

DPM NEWS

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Event Medicine

Some label the summer months as “construction season” but Dr. Farney calls it “event medicine season”. See his breakdown of EMS for large gatherings on *page 2*.

PIER

Donna Bailey, chair of MLREMS PIER Committee, discusses the role of her committee, the most recent award winners, and tells you how to nominate a worthwhile colleague on *page 5*.

Volunteerism

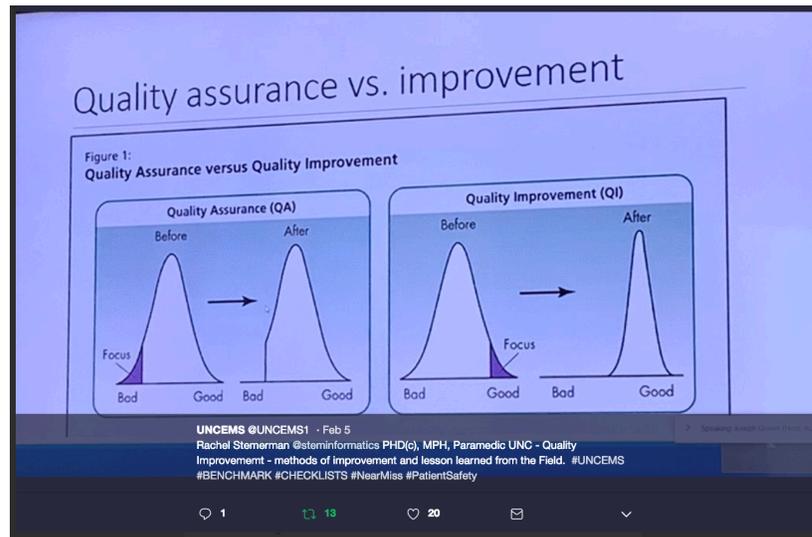
Dr. Galton’s ode to volunteerism can be located on *page 6*.

Moving away from Assurance and Towards Improvement: An Introduction to the 2019-20 Quality Improvement Course

Maia Dorsett MD, PhD



The difference between quality assurance (QA) and quality improvement (QI) was recently perfectly captured in the following tweet from the University of North Carolina EMS Fellowship (@UNCEMS1):



Quality Assurance focuses on eliminating the “bad” whereas quality improvement is about elevating all levels of practice and moving the entirety of the care curve forward. While quality assurance will always be part of what we do, EMS should shift more focus away from QA and towards QI in order to improve the level of care we bring to every patient.

But how do we effectively make this transition? The first step is to identify the gaps that must be filled. Standard education and training in prehospital medicine may include a lecture or two on quality improvement concepts but by no means comprehensively teaches EMS providers how to effectively implement continuous quality improvement. On a regional level, the care bundles outline evidence-based

Upcoming Events

Melinda Johnston

For more information about any event listed below, please visit the training calendar at MLREMS.org

July

15 - MLREMS Council

August

19 - REMAC Meeting

September

10 - BLS Core #1

11 - BLS Module 1

16 - MLREMS Council

17 - BLS Core #2

18 - BLS Module 2

24 - BLS Core #3

October

10 - PHTLS (1 of 2)

11 - PHTLS (2 of 2)

16 - EPC (1 of 2)

17 - EPC (2 of 2)

21 - REMAC Meeting

22 - BLS Module 1

29 - BLS Module 2

best practices, but translating performance on these quality measures into real change is a much more difficult task.

Recently, the Regional Patient Safety Committee spent time discussing these very questions and brainstorming how we might we move our region forward in terms of quality improvement. It was widely acknowledged that the current term “QA” has negative connotations, is often based on individualized case review, and typically does not focus on system-level issues that reveal agency or regional opportunities for improvement. After discussion, it was felt that the region would benefit from a QI course that trained leadership within different agencies in quality improvement methodologies and guided them through implementation of a QI project. Thus, the 2019-2020 Quality Improvement Course was conceived.

The Quality Improvement course will be run and taught by the Division of Prehospital Medicine (DPM). It will meet for three hours on one evening per month and run over the course of 8 months (September 2019 to June 2020), covering topics such as the Model for Improvement, Just Culture, evidence-based guidelines, benchmarking, change management and data integrity. Importantly, participants in the course will participate in implementing quality improvement projects at their own agencies in a mentored process that aligns with the classroom content.

Improvement requires change and the first step to change is knowledge. We are very excited to offer the Quality Improvement course this fall and to continue to build a culture of quality within our region. For those interested in participating in the course, more details will be forthcoming closer to the start date. If you have further questions or are interested in participating in the course, please e-mail DPM@urmc.rochester.edu

Event Medicine Season has Arrived!

Aaron Farney MD

EMS does “behind the scenes” work every day. One such task is special event medical coverage. Often taken for granted, EMS provides a core public safety function that makes the greater Rochester area sporting events, summer festivals, and other public gatherings safe for our community. If you will be covering an event this summer, there are some key concepts with which you must be familiar.



What will the anticipated “medical need” be? By this, I am referring to the EMS resources that will be necessary to safely cover the event, barring an *unpredictable* disaster.

The resources (personnel, ambulances, medications, equipment, supplies etc.) you dedicate to the event should be based on your analysis of anticipated medical need. *Do not rely on the event organizer to tell you what the medical need is.* While they may provide some guidance, you, the EMS professional, are the subject expert and must plan according to established predictors. The event organizer may be misinformed about liability, may not understand regulations, or simply may not want to pay for adequate coverage. Don't let others set you up for failure!

Predictors of medical need

Nature of event

What is the event? Is it a low-key family-oriented arts and crafts festival? If so, medical need should be relatively low. Or is it a demolition derby, rave concert, or marathon? Medical need is going to be much higher in the latter examples. Understanding the nature of the event will not only help you predict need, but with some additional thought, allow you to predict the type of emergencies to expect (e.g. pediatric ortho trauma at a family-oriented event with a trampoline or jumps).

Attendance

What is the maximum peak attendance at any one time during the event? The greater the number, the more likely a medical emergency will occur. However, *attendance alone is not a precise predictor of medical need.* The other factors here are just as important; paying attention only to crowd size will leave you unprepared. That said, all other predictors being equal, a larger crowd will have a proportionally higher medical need.

New York State Sanitary Code Part 18 outlines specific staffing, facility, ambulance, and equipment requirements for any public function likely to attract 5,000 or more attendees at any one time. The requirements are extensive and very specific. Any EMS agency responsible for providing medical coverage at a public function absolutely must be familiar with this regulation. Note that staffing requirements increase incrementally for events over 15,000, 30,000, and 50,000 attendees, respectively. This regulation can be found at <https://www.health.ny.gov/professionals/ems/part18.htm>.

Weather

Hot weather reliably increases medical need. Many of these patients have not been taking adequate hydration and can be cured with simple rest, cool misting fans, and oral hydration. A few will require IV fluids +/- transport. Anyone with high risk complaints (e.g. chest pain, dyspnea) must be transported. The chronically ill and elderly are particularly at risk for heat-related emergencies, and will be slow to recover. If the weather is going to be hot (over 80 degrees), make sure you are adequately prepared with staff, on site treatment facilities equipped with fans and hydration supplies, and transport capabilities to handle an influx of patients overcome by heat and dehydration.

Alcohol

This is the big one! Availability of alcohol dramatically increases medical need. While most citizens are responsible, a few irresponsible event goes with access to alcohol will sharply increase medical need. Anticipate the usual intoxications and alcohol poisonings. You will also need to be

prepared for assault victims, musculoskeletal and head trauma. If you are covering an event, find out in advance whether alcohol will be served. If so, staff up.

Illicit drugs

Along the lines of alcohol, availability and use of street drugs will have a profound impact on EMS need. Electronic dance festivals, raves, and other events known to be associated with ecstasy and various street drugs will produce requests for medical care ranging from a bad trip to arrhythmias and even cardiac arrest.

Other Factors

Receiving hospitals

Map out round-trip transport times to one or two receiving hospitals, including the nearest trauma, stroke, and STEMI centers. Have a plan in place to replenish staff and ambulance(s) consumed by transports. If an ambulance leaves, it should be replaced immediately. Remember, you must maintain minimum staffing as outlined by New York State Sanitary Code Part 18 at all times.

Other on-site medical coverage

Will there be another organization or company providing on-site medical care? If so, consult with them in advance and establish a clear delineation of roles and responsibilities. Find out what their capabilities are. Establish direct communications.

On-site physician

There are several advantages to having a physician on site at a mass gathering. An on-site physician augments medical capabilities and allows for expanded on-site treatment, avoiding unnecessary transports and saving limited ambulance resources. A physician may also serve as on-site medical control, avoiding numerous phone calls to a busy ED that does not understand the nature of the event or restraints of care on site. If the physician on site is not your medical director, especially if they are not an EMS or emergency medicine physician, be sure to establish in advance who will be providing medical control and how they will be contacted.

A year or two ago, we started sending our Emergency Medicine (EM) residents, Pediatric EM fellows, pharmacists, and advanced practitioner (PA & NP) fellows to cover special events with local EMS agencies. The feedback I've received has been outstanding. In fact, when asked how we could improve the EMS rotation, one resident remarked "more UFC fights!"

So, now that we've reviewed some key concepts, what's next? From here, I recommend you read New York State Sanitary Code Part 18 in detail. You will need to develop an Incident Medical Plan (ICS Form 206) and incorporate it into your event's IAP. Seek out peers with prior event medical experience – they can be a wealth of information. And of course, speak with the event sponsor – they may offer valuable insight regarding past experiences, including what worked well, and what did not. Last, but not least, don't forget to consult with your agency medical director. Do this early so they can be involved in the planning stage.

Questions? Want to discuss more? E-mail me at Aaron_Farney@urmc.rochester.edu

PIER. Public Information, Education, and Recruitment

Donna Bailey EMT-P, MLREMS PIER Committee Chair

Many of you have probably never heard of it or know what it does.

The Monroe Livingston Public Information, Education, and Recruitment (PIER) Committee is charged with helping to promote knowledge of Emergency Medical Services (EMS) including career and volunteer opportunities, the success of the system, and sharing information that may be important for the public. The committee is also responsible for administering the New York State EMS and MLREMS EMS Awards.

Another year has come and gone for the Monroe-Livingston Regional EMS awards. The last couple of years the PIER Committee has received nominations in almost all of the eleven (11) categories we have. That is a reflection of the tremendous talent we have in the region and the commitment by “someone”, who is paying attention, to put it in writing.

Winners of the 2018 MLREMS Regional EMS awards are:

Agency of the Year

✱ CHS Mobile Integrated Health Care

ALS Provider of the Year

✱ Kevin Gustina

BLS Provider of the Year

✱ Jenna Cirincione

EMS Communications Specialist of the Year

✱ Charles Vitale

EMS Educator of Excellence

✱ Nichole LaDue

Harriet C. Weber EMS Leadership Award

✱ Karen Dewar

Physician of Excellence

✱ Elizabeth Murray, DO

Richard “Dick” Tripp Community Service Award

✱ Hugh Franklin

Youth Provider of the Year

✱ Caleb Stamler

In the early fall it will be time for us to solicit nominations for the 2019 awards and we will post the awards packet on www.mlrems.org. Award nominations can be submitted by peers, co-workers or agency leadership. We would like to keep up the momentum for nominations, so if you see something you believe is pretty special, write it down so it won't be forgotten when it comes time for award submissions. If you aren't sure when the deadlines are, please feel free to submit at any time to mlrems@mlrems.org and we would be happy to answer any questions.

Looking forward, we are hoping to focus on the other part of our charge which includes promoting knowledge of EMS including career and volunteer opportunities. A few years ago, we held a Boy/Girl Scout First Aid Workshop. It was very well received and I've been approached several times to do it again. It gave us an opportunity to give kids a glimpse of what we do since these kids are our future EMS providers. With so many volunteer agencies shutting their doors, sometimes kids cannot just show up at their local ambulance to get started, so maybe we can help.

In closing, we are always looking for ideas or others to be involved. If you have any ideas or would like to help, please contact pierchair@mlrems.org.

Volunteerism in Modern Day EMS

Christopher Galton MD, NRP, FP-C



Another year, another EMS week. I had the opportunity to speak at a few different EMS conferences over the last few weeks and left both of those conferences impressed. I was able to interact with hundreds of new people in a couple of great environments.

Most impressive to me were the number of attendees that have 30+ years of volunteering in EMS. I'm coming up on year 25 in EMS, the majority of which have been in a career capacity. I cannot imagine taking all of that time, add another five years, and then suggest that I would have enough motivation to maintain all the certifications and call volume necessary to be proficient. It blows my mind.

Like many of you, I started my career as a volunteer EMT at a small agency. Every call was a big deal. Being able to pull the ambulance out of the bay made my week. I cannot say with a straight face that pulling the ambulance out of a bay today would have the same effect as it used to, but it's that enthusiasm that sustains us through the first few years of our careers. But what happens when that enthusiasm wears off?

For some of us, it's the pride in serving your community, the integrity required to do a good job every day, and the altruism necessary to get out of bed on a cold rainy night to pick a neighbor up off the floor. I wish that I could say those three reasons are what has kept me involved in EMS for the duration, but that would be lying. I admit that many days and nights, I was able to put the uniform on because I was receiving a pay check.

In my mind, that is what is so impressive about volunteers that can speak about their time in decades. They have been able to do something that I could not dream of. Fifteen years into my EMS career, if you had asked me to volunteer my time, I would have been lying if I said I could do it. The list of excuses would have been long, which is again why volunteers are so impressive. On any given day over the course of their career, they could have said "no," but instead they believed that what they were doing was right, so they got off the couch, and went and made a difference.

Most volunteers try to brush off the kudos they deserve. They talk about how volunteering has brought more to them they can ever give back. They say that they did not have anything else to do so catching that call wasn't a big deal, or every call is still fun for them. We all know that every EMS call is not fun and most of us have wished to be transported to another place at 0300 when we are boot deep in the mud using the spatula of life to scrape another body off the ground.

The magnitude of the service that volunteers provide to their community is phenomenal. EMS in the United States would not be possible without volunteers. Frequently career EMS staff look down on volunteers because their uniforms are not quite as pretty, or their equipment is not the most expensive model. I would argue that maybe that table should be turned. In fact, the volunteers have earned a seat at the table with more positive personality traits than I could hope to have. Next time you see someone volunteering their time for their community, why don't you thank them for their service since they do the job for all the right reasons and none of the wrong ones.

For all the EMS providers out there, career or volunteer, thanks for doing what you do every day. You make a difference one patient at a time and you have my eternal respect.

If you have any questions about this column, I can be reached at christopher_galton@urmc.rochester.edu.

4th Annual Specialty Care Transport Conference

Theme: Care of the Acute Respiratory Patient

Wednesday, October 2nd, 2019

8a-5p

\$30 registration fee includes catered lunch

Special pricing available for agencies sending multiple providers!



CME Credit Available!

Email dpm@urmc.Rochester.edu to sign up!

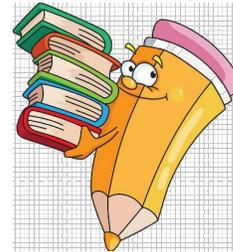
Registration Deadline is September 15th



EMS Quality Academy

Course Description:

Improving the quality of care we provide is a continuous process of self-assessment, change implementation and re-evaluation. The goal of this 10 month course is to prepare EMS personnel within our region to become leaders in the quality process. The course will take on a capstone format, in which participants will implement a quality improvement initiative within their own agency with the aid of continuous mentorship from course faculty. Content will be a presented via a combination of lecture, interactive discussion and problem based learning. The course meets on the second Monday of every month from 6-9:30 pm at the Division of Prehospital Hospital Medicine offices in College Town. CME credit will be provided for participants.



Cost: \$150/Individual, \$400/4 Individuals from same agency

Email dpm@urmc.Rochester.edu to register!

Registration Deadline is August 1st

