

Vitals

A Publication of the Saginaw Valley Medical Control Authority

Spring 2003

EMS: WHEN IT MATTERS MOST

EMS has come a long way! Today's system got started in the late 1960's, when a study showed that an injured American had a better chance of surviving in a war than on our highways.

In 1966, a National Academy Sciences report documented widespread deficiencies in emergency care. There was no universal access number, like 911. You had to know the phone number of the hospital or an ambulance company or call the operator and ask for help.



It was common for emergency patients to be transported to the hospital in vehicles operated by mortuary services, and hardly few hospitals had staffed emergency wards. Many ambulances were station wagons with little more than a stretcher and some bandages. The 1966 report stimulated public sup-

port for the evolution of the EMS system as we know it today.

The efforts of EMS providers at all levels have helped make American EMS one of the most advanced in the world. EMS Week, May 19-25, 2002, is the ideal time to highlight how EMS makes a crucial difference in the lives of Americans and to raise support essential to its future.



National activity for EMS Week 2003 will focus on the theme "EMS: When It Matters Most." This theme will address the successes and the challenges EMS organizations face today—not only in responding quickly and effectively to medical emergencies, but also in meeting special local needs and the ongoing challenge of educating the public in how to live safe and healthy lives. This year, we honor the contributions of EMS providers nationwide and stress the importance of strong public support for the EMS system.

**THE
SAGINAW VALLEY
MEDICAL CONTROL
AUTHORITY WOULD
LIKE TO THANK
EACH AND EVERY-
ONE FOR THE COM-
MITMENT AND DEDI-
CATION TO THE
COMMUNITIES YOU
SERVE!!!!!!**



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SVMCA POLICY/PROCEDURE UPDATE

We continue to make progress with revising current policies, procedures and protocols within our office. The following policies have completed the revision process and have been approved by the Michigan Department of Consumer & Industry: Ambulance Diversion, Air Medical Services, Radio Communications for Hospital-bound Patients and Patient Refusal of Care And/Or Transport.

To assure everyone has been updated and understands the revisions, we have described some of the highlights of each policy below. We realize and expect that this will create some confusion initially as you may be used to the prior policies. However, we ask for your cooperation during implementation.

Ambulance Diversion Policy # 5.11

Diversion requests will continue to be honored for a specific time period of four hours from the time the request is made, after which time the hospital will automatically revert back to accepting incoming ambulance traffic. The hospital requesting the diversion will have the option of terminating diversion before the 4-hr expiration or obtaining additional four hour period extensions if needed.

If Covenant HealthCare and St. Mary's both go on diversion status closed simultaneously, then automatically both hospitals shall accept EMS traffic. They will continue to be closed officially, however, they will be both accepting EMS traffic based on patient preference and destination appropriateness.

If a patient is adamant to go to a particular hospital or if there is a compelling reason to go to a particular hospital (e.g. patient was just discharged from that facility, patient has a specific condition preferentially being treated at that facility, etc.) then the EMS personnel may contact that facility via 800 MHz radio to discuss the case with the emergency physician for the possibility of that hospital accepting the patient.

Diversion status begins right when the hospital requests diversion, from which time, no ambulance traffic may be accepted until open again.

Air Medical Services Policy #5.7

The purpose of this policy is to provide for an efficient and effective utilization of Air Medical Services within the system that

benefits the EMS patients as well as being safe, cost-effective and fully integrated with the rest of the system.

The overall revision to this policy reflects on that Public Safety agencies (police, fire, EMS) may place the helicopter in standby status at any time. Public Safety agencies outside the metropolitan area Saginaw (outside Saginaw City and Saginaw Township) and in Tuscola County, may also scramble the helicopter at their discretion based on their best good faith assessment of patient condition. It is expected that only ALS personnel will cancel helicopter requests.

Radio Communications for Hospital-bound Patients Policy #4.2

All radio traffic regarding patient transportation to participating hospitals shall occur following a predetermined procedure. Extra information will be provided when deemed necessary for better patient care by either EMS personnel or hospital personnel.

The Radio communications policy is based on two different radio reporting with different levels of needed information “**Notify receiving facility**” and “**Contact Medical Control**”. “**Notifying receiving facility**” means the EMS unit is enroute to their facility, has followed prehospital care according to protocols and further medical direction is not necessary. “**Contact Medical Control**” means EMS personnel are transporting a patient for whom they require further medical direction and it is required that a doctor be present to respond to this call. In both cases, the report should be concise and utilized to convey appropriate information regarding the patients condition. Specific contents of the radio reports are found in the policy.

This policy will coincide with the practice parameters, which will reflect the two levels of radio communications.

Patient Refusal of Care And/Or Transport Policy #8.3

Any potential patient or guardian of a potential patient who has accessed the 911 System and subsequently refuses care at the scene by EMS personnel or transportation by an ambulance to the hospital, must participate in the patient refusal of service/care process to include both an informative discussion as well as thorough documentation.

SVMCAPOLICY/PROCEDURE UPDATE cont'd

Knowing that members of the public have a right to refuse all or part of the indicated assessment, emergency treatment and/or transportation makes it imperative that high quality care has been initiated and offered. Therefore, the purpose of this policy is to guide EMS personnel in managing reluctant potential patients as well as making sure patients are well informed before a decision of this magnitude is made. These concerns can only be effectively addressed by adhering to defined standards and maintaining appropriate documentation.

The overall changes to this policy reflect that all patient refusals will be accompanied by the Patient Refusal Checklist List. Off-line medical control is achieved by following all criteria as explained in this policy and as

documented in the Patient Refusal Checklist. On-line medical control is mandatory when any of these criteria is missing, unclear, or otherwise unfulfilled as to compliance with this policy.

It is expected that only EMT-B and EMT-P working at the minimum under a Licensed BLS agency be allowed to complete a PRS.

This policy will become effective **June 1, 2003**.

Please read over the policies very carefully, which can be found at www.saginawvalleyems.org. We appreciate your continued support as we go through times of improvement.

“Do-Not-Resuscitate” Public Act 193 of 1996

Over the past 22 months the Saginaw Valley Medical Control Authority has been aggressively involved with educating the Saginaw and Tuscola County communities as well as the providers on the “Do-Not-Resuscitate Act”. Tuscola County has been added to the “Do-Not-Resuscitate” program. Hills & Dales General Hospital, Caro Community Hospital and Tuscola County Central Dispatch now maintain “Do-Not-Resuscitate” records for those applicants in Tuscola County.

We have also entered all of the “Do-Not-Resuscitate” applicants into a database, which, in turn, is updated monthly to reflect any changes

in applicant status, including change of address. Covenant and Saint Marys

“Do-Not-Resuscitate” records and MEDCOM have also been updated. It is the mission and goal of the Saginaw Valley Medical Control Authority to continue to be proactive in reaching those individuals who desire to know more about the “Do-Not-Resuscitate Act” and to provide education and training as the need arises.



**Do Not
Resuscitate**

MERMaID GOES SYSTEM WIDE

We are happy to announce that the new pre-hospital documentation system, MERMaID (Michigan Emergency Records Management and Information Database) has been implemented in both Saginaw and Tuscola Counties! We could not of accomplished this task without the cooperation of all of the agencies within the SVMCA.

Initially, you will notice a slight increase in the amount of time it takes for you to complete your patient care record. However, as time goes on, you will become faster while your documentation becomes more thorough. Also, we have received word that a shortened tool specifically



geared toward First Responders should be released in the early Fall.

Computer Tips to consider:

- ◆ Tabbing from field to field will save your data automatically with each keystroke.
- ◆ MerMaID Admin and User are not connected.
- ◆ Once PCR's (Patient Care Records) are completed, they should be transferred to the Admin program to allow for a back-up of the original document and prevent tampering of the chart by any other user.

Special thanks to Jay Cooper from MMR for his invaluable and tireless support!

Please contact the office with any questions or concerns. Thank you for the continued effort and cooperation!

Education Corner

SAGINAW VALLEY MEDICAL CONTROL AUTHORITY RESOURCE DAY

The Saginaw Valley Medical Control Authority will continue to host three Resource Days this year. This year we have included topics such as policy/procedure updates, AED recert, helmet removal, standing backboarding, extrication with the KED, splinting and much more!

The first one was held on

March 29, 2003 at JonesField Lakefield Township Fire Dept. It was well attended and felt to be an overall success.

Upcoming resource days include August 2, 2003 at Tittabawassee Township Fire Dept and December 7, 2003 at Vassar Ambulance Base. Please visit our website at

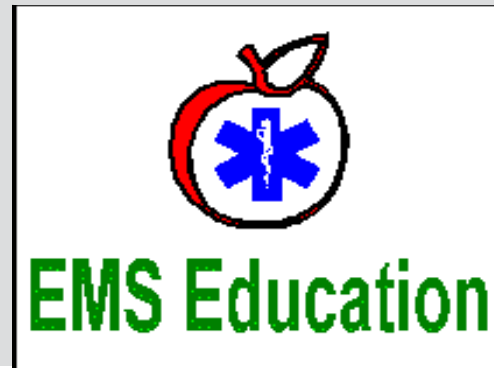
“saginawvalleyems.org” for agenda, times and registration form. There will be **8 credits** offered for attending the entire day.

We welcome all those who are interested in refreshing their EMS skills as well as obtaining Continuing Education Credits!

Upcoming Events @ MMR

- ◆ CPR Recertification
 - ◆ 1st Monday of every month
- ◆ First Aid Refresher
 - ◆ 2nd Monday of every month

Contact Pam Ginderske @ 2440



SOS TEAM CONTINUES TO RECRUIT MEMBERS!

The Special Operations Team, a volunteer nonprofit medical support unit, continues to grow, but is looking for more members. The mission of the team is to enhance

emergency services by promoting the health and well being of the operator while providing immediate, proficient and practical field medical treatment. They will also assist with the effective integration of emergency medical and advanced on-scene support services with any type of special operations or disaster situation.

The team consists of several divisions or units: Tactical Emergency Medical Support, Search and Rescue, Fire/Hazmat, Dive/Maritime and Bike/Mass Gathering. They are in need of Volunteer support for all of the divisions and hope to be operational soon.

If you have any questions or are interested in becoming a member, please contact the SVMCA office for more information.



We encourage everyone to utilize the Saginaw Valley Medical Control Authority Website to forward any ideas, questions or concerns you may have. You may also call the office at 583-6890.