BEST PRACTICES IN EMS & LEADERSHIP

June 6, 2013
9 am – 3 pm
Boy Scouts of America, Evendale, OH
Free; lunch supplied; CE certificates
Prof. bios / photos:
http://aerospace.ceas.uc.edu/FireScience/faculty_mentors.html

I. Welcome: Larry Bennett (9 am – 9:10 am)

II. Opening Presentation: (9:10 am – 9:30 am)

“Changes In EMS With Cincinnati Fire Department, Including Lessons From Casino Floor Collapse”
(Fire Chief Richard Braun)

III. Course presentations: (9:30 am – 3 pm; 20 minutes each, including Q&A).

IV. Lunch presentation: Use of “Go To Meeting” software – Leah Bromen (cell 336-0382)

Courses:
EMS Risk Management And Safety – 20 FST 3040
(Steve Kelly)

- Create an organizational culture that has safety and risk management principles present at all levels, which are continually reinforced and modified through planning, training, education, and operations.

- Identify and use environmental controls to reach your objectives, such as the consideration of various types of equipment, different procedures, and applicable industry standards.

- Step outside your comfort zone and your “organization-centric” way of thinking to be able to research new ideas, stimulate creative problem solving, and consider what others have already done to address similar issues.

EMS Quality And Performance Management – 20 FST 3041
(Steve Stein – Course Coordinator; with Fire Chief John Donahue – City of Delaware, OH; both out of town on June 6; Larry Bennett will discuss below Best Practice)

[Note: Assistant Chief Tom Wolf, Montgomery FD, has kindly authorized us to share this Best Practice, which is part of article he wrote for new textbook by Lawrence T. Bennett, EMS LAW - LEGAL LESSONS LEARNED (2012; electronic textbook), published by MBS Direct, Columbia, MO, Jennifer Relles, Direct Digital Account Manager, 1-855-202-4438.]

“EMS Quality Assurance - QA Records Improve EMS Performance”

By Tom Wolf, Assistant Fire Chief, City of Montgomery Fire Department, Hamilton County, OH.

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I will provide an example of the quality assurance program that our department has in place for EMS details. The area that we wanted to track was if proper medical procedures were performed and in the right order. The next step was to develop how we were going to score each run sheet, in other words what would the standard be. We asked the question that if there was a problem on a run, and it was called into court, what would the attorneys use to determine if things were performed correctly and in the right order. The answer was quite
simple, it was our protocol that was adopted by the Academy of Medicine, that our department and more than 70 departments in the greater Cincinnati area follow.

The protocol list the steps that need to be performed and in what order. Take ‘chest pain’ for an example. The protocol states the following:

- Assure airway patency and apply O2 at high flow
- Monitor vital signs and repeat every 5-10 minutes
- Perform 12-lead ECG. If ECG indicates an MI, transmit to the receiving hospital.
- Administer Nitro 0.4 mg sublingual as long as BP is greater than 100 systolic and the patient has not taken any Erectile Dysfunction medications. Repeat every 5 minutes if pain persist x 3.
- If the patient is not allergic to aspirin, administer 324 mg chewable aspirin orally.
- Establish IV of normal saline at TKO.
- Morphine sulfate 2-4 mg IV over 2 minutes as long as systolic BP is greater than 100.
- Transport patient.

Each step is designed a weight on a scale of 1-5 (as determined by our Medical Director). Each line is given a ‘yes’, ‘no’, or ‘n/a” The evaluator can read the run sheet and determine if each item was performed or not. A score of yes will give them the weighted score. A score of no will not give them any points. If N/A is selected, it means the step was not performed but will not affect their score. An example of a N/A would be if they attempted an IV and was unable to establish it. It shows that the step was attempted, but unsuccessful. This is different than if the run sheet showed that no IV was attempted at all. This would receive a NO and if would have a negative impact on their score.

The scoring is completely objective according to the run sheet. Either it is documented and it occurred or it is not documented and did not happen. This would also be the case if the run sheet was called into court. Any run sheet that receives a score of below 90% will get kicked back to those on the run, so they can see where the problems occurred.

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For further information on our EMS QA program contact, please contact me at: twolf@ci.montgomery.oh.us."
EMS Community Risk Reduction - 20 FST 3042
(Mark Gerano – Course Coordinator; Mark Johnston)

- EMS organizations should work with other community groups to provide CPR training, and promote programs like the American Heart Association’s “CPR Anytime” program: http://www.heart.org/HEARTORG/CPRAndECC/CommunityTraining/CommunityProducts/Family-Friends-CPR-Anytime_UCM_303564_Article.jsp

- Analyze statistics to determine how to deploy EMS personnel, apparatus, and equipment. If there is a large EMS need during certain peak hours, the department should understand this and be able to find creative ways to address it. For example, Columbus FD has recently added an additional ALS ambulance to cover high volume times.

- Implement an AED community education program, particularly churches, shopping malls, and other locations with high volume of citizens to install AEDs and train staff.

Foundations of EMS & Community Paramedicine - 20 FST 3043
(Larry Bennett – Course Coordinator; Mary Ahlers; Richard Braun; Rebecca Lee; Dr. Don Locasto – out of town June 6; Kay Vonderschmidt)

- Ohio EMS Board must first approve (see below e-mail from Director Mel House).

- Expand community services for frequent 911 callers, including transport to alcohol and mental health facilities; establish close relationships with social service agencies for improved service for elderly and others with ongoing medical issues.

- Identify new sources of income for EMS services, including wellness checks for patients recently released from hospital, and Hospice at-home patients.

Mel:

Thanks.

I will include your e-mail as a Handout to all who attend the conference on July 12: http://aerospace.ceas.uc.edu/FireScience/community-paramedicine.html

Hope you can join us.
Larry
Cell 513-470-2733

From: House, Melvin [mailto:mrhouse@dps.state.oh.us]
Sent: Wednesday, May 22, 2013 10:08 AM
To: Bennett, Lawrence (bennettl)
Cc: Owens, Ellen; Tertel, Yvonne; Vermillion, Melissa; deannaharris86@gmail.com
Subject: Community Paramedicine

Larry,

Thank you for adding the “blurb” to the UC community paramedicine conference notice. We just want to be sure providers understand (1) the EMS Board position on the issue (no current position—currently researching/discussing the issue) and, (2) the statutory restrictions (may or may not be permitted by ORC, with the type of services provided the determining factor).

If possible we would like the following message conveyed:

1. Current Ohio law provides for limited circumstances in which EMS certificate holders may engage in the provision of community paramedicine activities.
2. The State Board of Emergency Medical Services has established an ad hoc committee to research community paramedicine in Ohio but has not taken a position on the provision of community paramedicine services by EMS certificate holders.

We certainly do not want to put EMS certificates at risk by providing services not permitted by the ORC, and would appreciate reinforcement of this message as you conduct seminars and courses on community paramedicine.

Regards,

Mel

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Leadership In Fire & EMS – 20 FST 3044  
(Chip Terry – Course Coordinator; Trish Brooks; Mike Hayes; Tom Lakamp)

- Emotional / social competencies: There are many perspectives pertaining to effective leadership, especially during emergency situations. A little discussed, but growing field of study and practice referred to as emotional and social competency indicates that an individual must possess four major components to ensure effective leadership. They are self-awareness, self-management, social-awareness, and relationship management.

- Most important is self-awareness: Self-evaluations tools, known as ESCI (Emotional and Social Competency Inventory) help leaders answer self-awareness questions. Am I aware of my own feelings and emotions? How, when and why do my emotions effect my self-control? Do I understand the implications of my emotions? How do I learn to keep my emotions in check? Leaders in Fire / EMS must maintain a controlled command presence; calm breeds calm.

- Feedback: Many organizations require their leaders to participate in a 360-feedback survey process. This process enlists the opinions of an individual’s superiors, subordinates and peers to prove a person a wide array feedback. In addition, such surveys help leaders learn to effectively obtain feedback from individuals on an ongoing basis. This gives an individual a better understanding of their strengths and limitations. Accepting information from a subordinate is very important on emergency scenes. For example, if you are IC or Safety Officer, you must listen and trust information from subordinates.

EMS Education – 20 FST 3045  
(Kay Vonderschmidt – Course Coordinator; Dr. Ryan Gerecht)

- EMS educators, including EMS Department continuing education instructors, must be familiar with the new National EMS Education Standards, [http://www.ems.gov/pdf/811077a.pdf](http://www.ems.gov/pdf/811077a.pdf); these standards are impacting EMS protocols, as well as present and future national and state regulations, policies and procedures.

- EMS educators need to understand adult learning theory and the six principles of adult learning as it pertains to practical EMS education.

- EMS educators need to use a variety of effective teaching materials and media formats.
EMS Communications and IT – 20 FST 3046
(BJ Jetter – Course Coordinator (not attending seminar); Jayson Dunn)

- Develop strategies for evaluating, procuring, and implementing new technology in a public safety environment.
- Technical considerations for determining which radio communications platform is best for your environment.
- Information security concepts and best practices for secure voice and data communications in the fire service.

EMS Public Information & Community Relations – 20 FST 3047
(Patrick Strausbaugh)

- Design a Community Relations program that works for your department. Identifying needs and audience, creating a program to fit those needs, implementing the program through effective delivery to the appropriate audience. Evaluating the intended outcome.
- Developing value in your department for your customers. Building creative relationships within your community to ensure continued support for future programs and endeavors. It's no longer just about making responses.
- Social Media is here to stay. Televised Media is in your face and Print Media never left. How can we use these different media outlets to our advantage, increase the reach of our message and foster the relationships with the reporters delivering our news.

EMS Special Operations – 20 FST 3048
(Mike Hayes – Course Coordinator; Kay Vonderschmidt)

- Risk/needs assessment and planning consideration for special ops.
- Establishing alliances and working relationships with partner agencies.
- Effective exercises and readiness assessment.
Management of Transport Services – 20 FST 3049
(Brian Carlson)

• Independent oversight of the EMS provider
• Account for all service costs
• Take action to ensure long term high performance.

EMS Finance – 20 FST 3050
(Mark Ober – Course Coordinator; Mark Kissling)

• Developing EMS billing practices to maximize income, consistent with ALS and BLS regulations.
• Demonstrate the principles and applications of finance management related to EMS organizations, including long and short-term system financing for purchase of ambulances.
• Communicate (both in writing and orally) financial information to different audiences for a variety of purposes.

Analytical Approaches to EMS – 20 FST 3051
(Scott Souders)

• Develop the knowledge and skills needed to effectively analyze a problem, issue, or growth aspect in an EMS system or organization.
• Using an analytical approach, construct a process to address the issue at hand, and determine the most appropriate course of action for improvement.
• Through the implementation of an effective analysis report, apply resulting information towards strategic planning development for EMS or Fire organization.
EMS Management – 20 FST 3089
(Randy Johann)

- Applying the principles of customer service to improve your EMS practices.
- Identify and apply the techniques for conducting an effective performance appraisal.
- Apply quality improvement techniques to various aspects of EMS operations.

Legal, Political And Regulatory Environment of EMS - 20 FST 3093
(Larry Bennett, Esq.)

- Manage “high risk” EMS activities to reduce risk of litigation, including:
  
  A. Emergency driving / controlled intersections:
     Adopt SOG requiring either full stop or “extreme caution” when going through red lights or stop signs. See Ohio Supreme Court’s decision, Dec.6, 2012 in Massillon, OH Fire Department case, “reckless conduct” standard: http://www.legallyspeakingohio.com/wordpress/wp-content/uploads/2012/12/Anderson.pdf


- Difficult Runs – write detailed time line of actions
  
  For example, on July 26, 2011 in Blair v. Columbus Division of Fire, capnography did not work / patient died, but no liability since not “willful or wanton misconduct.” http://statecasefiles.justia.com/documents/ohio/tenth-district-court-of-appeals/2011-ohio-3648.pdf?ts=1323909809
  Dr. Bryan Bledsoe was plaintiff’s expert; Court states his affidavit reflected misunderstanding of timing of EMS actions. http://aerospace.ceas.uc.edu/content/dam/aero/docs/fire/Bennett/ET%20Tube.pdf
EMS and Police - preserve the evidence for PD; patient statements to EMS generally admissible

On May 30, 2013 in City of North Royalton v. Urich, 2013-Ohio-2206, Paramedic on run for seizure by a heroin user, flushed some items down the toilet “in order to protect the safety of the patient’s child.” He was fired, but Arbitrator ordered him reinstated; Ohio Court of Appeals upheld reinstatement. http://www.sconet.state.oh.us/rod/docs/pdf/8/2013/2013-ohio-2206.pdf