



# Tales of the East

The Official Newsletter for the Midstate EMS Region  
 Published by the  
 Faxton-St. Luke's Healthcare EMS Program Agency  
 June 2004 Edition

## REMSCO Provider Recognition

On May 14, The Midstate REMSCO recognized all EMS providers in our Region at the annual Banquet held at Twin Ponds Country Club in New York Mills. Mr. Ed Wronski from the New York State Department of Health along with REMSCO Chairman Stanley Lonchek presented Midstate Region Awards to the following:

|                                |   |
|--------------------------------|---|
| Midstate Physician of the year | Bonnie Grossman M.D.<br>Oneida Healthcare   |
| Midstate Nurse of the year     | Robin Swartz RN<br>Little Falls Hospital  |
| Midstate Communications        | Susan Crimmins<br>Herkimer Co. 911  |
| Midstate Leadership            | Marcus Perritano  |
| Midstate Educator              | Harry Riggall<br>West Eaton Ambulance   |
| Oneida County ALS Provider     | Matthew Sica, Yorkville Fire, Edwards Ambulance   |
| Madison County ALS Provider    | Eric English<br>Sherrill Kenwood, Vineall Ambulance   |
| Herkimer County ALS Provider   | John Scholl<br>Frankfort Fire Department  |
| Oneida County BLS Provider     | Doug Brenning<br>Kunkel Ambulance   |
| Madison County BLS Provider    | Donna Snyder, SOMAC   |
| Herkimer County BLS Provider   | Richard Risley<br>Old Forge Fire Department   |
| Oneida County Agency           | New Hartford Fire Department  |
| Madison County Agency          | Southern Madison County Ambulance Corps.  |
| Herkimer County Agency         | Cedarville Fire Department  |
| St. Elizabeth Trauma Service   | Waterville Area Ambulance Corps<br>Oriskany Falls Ambulance<br>Waterville Fire Dept<br>Waterville DPW |

**Congratulations to all the winners and Thanks to all Midstate EMS Providers for the Great job done every day.**

## Trauma Notes

The Department of Health and the State Emergency Medical Services Advisory Committee (SEMAC) have given approval of an updated pre-hospital trauma criteria. The new criteria is more defined and specific, and will eliminate/alter several previous signs & symptoms. The Midstate REMAC reaffirmed the state protocol of transporting trauma criteria patients directly to the trauma center at its May meeting. Exceptions to transporting patients to hospitals other than the trauma center are:

1. Unmanageable Airway
2. Cardiac Arrest
3. Under direction of Medical Control

This is the "standard of care" for trauma patients in New York State.

## DISPATCH NEWS

The Madison County Communication Center has instituted an Emergency Medical Dispatch (EMD) program. Madison County residents will now get emergency medical direction while awaiting the arrival of assistance.

Oneida County Emergency Services Coordinator Fred Van Ameer in cooperation with the Oneida County EMS Committee have developed a new EMS dispatch protocol that should provide a more timely dispatch of ambulances. The new plan which will reduce the time interval between agency notifications is expected to take effect July 15,

## EMERGENCY DEPT. DELAYS

Delays in returning Ambulances to "in-service" status is a concern for everyone, we need to be available! The Midstate REMAC has asked the Program Agency to monitor delays encountered when transferring patients in the Emergency Department. Any time you encounter a delay of 20 minutes or greater in the Emergency Department please contact Mark with the date, time and specifics so that we can follow up with REMAC. Delays in off-loading patients will sometimes occur and are unavoidable; cases will be reviewed and discussed as needed with Emergency Departments, Directors and Administrators.

## Upcoming Events

Jim Parker

Here's some of the new things that are happening at Faxton-St. Luke's EMS Education:

- A special "THANK YOU" to all who served as field preceptors. You made it possible for the hundreds of EMT-Basics, Intermediates, Critical Care Techs and Paramedic students who went through our classes this year to get their certification. You are an invaluable part of our EMS training program.
- Congratulations to Jack Kunkel, David Ronan and Mark Wilson who have completed their training to become Certified Instructor/Coordinators. Congratulations also to Rob Bartholomay, Scott Fitzgerald, Patty Kobie, Shawn Loomis, Christine Norris and William Rockhill who successfully completed the Certified Lab Instructor Course this month.
- Nearly 40 students are currently enrolled in one of the two paramedic courses currently being offered. The paramedic original class being taught by Eric Loucks is now 10 months in length – down from 16 months. Joe Taylor is teaching the "Advanced Standing" paramedic class for experienced AEMT-Critical Care Techs. His class runs for 6 months.

**APPLICATIONS FOR THE LATE AUGUST 2004 A & P CLASS AND THE PARAMEDIC ORIGINAL CLASS ARE NOW BEING ACCEPTED. CALL 738-8351.**

- "Project Kids Care" kicked off in late March. The reaction has been very positive. This new mobile pediatric training unit brings specialized pediatric mini-training modules and training equipment to ambulance corps and fire/rescue departments in our 3-county service area.

Bill Stubba and David Ronan have put together a series of 12 mini-training modules

***IF YOU WOULD LIKE DAVID AND BILL TO DO A HANDS-ON EVENING OF PEDIATRIC TRAINING AT YOUR AGENCY, CALL 738-8351 AND ASK FOR DAVID RONAN.***

CHECK THE [midstateems.org](http://midstateems.org) WEB SITE FOR EMS COURSES UPDATES

## EMS Update

Construction around the EMS Center continues and we expect the installation of a new phone system later this month. Phone numbers will remain the same, please bear with us as we get use to our new system.

### ***Regional Meetings***

**Oneida County CQI Sept. 8 @ 7PM EMS Training Center**

**Madison County CQI Sept. 16 @6:30 Oneida Healthcare**

**Herkimer County CQI Sept. 17 @ 7:00 Herkimer Co. 911**

## "Hey, I Could be Wrong"

Over the past few months I have been working closely with a Critical Care class preparing them for the final state practical and written exams. As all advanced EMT's know the second half of the class is mainly focused on Advanced Life Support for all types of medical emergencies with a strong emphasis on Advanced Life Support. One of the things that I find funny and have to step back and remember myself, being the same way, is how easily we forget our Basic Life Support skills and want to use our new Advanced Life Support skills as much as possible.

I guess with all this new found knowledge that we learned in the last 9-10 months we want to utilize it as much as possible. I personally have NO problem with this as long as the right steps are followed and the patient receives the most appropriate care without forgetting the simple things. OK, I guess the point that I am trying to get to is how many times have you gone on a Code 99 and determined it was a Code 100? Probably as many as I have. How many times have you determined the Code 99 was a 100 then placed your cardiac monitor on the patient and documented Asystole in 3 leads for the PCR?

I watch my kids on any occasion they receive a present and for the next few days to a week the only thing they ever have with them is that new present. Eventually the newness wears off and the toy is only picked up when they are cleaning their rooms. I believe the same thing happens with attaching the monitor and documenting 3 in leads, but instead of wearing off it becomes habit and procedure for most of us.

Remember when we were taught the BLS protocols and the section on how to determine the signs of obvious death. BLS protocols are very black and white when reading them with very little wiggle room. The BLS protocol reads for indications for NOT initiating resuscitative techniques (Rigor, fixed lividity, decapitation, and local protocols to include valid NYS DNR's). The funny thing is the AEMT protocol reads the same way and nowhere does it say to attach the monitor with 3 leads to verify asystole. I think as advanced providers we have thrown this in ourselves maybe as a C.Y.A.

Some Agencies have even gone as far as to putting this into their SOG's. I have to think are we really protecting ourselves with extra documentation or are we opening ourselves up to questions and possibly litigations? We have all seen the times when a BLS crew is on the scene and determined the Code 99 to be a Code 100, then the ALS crew comes through the door and agrees with the BLS crew, but places the monitor on and documents Asystole in 3 leads. Does this seem like we are protecting ourselves with documentation?

I tend to think in today's world if the right lawyer gets a hold of this type of information she/he may not think of this as extra documentation, but as possibly second guessing yourself. If the decision was made to not initiate any life saving procedures due to the BLS signs of obvious death as outline in our protocol, then why do we tend to attach a monitor and document in 3 leads?

After contemplating this question for quite some time I have come to a few conclusions. One being, that as an advanced provider, we sometimes go over the top when it comes to the skills we can perform. Another is that we are never trying to give anyone the chance to second-guess the job we do from the finger laceration to a Code 99. We are always taught to document, document, and document everything we do. Every once and a while we need to take time and remember when we originally got into this profession as a BLS provider and the simple things we did to determine life and death. There are times when we as ALS providers determine nothing is simple and tons of documentation are needed. This seems to be the nature of the Beast. We all need to remember that regardless of what the cardiac monitor says (asystole) we need to ask ourselves was it necessary for us to attach 3 leads and document this rhythm or could we have used our BLS protocol for indications for NOT initiating resuscitative techniques? As the years have gone by, I tend to keep referring back to the K.I.S.S. method. For those who don't know the K.I.S.S. method it means "Keep It Simple Stupid" This is just my opinion and "hey, I could be wrong."