Actions taken by the Department

- #10 Misappropriation of medications
- #9 Failed drug screens
- #8 Failure to follow medical director's protocols
- #7 Failure to document patient care report
- #6 Failure to disclose criminal history on renewal application
- #5 Working with an expired license/certification
- #4 Staffing an ambulance with expired personnel
- #3 Failure to notify the Department of a change in criminal history
- #2 Failure to respond to Department request for information
- #1 Deficient Ambulance Inspections

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84th Legislative Session, Early-Filed Bills

The following is a list of early-filed bills that may affect EMS Trauma systems. The session begins on January 13, 2015. Early filing may not affect the order the bills are discussed in committees and it doesn't necessarily mean the Legislature will even consider the bills.

For more information, see the Texas Legislature Online and the Guide to Texas Legislative Information.

BILL	AUTHOR	BILL TOPIC
HB 50	Armando Martinez	Diseases or illnesses suffered by firefighters and emergency medical technicians.
HB 60	Armando Martinez	Firefighters and emergency medical technicians who bring certain claims for benefits or compensation.
HB 62	Armando Martinez	Emergency transportation of mental health patients.
HB 142	Jonathan Stickland	The authority to impose a civil penalty for certain violations recorded by an automated traffic control system or a photographic traffic signal enforcement system. Proposes to discontinue the red light camera program.
HB 237	Drew Springer	The licensure or certification of volunteer firefighters and members of industrial emergency response teams. Adds that a state agency may not require a member of an industrial emergency response team to obtain a license or certification to be a member of an industrial emergency response team.
HB 353	Ken King	The application of certain weapons laws to certain volunteer emergency services personnel licensed to carry a concealed handgun.
SB 66	Juan Hinojosa	The possession, administration and disposal of epinephrine auto-injectors on public and open-enrollment charter school campuses and at off-campus school-sanctioned events.
SB 93	Rodney Ellis	Repeal of the driver responsibility program.

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Applications are now being accepted for the 2015 EMS coordinator course.

Application information and course details can be found at www.dshs.state.tx.us/emstraumasystems/CoordinatorCourse.shtm.

This 2½ day course is designed to train Texas EMS course coordinators, and will be held on June 16 – June 18, 2015 at the Pickle Research Campus in Austin. Participants will be selected through a competitive application process. To apply, complete and submit the course application and required documentation detailing justification for enrollment. Applicants should *not* submit a certification application at this time.

Course applications must be submitted by the close of business on January 30, 2015. For more information, see the coordinator course information webpage or contact Phil Lockwood at phil.lockwood@dshs.state.tx.us or call 512-834-6700 extension 2032.

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EMS/Trauma Systems Organization

There have been changes in the EMS/Trauma System organization over the past few years. Below is an updated guide highlighting the appropriate channels for communicating with DSHS when you need technical assistance, have questions, or have concerns beyond general inquiries.

1. Group managers should be your first point of contact

Contact EMS Trauma System for:
Designation - Trauma, Stroke, Perinatal
Funding - Trauma, EMS, RACs

Group Manager
Elizabeth Stevenson, 512-834-6700, Ext. 6794

Contact EMS Certification and Licensure for:
Initial and renewal application processing of licenses/certification for EMS personnel, EMS providers and first responders

Group Manager
Anthony Luna, 512-834-6671

Contact EMS Compliance Group(s) for:
Education, Course review, Inspections, Compliance, Technical Assistance
Contact the central group for:
Background reviews

Group Managers:
North - Jaime Vallejo, 817-264-4721
South - Marilyn Talley, 210-949-2052
East - Fernando Posada, 713-767-3331
Central - Brett Hart, 512-834-6700, ext. 6731

Contact EMS Enforcement for:
Previous or pending disciplinary Actions and enforcement process

Group Manager
Sandra Serna, 512-834-6665, ext. 2690

1. If needed, contact Unit Directors for assistance with:

Designation Programs and Funding:

Director
Jane Guerrero, 512-834-6700

EMS Certification and Licensure:

Director
Charlotte Sullivan, 512-834-6600

EMS Compliance and Inspections:

Director
Derek Jakovich, 512-834-6700

1. Contact Section Directors if further assistance is requested

Health Care Quality Programs - Renee Clack, 512-834-6700

Enforcement Programs
Alan Morris, 512-834-6665

You may also contact Joe Schmider, the State EMS Director (512-834-6700, Ext. 6737) or Colin Crocker, State Trauma Director (512-834-6700, ext, 2706) for further assistance

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These sites may also not be accessible to persons with disabilities.

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FEATURED ARTICLES

It is with great sadness we announce the passing of Dr. Erwin R. Thal on December 13, 2014. Dr. Thal's work through the American College of Surgeons' (ACS) Committee on Trauma (COT) transformed the care of the injured patient. https://www.facs.org/publications/newsscope/121914/thal1219

Everyone knows Texans love their high school football, but did you know new research from the Radiological Society of North America shows the brain changes after just one season of high school football, even when concussions aren't present?
http://www.eurekalert.org/pub_releases/2014-12/rson-hsf112114.php

Additional Reading

The updated CDC EMS guidance has been posted online at the following link:
www.cdc.gov/vhf/ebola/hcp/interim-guidance-emergency-medical-services-systems-911-public-safety-answering-points-management-patients-known-suspected-united-states.html

American College of Surgeons, Committee on Trauma: https://www.facs.org/quality-programs/trauma
Resources for Optimal Care of the Injured Patient – Sixth Edition

Bulletin of the American College of Surgeons: http://bulletin.facs.org/
The Bulletin of the American College of Surgeons *is published monthly by the American College of Surgeons.*

Washington Update: http://www.nasemso.org/NewsAndPublications/TheWashingtonUpdate/
The Washington Update is produced bi-monthly by the National Association of State EMS Officials in cooperation with NHTSA OEMS, with funds also provided by HHS EMSC.

EMSC NRC: http://www.emscnrc.org/
The Emergency Medical Services for Children (EMSC) National Resource Center (NRC) was established to help improve the pedicatric emergency care infrastructure throughout the United States.

NACo County News: http://www.naco.org/newsroom/countynews/Current%20Issue/1-13-14/Pages/default.aspx
The voice of American counties.

The Pony Express: https://www.bcm.edu/departments/pediatrics/texasemsc/?pmid=15790
Official Newsletter of the EMSC State Partnership, Texas.

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