



Aurora South Region EMS Office
P.O. Box 400
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South Region EMS Program Newsletter

OCTOBER 2008

**Justin Klis
EMS Coordinator**

Welcome to the second edition of the South Region EMS newsletter. Over the last 12 months we have had the challenge of building a support program that will fulfill the demands of the South Region EMS. I am proud to write about our successes including; system-wide patient care guidelines that are updated and on the cutting edge of pre-hospital medicine, our soon to be rolled out CQI program, Carepoint radio upgrades with the capability of receiving 12 lead EKG's, STEMI program and much more. We also must accept our challenges ahead, by now most of you have heard that Leif Erickson, the South Region EMS Supervisor, has accepted a position with Madison Area Technical Collage. We wish him well in his new position. On an interim basis, I will be covering regional duties. We still have more work ahead as we continue to strive to give you the very best EMS system.

I would like to share with you updates regarding the future of EMS in Wisconsin

National Scope of Practice (NSOP)

The National Highway Traffic Safety Administration has released the National Scope of Practice document in an effort to standardize EMS levels in all states. This was concerning due to the fact that it would be a downgrade in skills for all levels as well as eliminating Intermediate all together. The WI state EMS office currently plans to not accept the National Scope of Practice in it's entirety as it's standard for EMS care in WI but, will use the provider names with our current skill set and keep Intermediate license level. You will likely see this change go into effect sometime next year and I will keep you posted on any future updates.

Good-bye EMSS - get ready for a new license system.

Most of you didn't have to use EMSS database, the State's online EMS license management program, but it's set to be obsolete next year. A new online program is currently being tested that will allow many more options including being able to print your license from the web. The go-live date is anticipated early 2009. More to come.....

**New Wisconsin rule changes and...
EMT license fee????**

The State EMS office is currently rewriting the rules that govern EMS in WI; items contained in 4 rules (110,111,112,113) will be rewritten into one rule. Items such as EMT name changes will be included in this new rule. The most concerning item is the proposal for charging fees for EMT licenses. Proposed fee range from \$60 -\$85 every two years. Remember, these are only proposed. The state must hold hearings on the rules changes before they go into effect. Keep your ears open; we will try to keep you informed as we hear information.

Old Name - WI	New Name – under NSOP
First Responder	Emergency Medical Responder (EMR)
EMT Basic	Emergency Medical Technician (EMT)
EMT Intermediate Technician	Advanced Emergency Medical Technician (AEMT)
EMT Intermediate	Intermediate
EMT Paramedic	Paramedic

You can read the National Scope of Practice at <http://www.soundrock.com/sop/>

As a team we want to continue to develop solid working relationships with the local EMS providers. We still have an open door policy and invite your feedback on any area of concern. We are committed to partnering with our EMS providers to provide quality care for our patients and we look forward to continuing to maintain strong relationships.

CQI Continuous Quality Improvement

Tony Lash
EMS Coordinator

The CQI Process for the South Region EMS program is taking shape. The monthly data check sheets are in place, and I am working with the WARDS System to access reports. We are now pulling Pre-hospital Care Reports (PCR)'s from WARDS and evaluating how providers in the field follow established South Region EMS Protocols.

We are finding several key issues that will make your reporting more effective not only for CQI, but also for better documentation for your organization. These issues relate to documentation of the skills and interventions in the field.

- Calls with multiple patients now have information on multiple patients on one PCR. Each patient needs an individual PCR.
- All skills and interventions need to be entered in the procedure and treatment section.
- When entering skills and interventions, please note the time defaults to the 'on scene' time. Please adjust accordingly so it does not look like 5 skills were done at the same time.
- When entering various skills, it may require more than one person to perform. (Example: long backboard immobilization).
- Your narrative tells the reader the story of what transpired on the call. Be careful to document all pertinent objective details. Try to avoid subjective information.

CE Continuing Education Program

Dustin Ellis
EMS Coordinator

It has been a busy couple of months when it comes to Continuing Education in the South Region EMS office. Along with finishing all of our provider's yearly protocol testing the we have teamed up with Gateway Technical College and started an EMT-Basic Refresher class. This class is being run at four locations: Burlington Rescue, Twin Lakes Rescue, Lauderdale-LaGrange Rescue and Paris Rescue. We have also started the quarterly CE with most of our providers and look forward to visiting with all of the Fire/Rescue Departments under South Region Medical Direction. We are planning an IV-Tech refresher in the first part of 2009. More details to follow! If you have any questions or concerns regarding the CE program please contact the South Region EMS Office at 262-767-6101

2008-2009 Continuing Education Schedule

2008 - Class 3

- 10/20 - Lake Geneva Fire - 7-10pm
- 10/22 - Walworth Rescue - 6:30-9:30pm
- 11/17 - Darien Rescue - 7-10pm
- 11/24 - Lyons Rescue - 7-10pm
- 12/8 - Kansasville Fire 7-10pm
- 12/15 - Williams Bay Rescue - 7-10pm

Gateway Technical College and South Region EMS

EMT-Basic Refresher Class: GTC Refresher 08-2A

Date	Location	Time
11/4/08	Twin Lakes Rescue	6pm to 9pm
11/12/08	Burlington Rescue	6pm to 9pm
11/19/08	Paris Rescue	6pm to 9pm
12/10/08	Lauderdale-Lagrange Rescue	6pm to 9pm

Aurora South Region ED Updates

- Aurora Health Care will be discontinuing our EMS re-supply program at all Aurora hospitals effective 1/1/2009. EMS services will no longer be able to restock in the ER's or purchase bulk from central supply. We apologize for this inconvenience, there are many options for your service, such as WEMSA's group buying program. Please feel free to contact the South Region EMS office to discuss some of these options. We will not be requiring squads to use Aurora specific equipment such as IV tubing, IV catheters and other disposable supplies. Thank you for your understanding.
- Biohazard containers- Please remember not to throw out dirty linen into the red biohazard bags in the garage, even if it has blood on it. Red Biohazard containers are for bodily fluids that are pourable, dripable are squeezable. There are dirty linen containers next to each biohazard container.
- Calling the Lakeland EMS office- Until a replacement is named for the EMS supervisor position if someone doesn't answer the 741-2083 phone line you may want to try 767-6101.
- 12 lead EKG's - Continue to send in those EKG's for all chest pain and shortness of breath patients, it helps us practice too.
- ED CQI--all AMI patients who come into the facility have chart audits to ensure the patients are receiving best-practice care. We are monitoring many factors for each call. This information is trended each month and shared with the EDs for quality improvement. So far we're seeing that our pre-hospital providers are doing a great job and follow through in the hospital is going very well.



Insulin pumps

The Center for Disease Control (CDC) reports diabetes as the most common endocrine disease, affecting 20.8 million Americans, or roughly 7.0% of the population. Each year more than 1 million Americans develop diabetes. That breaks down to 2800 new cases every day. Insulin pump therapy is the "gold standard" treatment for patients with type 1 Diabetes Mellitus. All patients with type 1 need insulin to regulate blood glucose levels. Insulin pumps provide a constant infusion of insulin into subcutaneous tissue. Endocrinologists use rapid-acting insulin such as, Aspart, Lispro or Glulisine in the pumps. Patients also have the ability to deliver a bolus of insulin before meals as needed through the device.

Insulin pump-emergencies

- Diabetic Ketoacidosis (DKA) may result if the insulin pump is stopped or the catheter becomes dislodged. Because long-acting insulin is not used with insulin pump patients, they may quickly develop high blood glucose levels.
- Do NOT stop or remove the catheter if the patient becomes hypoglycemic. Follow your protocol and treat hypoglycemia with oral glucose, glucagon or Dextrose solutions (D50/D5W).



**A Reminder!!!!
Don't forget to get your flu shots.**

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